



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

May 10, 2012

Ms. Dana Waits  
State of Tennessee  
Department of Environment and Conservation  
Division of Water Pollution Control  
Enforcement & Compliance Section  
6<sup>th</sup> Floor, L & C Annex  
401 Church Street  
Nashville, Tennessee 37243-1534

Dear Ms. Waits:

**SEQUOYAH NUCLEAR PLANT - DISCHARGE MONITORING REPORT FOR APRIL 2012**

Enclosed is the April 2012 Discharge Monitoring Report for Sequoyah Nuclear Plant. If you have any questions or need additional information, please contact Brad Love at (423) 843-6714 of Sequoyah's Environmental staff.

In a letter to Mr. Vojin Janjić dated December 21, 2011 Sequoyah notified TDEC of upcoming activities for the installation of pilings into bedrock to support a crane during the Unit 2 Cycle 18 refueling outage scheduled to begin in October 2012. This project is on going and to date there has been zero discharge of process water. Sequoyah will continue to update TDEC on this process and report any discharges and associated monitoring in future DMR's.

*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 T. 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

*JE25  
NPR*

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)  
 F - FINAL  
 DIFFUSER DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0026450**      **101 G**  
 PERMIT NUMBER      DISCHARGE NUMBER

MONITORING PERIOD  
 From 

| YEAR | MO | DAY |
|------|----|-----|
| 12   | 04 | 01  |

 To 

| YEAR | MO | DAY |
|------|----|-----|
| 12   | 04 | 30  |

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

ATTN: Brad Love

| PARAMETER   | X                  | QUANTITY OR LOADING |                     |          | QUALITY OR CONCENTRATION |            |                     |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------------------|----------|--------------------------|------------|---------------------|---------|--------|-----------------------|-------------|
|   |                    | AVERAGE             | MAXIMUM             | UNITS    | MINIMUM                  | AVERAGE    | MAXIMUM             | UNITS   |        |                       |             |
| TEMPERATURE, WATER DEG. CENTIGRADE<br>00010 1 0<br>EFFLUENT GROSS       | SAMPLE MEASUREMENT | *****               | *****               | **       | *****                    | *****      | 33.8                | 04      | 0      | 30 / 30               | RCORDR      |
|   | PERMIT REQUIREMENT | *****               | *****               | ****     | *****                    | *****      | Req. Mon. DAILY MAX | DEG. C. |        | CONTI NUOUS           | CALCTD      |
| TEMPERATURE, WATER DEG. CENTIGRADE<br>00010 Z 0<br>INSTREAM MONITORING  | SAMPLE MEASUREMENT | *****               | *****               | **       | *****                    | *****      | 22.2                | 04      | 0      | 30 / 30               | MODEL       |
|   | PERMIT REQUIREMENT | *****               | *****               | ****     | *****                    | *****      | 30.5 DAILY MX       | DEG. C. |        | CONTI NUOUS           | CALCTD      |
| TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C<br>00016 1 S<br>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<br>50050 1 0<br>EFFLUENT GROSS | SAMPLE MEASUREMENT | *****               | 1718                | 03       | *****                    | *****      | *****               | **      | 0      | 30 / 30               | RCORDR      |
|   | PERMIT REQUIREMENT | *****               | Req. Mon. DAILY MAX | MGD      | *****                    | *****      | *****               | ****    |        | CONTI NUOUS           | RCORDR      |
| CHLORINE, TOTAL RESIDUAL<br>50060 1 0<br>EFFLUENT GROSS                 | SAMPLE MEASUREMENT | *****               | *****               | **       | *****                    | 0.022      | 0.059               | 19      | 0      | 26 / 30               | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****               | ****     | *****                    | 0.1 MO AVG | 0.1 DAILY MAX       | MG/L    |        | FIVE PER WEEK         | CALCTD      |
| TEMPERATURE - C, RATE OF CHANGE<br>82234 1 0<br>EFFLUENT GROSS          | SAMPLE MEASUREMENT | *****               | 0                   | 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<br><br>John T. Carlin<br><br>Sequoyah Site Vice President<br><br>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 | 12   | 05 | 09  |
| 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. Veliger monitoring data is included as an attachment. Spectrus CT1300 treatment began on 4/30/12 (max. calc. conc. was 0.037mg/L--limit 0.050mg/L).

| Sample Date | Mean # of ZM/m3 | % Settlers | Water Temp. (°C) | Sample Date | Mean# of Asiatic Clams/m3 | Water Temp. (°C) | LOCATION | SUB LOCATION  | NOTES: % Gravid Asiatic Clam | COLLECTED BY |
|-------------|-----------------|------------|------------------|-------------|---------------------------|------------------|----------|---------------|------------------------------|--------------|
| 01/03/2012  | 14              | 100        | 26               | 01/03/2012  | 0                         | 26               |          | 1-25-545      |                              | PKS          |
| 01/10/2012  | 0               | 0          | 9                | 01/10/2011  | 0                         | 9                | RCW      |               |                              | WBE          |
| 01/17/2011  | 0               | 0          | 10               | 01/17/2011  | 0                         | 10               |          | 1-ISV-24-1234 |                              | PB           |
| 01/24/2012  | 0               | 0          | 13               | 01/24/2012  | 0                         | 13               |          | 1-25-545      |                              | WDT          |
| 01/31/2012  | 0               | 0          | 17.6             | 01/31/2012  | 0                         | 17.6             |          | 1-25-545      |                              | CR           |
| 02/07/2012  | 0               | 0          | 12               | 02/07/2012  | 0                         | 12               |          | 1-25-545      |                              | BB           |
| 02/14/2012  | 0               | 0          | 8.3              | 02/14/2012  | 0                         | 8.3              |          | 1-24-1234     |                              | WE           |
| 02/21/2012  | 0               | 0          | 26.5             | 02/21/2012  | 0                         | 26.5             |          | 1-25-545      |                              | CR           |
| 02/28/2012  | 0               | 0          | 11.1             | 02/28/2011  | 0                         | 11.1             |          | 1-ISV-24-1234 |                              | WBE          |
| 03/06/2012  | 0               | 0          | 11.7             | 03/06/2012  | 0                         | 11.7             |          | 1-ISV-24-1234 |                              | WBE          |
| 03/13/2012  | 0               | 0          | 13               | 03/13/2012  | 0                         | 13               |          | 1-ISV-24-1234 |                              | WBE          |
| 03/20/2012  | 0               | 0          | 14.6             | 03/20/2012  | 0                         | 14.6             |          | 1-ISV-24-1234 |                              | WBE          |
| 03/27/2012  | 1623            | 1.3        | 17.2             | 03/27/2012  | 0                         | 17.2             |          | 1-ISV-24-1234 |                              | WBE          |
| 04/03/2012  | 229             | 0          | 18               | 04/03/2012  | 0                         | 18               |          | 1-ISV-24-1234 |                              | PB           |
| 04/10/2012  | 79              | 20         | 22               | 04/10/2012  | 0                         | 22               |          | 1-ISV-24-1234 |                              | PB           |
| 04/18/2012  | 326             | 5          | 18.8             | 04/18/2012  | 0                         | 18.8             |          | 1-ISV-24-1234 |                              | MJW          |

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 T**  
 PERMIT NUMBER      DISCHARGE NUMBER

F - FINAL  
 BIOMONITORING FOR OUTFALL 101

MONITORING PERIOD  
 From 

|      |    |     |
|------|----|-----|
| YEAR | MO | DAY |
| 12   | 04 | 01  |

 To 

|      |    |     |
|------|----|-----|
| YEAR | MO | DAY |
| 12   | 04 | 30  |

EFFLUENT  
 \*\*\* NO DISCHARGE  \*\*\*

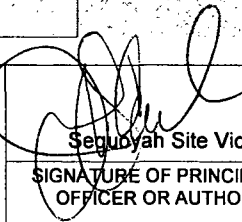
ATTN: Brad Love

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                      | *****               | *****   | **    | Monitoring Not Required  | *****   | *****   | 23      |        |                       |             |
| TRP3B 1 0 EFFLUENT GROSS          | PERMIT REQUIREMENT                      | *****               | *****   | ****  | 43.2 MINIMUM             | *****   | *****   | PERCENT |        | SEMI-ANNUAL           | COMPOS      |
| IC25 STATRE 7DAY CHR PIMEPHALES   | SAMPLE MEASUREMENT                      | *****               | *****   | **    | Monitoring Not Required  | *****   | *****   | 23      |        |                       |             |
| TRP6C 1 0 EFFLUENT GROSS          | PERMIT REQUIREMENT                      | *****               | *****   | ****  | 43.2 MINIMUM             | *****   | *****   | PERCENT |        | SEMI-ANNUAL           | COMPOS      |
|                                   | SAMPLE MEASUREMENT                      |                     |         |       |                          |         |         |         |        |                       |             |
|                                   | PERMIT REQUIREMENT                      |                     |         |       |                          |         |         |         |        |                       |             |
|                                   | SAMPLE MEASUREMENT                      |                     |         |       |                          |         |         |         |        |                       |             |
|                                   | PERMIT REQUIREMENT                      |                     |         |       |                          |         |         |         |        |                       |             |
|                                   | SAMPLE MEASUREMENT                      |                     |         |       |                          |         |         |         |        |                       |             |
|                                   | PERMIT REQUIREMENT                      |                     |         |       |                          |         |         |         |        |                       |             |
|                                   | 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   | 05 | 09  |
| AREA CODE | NUMBER   | YEAR | MO | DAY |

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

Toxicity was not sampled in April 2012.

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**      **103 G**  
 PERMIT NUMBER      DISCHARGE NUMBER

F - FINAL  
LOW VOL. WASTE TREATMENT POND  
EFFLUENT

MONITORING PERIOD  
 From 

|      |    |     |
|------|----|-----|
| YEAR | MO | DAY |
| 12   | 04 | 01  |

 To 

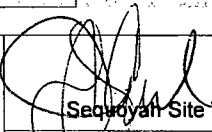
|      |    |     |
|------|----|-----|
| YEAR | MO | DAY |
| 12   | 04 | 30  |

\*\*\* 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 |        |                       |             |
| PH  | SAMPLE MEASUREMENT | *****               | *****                 | **    | 7                        | *****        | 8               | 12    | 0      | 15 / 30               | GRAB        |
| 00400 1 0<br>EFFLUENT GROSS                 | PERMIT REQUIREMENT | *****               | *****                 | **    | 6<br>MINIMUM             | *****        | 9<br>MAXIMUM    | SU    |        | THREE/<br>WEEK        | GRAB        |
| SOLIDS, TOTAL SUSPENDED                     | SAMPLE MEASUREMENT | *****               | *****                 | **    | *****                    | 9            | 10              | 19    | 0      | 2 / 30                | GRAB        |
| 00530 1 0<br>EFFLUENT GROSS                 | PERMIT REQUIREMENT | *****               | *****                 | **    | *****                    | 30<br>MO AVG | 100<br>DAILY MX | MG/L  |        | TWICE/<br>MONTH       | GRAB        |
| OIL AND GREASE                              | SAMPLE MEASUREMENT | *****               | *****                 | **    | *****                    | <6           | <6              | 19    | 0      | 2 / 30                | GRAB        |
| 00556 1 0<br>EFFLUENT GROSS                 | PERMIT REQUIREMENT | *****               | *****                 | **    | *****                    | 15<br>MO AVG | 20<br>DAILY MX  | MG/L  |        | TWICE/<br>MONTH       | GRAB        |
| FLOW, IN CONDUIT OR THRU<br>TREATMENT PLANT | SAMPLE MEASUREMENT | 1.127               | 1.268                 | 03    | *****                    | *****        | *****           | **    | 0      | 30 / 30               | RCORDR      |
| 50050 1 0<br>EFFLUENT GROSS                 | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD   | *****                    | *****        | *****           | **    |        | SEE<br>PERMIT         | RCORDR      |
|   | SAMPLE MEASUREMENT |                     |                       |       |                          |              |                 |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |                       |       |                          |              |                 |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |                       |       |                          |              |                 |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |                       |       |                          |              |                 |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |                       |       |                          |              |                 |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |                       |       |                          |              |                 |       |        |                       |             |

|  |   |   |           |          |      |    |     |
|--|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>John T. Carlin<br><br>Sequoyah Site Vice President<br><br>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. | <br>Sequoyah Site Vice President<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE |          | DATE |    |     |
|  |   |   | 423       | 843-7001 | 12   | 05 | 09  |
|  |   |   | 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)

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     | 110 G            |
| PERMIT NUMBER | DISCHARGE NUMBER |

F - FINAL  
 RECYCLED COOLING WATER  
 EFFLUENT

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 12                | 04 | 01  | 12   | 04 | 30  |

From

To

\*\*\* NO DISCHARGE  \*\*\*

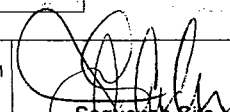
NOTE: Read instructions before completing this form.

ATTN: Brad Love

| PARAMETER   | X                  | QUANTITY OR LOADING |                    |       | QUALITY OR CONCENTRATION |            |                 | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE   |
|---|--------------------|---------------------|--------------------|-------|--------------------------|------------|-----------------|--------|-----------------------|---------------|
|   |                    | AVERAGE             | MAXIMUM            | UNITS | MINIMUM                  | AVERAGE    | MAXIMUM         |        |                       |               |
| TEMPERATURE, WATER DEG. CENTIGRADE<br>00010 1 0       | SAMPLE MEASUREMENT | *****               | *****              | **    | *****                    | *****      |                 | 04     |                       |               |
| EFFLUENT GROSS VALUE                                  | PERMIT REQUIREMENT | *****               | *****              | **    | *****                    | *****      | REPORT DAILY MX | DEG C  |                       | CONTINUOUS    |
| TEMPERATURE, WATER DEG. CENTIGRADE<br>00010 Z 0       | SAMPLE MEASUREMENT | *****               | *****              | **    | *****                    | *****      |                 | 04     |                       |               |
| INSTREAM MONITORING                                   | PERMIT REQUIREMENT | *****               | *****              | **    | *****                    | *****      | 30.5 DAILY MX   | DEG C  |                       | CONTINUOUS    |
| TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C<br>00016 1 0 | SAMPLE MEASUREMENT | *****               | *****              | **    | *****                    | *****      |                 | 04     |                       |               |
| EFFLUENT GROSS VALUE                                  | PERMIT REQUIREMENT | *****               | *****              | **    | *****                    | *****      | 5 DAILY MX      | DEG C  |                       | CONTINUOUS    |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>50050 1 0 | SAMPLE MEASUREMENT | *****               |                    | 03    | *****                    | *****      | *****           | **     |                       |               |
| EFFLUENT GROSS VALUE                                  | PERMIT REQUIREMENT | *****               | Req. Mon. DAILY MX | MGD   | *****                    | *****      | *****           | **     |                       | CONTINUOUS    |
| CHLORINE, TOTAL RESIDUAL<br>50060 1 0                 | SAMPLE MEASUREMENT | *****               | *****              | **    | *****                    | *****      |                 | 19     |                       |               |
| EFFLUENT GROSS VALUE                                  | PERMIT REQUIREMENT | *****               | *****              | **    | *****                    | 0.1 MO AVG | 0.1 DAILY MX    | MG/L   |                       | Five per Week |
| TEMPERATURE - C, RATE OF CHANGE<br>82234 1 0          | SAMPLE MEASUREMENT | *****               |                    | 04    | *****                    | *****      | *****           | **     |                       |               |
| EFFLUENT GROSS VALUE                                  | PERMIT REQUIREMENT | *****               | 2 DAILY MX         | DEG C | *****                    | *****      | *****           | **     |                       | CONTINUOUS    |
|   | SAMPLE MEASUREMENT |                     |                    |       |                          |            |                 |        |                       |               |
|   | PERMIT REQUIREMENT |                     |                    |       |                          |            |                 |        |                       |               |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 John T. Carlin  
 Sequoyah Site Vice President  
 TYPED OR PRINTED

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 Sequoyah Site Vice President  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE |          | DATE |    |     |
|-----------|----------|------|----|-----|
| 423       | 843-7001 | 12   | 05 | 09  |
| 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 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**      **110 T**  
 PERMIT NUMBER      DISCHARGE NUMBER

F - FINAL  
 RECYCLED COOLING WATER  
 EFFLUENT

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 12                | 04 | 01  | 12   | 04 | 30  |

From

To


\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

ATTN: Brad Love

| PARAMETER                           | X                  | 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<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****   | ****  | 43.2<br>MINIMUM          | *****   | *****   | PERCENT |        | SEMI ANNUAL           | COMPOS      |
| IC25 STATRE 7DAY CHR PIMEPHALES     | SAMPLE MEASUREMENT | *****               | *****   | **    |                          |         |         | 23      |        |                       |             |
| TRP6C 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****   | ****  | 43.2<br>MINIMUM          | *****   | *****   | PERCENT |        | SEMI ANNUAL           | 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 | 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 |    |     |
| John T. Carlin                         |   | 423       | 843-7001 | 12   | 05 | 09  |
| Sequoyah Site Vice President           |   |           |          |      |    |     |
| TYPED OR PRINTED                       |   | AREA CODE | NUMBER   | YEAR | MO | DAY |

  
 Sequoyah Site Vice President  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 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)  
 F - FINAL  
 WASTEWATER & STORM WATER  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0026450**      **118 G**  
 PERMIT NUMBER      DISCHARGE NUMBER

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 12                | 04 | 01  | 12   | 04 | 30  |

From

To

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

ATTN: Brad Love

| PARAMETER  | X                  | QUANTITY OR LOADING     |                           |       | QUALITY OR CONCENTRATION |         |                     |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|-------------------------|---------------------------|-------|--------------------------|---------|---------------------|-------|--------|-----------------------|-------------|
|  |                    | AVERAGE                 | MAXIMUM                   | UNITS | MINIMUM                  | AVERAGE | MAXIMUM             | UNITS |        |                       |             |
| <b>OXYGEN, DISSOLVED (DO)</b><br>00300 1 0<br>EFFLUENT GROSS                   | SAMPLE MEASUREMENT | *****                   | *****                     | **    |                          | *****   | *****               | 19    |        |                       |             |
|  | PERMIT REQUIREMENT | *****                   | *****                     | ***   | <b>2 MINIMUM</b>         | *****   | *****               | MG/L  |        | TWICE/WEEK            | GRAB        |
| <b>SOLIDS, TOTAL SUSPENDED</b><br>00530 1 0<br>EFFLUENT GROSS                  | SAMPLE MEASUREMENT | *****                   | *****                     | **    | *****                    | *****   |                     | 19    |        |                       |             |
|  | PERMIT REQUIREMENT | *****                   | *****                     | ***   | *****                    | *****   | <b>100 DAILY MX</b> | MG/L  |        | TWICE/WEEK            | GRAB        |
| <b>SOLIDS, SETTLEABLE</b><br>00545 1 0<br>EFFLUENT GROSS                       | SAMPLE MEASUREMENT | *****                   | *****                     | **    | *****                    | *****   |                     | 25    |        |                       |             |
|  | PERMIT REQUIREMENT | *****                   | *****                     | ***   | *****                    | *****   | <b>1 DAILY MX</b>   | ML/L  |        | ONCE/MONTH            | GRAB        |
| <b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b><br>50050 1 0<br>EFFLUENT GROSS | SAMPLE MEASUREMENT |                         |                           | 03    | *****                    | *****   | *****               | **    |        |                       |             |
|  | PERMIT REQUIREMENT | <b>Req. Mon. MO AVG</b> | <b>Req. Mon. DAILY MX</b> | MGD   | *****                    | *****   | *****               | *     |        | ONCE/BATCH            | ESTIMA      |
|  | SAMPLE MEASUREMENT |                         |                           |       |                          |         |                     |       |        |                       |             |
|  | PERMIT REQUIREMENT |                         |                           |       |                          |         |                     |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                         |                           |       |                          |         |                     |       |        |                       |             |
|  | PERMIT REQUIREMENT |                         |                           |       |                          |         |                     |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                         |                           |       |                          |         |                     |       |        |                       |             |
|  | PERMIT REQUIREMENT |                         |                           |       |                          |         |                     |       |        |                       |             |

|  |   |           |          |      |    |     |
|--|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>John T. Carlin<br><br>Sequoyah Site Vice President<br><br>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 | 12   | 05 | 09  |
|  |   | AREA CODE | NUMBER   | YEAR | MO | DAY |

*[Signature]*  
 Sequoyah Site Vice President  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.