



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

March 9, 2017

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 February 2017

Enclosed is the February 2017 Discharge Monitoring Report for Sequoyah Nuclear Plant. There were no exceedances during the reporting 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,

Gregory A. Boerschig  
Site Vice President (Interim)  
Sequoyah Nuclear Plant

Enclosures

cc (Enclosures):

Chattanooga Environmental Field Office  
Division of Water Pollution Control  
1301 Riverfront Pkwy, #206  
Chattanooga, Tennessee 37402

U.S. Nuclear Regulatory Commission  
Attn: Document Control Desk  
Washington, DC 20555

TEZ5  
NRR

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 **17 02 01** To **17 02 28**

\*\*\* 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	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	28.7	04	0	28 / 28	RCORDR
00010 1 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI NUOUS	CALCTD
EFFLUENT GROSS											
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	15.9	04	0	28 / 28	MODEL D
00010 Z 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30.5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
INSTREAM MONITORING											
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	3.8	04	0	28 / 28	CALCTD
00016 1 1	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5.0 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
EFFLUENT GROSS											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1629	03	*****	*****	*****	**	0	28 / 28	RCORDR
50050 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	***		CONTI NUOUS	RCORDR
EFFLUENT GROSS											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1598	*****	03	*****	*****	*****	03	0	28 / 28	CALCTD
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	MGD		CONTI NUOUS	CALCTD
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	0.024	0.035	19	0	8 / 28	GRAB
50060 1 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
EFFLUENT GROSS VALUE											
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	0.3	62	*****	*****	*****	**	0	28 / 28	CALCTD
82234 1 0	PERMIT REQUIREMENT	*****	2.0 DAILY MX	DEG C/HR	*****	*****	*****	***		CONTI NUOUS	CALCTD
EFFLUENT GROSS											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Gregory A. Boerschig  Site Vice President (Interim)  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.	 (Acting) Site Vice President	TELEPHONE		DATE		
			423	843-7001	17	03	07
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: Flogard MS 6236 (max calc. was 0.06 mg/L - limit 0.20 mg/L), Spectrus BD 1500 (max calc was 0.03 mg/L, limit 2.0 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)

F - FINAL

BIOMONITORING FOR OUTFALL 101

EFFLUENT

Form Approved.  
 OMB No. 2040-0004

**TN0026450**      **101 T**  
 PERMIT NUMBER      DISCHARGE NUMBER

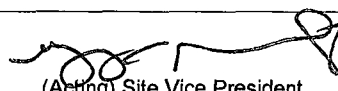
MONITORING PERIOD  
 From **17 02 01** To **17 02 28**

\*\*\* 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	*****	*****	**	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  Gregory A. Boerschig  Site Vice President (Interim)  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.	 (Acting) Site Vice President	TELEPHONE		DATE		
			423	843-7001	17	03	07
		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 not sampled in February 2017.

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

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 Location **HAMILTON COUNTY**

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

MAJOR

(SUBR 01)

F - FINAL

LOW VOL. WASTE TREATMENT POND

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0026450	103 G
PERMIT NUMBER	DISCHARGE NUMBER

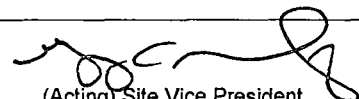
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
From 17	02	01	To 17	02	28

\*\*\* 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		*****	*****	**	7.0	*****	7.4	12	0	5 / 28	GRAB
00400 1 0 EFFLUENT GROSS		*****	*****	**	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	**	*****	<2.5	<2.5	19	0	1 / 28	GRAB
00530 1 0 EFFLUENT GROSS		*****	*****	**	*****	30.0 MO AVG	100.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE		*****	*****	**	*****	<5.0	<5.0	19	0	1 / 28	GRAB
00556 1 0 EFFLUENT GROSS		*****	*****	**	*****	15.0 MO AVG	20.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		1.291	1.316	03	*****	*****	*****	**	0	5 / 28	INSTAN
50050 1 0 EFFLUENT GROSS		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  Gregory A. Boerschig  Site Vice President (Interim)  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.	 (Acting) Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			423	843-7001	17	03	07

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)  
 F - FINAL  
 RECYCLED COOLING WATER  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

TN0026450 110 G  
 PERMIT NUMBER DISCHARGE NUMBER

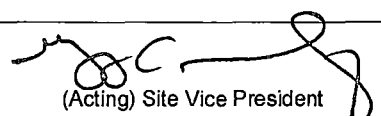
MONITORING PERIOD  
 From 17 02 01 To 17 02 28

\*\*\* 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	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
00010 1 0	PERMIT REQUIREMENT	*****	*****	**	*****	*****	REPORT DAILY MX	DEG C		CONTINUOUS	CALC'D
EFFLUENT GROSS VALUE											
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
00010 Z 0	PERMIT REQUIREMENT	*****	*****	**	*****	*****	30.5 DAILY MX	DEG C		CONTINUOUS	CALC'D
INSTREAM MONITORING											
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
00016 1 0	PERMIT REQUIREMENT	*****	*****	**	*****	*****	5 DAILY MX	DEG C		CONTINUOUS	CALC'D
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****		03	*****	*****	*****	**			
50050 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	MGD	*****	*****	*****	**		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE											
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
EFFLUENT GROSS VALUE											
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****		04	*****	*****	*****	**			
82234 1 0	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C	*****	*****	*****	**		CONTINUOUS	CALC'D
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Gregory A. Boerschig Site Vice President (Interim) 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.	 (Acting) 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)

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

MONITORING PERIOD  
 From **17 02 01** To **17 02 28**


RECYCLED COOLING WATER  
 EFFLUENT

\*\*\* 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	*****	*****	**		*****	*****	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  Gregory A. Boerschig  Site Vice President (Interim)  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.	 (Acting) Site Vice President	TELEPHONE		DATE		
			423	843-7001	17	03	07
		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  
 WASTEWATER & STORM WATER  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

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

MONITORING PERIOD  
 From **17 02 01** To **17 02 28**

\*\*\* 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			
<b>OXYGEN, DISSOLVED (DO)</b>	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	19			
00300 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	***	<b>2 MINIMUM</b>	*****	*****	MGL		TWICE/WEEK	GRAB
<b>SOLIDS, TOTAL SUSPENDED</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	***	*****	*****	<b>100 DAILY MX</b>	MGL		TWICE/WEEK	GRAB
<b>SOLIDS, SETTLEABLE</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		25			
00545 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	***	*****	*****	<b>1 DAILY MX</b>	ML/L		ONCE/MONTH	GRAB
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b>	SAMPLE MEASUREMENT			03	*****	*****	*****	**			
50050 1 0 EFFLUENT GROSS	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  Gregory A. Boerschig  Site Vice President (Interim)  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		
		(Acting) Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	423 843-7001	17	03	07
		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