



Tennessee Valley Authority
Post Office Box 2000
Soddy Daisy, Tennessee 37384-2000

Timothy P. Cleary
Site Vice President
Sequoyah Nuclear Plant

August 13, 2009

Mr. Patrick Cromer
State of Tennessee
Department of Environment and Conservation
Division of Water Pollution Control
Enforcement & Compliance Section
6th Floor, L & C Annex
401 Church Street
Nashville, Tennessee 37243-1534

Dear Mr. Cromer:

SEQUOYAH NUCLEAR PLANT - DISCHARGE MONITORING REPORT FOR JULY 2009

Enclosed is the July, 2009 Discharge Monitoring Report for Sequoyah Nuclear Plant certified by the duly authorized representative. On 7/8/09, the pH on Outfall 103 exceeded the limit due to a suspected algae bloom. Sulfuric acid was added to the pond and on 7/9/09 the pH was within limits. This excess is being addressed through Sequoyah's corrective action program in order to reduce, eliminate, and prevent recurrence. If you have any questions or need additional information, please contact Ann Hurt at (423) 843-6714 or Stephanie Howard at (423) 843-6700 of Sequoyah's Environmental staff.

Sincerely,

Timothy P. Cleary
Site Vice President
Sequoyah Nuclear Plant

Enclosure

cc (Enclosure):

Chattanooga Environmental Field Office
Division of Water Pollution Control
State Office Building, Suite 550
540 McCallie Avenue
Chattanooga, Tennessee 37402-2013

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555

IE25
NRR

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

TN0026450
PERMIT NUMBER

101 G
DISCHARGE NUMBER

(SUBR 01)

F - FINAL

DIFFUSER DISCHARGE

EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
09	07	01	09	07	31

*** NO DISCHARGE ***

ATTN: Stephanie A. Howard

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	29.3	04	0	31 / 31	MODEL D
00010 Z 0 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		SEE PERMIT	CK REQ
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	41.8	04	0	31 / 31	RCORDR
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	DEG. C.		SEE PERMIT	CK REQ
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	2.6	04	0	31 / 31	CALCTD
00016 1 S 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	3.0 DAILY MX	DEG. C.		CONTINUOUS	CALCTD
PH	SAMPLE MEASUREMENT	*****	*****	**	7.5	*****	8.2	12	0	7 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	8	8	19	0	1 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		MONTHLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<6	<6	19	0	1 / 31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		MONTHLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1621	03	*****	*****	*****	**	0	31 / 31	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Timothy P. Cleary Sequoyah Site Vice President TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		423 843-6700		09	08	07
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Stephanie A. Howard</i>		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No closed mode operation. The following information is included in an attachment: CCW data

DMR Attachment

CCW Data

CCW TRENCH				
Date/Time Collected	Extractable Petroleum Hydrocarbons	Analysis Date/Time	Analyst	Method
07/15/2009 @ 1022	0.52 mg/l	07/16/2009 @ 2355	JAB	EPH
CCW CHANNEL				
Date/Time Collected	Extractable Petroleum Hydrocarbons	Analysis Date/Time	Analyst	Method
07/15/2009 @ 1023	<0.10 mg/l	07/17/2009 @ 0005	JAB	EPH

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

MAJOR (SUBR 01)
 F - FINAL
 DIFFUSER DISCHARGE
 EFFLUENT

TN0026450 **101 G**
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 From **09 07 01** To **09 07 31**

*** NO DISCHARGE ***

ATTN: Stephanie A. Howard

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, TOTAL RESIDUAL		*****	*****	**	*****	0.017	0.031	19	0	25 / 31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.10 MO AVG	0.10 INST MAX	MG/L		WEEK DAYS	CALCTD
TEMPERATURE - C, RATE OF CHANGE		*****	0	62	*****	*****		**	0	31 / 31	CALCTD
82234 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C/HR	*****	*****	*****	****		CONTIN UOUS	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Timothy P. Cleary Sequoyah Site Vice President TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>Stephanie A. Howard</i> Principal Environmental Engineer SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-6700	09	08	07
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The following injections occurred: 1. MSW-101 (max. calc. conc. was 0.076mg/L--limit 0.2mg/L) 2. Biode detergent 73551 (max. calc. conc. was 0.017mg/L--limit 2.0mg/L) 3. H-150M (max. calc. conc. was 0.040mg/L--limit 0.050mg/L) 4. H-150M (low detection level analytical method was <0.050mg/L--limit 0.050mg/L)

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 Address **P.O. BOX 2000**
 (INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

ATTN: Stephanie A. Howard

MAJOR
 (SUBR 01)

TN0026450 101 T
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 BIOMONITORING FOR OUTFALL 101
 EFFLUENT

MONITORING PERIOD
 From **09 07 01** To **09 07 31**

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	45.2 MINIMUM	*****	*****	PERCENT		SEE PERMIT	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	45.2 MIMUM	*****	*****	PERCENT		SEE PERMIT	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Timothy P. Cleary Sequoyah Site Vice President TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>Stephanie A. Howard</i> Principal Environmental Engineer SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Toxicity was not sampled in July 2009.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **101 Y**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 ANNUAL MONITORING (PCBS)
 EFFLUENT

MONITORING PERIOD
 From **08 08 01** To **09 07 31**

*** NO DISCHARGE ***

ATTN: Stephanie A. Howard

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
POLYCHLORINATED BIPHENYLS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	<0.0	19	0	1 / 365	GRAB
39521 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0	MGL		ANNUAL	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Timothy P. Cleary
 Sequoyah Site Vice President
 TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Stephanie A. Howard
 Principal Environmental Engineer
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 423 843-6700
 AREA CODE NUMBER

DATE
 09 08 07
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PCBs were sampled on 7/1/09 @ 1101.

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

TN0026450 **103 G**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 LOW VOL. WASTE TREATMENT POND
 EFFLUENT

MONITORING PERIOD
 From **09 07 01** To **09 07 31**

*** NO DISCHARGE ***

ATTN: Stephanie A. Howard

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	6.9	*****	9.3	12	1	17 / 31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	94	153	26	*****	14	16	19	0	5 / 31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	380 MO AVG	1250 DAILY MX	LBS/DY	*****	30 MO AVG	100 DAILY MX	MGL		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	<40	<64	26	*****	<6	<6	19	0	5 / 31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	190 MO AVG	250 DAILY MX	LBS/DY	*****	15 MO AVG	20 DAILY MX	MGL		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.018	1.573	03	*****	*****	*****	**	0	31 / 31	TOTALZ
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	**		SEE PERMIT	TOTALZ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Timothy P. Cleary Sequoyah Site Vice President TYPED OR PRINTED	Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>Stephanie A. Howard</i> Principal Environmental Engineer SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-6700	09	08	07
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On 7/8/09 the pH limit was exceeded due to a suspected algae bloom. Sulfuric acid was added to the pond and on 7/9/09 the pH was within limits. This exceedance is being addressed through Sequoyah's corrective action program in order to reduce, eliminate, and prevent recurrence.

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

TN0026450 **107 G**
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 01)
 F - FINAL
 METAL CLEANING WASTE POND
 EFFLUENT

ATTN: Stephanie A. Howard

MONITORING PERIOD
 From **09 07 01** To **09 07 31**

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	**		*****		12			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	**	*****	*****		19			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30 DAILY MX	MG/L		DAILY	COMPOS
OIL AND GREASE		*****	*****	**	*****	*****		19			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		DAILY	GRAB
PHOSPHORUS, TOTAL (AS P)		*****	*****	**	*****	*****		19			
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
COPPER, TOTAL (AS CU)		*****	*****	**	*****	*****		19			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
IRON, TOTAL (AS FE)		*****	*****	**	*****	*****		19			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		DAILY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				03	*****	*****	*****	**			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>Stephanie A. Howard</i> Principal Environmental Engineer	TELEPHONE		DATE		
Timothy P. Cleary Sequoyah Site Vice President			423	843-6700	09	08	07
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge this Period

Name **TVA - SEQUOYAH NUCLEAR PLANT**
Address **P.O. BOX 2000**
(INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
Facility **TVA - SEQUOYAH NUCLEAR PLANT**
Location **HAMILTON COUNTY**

TN0026450 110 G
PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
RECYCLED COOLING WATER
EFFLUENT

MONITORING PERIOD
From

YEAR	MO	DAY
09	07	01

 To

YEAR	MO	DAY
09	07	31

*** NO DISCHARGE ***

ATTN: Stephanie A. Howard

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	04 DEG C	*****	*****	38.3 DAILY MX	04 DEG C		DAILY	GRAB-4
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	** ****	*****	*****	6.0 MINIMUM 9.0 MAXIMUM	12 SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	** ****	*****	*****	30 DAILY MX	19 MG/L		DAILY	COMPOS
OIL AND GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	** ****	*****	*****	15 DAILY MX	19 MG/L		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	03 MGD	*****	*****	*****	** ***		DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	** ****	*****	*****	0.10 DAILY MX	19 MG/L		WEEKLY	GRAB-4
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Timothy P. Cleary Sequoyah Site Vice President TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>Stephanie A. Howard</i> Principal Environmental Engineer. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			423	843-6700	09	08	07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge this Period

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

MAJOR
 (SUBR 01)

Form Approved.
 OMB No: 2040-0004

TN0026450 **110 T**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 RECYCLED COOLING WATER
 EFFLUENT

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 From **09 07 01** To **09 07 31**

*** NO DISCHARGE ***

ATTN: Stephanie A. Howard

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	45.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	45.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Timothy P. Cleary Sequoyah Site Vice President TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		Principal Environmental Engineer	423 843-6700	09	08	07
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Discharge this Period

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

MAJOR (SUBR 01)
 F - FINAL
 BACKWASH
 EFFLUENT

TN0026450 **116 G**
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
09	07	01	09	07	31

From

To

*** NO DISCHARGE ***

ATTN: Stephanie A. Howard

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DEBRIS, FLOATING (SEVERITY)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0	9A	0	1 / 31	VISUAL
01345 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MO TOTAL	PASS=0 FAIL=1		SEE PERMIT	VISUAL
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	0	94	*****	*****	*****	**	0	1 / 31	VISUAL
84066 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT MO TOTAL	YES=1 NO=0	*****	*****	*****	****		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Timothy P. Cleary Sequoyah Site Vice President TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>Stephanie A. Howard</i> Principal Environmental Engineer SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			423	843-6700	09	08	07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Operations performs visual inspections for floating debris and oil and grease during all backwashes.

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

MAJOR (SUBR 01)
 F - FINAL
 BACKWASH
 EFFLUENT

TN0026450 **117 G**
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 From **09 07 01** To **09 07 31**

*** NO DISCHARGE ***

ATTN: Stephanie A. Howard

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DEBRIS, FLOATING (SEVERITY)	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	0	9A	0	1/31	VISUAL
01345 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MO TOTAL	PASS=0 FAIL=1		SEE PERMIT	VISUAL
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	0	94	*****	*****	*****	**	0	1/31	VISUAL
84066 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT MO TOTAL	YES=1 NO=0	*****	*****	*****	****		SEE PERMIT	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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			423 843-6700 AREA CODE NUMBER	09 08 07 YEAR MO DAY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Operations performs visual inspections for floating debris and oil and grease during all backwashes.

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE SB-2A-SQN)
SODDY - DAISY TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

MAJOR
 (SUBR 01)

TN0026450 **118 G**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 WASTEWATER & STORM WATER
 EFFLUENT

MONITORING PERIOD
 From **09 07 01** To **09 07 31**

*** NO DISCHARGE ***

ATTN: Stephanie A. Howard

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	19			
	PERMIT REQUIREMENT	*****	*****	****	2.0 DAILY MN	*****	*****	MG/L		TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	MG/L		TWICE/ WEEK	GRAB
SOLIDS, SETTLEABLE 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		25			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	ML/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			03	*****	*****	*****	**			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*		ONCE/ BATCH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			423	843-6700	09	08	07
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 During this reporting period, there has been no flow from the Dredge Pond other than that resulting from rainfall.