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ACCESSION NBR: 8901190175 . DOC. DATE: 89/01/10 NOTARIZED: NO DOCKET #
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 50-260 Browns Ferry Nuclear Power Station, Unit 2, Tennessee 05000260
 50-296 Browns Ferry Nuclear Power Station, Unit 3, Tennessee 05000296

AUTH. NAME AUTHOR AFFILIATION
 SCHMIERBACH, P. Tennessee Valley Authority
 RECIP. NAME RECIPIENT AFFILIATION
 HORN, C. Alabama, State of

SUBJECT: Forwards EPA Forms 3510-1 & 3510-2C for renewal of NPDES Permit AL0022080.

DISTRIBUTION CODE: C001D COPIES RECEIVED: LTR 1 ENCL 1 SIZE: 4
 TITLE: Licensing Submittal: Environmental Rept Amdt & Related Correspondence

NOTES: 1 Copy each to: F. McCoy, J.G. Partlow, S. Richardson, S. Black, 05000259 /
 B.D. Liaw.
 1 Copy each to: S. Black, J.G. Partlow, S. Richardson 05000260 A
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	SIMMS, M		1	1	PD	1	1
	GEARS, G		1	1			
INTERNAL:	ACRS		6	6	AEOD/DSP/TPAB	1	1
	ARM/DAF/LFMB		1	0	NRR/DEST/ADE 8H	1	1
	NRR/DEST/SGB 8D		1	1	NRR/DREP/RPB 10	4	4
	NUDOCS=ABSTRACT		1	1	OGC/HDS2	1	0
	REG FILE 01		1	1			
EXTERNAL:	LPDR		1	1	NRC PDR	1	1
	NSIC		1	1			
NOTES:			5	5			

NOTE TO ALL "RIDS" RECIPIENTS:

PLEASE HELP US TO REDUCE WASTE! CONTACT THE DOCUMENT CONTROL DESK, ROOM P1-37 (EXT. 20079) TO ELIMINATE YOUR NAME FROM DISTRIBUTION LISTS FOR DOCUMENTS YOU DON'T NEED!

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JAN 10 1990

Mr. Charles Horn, Director
Water Division
Alabama Department of
Environmental Management
1751 Federal Drive
Montgomery, Alabama 36130

Attention: Ms. Treena G. Piznar

Dear Mr. Horn:

BROWNS FERRY NUCLEAR PLANT (BFN) - NATIONAL POLLUTANT DISCHARGE
ELIMINATION SYSTEM (NPDES) PERMIT NO. ALO022080 - RENEWAL APPLICATION

Enclosed are two copies of Environmental Protection Agency forms 3510-1 and 3510-2C for renewal of the BFN NPDES permit. Also enclosed for your use in renewing the permit are: permit change summary and justification; modified permit (Parts I, II, and III); outfall identification; plant discharge diagram; aerial discharge identification; identification summary on the utilization of glycol, sodium nitrite, and boron; microbiologically influenced corrosion statement; thermal compliance summary; discharge serial number (DSN) trending charts for flow and applicable chemical parameters; and storm water runoff identification.

Please note that we have not collected priority pollutant data for the Residual Heat Removal Service Water (DSN 105), the Biothermal Research Facility (DSN 113), or Intake Screen Backwash (DSN 112). Based on prior information, we do not believe that concentrations of priority pollutants will be present.

We request that noted changes be included in the reissued NPDES permit for BFN. If you have any questions regarding the information presented, please call Abraham H. Loudermilk, Jr., at (615) 632-6656 in Knoxville, Tennessee.

Sincerely,

Original signed by
M. Paul Schmierbach

M. Paul Schmierbach, Manager
Environmental Quality

AHL:MFB

Enclosures

cc (Enclosures):

Mr. Bruce R. Barrett, Director
Water Management Division
U.S. Environmental Protection Agency
Region IV
345 Courtland Street, NE.
Atlanta, Georgia 30365

Continued on page 2

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PDR ADOCK 05000259
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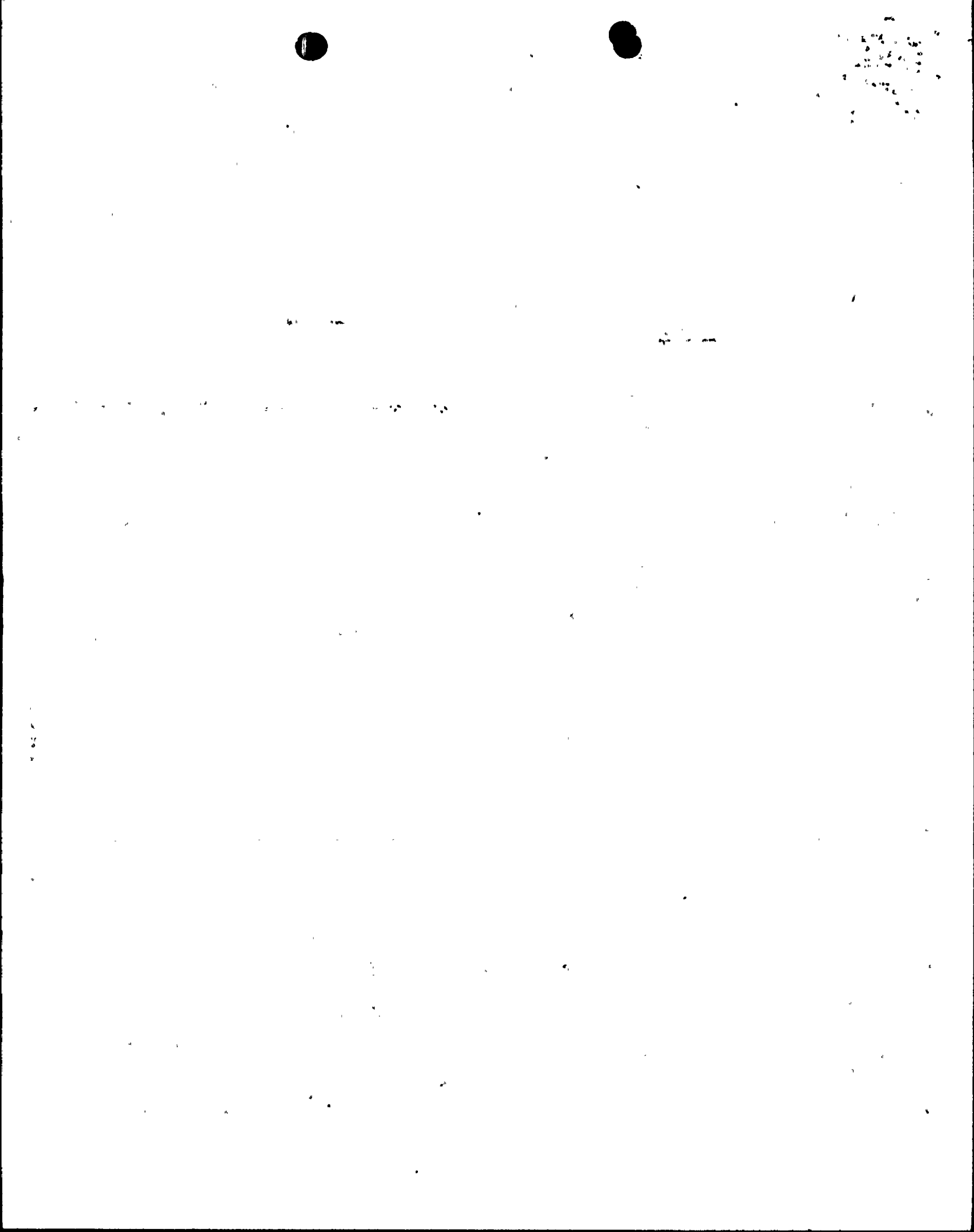
JAN 10 1989

Mr. Charles Horn

cc: Ms. S. C. Black, Assistant Director
for Projects
TVA Projects Division
Office of Special Projects
U.S. Nuclear Regulatory Commission
One White Flint, North
11555 Rockville Pike
Rockville, Maryland 20852

Mr. F. R. McCoy, Assistant Director
for Inspection Programs
TVA Projects Division
U.S. Regulatory Commission
Region II
101 Marietta Street, NW., Suite 2900
Atlanta, Georgia 30323

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



VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
7	4 9 1 1	7	(specify)
C. THIRD		D. FOURTH	
7	(specify)	7	(specify)

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
8 TENNESSEE VALLEY AUTHORITY			<input type="checkbox"/> YES <input type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE	M - PUBLIC (other than federal or state) O - OTHER (specify)	F (specify)	6 1 5 6 3 2 6 5 7 8

E. STREET OR P.O. BOX			
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F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
			Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N	A L 0 0 2 2 0 8 0	9 P	

B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U			(specify)

C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9 R	A L 8 6 4 0 0 1 5 4 1 0	9	(specify) see Attachment

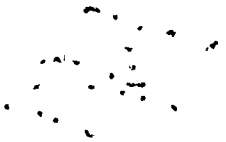
XI. MAP
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)
 Production of electrical power via thermonuclear fission and associated operations

XIII. CERTIFICATION (see instructions)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
M. Paul Schmierbach, Manager Environmental Quality	<i>M Paul Schmierbach</i>	1-10-89

COMMENTS FOR OFFICIAL USE ONLY



F O R	NAME	DATE
	U.S. NRC / Document Control Desk	1/11/89
F R O M	ADDRESS	<input type="checkbox"/> Chatta <input type="checkbox"/> M. S. <input type="checkbox"/> Knox <input type="checkbox"/> Nor.
	----- Fold here for return -----	
F R O M	NAME	EXTENSION
	Sherry Hedrick	
F R O M	ADDRESS	<input type="checkbox"/> Chatta <input type="checkbox"/> M. S. <input type="checkbox"/> Knox <input type="checkbox"/> Nor.
	TVA/EQS (615) 632-6601	
TEL CALL	CALL NUMBER	TIME CALL RECEIVED
		<input type="checkbox"/> Returned Your Call

Your copy of the attached letter was
mailed to you on January 10. The attached
EPA Form 3510-1 was inadvertently omitted
from your package.

Please include this form with your letter
and enclosures.

<input type="checkbox"/> Per Your Request	<input type="checkbox"/> Comment	<input type="checkbox"/> Note and Return	<input type="checkbox"/> Approval	<input type="checkbox"/> Call Me
<input type="checkbox"/> Information	<input type="checkbox"/> Handle	<input type="checkbox"/> Distribute	<input type="checkbox"/> Signature	<input type="checkbox"/> See Me
<input type="checkbox"/> Per Conversation	<input type="checkbox"/> Prepare Reply	<input type="checkbox"/> Circulate	<input type="checkbox"/> Destroy	<input type="checkbox"/> File

TVA 45 (OS-9-80) INTEROFFICE MAILING SLIP--TELEPHONE CALL SLIP

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