



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

March 12, 2013

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

Ms. Waits:

2013 DISCHARGE MONITORING REPORT – QUALITY ASSURANCE (DMR-QA) STUDY  
33 NPDES PERMITTEE ADDRESS VERIFICATION FORM

Please find enclosed the Discharge Monitoring Report - Quality Assurance (DMR-QA) Study 33 NPDES permittee address verification form. If you have any questions or need additional information, please contact Brad Love at (423) 843-6714 of Sequoyah's Environmental staff.

Sincerely,

John T. Carlin  
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, DC 20555

LEAS

# DMR-QA STUDY 33

**Immediately** verify receipt of DMR-QA Study 33 by either filling out the form below and mailing this page to your state coordinator (listed on pages 6-8) or follow the e-mail instructions at the bottom of this page.

The mailed form must be postmarked on or before **March 25, 2013**.

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## NPDES PERMITTEE ADDRESS VERIFICATION FORM

### Discharge Monitoring Report - Quality Assurance (DMR-QA) Study 33

Please provide corrections to the mailing address where all DMR-QA paperwork should be sent.

State  NPDES Permit Number 

0	0	2	6	4	5	0
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(2-character State Code + 7 digit Permit Code as shown on the mailing label, for example CA1234567)

If Address is correct, you only need to check this box

Facility Name	Tennessee Valley Authority - Sequoyah Nuclear Plant		
Contact Name	Brad Love	Title	Environmental Scientist
Mailing Address	P.O. Box 2000, Mail Stop OPS-5N		
City	Soddy Daisy	State	<input type="text" value="TN"/> Zip Code <input type="text" value="37384"/>
Phone Number	423-843-6714	Fax Number	423-843-7428
E-mail Address	bmlove@tva.gov		

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## ELECTRONIC NOTIFICATION PROCEDURE

You may verify receipt electronically by sending an e-mail on or before **March 25, 2013** to your state DMR-QA coordinator (listed on pages 6-8 of the enclosed instructions). The e-mail should be composed in the following manner:

1. Subject line should contain **ONLY** the NPDES Permit number (2-character State Code + 7-digit Permit Code as shown on the mailing label, for example CA1234567). Other information is not needed on the subject line.
2. If there have been any changes to the mailing label on this announcement, the body of the e-mail should contain a list including: Company name, Contact Name/Title, Mailing Address, City, State, Zip Code, Facility Type (select one: federal, state, local or commercial/private). Otherwise, you may simply put "No changes to address" in the body of the e-mail.



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

March 11, 2013

Ms. Christina Morgan  
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 37219

Dear Ms. Morgan:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES  
PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) FOR FEBRUARY 2013

Enclosed is the February 2013 Discharge Monitoring Report for Sequoyah Nuclear Plant. There were no exceedances during the monitoring period. If you have any questions or need additional information, please contact Brad Love by email at [bmlove@tva.gov](mailto:bmlove@tva.gov) or by phone at (423) 843-6714.

*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

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**

F - FINAL  
 DIFFUSER DISCHARGE  
 EFFLUENT

MONITORING PERIOD					
From			To		
YEAR	MO	DAY	YEAR	MO	DAY
13	02	01	13	02	28

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

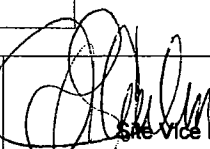
ATTN: Brad Love

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	*****	*****	**	*****	*****	25.2	04	0	28 / 28	RCORDR	
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI NUOUS	CALCTD	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0	*****	*****	**	*****	*****	9.3	04	0	28 / 28	MODELD	
INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	****	*****	30.5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD	
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 1	*****	*****	**	*****	*****	1	04	0	28 / 28	CALCTD	
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	*****	1693	03	*****	*****	*****	**	0	28 / 28	RCORDR	
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	****		CONTI NUOUS	RCORDR	
CHLORINE, TOTAL RESIDUAL 50060 1 0	*****	*****	**	*****	0.010	0.027	19	0	9 / 28	GRAB	
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L	FIVE PER WEEK	CALCTD	
TEMPERATURE - C, RATE OF CHANGE 82234 1 0	*****	1	62	*****	*****	*****	**	0	28 / 28	CALCTD	
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C/HR	*****	*****	****		CONTI NUOUS	CALCTD	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 John T. Carlin  
 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.

  
 Site Vice President  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
423	843-7001	13	03	11
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 0.032mg/L--limit 0.2mg/L) 2. Biodetergent 73551 (max. calc. conc. was 0.032mg/L--limit 2.0mg/L)

Sample Date	Mean # of ZM/m3	% Settlers	Water Temp. (°C)	Sample Date	Mean# of Asiatic Clams/m3	Water Temp. (°C)	LOCATION	NOTES: % Gravid Asiatic Clam	COLLECTED BY
01/04/2013	0	0	8	01/04/2013	0	8	1-ISV-24-1234		WAW
01/09/2013	0	0	29.7	01/09/2013	0	29.7	1-25-545		CR
01/15/2013	0	0	30.2	01/15/2013	0	30.2	1-25-545		PPG
01/22/2013	0	0	24.9	01/22/2013	0	24.9	1-25-545		BB
01/29/2013	0	0	8.1	01/29/2013	0	8.1	1-ISV-24-1234		BB
02/05/2013	29	100	30.4	02/05/2013	0	30.4	1-25-545		PPG
02/12/2013	0	0	28.9	02/12/2013	0	28.9	1-25-545		PPG
02/19/2013	0	0	27	02/19/2013	0	27	1-25-545		PPG
02/26/2013	0	0	8	02/26/2013	0	8	1-ISV-24-1234		JAG

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

BIOMONITORING FOR OUTFALL 101

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0026450	101 T
PERMIT NUMBER	DISCHARGE NUMBER

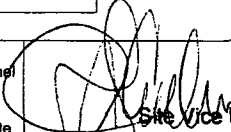
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
From 13	02	01	To 13	02	28

\*\*\* 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			
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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  John T. Carlin  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.	 Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	13	03	11
			AREA CODE	NUMBER	YEAR	MO	DAY

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

Toxicity was not sampled in February 2013.

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

<b>TN0026450</b>	<b>103 G</b>
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

F - FINAL  
 LOW VOL. WASTE TREATMENT POND  
 EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
From <b>13</b>	<b>02</b>	<b>01</b>	To <b>13</b>	<b>02</b>	<b>28</b>

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

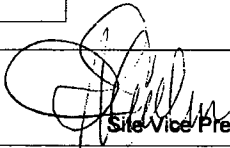
NOTE: Read instructions before completing this form.

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			
PH	SAMPLE MEASUREMENT	*****	*****	**	7	*****	8	12	0	14 / 28	GRAB
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	6 MINIMUM	*****	9 MAXIMUM	SU		THREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	8	9	19	0	2 / 28	GRAB
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<5	<6	19	0	2 / 28	GRAB
00556 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.053	1.201	03	*****	*****	*****	**	0	28 / 28	RCORDR
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	MGD	*****	*****	*****	**		SEE PERMIT	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**John T. Carlin**  
**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.

  
 Site Vice President  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
423	843-7001	13	03	11
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
13	02	01	13	02	28

\*\*\* 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			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	*****	*****	04		
	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	*****	04		
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	**	*****	*****	30.5 DAILY MX	DEG C		CONTIN UOUS CALCTD
	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	*****	04		
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	*****	5 DAILY MX	DEG C		CONTIN UOUS CALCTD
	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	*****	04		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	MGD	*****	*****	*****	**		CONTIN UOUS RCORDR
	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	*****	**		
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	0.1 MO AVG	0.1 DAILY MX	MG/L		Five per Week CALCTD
	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	*****	**		
TEMPERATURE - C, RATE OF CHANGE 82234 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C	*****	*****	*****	**		CONTIN UOUS CALCTD
	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	*****	**		
	PERMIT REQUIREMENT	*****	*****	**	*****	*****	*****	**		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  John T. Carlin  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.	 Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	13	03	11
			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)  
 F - FINAL  
 RECYCLED COOLING WATER  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0026450** **110 T**  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From 

YEAR	MO	DAY
13	02	01

 To 

YEAR	MO	DAY
13	02	28

\*\*\* 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 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP6C 1 0 0 EFFLUENT GROSS VALUE	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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  John T. Carlin  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	13	03	11
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 No Discharge this Period

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

F - FINAL  
 WASTEWATER & STORM WATER  
 EFFLUENT

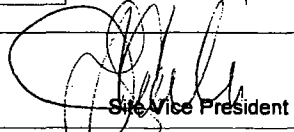
**MONITORING PERIOD**  
 From **13 02 01** To **13 02 28**

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

ATTN: Brad Love

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			
00300 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	19			
	PERMIT REQUIREMENT	*****	*****	****	<b>2 MINIMUM</b>	*****	*****	MG/L		TWICE/WEEK	GRAB
00530 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>100 DAILY MX</b>	MG/L		TWICE/WEEK	GRAB
00545 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		25			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>1 DAILY MX</b>	ML/L		ONCE/MONTH	GRAB
50050 1 0 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  John T. Carlin Site Vice President	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.	 Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	13	03	11
TYPED OR PRINTED			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.