



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

July 7, 2015

Ms. Christina Morgan
Tennessee Department of Environment
and Conservation
Division of Water Resources
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243

Dear Ms. Morgan:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES
PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) FOR June 2015

Enclosed is the June 2015 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 Millicent Garland by email at mrmoores@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

IE25
NRL

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					
YEAR	MO	DAY	YEAR	MO	DAY
15	06	01	15	06	30

From

To

*** NO DISCHARGE ***


NOTE: Read instructions before completing this form.

ATTN:Millicent Garland

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	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	41.6	04	0	30 / 30	RCORDR
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI NUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	29.9	04	0	30 / 30	MODELD
INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 S	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	1.8	04	0	30 / 30	CALCTD
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	3.0 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	*****	1779	03	*****	*****	*****	**	0	30 / 30	RCORDR
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	****		CONTI NUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	**	*****	0.019	0.036	19	0	23 / 30	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	SAMPLE MEASUREMENT	*****	0.1	62	*****	*****	*****	**	0	30 / 30	CALCTD
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	2.0 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	15	07	06
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No closed mode operation. The following injections occurred: Flogard MS6236 (max. calc. concentration was 0.03 mg/L -- limit 0.20 mg/L), Spectrus CT 1300 (max conc. 0.03 mg/L -- limit 0.05 mg/L).

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
 EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
15	06	01	15	06	30

*** NO DISCHARGE ***


NOTE: Read instructions before completing this form.

ATTN:Millicent Garland

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	*****	*****	****	42.8 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP6C 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	42.8 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

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 Site Vice President
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
423	843-7001	15	07	06
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Toxicity was not sampled in June 2015.

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

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 (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						
YEAR	MO	DAY	YEAR	MO	DAY	
15	06	01	To	15	06	30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN:Millicent Garland

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	*****	*****	**	7.2	*****	8.9	12	0	11 / 30	GRAB
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	8.4	10.4	19	0	2 / 30	GRAB
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	30.0 MO AVG	100.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<5.0	<5.0	19	0	2 / 30	GRAB
00556 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	15.0 MO AVG	20.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.932	1.495	03	*****	*****	*****	**	0	30 / 30	INSTAN
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	MGD	*****	*****	*****	**		ONCE/ WEEK	INSTAN
	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		723	843-7001	15	07	06
Site Vice President						
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

[Signature]
 Site Vice President

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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)

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
15	06	01	15	06	30

From

To

*** NO DISCHARGE ***


NOTE: Read instructions before completing this form.

ATTN:Millicent Garland

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 00010 1 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	*****	REPORT DAILY MX	DEG C		CONTINUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	**	*****	*****	30.5 DAILY MX	DEG C		CONTINUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	*****	5 DAILY MX	DEG C		CONTINUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	*****		03	*****	*****	*****	**			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	MGD	*****	*****	*****	**		CONTINUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	**	*****			19			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	0.1 MO AVG	0.1 DAILY MX	MGL		Five per Week	CALCTD
TEMPERATURE - C, RATE OF CHANGE 82234 1 0	SAMPLE MEASUREMENT	*****		04	*****	*****	*****	**			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C	*****	*****	*****	**		CONTINUOUS	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	15	07	06
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

Form Approved.
 OMB No. 2040-0004

TN0026450 **110 T**
 PERMIT NUMBER DISCHARGE NUMBER

RECYCLED COOLING WATER
 EFFLUENT


MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
15	06	01	To	15	06	30

*** NO DISCHARGE ***

ATTN:Millicent Garland

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	42.8 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	42.8 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	15	07	06
			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

Form Approved.
 OMB No. 2040-0004

TN0026450 **118 G**
 PERMIT NUMBER DISCHARGE NUMBER

WASTEWATER & STORM WATER
 EFFLUENT

MONITORING PERIOD


From **15 06 01** To **15 06 30**

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN:Millicent Garland

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

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	TELEPHONE		DATE		
			423	843-7001	15	07	06
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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. No Discharge this Period