

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

July 12, 2012

Ms. Christina Morgan
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. Morgan:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) FOR JUNE 2012

Enclosed is the June 2012 Discharge Monitoring Report for Sequoyah Nuclear Plant. There were no exceedances during the monitoring period.

In the Sequoyah Nuclear Plant Unit 2 Cycle 18 refueling outage of October 2012, TVA will replace the unit's four steam generators. During this large maintenance project, each of the steam generators will be cut free from existing piping, lifted out from the top of the concrete shield building, and maneuvered through the steel containment and internal structural concrete enclosures that house the steam generators. Cutting the temporary openings in the shield building and structural concrete enclosures using hydro-demolition will result in the generation of concrete rubble and hydro-demolition process waste water for disposal. Up to 1.5 million gallons of water supplied by SQN's existing Fire Protection System (Hixson Utility District potable water) will be used for hydro-demolition over a 7 day period. The hydro-demolition waste water will be filtered to 5 micron and the pH will be adjusted prior to flowing through SQN's normal waste water treatment process. As previously discussed with Bob Alexander with the Division, TVA does not believe the activity associated with replacing the steam generators will significantly change the nature or increase the quantity of pollutants discharged from permitted outfalls. SQN will continue to monitor Internal Monitoring Point 103 in accordance with NPDES permit TN0026450.

If you have any questions or need additional information, please contact Brad Love by email at bmlove@tva.gov or by phone at (423) 843-6714.



Ms. Christina Morgan Page 2 July 12, 2012

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) **MAJOR** Form Approved. DISCHARGE MONITORING REPORT (DMR) TVA - SEQUOYAH NUCLEAR PLANT OMB No. 2040-0004 Name (SUBR 01) Address P.O. BOX 2000 TN0026450 F - FINAL 101 G (INTEROFFICE OPS-5N-SQN) SODDY - DAISY, TN 37384 DISCHARGE NUMBER **DIFFUSER DISCHARGE PERMIT NUMBER** Facility TVA - SEQUOYAH NUCLEAR PLANT **EFFLUENT** MONITORING PERIOD Location HAMILTON COUNTY YEAR MO DAY YEAR MO DAY *** NO DISCHARGE From 12 06 01 To 12 06 30 ATTN: Brad Love

					NOTE: Read instructions before completing this form. QUALITY OR CONCENTRATION NO. FREQUENCY S						
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	•••
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	****	**	***	****	41.0	04	0	30 / 30	RCORDR
00010 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	******	***	***	******	Reg. Mon. DAILY MAX	DEG. C.		CONTI	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	****	*****	**	****	*****	30.4	04	0	30 / 30	MODELD
00010 Z 0 INSTREAM MONITORING	PERMIT REQUIREMENT	****	*****	***	****	******	30.5 DAILY MX	DEG. C.		CONTI	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	****	****	**	****	****	2	04	0	30 / 30	CALCTD
00016 1 \$ EFFLUENT GROSS	PERMIT REQUIREMENT	****	*****	****	*****	******	3 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	****	1741	03	****	*****	****	**	0	30 / 30	RCORDR
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	Reg. Mon.	MGD	****	*****	*****	****		CONTI NUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	****	**	****	0.024	0.051	19	0	26 / 30	GRAB
50060 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	****	***	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	****	0	62	****	****		**	0	30 / 30	CALCTD
12234 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	****	2 DAILY MX	DEG C/HR	****	*****	*****	****		CONTI NUOUS	CALCTD
	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		TE	LEPHONE		DATE	
John T. Carlin	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	Saddy Astia Vice President					
Sequoyah Site Vice President	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.	SIGNATURE OF PRINCIPAL EXECUTIVE	423	843-7001	12	07	11
TYPED OR PRINTED	including the possibility of line and imprisoriment for knowing violations.	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. The following injections occurred: 1. Floguard MS6236 (max. calc. conc. was 0.059mg/L—limit 0.2mg/L) 2. Biodetergent 73551 (max. calc. conc. was 0.033mg/L—limit 2.0mg/L) 3. Spectrus CT1300 (max. calc. conc. was 0.037mg/L—limit 0.050mg/L)

	Mean # of		Water		Mean# of	Water		NOTE	S: %
Sample Date	ZM/m3	% Settlers	Temp. (°C)	Sample Date	Asiatic Clams/m3	Temp. ('C)	LOCATION	SUB LOCATION Gravid A	
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 May 2012 June 2012	326	5	18.8	04/18/2012	0	18.8		1-ISV-24-1234	MJW No Samples Collected No Samples Collected

PERMITTEE NAME/ADDRESS (Include Fac Name TVA - SEQUOYAH NUCLEAF	•	Different) 			ARGE ELIMINATION SYS DNITORING REPORT		MAJOR (SUBR 01)			rm Approved MB No. 2040-	
Address P.O. BOX 2000 (INTEROFFICE OPS-5N-SQN)		- -		0026450		101 T	F - FINAL				
SODDY - DAISY, TN 37384 Facility TVA - SEQUOYAH NUCLEAR PL	ANT		PERM	IT NUMBER		GE NUMBER	BIOMONITORING	FOR OUTFA	LL 101		
Location HAMILTON COUNTY			VEAD		ITORING PERIOD		EFFLUENT				
ATTN: Brad Love			From 12	MO DA		MO DAY 06 30	NOTE: Read ins		***	adin - Abia Sam	
PARAMETER		QUAN	ITITY OR LOADING			QUALITY OR CO	ONCENTRATION	tructions belon		FREQUENCY OF	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-	ANALYSIS	ITPE
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	****	*****	**	Monitoring Not Required	****	*****	23			
TRP3B 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	******	*****	PERCENT		SEMI ANNUAL	СОМРО
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	****	*****	23			
TRP6C 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	***	43.2 MIMINUM	*****	*****	PERCENT		SEMI ANNUAL	СОМРО
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | Certify under penalty of law that this document and all attachments were prepared under my TELEPHONE DATE 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 John T. Carlin persons who manage the system, or those persons directly responsible for gathering the Seque Site Vice President information, the information submitted is , to the best of my knowledge and belief, true, accurate, 423 843-7001 12 07 11 Sequoyah Site Vice President and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT AREA CODE NUMBER YEAR MO DAY TYPED OR PRINTED

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

Toxicity was not sampled in June 2012.

PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT

PERMITTEE NAME/ADDRESS (Include Name TVA - SEQUOYAH NUCL		Different)			arge elimination sy Nitoring Report		MAJOR (SUBR 01)			rm Approved MB No. 2040-	
Address P.O. BOX 2000 (INTEROFFICE OPS-5N-SQN	<u></u>	_	TNO	0026450		103 G	F - FINAL				
SODDY - DAISY, TN 37384	/ 	_		IT NUMBER	DISCHAR	GE NUMBER	LOW VOL. WASTE 1	REATME	NT POI	ND	
Facility TVA - SEQUOYAH NUCLEAR Location HAMILTON COUNTY	PLANT	_	. [TORING PERIOD		EFFLUENT				
ESCALION TRANSCTON COOK!		_	YEAR				*** NO DISCHAR		***		
ATTN: Brad Love			From 12	06 01	To 12	06 30	*** NO DISCHARO	jE			
							NOTE: Read instru	ctions befor	e compl	eting this form	1.
PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CO	NCENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	7	ANALYSIS	
PH	SAMPLE MEASUREMENT	*****	****	**	7	*****	8	12	0	14 / 30	GRAB
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	****	**	6 MINIMUM	******	9 MUMIXAM	รบ		THREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	****	**	******	5	6	19	0	2 / 30	GRAB
00530 1 0	PERMIT	*****	*****		*****	30	100	MG/L	1	TWICE/	GRAB
EFFLUENT GROSS	REQUIREMENT					MO AVG				MONTH	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<6	<6	19	0	2/30	GRAB
00556 1 0	PERMIT	*****	******	-	*****	15	20	MG/L		TWICE/	GRAB
EFFLUENT GROSS	REQUIREMENT					MO AVG		1		MONTH	
FLOW, IN CONDUIT OR THRU	SAMPLE	0.966	1.231	03	*****	*****	******	**	0	30 / 30	RCORDR

03

MGD

Req. Mon

DAILY MX

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I Certify under penalty of law that this document and all attachments were prepared under my John T. Carlin

Sequoyah Site Vice President TYPED OR PRINTED

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.

DATE TELEPHONE Sequoyah Site Vice President 423 843-7001 12 07 11 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA MO NUMBER YEAR DAY CODE

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

TREATMENT PLANT

EFFLUENT GROSS

50050 1 0

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE MEASUREMENT **PERMIT** REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT Req. Mon.

MO AVG

RCORDR

SEE

PERMIT

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)	PERMITTE
lame TVA - SEQUOYAH NUCLEAR PLANT	Name
Address P.O. BOX 2000	Address
(INTEROFFICE OPS-5N-SQN)	
SODDY - DAISY, TN 37384	
acility TVA - SEQUOYAH NUCLEAR PLANT	Facility
ocation HAMILTON COUNTY	Location
•	•
ATTN: Brad Love	ATTN: Br

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

DAY

01

MONITORING PERIOD

To

MAJOR (SUBR 01) F - FINAL

Form Approved. OMB No. 2040-0004

TN0026450 PERMIT NUMBER

YEAR MO

06

From 12

110 G DISCHARGE NUMBER

06

DAY

30

YEAR MO

12

RECYCLED COOLING WATER

EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

		 			1					before completing this form		
PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	****	**	****	****		04				
00010 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	**	*****	*****	REPORT DAILY MX	DEG C		CONTIN	CALCTD	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE . MEASUREMENT	****	****	**	*****	****		04				
00010 Z 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	**	****	*****	30.5 DAILY MX	DEG C		CONTIN UOUS	CALCTD	
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	****	*****	**	*****	*****		04				
00016 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	*****	5 DAILY MX	DEG C		CONTIN	CALCTD	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	****		03	******	*****	*****	##				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	Req. Mon.	MGD	****	*****	****	*		CONTIN	RCORDR	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	##	*****			19				
50060 · 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	**	*****	0.1 MO AVG	0.1 DAILY MX	MG/L	-	Five per Week	CALCTD	
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	****		04	******	******	*****	**				
82234 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C	*****	*****	*****	**		CONTIN	CALCTD	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					7/12						

John T. Carlin Sequoyah Site Vice President TYPED OR PRINTED

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.

Sequovah Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT CODE

423 843-7001 12 07 11 AREA NUMBER YEAR MO DAY

DATE

TELEPHONE

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

No Discharge this Period

PERMITTEE NAME/ADDRESS (Include Name TVA - SEQUOYAH NUCL	•	Different)			RGE ELIMINATION SY NITORING REPORT		(SUBR 01) Form Approx OMB No. 20						
Address P.O. BOX 2000 (INTEROFFICE OPS-5N-SQI	<u></u>	_	TN	0026450		110 T	F - FINAL						
SODDY - DAISY, TN 37384		<u> </u>	PERMIT NUMBER DISCHARGE NUMBER					RECYCLED COOLING WATER					
Facility TVA - SEQUOYAH NUCLEAR		_					-						
Location HAMILTON COUNTY			VEAD		TORING PERIOD		EFFLUENT						
ATTN: Brad Love			From 12	MO DAY 06 01		MO DAY 06 30	*** NO DISCHARGE XX *** NOTE: Read instructions before completing this form.						
PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CO	ONCENTRATION		NO.	FREQUENCY OF	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE		
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**		******	******	23					
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	43.2 MINIMUM	*****	*****	PERCENT	·	SEMI ANNUAL	COMPOS		
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	****	****	##	-	****	***	23					
TRP6C 1 0 0	PERMIT REQUIREMENT	*****	*****	****	43.2	******	*****	PERCENT		SEMI	COMPOS		
EFFLUENT GROSS VALUE			ļ		MINIMUM			<u></u>	ļ	ANNUAL	ļ		
	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 Certify under per	alty of law that this do	cument and all attachme	nts were prepared	d under my	200	/	TELEPHO)NF	·	DATE		
	direction or superv	rision in accordance w	ith a system designed to	assure that qualif	ied personnel	(XX	' /				//\IL		
John T. Carlin	persons who mans	ge the system, or tho:	ition submitted. Based or se persons directly respo , to the best of my knowl	nsible for gatherin	ng the	Sequoyal Site	∕lide President	423 843	3-7001	12	07 11		

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

No Discharge this Period

Sequoyah Site Vice President

TYPED OR PRINTED

and complete. I am aware that there are significant penalties for submitting false information,

including the possibility of fine and imprisonment for knowing violations.

YEAR

MO

DAY

AREA

CODE

NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

PERMITTE	E 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

ATTN: Brad Love

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

DAY

01

MONITORING PERIOD

To

MAJOR (SUBR 01) Form Approved. OMB No. 2040-0004

TN0026450 PERMIT NUMBER

MO

06

YEAR

From 12

118 G DISCHARGE NUMBER

06

DAY

30

YEAR MO

12

F - FINAL

WASTEWATER & STORM WATER

EFFLUENT

*** NO DISCHARGE

XX

NOTE: Read instructions before completing this form.

					NOTE: Read instructions beto							
PARAMETER		QUAN	TITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	****	**		*****	******	19				
00300 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	2 MINIMUM	******	*****	MG/L		TWICE/ WEEK	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	*****	**	*****	****		19				
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	****	*****	****	*****	******	100 DAILY MX	MG/L		TWICE/ WEEK	GRAB	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	****	**	****	*****		25				
00545 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	***	******	*****	1 DAILY MX	ML/L		ONCE/ MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			03	*****	*****	*****	**				
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	******	*****	•		ONCE/ BATCH	ESTIMA	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						:					

John T. Carlin Sequoyah Site Vice President TYPED OR PRINTED

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.

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

TELEPHONE DATE 423 843-7001 12 07 11 AREA NUMBER YEAR MO DAY CODE

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.