



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

Timothy P. Cleary
Site Vice President
Sequoyah Nuclear Plant

September 11, 2009

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. Patrick Cromer:

SEQUOYAH NUCLEAR PLANT - DISCHARGE MONITORING REPORT FOR AUGUST 2009

Enclosed is the August 2009 Discharge Monitoring Report for Sequoyah Nuclear Plant. 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
NAR

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 **101 G**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 DIFFUSER DISCHARGE
 EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
09	08	01	09	08	31

From

To

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: Stephanie A. Howard

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		*****	*****	**	*****	*****	30.2	04	0	31 / 31	MODEL
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		SEE PERMIT	CK REQ
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**	*****	*****	43.2	04	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	DEG. C.		SEE PERMIT	CK REQ
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 S 0 EFFLUENT GROSS VALUE		*****	*****	**	*****	*****	2.7	04	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	3.0 DAILY MX	DEG. C.		CONTINUOUS	CALCTD
PH 00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**	7.6	*****	7.8	12	0	4 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**	*****	6	6	19	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		MONTHLY	GRAB
OIL AND GREASE 00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**	*****	<6	<6	19	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		MONTHLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		*****	1636	03	*****	*****	*****	**	0	31 / 31	RCORDR
	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	843-7001	09	09	08
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 closed mode operation. The following information is included in an attachment: CCW data. Measured values for thermal compliance and Diffuser flow used for 8/29 thru 8/31 (rather than computed values) because thermal compliance model was out of service due to failure of instrumentation for Diffuser flow.

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 Location **HAMILTON COUNTY**

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **101 G**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 DIFFUSER DISCHARGE
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
09	08	01	To	09	08	31

ATTN: Stephanie A. Howard

*** 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			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	0.021	0.034	19	0	22 / 31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.10 MO AVG	0.10 INST MAX	MGL		WEEK-DAYS	CALCTD
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	0	62	*****	*****		**	0	31 / 31	CALCTD
82234 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C/HR	*****	*****	*****	****		CONTINUOUS	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.	TELEPHONE		DATE		
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The following injections occurred: 1. Biodetergent 73551 (max. calc. conc. was 0.017mg/L--limit 2.0mg/L) 2. MSW-101 (max. calc. conc. was 0.061mg/L--limit 0.2mg/L) 3. H-150M (max. calc. conc. was 0.04mg/L--limit 0.050mg/L) 4. H-150M (low detection level analytical method) results have not been received yet.

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 Location **HAMILTON COUNTY**

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **101 T**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 BIOMONITORING FOR OUTFALL 101

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

EFFLUENT
 *** 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			
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 MINIMUM	*****	*****	PERCENT		SEE PERMIT	COMPOS
	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.

Timothy P. Cleary
 Sequoyah Site Vice President
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 423 843-7001
 AREA CODE NUMBER
 DATE
 09 09 08
 YEAR MO DAY

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

Toxicity was not sampled in August 2009.

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 Location **HAMILTON COUNTY**

TN0026450 **103 G**
 PERMIT NUMBER DISCHARGE NUMBER

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

F - FINAL
 LOW VOL. WASTE TREATMENT POND
 EFFLUENT

*** 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			
PH	SAMPLE MEASUREMENT	*****	*****	**	6.7	*****	7.4	12	0	13 / 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	87	116	26	*****	9	11	19	0	4 / 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	MG/L		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	<55	<62	26	*****	<6	<6	19	0	4 / 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	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.192	1.414	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										

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		423	843-7001	09	09	08
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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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**

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **107 G**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 METAL CLEANING WASTE POND
 EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
09	08	01	09	08	31

From

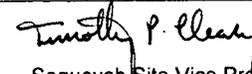
To

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: Stephanie A. Howard

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

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.	 Sequoyah Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	09	09	08
			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)

TN0026450 **110 G**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 RECYCLED COOLING WATER
 EFFLUENT

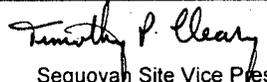
MONITORING PERIOD
 From **09 08 01** To **09 08 31**

*** 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	SAMPLE MEASUREMENT	*****	*****	04	*****	*****		04			
	PERMIT REQUIREMENT	*****	*****	DEG C	*****	*****	38.3 DAILY MX	DEG C		DAILY	GRAB-4
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**		*****		12			
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30 DAILY MX	MG/L		DAILY	COMPOS
OIL AND GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX	MG/L		DAILY	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	*****	*****	*****	***		DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.10 DAILY MX	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.	 Sequoyah Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
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			AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge this Period

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

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 Location **HAMILTON COUNTY**

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **110 T**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 RECYCLED COOLING WATER

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

EFFLUENT
 *** 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										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Timothy P. Cleary</i> Sequoyah Site Vice President		AREA CODE	NUMBER	YEAR	MO	DAY

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

No Discharge this Period

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
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 Location **HAMILTON COUNTY**

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

MAJOR (SUBR 01)
 F - FINAL
 BACKWASH
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

TN0026450 **116 G**
 PERMIT NUMBER DISCHARGE NUMBER

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

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	843-7001	09	09	08
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	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.

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)
 F - FINAL
 BACKWASH
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

TN0026450 **117 G**
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
09	08	01	09	08	31

From

To

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: Stephanie A. Howard

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)		*****	*****	**	*****	*****	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		*****	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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	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.	 Sequoyah Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	09	09	08
			AREA CODE	NUMBER	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

MONITORING PERIOD
 From

YEAR	MO	DAY
09	08	01

 To

YEAR	MO	DAY
09	08	31

EFFLUENT
 *** 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	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	19			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 DAILY MN	*****	*****	MG/L		TWICE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	MG/L		TWICE/WEEK	GRAB
SOLIDS, SETTLEABLE 00545 1 0 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		25			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	ML/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT			03	*****	*****	*****	**			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*		ONCE/BATCH	ESTIMA
	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.	TELEPHONE		DATE		
		423	843-7001	09	09	08
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Timothy P. Cleary</i> Sequoyah Site Vice President		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.