



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

May 9, 2017

Mr. Michael Bascom  
Chattanooga Environmental Field Office  
1301 Riverfront Parkway, #206  
Chattanooga, Tennessee 37402-2013

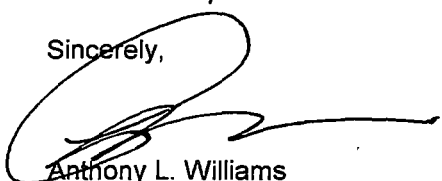
Dear Mr. Bascom:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES/  
PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) for April 2017

Enclosed is the April 2017 Discharge Monitoring Report for Sequoyah Nuclear Plant. There were no exceedances during the reporting period. Toxicity testing was conducted April 30 - May 5. The final report will be included in the May 2017 DMR. 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,



Anthony L. Williams  
Site Vice President  
Sequoyah Nuclear Plant

Enclosures  
cc (Enclosures):  
U.S. Nuclear Regulatory Commission  
Attn: Document Control Desk  
Washington, DC 20555

1E25  
NR R

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 04 01** To **17 04 30**

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

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   |        |                       |             |
| TEMPERATURE, WATER DEG. CENTIGRADE<br>00010 1 0       | SAMPLE MEASUREMENT | *****               | *****                   | **       | *****                    | *****      | 33.7                | 04      | 0      | 30 / 30               | RCORDR      |
| EFFLUENT GROSS  | PERMIT REQUIREMENT | *****               | *****                   | ****     | *****                    | *****      | Req. Mon. DAILY MAX | DEG. C. |        | CONTI NUOUS           | CALCTD      |
| TEMPERATURE, WATER DEG. CENTIGRADE<br>00010 2 0       | SAMPLE MEASUREMENT | *****               | *****                   | **       | *****                    | *****      | 22.1                | 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<br>00016 1 S | SAMPLE MEASUREMENT | *****               | *****                   | **       | *****                    | *****      | 2.6                 | 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<br>50050 1 0 | SAMPLE MEASUREMENT | *****               | 1894<br><del>1629</del> | 03       | *****                    | *****      | *****               | **      | 0      | 30 / 30               | RCORDR      |
| EFFLUENT GROSS  | PERMIT REQUIREMENT | *****               | Req. Mon. DAILY MAX     | MGD      | *****                    | *****      | *****               | ****    |        | CONTI NUOUS           | RCORDR      |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>50050 1 0 | SAMPLE MEASUREMENT | 1839                | *****                   | 03       | *****                    | *****      | *****               | 03      | 0      | 30 / 30               | CALCTD      |
| EFFLUENT GROSS VALUE                                  | PERMIT REQUIREMENT | Req. Mon. MO AVG    | *****                   | MGD      | *****                    | *****      | *****               | MGD     |        | CONTI NUOUS           | CALCTD      |
| CHLORINE, TOTAL RESIDUAL<br>50060 1 0                 | SAMPLE MEASUREMENT | *****               | *****                   | **       | *****                    | 0.017      | 0.032               | 19      | 0      | 24 / 30               | GRAB        |
| EFFLUENT GROSS VALUE                                  | PERMIT REQUIREMENT | *****               | *****                   | ****     | *****                    | 0.1 MO AVG | 0.1 DAILY MAX       | MG/L    |        | FIVE PER WEEK         | CALCTD      |
| TEMPERATURE - C, RATE OF CHANGE<br>82234 1 0          | SAMPLE MEASUREMENT | *****               | 0.2                     | 62       | *****                    | *****      | *****               | **      | 0      | 30 / 30               | CALCTD      |
| EFFLUENT GROSS  | PERMIT REQUIREMENT | *****               | 2.0 DAILY MX            | DEG C/HR | *****                    | *****      | *****               | ****    |        | CONTI NUOUS           | 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. | TELEPHONE  |              | DATE   |      |    |
| Anthony L. Williams<br>Site Vice President |   | (Acting) Site Vice President                                 | 423 843-7001 | 17     | 05   | 08 |
| TYPED OR PRINTED                           |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE    | NUMBER | YEAR | MO |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 No closed mode operation. The following injection occurred: Spectrus BD 1500 (max calc. was 0.03, 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)

Form Approved.  
OMB No. 2040-0004

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

F - FINAL  
BIOMONITORING FOR OUTFALL 101  
EFFLUENT

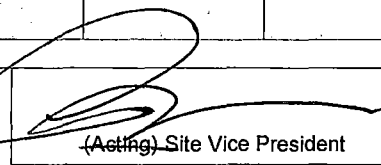
MONITORING PERIOD  
 From **17 04 01** To **17 04 30**

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

ATTN:Millicent Garland

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   |        |                       |             |
| 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 |                     |         |       |                          |         |         |         |        |                       |             |

|   |   |   |           |          |      |    |     |
|---|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><b>Anthony L. Williams</b><br>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. | <br>(Acting) Site Vice President | TELEPHONE |          | DATE |    |     |
|   |   |   | 423       | 843-7001 | 17   | 05 | 08  |
| 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 April 30 - May 5, 2017.

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

F - FINAL  
 LOW VOL. WASTE TREATMENT POND  
 EFFLUENT

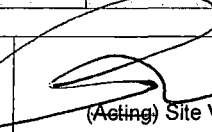
MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 From **17 04 01** To **17 04 30**

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

ATTN:Millicent Garland

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 |        |                       |             |
| PH                                       | SAMPLE MEASUREMENT | *****                             | *****                               | **    | 7.0                      | *****                 | 7.8                      | 12    | 0      | 5 / 30                | GRAB        |
| 00400 1 0<br>EFFLUENT GROSS              | PERMIT REQUIREMENT | *****                             | *****                               | **    | <b>6.0</b><br>MINIMUM    | *****                 | <b>9.0</b><br>MAXIMUM    | SU    |        | ONCE/<br>WEEK         | GRAB        |
| SOLIDS, TOTAL SUSPENDED                  | SAMPLE MEASUREMENT | *****                             | *****                               | **    | *****                    | 4.7                   | 4.7                      | 19    | 0      | 1 / 30                | GRAB        |
| 00530 1 0<br>EFFLUENT GROSS              | PERMIT REQUIREMENT | *****                             | *****                               | **    | *****                    | <b>30.0</b><br>MO AVG | <b>100.0</b><br>DAILY MX | MG/L  |        | ONCE/<br>MONTH        | GRAB        |
| OIL AND GREASE                           | SAMPLE MEASUREMENT | *****                             | *****                               | **    | *****                    | <5.0                  | <5.0                     | 19    | 0      | 1 / 30                | GRAB        |
| 00556 1 0<br>EFFLUENT GROSS              | PERMIT REQUIREMENT | *****                             | *****                               | **    | *****                    | <b>15.0</b><br>MO AVG | <b>20.0</b><br>DAILY MX  | MG/L  |        | ONCE/<br>MONTH        | GRAB        |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 1.187                             | 1.214                               | 03    | *****                    | *****                 | *****                    | **    | 0      | 5 / 30                | INSTAN      |
| 50050 1 0<br>EFFLUENT GROSS              | PERMIT REQUIREMENT | <b>Req. Mon.</b><br><b>MO AVG</b> | <b>Req. Mon.</b><br><b>DAILY MX</b> | MGD   | *****                    | *****                 | *****                    | **    |        | ONCE/<br>WEEK         | INSTAN      |
|  | SAMPLE MEASUREMENT |                                   |                                     |       |                          |                       |                          |       |        |                       |             |
|  | PERMIT REQUIREMENT |                                   |                                     |       |                          |                       |                          |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                                   |                                     |       |                          |                       |                          |       |        |                       |             |
|  | PERMIT REQUIREMENT |                                   |                                     |       |                          |                       |                          |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                                   |                                     |       |                          |                       |                          |       |        |                       |             |
|  | PERMIT REQUIREMENT |                                   |                                     |       |                          |                       |                          |       |        |                       |             |

|  |   |   |           |          |      |    |     |
|--|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Anthony L. Williams<br><br>Site Vice President<br><br>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. | <br>(Acting) Site Vice President<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE |          | DATE |    |     |
|  |   |   | AREA CODE | NUMBER   | YEAR | MO | DAY |
|  |   |   | 423       | 843-7001 | 17   | 05 | 08  |

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 04 01** To **17 04 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 |        |                       |             |
| TEMPERATURE, WATER DEG. CENTIGRADE<br>00010 1 0<br>EFFLUENT GROSS VALUE       | SAMPLE MEASUREMENT                      | *****               | *****              | **    | *****                    | *****      |                 | 04    |        |                       |             |
|   | PERMIT REQUIREMENT                      | *****               | *****              | **    | *****                    | *****      | REPORT DAILY MX | DEG C |        | CONTINUOUS            | CALCTD      |
| TEMPERATURE, WATER DEG. CENTIGRADE<br>00010 2 0<br>INSTREAM MONITORING        | SAMPLE MEASUREMENT                      | *****               | *****              | **    | *****                    | *****      |                 | 04    |        |                       |             |
|   | PERMIT REQUIREMENT                      | *****               | *****              | **    | *****                    | *****      | 30.5 DAILY MX   | DEG C |        | CONTINUOUS            | CALCTD      |
| TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C<br>00016 1 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT                      | *****               | *****              | **    | *****                    | *****      |                 | 04    |        |                       |             |
|   | PERMIT REQUIREMENT                      | *****               | *****              | **    | *****                    | *****      | 5 DAILY MX      | DEG C |        | CONTINUOUS            | CALCTD      |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>50050 1 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT                      | *****               |                    | 03    | *****                    | *****      | *****           | **    |        |                       |             |
|   | PERMIT REQUIREMENT                      | *****               | Req. Mon. DAILY MX | MGD   | *****                    | *****      | *****           | **    |        | CONTINUOUS            | RCORDR      |
| CHLORINE, TOTAL RESIDUAL<br>50060 1 0<br>EFFLUENT GROSS VALUE                 | SAMPLE MEASUREMENT                      | *****               | *****              | **    | *****                    | *****      |                 | 19    |        |                       |             |
|   | PERMIT REQUIREMENT                      | *****               | *****              | **    | *****                    | 0.1 MO AVG | 0.1 DAILY MX    | MG/L  |        | Five per Week         | CALCTD      |
| TEMPERATURE - C, RATE OF CHANGE<br>82234 1 0<br>EFFLUENT GROSS VALUE          | SAMPLE MEASUREMENT                      | *****               |                    | 04    | *****                    | *****      | *****           | **    |        |                       |             |
|   | PERMIT REQUIREMENT                      | *****               | 2 DAILY MX         | DEG C | *****                    | *****      | *****           | **    |        | CONTINUOUS            | CALCTD      |
|   | SAMPLE MEASUREMENT                      |                     |                    |       |                          |            |                 |       |        |                       |             |
|   | PERMIT REQUIREMENT                      |                     |                    |       |                          |            |                 |       |        |                       |             |

|  |   |  |              |        |      |    |
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| 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   |      |    |
| Anthony L. Williams<br>Site Vice President |   | (Acting) Site Vice President                                 | 423 843-7001 | 17     | 05   | 08 |
| TYPED OR PRINTED                           |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE    | NUMBER | YEAR | MO |

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**  
 PERMIT NUMBER

**110 T**  
 DISCHARGE NUMBER

MONITORING PERIOD

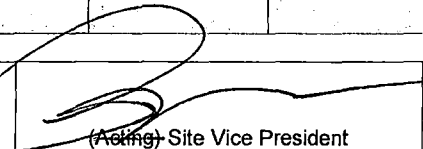
|                |           |           |              |           |           |
|----------------|-----------|-----------|--------------|-----------|-----------|
| YEAR           | MO        | DAY       | YEAR         | MO        | DAY       |
| From <b>17</b> | <b>04</b> | <b>01</b> | To <b>17</b> | <b>04</b> | <b>30</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 | *****               | *****   | **    |                          | *****   | *****   | 23      |        |                       |             |
| TRP3B 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****   | ****  | 42.8<br>MINIMUM          | *****   | *****   | PERCENT |        | SEMI ANNUAL           | COMPOS      |
| IC25 STATRE 7DAY CHR PIMEPHALES     | SAMPLE MEASUREMENT | *****               | *****   | **    |                          | *****   | *****   | 23      |        |                       |             |
| TRP6C 1 0 0<br>EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | *****               | *****   | ****  | 42.8<br>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<br><br>Anthony L. Williams<br><br>Site Vice President<br><br>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. | <br>(Acting) Site Vice President<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE |          | DATE |    |     |
|  |   |   | AREA CODE | NUMBER   | YEAR | MO | DAY |
|  |   |   | 423       | 843-7001 | 17   | 05 | 08  |

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 04 01** To **17 04 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 |        |                       |             |
| <b>OXYGEN, DISSOLVED (DO)</b>                   | SAMPLE MEASUREMENT                      | *****                       | *****                         | **    |                          | *****   | *****                  | 19    |        |                       |             |
| 00300 1 0<br>EFFLUENT GROSS                     | PERMIT REQUIREMENT                      | *****                       | *****                         | ****  | <b>2</b><br>MINIMUM      | *****   | *****                  | MG/L  |        | TWICE/<br>WEEK        | GRAB        |
| <b>SOLIDS, TOTAL SUSPENDED</b>                  | SAMPLE MEASUREMENT                      | *****                       | *****                         | **    | *****                    | *****   |                        | 19    |        |                       |             |
| 00530 1 0<br>EFFLUENT GROSS                     | PERMIT REQUIREMENT                      | *****                       | *****                         | ****  | *****                    | *****   | <b>100</b><br>DAILY MX | MG/L  |        | TWICE/<br>WEEK        | GRAB        |
| <b>SOLIDS, SETTLEABLE</b>                       | SAMPLE MEASUREMENT                      | *****                       | *****                         | **    | *****                    | *****   |                        | 25    |        |                       |             |
| 00545 1 0<br>EFFLUENT GROSS                     | PERMIT REQUIREMENT                      | *****                       | *****                         | ****  | *****                    | *****   | <b>1</b><br>DAILY MX   | ML/L  |        | ONCE/<br>MONTH        | GRAB        |
| <b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b> | SAMPLE MEASUREMENT                      |                             |                               | 03    | *****                    | *****   | *****                  | **    |        |                       |             |
| 50050 1 0<br>EFFLUENT GROSS                     | PERMIT REQUIREMENT                      | <b>Req. Mon.<br/>MO AVG</b> | <b>Req. Mon.<br/>DAILY MX</b> | MGD   | *****                    | *****   | *****                  | *     |        | ONCE/<br>BATCH        | ESTIMA      |
|   | 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. | <br>(Acting) Site Vice President | TELEPHONE |          | DATE |    |     |
| Anthony L. Williams<br>Site Vice President |   |   | AREA CODE | NUMBER   | YEAR | MO | DAY |
| TYPED OR PRINTED                           | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  |   | 423       | 843-7001 | 17   | 05 | 08  |

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