



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

February 12, 2018

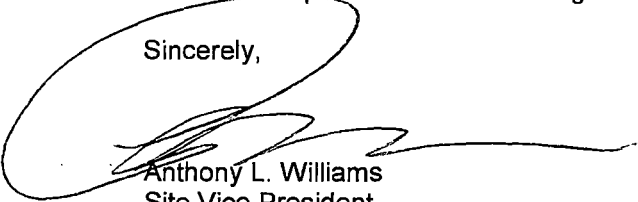
Chattanooga Environmental Field Office  
Division of Water Pollution Control  
1301 Riverfront Parkway, #206  
Chattanooga, Tennessee 37402-2013

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES  
PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) FOR January 2108

Enclosed is the January 2018 Discharge Monitoring Report for Sequoyah Nuclear Plant. There were no exceedances during the reporting period, however, the Station 12 elevation sensor malfunctioned during the period, resulting in erroneous data from 1/1/18 - 1/19/18. A valid data point was obtained around 1300 each day when the system was purged. The Station 12 elevation sensor is used to compute the diffuser discharge, which is used to compute the downstream temperatures. The artificially low diffuser flows seen by the model caused erroneous output from the downstream computed temperature model. Therefore, for the dates of 1/1/18 - 1/19/18, measured values were used for the downstream temperature, the DeltaT, and the TROC. The diffuser discharge was computed using the daily valid reading when the system purged itself. If you have any questions or need additional information, please contact Millicent Garland by email at [mrmooore@tva.gov](mailto:mrmooore@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

IE25  
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					
YEAR	MO	DAY	YEAR	MO	DAY
18	01	01	18	01	31

From

To

\*\*\* 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 00010 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	22.6	04	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>Req. Mon. DAILY MAX</b>	DEG. C.		CONTI NUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 INSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	10.2	04	0	31 / 31	MODEL D
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>30.5 DAILY MX</b>	DEG. C.		CONTI NUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 1 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	3.6	04	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>5.0 DAILY MX</b>	DEG. C.		CONTI NUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	<b>1738</b>	03	*****	*****	*****	**	0	31 / 31	RCORDR
	PERMIT REQUIREMENT	*****	<b>Req. Mon. DAILY MAX</b>	MGD	*****	*****	*****	****		CONTI NUOUS	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1660	*****	03	*****	*****	*****	03	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	<b>Req. Mon. MO AVG</b>	*****	MGD	*****	*****	*****	MGD		CONTI NUOUS	CALCTD
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	0.011	0.033	19	0	11 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	<b>0.1 MO AVG</b>	<b>0.1 DAILY MAX</b>	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE 82234 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	1.1	62	*****	*****		**	0	31 / 31	CALCTD
	PERMIT REQUIREMENT	*****	<b>2.0 DAILY MX</b>	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 Site Vice President		423	843-7001	18	02	08
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)

No closed mode operation. The following injections occurred: Spectrus BD1500 (max conc. was 0.032 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 **18 01 01** To **18 01 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	*****	*****	**	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 <b>Anthony L. Williams</b>  <b>Site Vice President</b>  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.	 <b>Site Vice President</b> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			423	843-7001	18	02	08

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

Toxicity was not sampled in January 2018.

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

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
18	01	01	18	01	31

From

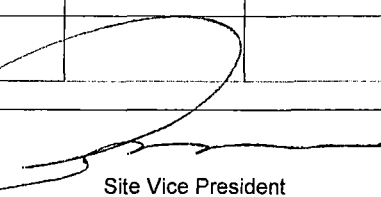
To

\*\*\* 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			
PH	SAMPLE MEASUREMENT	*****	*****	**	7.0	*****	8.2	12	0	6 / 31	GRAB
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	<b>6.0</b> MINIMUM	*****	<b>9.0</b> MAXIMUM	SU		ONCE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	<5.0	<5.0	19	0	1 / 31	GRAB
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	<b>30.0</b> MO AVG	<b>100.0</b> DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<5.0	<5.0	19	0	1 / 31	GRAB
00556 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	<b>15.0</b> MO AVG	<b>20.0</b> DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.106	2.344	03	*****	*****	*****	**	0	5 / 31	INSTAN
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	<b>Req. Mon.</b> <b>MO AVG</b>	<b>Req. Mon</b> <b>DAILY MX</b>	MGD	*****	*****	*****	**		ONCE/ WEEK	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Anthony L. Williams  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
			423	843-7001	18	02	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)

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
18	01	01	18	01	31

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

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Anthony L. Williams Site Vice President		423 843-7001		18	02	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)

Form Approved.  
OMB No. 2040-0004

**TN0026450** **110 T**  
**PERMIT NUMBER** **DISCHARGE NUMBER**

F - FINAL  
 RECYCLED COOLING WATER  
 EFFLUENT

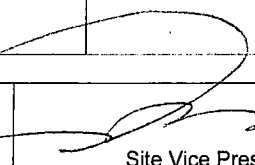
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
18	01	01	To	18	01 31

\*\*\* 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			
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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Anthony L. Williams 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
			423	843-7001	18	02	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)

Form Approved.  
 OMB No. 2040-0004

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

F - FINAL  
 WASTEWATER & STORM WATER  
 EFFLUENT

MONITORING PERIOD  
 From **18 01 01** To **18 01 31**

\*\*\* 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			
<b>OXYGEN, DISSOLVED (DO)</b>	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	19			
00300 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	<b>2</b> MINIMUM	*****	*****	MG/L		TWICE/ WEEK	GRAB
<b>SOLIDS, TOTAL SUSPENDED</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>100</b> DAILY MX	MG/L		TWICE/ WEEK	GRAB
<b>SOLIDS, SETTLEABLE</b>	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		25			
00545 1 0 EFFLUENT GROSS	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 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	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 Site Vice President		423	843-7001	18	02	08
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)

During this reporting period, there has been no flow from the Dredge Pond other than that resulting from rainfall. No Discharge this Period