



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

February 1, 2012

Ms. Dana Waits
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 Ms. Waits:

SEQUOYAH NUCLEAR PLANT (SQN) - NPDES PERMIT NO. TN0026450 - CORRECTION TO DISCHARGE MONITORING REPORT FOR MARCH AND APRIL 2011.

During the review of the Biocide/Corrosion Treatment Plan (B/CTP) Annual Report it was noted that there was an error reported for Frequency of Analysis in the March and April 2011 Discharge Monitoring Reports (DMR). Please see the attached corrected DMR pages.

It should be noted that the chlorine, total residual maximum value and the chlorine, total residual average did not change as a result of the correction to the Frequency of Analysis for each month.

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.

Sincerely,

John A. Carlin
Site Vice President
Sequoyah Nuclear Plant

Enclosures

cc (Enclosures):

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, DC 20555

JEAS
NRR

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

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
 (INTEROFFICE OPS-5N-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 G**
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 From

YEAR	MO	DAY
11	03	01

 To

YEAR	MO	DAY
11	03	31

F - FINAL
 DIFFUSER DISCHARGE
 EFFLUENT

*** NO DISCHARGE ***

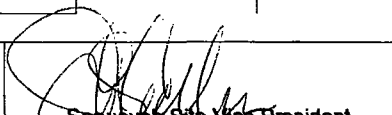
ATTN: Brad Love

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 1 0 EFFLUENT GROSS		*****	*****	**	*****	*****	28.6	04	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI NUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 INSTREAM MONITORING		*****	*****	**	*****	*****	14.0	04	0	31 / 31	MODEL D
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 1 EFFLUENT GROSS		*****	*****	**	*****	*****	1	04	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS		*****	1642	03	*****	*****	*****	**	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	****		CONTI NUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS		*****	*****	**	*****	0.011	0.024	19	0	15 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE 82234 1 0 EFFLUENT GROSS		*****	0	62	*****	*****	*****	**	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C/HR	*****	*****	*****	****		CONTI NUOUS	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John T. Carlin
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	12	01	17
AREA CODE	NUMBER	YEAR	MO	DAY

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

No closed mode operation. Veliger monitoring data is included as an attachment. The following injections occurred: Biodetergent 73551 (max. calc. conc. was 0.02mg/L--limit 2.0mg/L)

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P. O. BOX 2000**
 (INTEROFFICE OPS-5N-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

YEAR	MO	DAY
11	04	01

 To

YEAR	MO	DAY
11	04	30

*** NO DISCHARGE ***


NOTE: Read instructions before completing this form.

ATTN: Brad Love

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			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	34.4	04	0	30 / 30	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI NUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 INSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	19.7	04	0	30 / 30	MODELD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 S EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	3	04	0	30 / 30	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	3 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	1642	03	*****	*****	*****	**	0	30 / 30	RCORDR
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	****		CONTI NUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	0.017	0.026	19	0	25 / 30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE 82234 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	1	62	*****	*****	*****	**	0	30 / 30	CALCTD
	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C/HR	*****	*****	*****	****		CONTI NUOUS	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 John T. Carlin
 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	12	01	17
AREA CODE	NUMBER.	YEAR	MO	DAY

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

No closed mode operation. Veiger Monitoring Data is included as an attachment. The following injections occurred: 1. Towerbrom 960 2. Spectrus CT1300 (max. calc. conc. was 0.039mg/L--limit 0.050mg/L)