



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

June 10, 2016

Ms. Angela Hall  
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. Hall:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES  
PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) FOR May 2016

Enclosed is the May 2016 Discharge Monitoring Report for Sequoyah Nuclear Plant. Steps to install the CO2 system are being finalized, and testing should begin later this month. To facilitate the CO2 system installation, there was no discharge from outfall 103 for the reporting period, and all flows to the Low Volume Waste Treatment pond were diverted to the Yard Pond. Monitoring data for those flows (the turbine building sump and the neutral waste sump) are given in Attachments 1 and 2, respectively. Toxicity testing was conducted on May 15 - 20, 2016. The final report will be included with the June 2016 DMR.

There were no exceedances during the monitoring period. If you have any questions or need additional information, please contact Millicent Garland by email at [mrmoore@tva.gov](mailto:mrmoore@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,

Christopher J. Schwarz  
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

IEZ5  
NRR

**TVA Sequoyah Nuclear Plant  
NPDES Permit Number TN0026450  
Attachment 1**

**Turbine Building Sump Monitoring Data**

The turbine building sump was discharged directly to the yard drainage pond from 5/1/2016 to 5/31/2016. During this period, the turbine building sump was monitored in accordance with the narrative condition found in Part 1.A.2 of the NPDES Permit TN0026450. There are no permit limits applicable at this monitoring point, which flows to the yard drainage pond, mixes with other flows in the diffuser pond, then discharges to the Tennessee River at Outfall 101.

<b>Parameter</b>	<b>Daily Minimum</b>	<b>Monthly Average</b>	<b>Daily Maximum</b>	<b>No. of Samples</b>
<b>Flow</b>	-	1.43 MGD	1.57 MGD	31
<b>pH</b>	8.28 s.u.	-	8.67 s.u.	4
<b>O&amp;G</b>	-	<5.0 mg/L	<5.0 mg/L	4
<b>TSS</b>	-	5.2 mg/L	6.8 mg/L	4

**TVA Sequoyah Nuclear Plant  
NPDES Permit Number TN0026450  
Attachment 2**

**Neutral Waste Sump Monitoring Data**

The neutral waste sump was discharged directly to the yard drainage pond from 5/1/2016 to 5/31/2016. During this period, the neutral waste sump was monitored in accordance with the narrative condition found in Part 1.A.2 of the NPDES Permit TN0026450.

There are no permit limits applicable at this monitoring point, which flows to the yard drainage pond, mixes with other flows in the diffuser pond, then discharges to the Tennessee River at Outfall 101.

<b>Parameter</b>	<b>Daily Minimum</b>	<b>Monthly Average</b>	<b>Daily Maximum</b>	<b>No. of Samples</b>
<b>Flow</b>	-	0.183 MGD	0.183 MGD	31
<b>pH</b>	7.66 s.u.	-	7.74 s.u.	4
<b>O&amp;G</b>	-	<5.0 mg/L	<5.0 mg/L	4
<b>TSS</b>	-	< 2.5 mg/L	< 2.5 mg/L	4

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

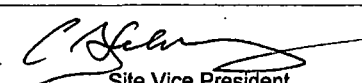
MONITORING PERIOD  
 From **16 05 01** To **16 05 31**

\*\*\* 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	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	35.3	04	0	31 / 31	RCORDR
00010 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTINUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	27.6	04	0	31 / 31	MODELD
00010 Z 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		CONTINUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	2.4	04	0	31 / 31	CALCTD
00016 1 S EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	3.0 DAILY MX	DEG. C.		CONTINUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1814	03	*****	*****	*****	**	0	31 / 31	RCORDR
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1791	*****	03	*****	*****	*****	03	0	31 / 31	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	MGD		CONTINUOUS	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	0.019	0.036	19	0	22 / 31	GRAB
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	0.4	62	*****	*****	*****	**	0	31 / 31	CALCTD
82234 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	2.0 DAILY MX	DEG C/HR	*****	*****	*****	****		CONTINUOUS	CALCTD

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.	 Site Vice President	TELEPHONE		DATE		
Christopher J. Schwarz Site Vice President			423	843-7001	16	06	09
TYPED OR PRINTED	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. The following injections occurred: Floguard MS6236 (max calc. was 0.03 mg/L, limit 0.20 mg/L), Spectrus BD 1500 (max calc. was 0.016 mg/L, limit 2.0 mg/L),

Name **TVA - SEQUOYAH NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
 (INTEROFFICE OPS-5N-SQN)  
**SODDY - DAISY, TN 37384**  
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**  
 Location **HAMILTON COUNTY**

<b>TN0026450</b>	<b>101 T</b>
PERMIT NUMBER	DISCHARGE NUMBER


MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
From <b>16</b>	<b>05</b>	<b>01</b>	To <b>16</b>	<b>05</b>	<b>31</b>

\*\*\* 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			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Other	*****	*****	23			
TRP3B 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	42.8 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Other	*****	*****	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Christopher J. Schwarz</b> 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.	TELEPHONE		DATE				
		423	843-7001	16	06	09		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Toxicity was sampled May 15 - 20, 2016. The final report will be submitted with the June 2016 DMR.

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

F - FINAL  
 LOW VOL. WASTE TREATMENT POND  
 EFFLUENT


MONITORING PERIOD  
 YEAR MO DAY      YEAR MO DAY  
 From **16 05 01** To **16 05 31**

\*\*\* 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			
PH 00400 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**		*****		12			
	PERMIT REQUIREMENT	*****	*****	**	<b>6.0 MINIMUM</b>	*****	<b>9.0 MAXIMUM</b>	SU		ONCE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****			19			
	PERMIT REQUIREMENT	*****	*****	**	*****	<b>30.0 MO AVG</b>	<b>100.0 DAILY MX</b>	MG/L		ONCE/MONTH	GRAB
OIL AND GREASE 00556 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****			19			
	PERMIT REQUIREMENT	*****	*****	**	*****	<b>15.0 MO AVG</b>	<b>20.0 DAILY MX</b>	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT			03	*****	*****	*****	**			
	PERMIT REQUIREMENT	<b>Req. Mon. MO AVG</b>	<b>Req. Mon. DAILY MX</b>	MGD	*****	*****	*****	**		ONCE/WEEK	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Christopher J. Schwarz</b>  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	TELEPHONE		DATE		
			423	843-7001	16	06	09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

The Turbine Building Sump (TBS) was discharged directly to the Yard Pond (YP) on May 1 - 31, 2016. There was no discharge from Outfall 103 for this period due to the installation of the CO2 injection system.

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

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 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 G**  
 PERMIT NUMBER      DISCHARGE NUMBER

MONITORING PERIOD  
 From **16 05 01** To **16 05 31**

\*\*\* 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			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
00010 1 0	PERMIT REQUIREMENT	*****	*****	**	*****	*****	REPORT DAILY MX	DEG C		CONTINUOUS	CALC'D
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
00010 Z 0	PERMIT REQUIREMENT	*****	*****	**	*****	*****	30.5 DAILY MX	DEG C		CONTINUOUS	CALC'D
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
00016 1 0	PERMIT REQUIREMENT	*****	*****	**	*****	*****	5 DAILY MX	DEG C		CONTINUOUS	CALC'D
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****		03	*****	*****	*****	**			
50050 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	MGD	*****	*****	*****	**		CONTINUOUS	RECORD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
50060 1 0	PERMIT REQUIREMENT	*****	*****	**	*****	0.1 MO AVG	0.1 DAILY MX	MG/L		Five per Week	CALC'D
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****		04	*****	*****	*****	**			
82234 1 0	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C	*****	*****	*****	**		CONTINUOUS	CALC'D
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Christopher J. Schwarz  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	16	06	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 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 **16 05 01** To **16 05 31**

\*\*\* 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	*****	*****	**				23			
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	<b>42.8</b> MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**				23			
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	<b>42.8</b> 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  Christopher J. Schwarz  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	16	06	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 Discharge this Period



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**

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

F - FINAL  
WASTEWATER & STORM WATER  
EFFLUENT


MONITORING PERIOD  
From **16 05 01** To **16 05 31**

\*\*\* 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			
<b>OXYGEN, DISSOLVED (DO)</b>	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	19			
00300 1 0 <b>EFFLUENT GROSS</b>	PERMIT REQUIREMENT	*****	*****	***	<b>2</b> MINIMUM	*****	*****	MG/L		TWICE/WEEK	GRAB
<b>SOLIDS, TOTAL SUSPENDED</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
00530 1 0 <b>EFFLUENT GROSS</b>	PERMIT REQUIREMENT	*****	*****	***	*****	*****	<b>100</b> DAILY MX	MG/L		TWICE/WEEK	GRAB
<b>SOLIDS, SETTLEABLE</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		25			
00545 1 0 <b>EFFLUENT GROSS</b>	PERMIT REQUIREMENT	*****	*****	***	*****	*****	<b>1</b> DAILY MX	ML/L		ONCE/MONTH	GRAB
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b>	SAMPLE MEASUREMENT			03	*****	*****	*****	**			
50050 1 0 <b>EFFLUENT GROSS</b>	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 <b>Christopher J. Schwarz</b>  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		
			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