

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TNO026450  
PERMIT NUMBER

(17-19)  
001  
DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01		81	12	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.002	0.011	MGD					0	19/30	WEIR
	PERMIT REQUIREMENT	0.030	NA							1/1	WEIR
EFFLUENT BOD <sub>5</sub>	SAMPLE MEASUREMENT	<0.06	0.10	LBS/DAY	<1.0	<2.4	3.8	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	7.5	11.0		NA	30	45			2/30	GR
EFFLUENT SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.09	0.10	LBS/DAY	3.0	3.5	4.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	7.5	11.0		NA	30	45			2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L	0	19/30	GR
	PERMIT REQUIREMENT				NA	NA	1.0			1/1	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.50	1.2	2.7	MG/L	0	12/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			1/1	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<60	360	N/100 ML	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			2/30	GR
pH	SAMPLE MEASUREMENT				7.0		7.7	UNITS	0	7/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 (SEE 18 USC § 1001 AND 33 USC § 1319). Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

*M. T. El-Ashry*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE			
FTS AREA CODE	858-7314	82	02	28	
NUMBER		YEAR	MO	DAY	

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

8203080118 820302  
PDR ADOCK 05000327  
R PDR

TO BE USED  
(HAUSTED)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
001  
DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01		81	12	01
(29-31)	(12-31)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				3.2	4.8	6.0	MG/L	0	19/30	GR
	PERMIT REQUIREMENT				1.0	NA	NA			1/1	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

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*M. T. El-Ashry*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
858-7314  
DATE  
82 02 28  
FTS AREA CODE NUMBER YEAR MO DAY

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

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

002  
 DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01	TO	81	12	01
(20-21)	(22-21)	(24-21)		(28-21)	(29-21)	(30-21)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.003	0.013	MGD					0	19/30	WEIR
	PERMIT REQUIREMENT	0.015	NA							1/1	WEIR
EFFLUENT BOD <sub>5</sub>	SAMPLE MEASUREMENT	<0.16	0.22	LBS/DAY	<1.0	<2.1	3.2	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.6		NA	30	45			2/30	GR
EFFLUENT SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.41	0.55	LBS/DAY	4.0	4.5	5.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.6		NA	30	45			2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L	0	19/30	GR
	PERMIT REQUIREMENT				NA	NA	1.0			1/1	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.50	0.93	2.4	MG/L	1	19/30	GR
	PERMIT REQUIREMENT				NA	NA	2.0			1/1	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				10	10	11	N/100 ML	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			2/30	GR
pH	SAMPLE MEASUREMENT				6.7		7.5	UNITS	0	6/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

A NONCOMPLIANCE STATEMENT WAS SUBMITTED ON DECEMBER 10, 1981

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

NATION - POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026430  
PERMIT NUMBER

002  
DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				2.6	3.7	5.2	MG/L	0	18/30	GR
	PERMIT REQUIREMENT				1.0	NA	NA		1/1	GR	
	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 M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>cm</i>	TELEPHONE	DATE		
			FTS AREA CODE 858-7314	82	02	28

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

003  
 DISCHARGE NUMBER

OPERATIONAL SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01
(12-31)	(12-31)	(12-31)	(12-31)	(12-31)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (34-61)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.014*	0.014*	MGD				0	30/30	WEIR
	PERMIT REQUIREMENT	0.036	NA						1/1	WEIR
EFFLUENT BOD <sub>5</sub>	SAMPLE MEASUREMENT	0.53*	0.72*	LBS/DAY	3.0	4.6	6.2	0	2/30	GR
	PERMIT REQUIREMENT	9.0	13.5		NA	30	45		2/30	GR
EFFLUENT SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.64*	0.82*	LBS/DAY	4.0	5.5	7.0	0	2/30	GR
	PERMIT REQUIREMENT	9.0	13.5		NA	30	45		2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	0	30/30	GR
	PERMIT REQUIREMENT				NA	NA	1.0		1/1	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.90	1.5	2.0	0	30/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/1	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	141	>2,000	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		2/30	GR
pH	SAMPLE MEASUREMENT				6.8		6.9	0	6/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE			
FTS AREA CODE	858-7314	82	02	28	
NUMBER		YEAR	MO	DAY	

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

\* FLOW VALUES WERE ESTIMATED THIS REPORTING PERIOD DUE TO INOPERABLE FLOWMETER. FLOWMETER PARTS HAVE BEEN ORDERED.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
004  
DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01		81	12	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX	FREQUENCY OF ANALYSIS (62-67)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT	NA	NA	MGD					1/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
858-7314  
DATE  
82 02 28

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

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(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
005  
DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01		81	12	01
(20-21)	(22-24)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
AS DISCUSSED IN A JANUARY 7, 1982, LETTER FROM DR. EL-ASHRY TO MR. PAUL TRAINA, THE MONITORING LOCATION WAS CHANGED ON NOVEMBER 11, 1981.

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

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

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OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
006  
DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01		81	12	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE  
DATE  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
FTS AREA CODE 858-7314 82 02 28  
NUMBER YEAR MO DAY

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



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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
 TNO026450  
 PERMIT NUMBER

(17-19)  
 007  
 DISCHARGE NUMBER

YARD DRAINAGE POND

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01		81	12	01
(20-21)	(12-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	3.98	8.10	MGD					0	30/30	REC
	PERMIT REQUIREMENT	NA	NA							CONT	REC
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				1.2	13	99	MG/L	0	30/30	GR
	PERMIT REQUIREMENT				NA	30	100			5/7	GR
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.0	5.0	MG/L	0	4/30	GR
	PERMIT REQUIREMENT					15	20			1/7	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				<0.01	<0.06	0.10	MG/L	0	4/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			1/7	MULT GR
pH	SAMPLE MEASUREMENT				7.1		8.8	UNITS	0	30/30	GR
	PERMIT REQUIREMENT				6.0		9.0			5/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			FTS AREA CODE	NUMBER	YEAR	MO

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
 TN0026450  
 PERMIT NUMBER

(17-19)  
 008  
 DISCHARGE NUMBER

CONCRETE BATCH PLANT SETTLING POND

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 81 11 01 TO 81 12 01  
 (28-31) (22-24) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.17	0.38	MGD				0	4/30	GR
	PERMIT REQUIREMENT	NA	NA						1/7	GR
OIL AND GREASE	SAMPLE MEASUREMENT						10	0	1/30	GR
	PERMIT REQUIREMENT				NA	NA	20		1/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				2.4	11	18	0	4/30	GR
	PERMIT REQUIREMENT				NA	30	100		1/7	GR
pH	SAMPLE MEASUREMENT				8.3		8.8	0	4/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 858-7314  
 DATE  
 82 02 28  
 FTS AREA CODE NUMBER YEAR MO DAY

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

PERMIT NUMBER TN0026450 DISCHARGE NUMBER 009

PREOPERATIONAL METAL CLEANING WASTES

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD  
 FROM 81 11 01 TO 81 12 01  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (54-56)	UNITS (54-57)	MINIMUM (58-59)	AVERAGE (46-53)	MAXIMUM (46-53)				
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE									
	PERMIT REQUIREMENT	NA	NA							1/1	CAL WEIR
OIL AND GREASE	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	15	20			1/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	30	100			1/7	8-HR COMP
TOTAL COPPER	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	1.0	1.0			1/7	8-HR COMP
TOTAL IRON	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	1.0	1.0			1/7	8-HR COMP
PHOSPHORUS	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	1.0	1.0			1/7	8-HR COMP
COD	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	NA	100			1/7	8-HR COMP
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE	
M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ETS AREA CODE	NUMBER	YEAR

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
 TN0026450  
 PERMIT NUMBER

(17-19)  
 010  
 DISCHARGE NUMBER

STATION SUMP

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
 81 11 01 TO 81 12 01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS (46-53)	NO. EX (67-71)	FREQUENCY OF ANALYSIS (54-57)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	SAMPLE MEASUREMENT	2.21	2.40	MGD					0	9/30	CAL
	PERMIT REQUIREMENT	3.1	NA								CONT P LOG
OIL AND GREASE	SAMPLE MEASUREMENT	41.9	45.4	KG/DAY	<5.0	<5.0	<5.0	MG/L	0	9/30	GR
	PERMIT REQUIREMENT	176	235		NA	15	20			2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	47.1	100	KG/DAY	<1.0	<5.5	11	MG/L	0	9/30	GR
	PERMIT REQUIREMENT	352	1,173		NA	30	100			2/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 ETS  
 AREA CODE

TELEPHONE NUMBER 858-7314  
 DATE 82 02 28  
 YEAR MO DAY

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

DISCHARGE ROUTED TO CONDENSER COOLING WATER CHANNEL.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

012  
 DISCHARGE NUMBER

COOLING TOWER BLOWDOWN

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	43.5	62.0	MGD				0	6/30	REC
	PERMIT REQUIREMENT	NA	NA						CONT	REC
pH	SAMPLE MEASUREMENT				7.1		8.0	0	4/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
BORON	SAMPLE MEASUREMENT								*	
	PERMIT REQUIREMENT						14.0		1/1	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 858-7314  
 DATE  
 82 02 28

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

\*No discharge of boron wastes.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

013  
 DISCHARGE NUMBER

RECYCLED COOLING WATER

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01
(10-21)	(22-21)	(24-24)	(24-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)				NO. EX (52-67)	FREQUENCY OF ANALYSIS (54-62)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				NOT CHLORINATING			MG/L			
	PERMIT REQUIREMENT				NA	NA	0.1		1/7	MULT GR	
TEMPERATURE	SAMPLE MEASUREMENT			OF			*				
	PERMIT REQUIREMENT	NA	101.0						1/1	MULT GR	
pH	SAMPLE MEASUREMENT						*	UNITS			
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER	YEAR	MO

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

\*THE PLANT OPERATED IN OPEN MODE ALL MONTH.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902  
 FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

(2-16)  
 TN0026450  
 PERMIT NUMBER

(17-19)  
 014  
 DISCHARGE NUMBER

CONDENSATE DEMINERALIZER  
 REGENERATION WASTE, HIGH  
 CONDUCTIVITY, LOW CRUD

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01		81	12	01
(120-21)	(122-23)	(124-25)		(126-27)	(128-29)	(130-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.020	0.052	MGD					0	23/30	GR
	PERMIT REQUIREMENT	NA	NA							1/1	CAL
OIL AND GREASE	SAMPLE MEASUREMENT	0.49	1.5	KG/DAY	<5.0	<7.2	19	MG/L	0	23/30	GR
	PERMIT REQUIREMENT	1.6	2.2		NA	15	20			1/1	COMP
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	1.9	7.1	KG/DAY	1.5	27	99	MG/L	0	23/30	COMP
	PERMIT REQUIREMENT	3.3	11.0		NA	30	100			1/1	COMP
pH	SAMPLE MEASUREMENT				6.1		8.8	UNITS	0	23/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/1	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 858-7314  
 DATE  
 82 02 28

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

015  
 DISCHARGE NUMBER

CONDENSATE DEMINERALIZER  
 REGENERATION WASTE, LOW  
 CONDUCTIVITY, HIGH CRUD

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>	<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (5 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.049	0.100	MGD				0	22/30	GR
	PERMIT REQUIREMENT	NA	NA						1/1	CAL
OIL AND GREASE	SAMPLE MEASUREMENT	1.04	2.30	KG/DAY	<5.0	<5.5	13	0	22/30	COMP
	PERMIT REQUIREMENT	3.4	4.5		NA	15	20		1/1	COMP
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	4.8	18	KG/DAY	1.6	24	48	0	22/30	COMP
	PERMIT REQUIREMENT	6.8	23.0		NA	30	100		1/1	COMP
pH	SAMPLE MEASUREMENT				6.0		9.0	0	22/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/1	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE				
			FTS AREA CODE	858-7314	82	02	28	

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



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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

016  
 DISCHARGE NUMBER

LIQUID RADWASTE

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01	TO	81	12	01
<small>(10-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.033	0.067	MGD				0	30 BATCHES	WEIR
	PERMIT REQUIREMENT	NA	NA						1/BATCH	WEIR, F LOG, CAT
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.6	10	0	30 BATCHES	GR
	PERMIT REQUIREMENT				NA	NA	20		1/BATCH	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				<1.0	<5.0	20	0	30 BATCHES	GR
	PERMIT REQUIREMENT				NA	NA	30		1/BATCH	GR
pH	SAMPLE MEASUREMENT				5.3		9.0	0	30 BATCHES	GR
	PERMIT REQUIREMENT				NA		NA		1/BATCH	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

017  
 DISCHARGE NUMBER

OFFICE BUILDING SUMP 1

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01
<small>(12-21)</small>	<small>(12-21)</small>	<small>(12-21)</small>	<small>(12-21)</small>	<small>(12-21)</small>	<small>(12-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT	NA	NA	MGD					2/7	P LOG
OIL AND GREASE	SAMPLE MEASUREMENT						MG/L			
	PERMIT REQUIREMENT				NA	15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT						MG/L			
	PERMIT REQUIREMENT				NA	30	100		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCFS (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE DATE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT FTS AREA CODE 858-7314 82 02 28

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

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

018  
DISCHARGE NUMBER

OFFICE BUILDING SUMP 2

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01	TO	81	12	01
(10-23)	(12-23)	(24-25)		(26-27)	(12-29)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW		NO DISCHARGE								
		PERMIT REQUIREMENT	NA	NA					2/7	P LOG
OIL AND GREASE		SAMPLE MEASUREMENT					MG/L			
		PERMIT REQUIREMENT			NA	15	20		2/7	GR
SUSPENDED SOLIDS		SAMPLE MEASUREMENT					MG/L			
		PERMIT REQUIREMENT			NA	30	100		2/7	GR
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	CLM	TELEPHONE		DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ETS AREA CODE	858-7314	82	02

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

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

019  
 DISCHARGE NUMBER

SERVICE BUILDING SUMP

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD  
 FROM 81 11 01 TO 81 12 01  
(26-27) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.0029	0.0250	MGD					0	9/30	GR
	PERMIT REQUIREMENT	NA	NA							2/7	P LOG
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.4	8.2	MG/L	0	8/30	GR
	PERMIT REQUIREMENT				NA	15	20			2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				13	72	340	MG/L	1	8/30	GR
	PERMIT REQUIREMENT				NA	30	100			2/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 DATE  
 FTS 858-7314 82 02 28  
 AREA CODE NUMBER YEAR MO DAY

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

A NONCOMPLIANCE STATEMENT WAS SUBMITTED ON DECEMBER 9, 1981.  
 THERE WAS NO DISCHARGE ONCE THIS REPORTING PERIOD.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

020  
 DISCHARGE NUMBER

DIESEL GENERATING BUILDING  
 OIL AND GREASE INTERCEPTOR

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01	81	12	01	
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>	<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-61)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT	NA	NA	MGD					2/7	P LOG OR GR
OIL AND GREASE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	30	100		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

PERMIT NUMBER TN0026450  
DISCHARGE NUMBER 021

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM 81 11 01 TO 81 12 01  
(12-21) (14-24) (16-19) (18-21) (23-26) (25-31)

NOTE: Read instructions before completing this form.

PARAMETERS (32-37)	(3 Card Only) QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (34-61)			NO. EX. ANALYSES (54-68)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (34-61)	UNITS (34-61)	AVERAGE (46-53)	MINIMUM (38-45)	MAXIMUM (34-61)			
FLOW	0.237	0.310	MGD				0	9/30	GR
OIL AND GREASE	NA	NA		<5.0	NA	<5.0	0	9/30	GR OR P LOG
SUSPENDED SOLIDS				<1.0	<3.5	10	0	9/30	GR
				NA	30	100		2/7	GR
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF HOUSING INDIVIDUALS I AM RESPONSIBLE FOR OBTAINING THE INFORMATION AND COMPLETELY TRUE AND CORRECT. I AM AWARE THAT THERE ARE SPECIFIC PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
FTS 858-7314  
AREA NUMBER  
CODE

TELEPHONE  
DATE

YEAR MO DAY  
82 02 28

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

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902  
  
FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
023  
DISCHARGE NUMBER

STEAM GENERATOR BLOWDOWN TO  
COOLING TOWER BLOWDOWN LINE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01
(26-21)	(22-2)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX. (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	SAMPLE MEASUREMENT	0.158	0.790	MGD					0	5/30	INST	
	PERMIT REQUIREMENT	NA	NA							1/7	INST	
OIL AND GREASE	SAMPLE MEASUREMENT						<5.0	MG/L	0	1/30	GR	
	PERMIT REQUIREMENT					15	20			1/30	GR	
SUSPENDED SOLIDS	SAMPLE MEASUREMENT						<1.0	MG/L	0	1/30	GR	
	PERMIT REQUIREMENT					30	100			1/30	GR	
TOTAL COPPER	SAMPLE MEASUREMENT						0.02	MG/L	0	1/30	GR	
	PERMIT REQUIREMENT					1.0	1.0			1/30	GR	
TOTAL IRON	SAMPLE MEASUREMENT						0.02	MG/L	0	1/30	GR	
	PERMIT REQUIREMENT					1.0	1.0			1/30	GR	
pH	SAMPLE MEASUREMENT				8.3		8.3		0	1/30	GR	
	PERMIT REQUIREMENT				NA		NA			1/7	GR	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE		
M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							FTS AREA CODE	858-7314	82	02	28

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

THERE WAS NO DISCHARGE FOUR TIMES THIS REPORTING PERIOD.

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902  
 FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

TN0026450  
 PERMIT NUMBER

024  
 DISCHARGE NUMBER

DIFFUSER GATE

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01		81	12	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(46-53)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT	786	930	MGD						0	27/30	REC	
	PERMIT REQUIREMENT	NA	NA								CONC	REC	
DISCHARGE TEMPERATURE OPEN/HELPER/CLOSED MODES	SAMPLE MEASUREMENT	74.1*	82.0*	°F						0	29/30*	REC	
	PERMIT REQUIREMENT	NA	112.5/ 97.0/101.0								CONC	REC	
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	61.8	67.0	°F						0	29/30	REC	
	PERMIT REQUIREMENT	NA	86.9								CONC	REC	
RESERVOIR TEMPERATURE RISE	SAMPLE MEASUREMENT	3.1	4.8	°F						0	26/30	REC	
	PERMIT REQUIREMENT	NA	5.4								CONC	REC	
RESERVOIR TEMPERATURE RATE OF RISE	SAMPLE MEASUREMENT	0.17	0.54	°F/HR						0	26/30	REC	
	PERMIT REQUIREMENT	NA	3.6								CONC	REC	
pH	SAMPLE MEASUREMENT				6.8		8.6	UNITS		0	30/30	GR	
	PERMIT REQUIREMENT				6.0		9.0				1/1	GR	
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT								MG/L		**		
	PERMIT REQUIREMENT				NA		0.1				CONC	REC	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE	DATE				
M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							FTS AREA CODE	858-7314	82	02	28	

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

\*PLANT OPERATED IN OPEN MODE ALL MONTH.  
 \*\*MONITOR NOT OPERATIONAL PARTS ON ORDER



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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

024  
DISCHARGE NUMBER

DIFFUSER GATE

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01
<small>(20 21)</small>	<small>(22 23)</small>	<small>(24 25)</small>	<small>(26 27)</small>	<small>(28 29)</small>	<small>(30 31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
MANUAL TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.01	0.02	0.10	MG/L	0	24/30	MULT GR
	PERMIT REQUIREMENT				NA	NA	0.1			1/1	MULT GR
CHLORIDE	SAMPLE MEASUREMENT						*	MG/L		*	
	PERMIT REQUIREMENT						NA			1/30	GR
OIL AND GREASE	SAMPLE MEASUREMENT						*	MG/L		*	
	PERMIT REQUIREMENT						NA			1/30	GR
SODIUM	SAMPLE MEASUREMENT						*	MG/L		*	
	PERMIT REQUIREMENT						NA			1/30	GR
SULFATE	SAMPLE MEASUREMENT						*	MG/L		*	
	PERMIT REQUIREMENT						NA			1/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT						*	MG/L		*	
	PERMIT REQUIREMENT						NA			1/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT						*	ML/L		*	
	PERMIT REQUIREMENT						NA			1/30	GR
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		FTS	858-7314	82
TYPED OR PRINTED		AREA CODE		NUMBER		YEAR	MO	DAY			

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

\*SAMPLES WERE INADVERTENTLY NOT COLLECTED; HOWEVER, TWO SAMPLES WERE COLLECTED IN DECEMBER.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

024  
 DISCHARGE NUMBER

DIFFUSER GATE

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01
(20-21)	(22-21)	(24-24)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED SOLIDS	SAMPLE MEASUREMENT							*	MG/L	*	
	PERMIT REQUIREMENT							NA		1/30	GR
TOTAL SOLIDS	SAMPLE MEASUREMENT							*	MG/L	*	
	PERMIT REQUIREMENT							NA		1/30	GR
AMMONIA NITROGEN	SAMPLE MEASUREMENT							*	MG/L	*	
	PERMIT REQUIREMENT							NA		1/30	GR
TOTAL COPPER	SAMPLE MEASUREMENT							*	MG/L	*	
	PERMIT REQUIREMENT							NA		1/30	GR
TOTAL IRON	SAMPLE MEASUREMENT							*	MG/L	*	
	PERMIT REQUIREMENT							NA		1/30	GR
TOTAL MANGANESE	SAMPLE MEASUREMENT							*	MG/L	*	
	PERMIT REQUIREMENT							NA		1/30	GR
TOTAL ZINC	SAMPLE MEASUREMENT							*	MG/L	*	
	PERMIT REQUIREMENT							NA		1/30	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			FTS AREA CODE 858-7314	32	02	28

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

\*SAMPLES WERE INADVERTENTLY NOT COLLECTED; HOWEVER, TWO SAMPLES WERE COLLECTED IN DECEMBER.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

024  
 DISCHARGE NUMBER

DIFFUSER GATE

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01

FROM (20-21) TO (26-27)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (4-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BORON		<i>No Discharge of Boron Waste</i>								
					NA	NA	1.1		1/1	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

*CLM*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 DATE  
 FTS AREA CODE 858-7314 82 02 28  
 NUMBER YEAR MO DAY

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

PERMIT NUMBER TN0026450  
 DISCHARGE NUMBER 025

PLANT AND ERCW INTAKES

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01
<small>(120-21)</small>	<small>(122-21)</small>	<small>(124-21)</small>	<small>(126-21)</small>	<small>(128-21)</small>	<small>(130-21)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW PLANT INTAKE/ ERCW INTAKE	SAMPLE MEASUREMENT	1196/52	1300/52	MGD					0	CONT	P LOG
	PERMIT REQUIREMENT	NA	NA							CONT	P LOG
PLANT INTAKE AMBIENT TEMPERATURE	SAMPLE MEASUREMENT	57.0	65.0	°F					0	1/HR	REC
	PERMIT REQUIREMENT	NA	NA							1/HR	REC
PLANT INTAKE TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	NA	NA			1/7*	MULT GR *
ERCW CHLORIDE	SAMPLE MEASUREMENT							MG/L		**	
	PERMIT REQUIREMENT					NA	NA			1/30	8-HR COMP
ERCW SODIUM	SAMPLE MEASUREMENT							MG/L		**	
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP
ERCW SULFATE	SAMPLE MEASUREMENT							MG/L		**	
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP
ERCW SUSPENDED SOLIDS	SAMPLE MEASUREMENT							MG/L		**	
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE				
			FTS AREA CODE	858-7314	82	02	28	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 PLANT INTAKE/ERCW FLOW QUANTITY IS MAXIMUM VALUE DURING SAMPLING PERIOD. PLANT INTAKE AMBIENT TEMPERATURE DATA: (1) ARE REPORTED AS THE MAXIMUM OF THE HOURLY CALCULATED VALUES FOR THE SAMPLING PERIOD, AND (2) WILL BE BOTH TEMPORALLY AND SPACIALLY AVERAGED UPON COMPLETION OF THE PERMANENT MONITOR. \*NA SINCE DID NOT OPERATE IN CLOSED MODE.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

025  
 DISCHARGE NUMBER

PLANT AND ERCW INTAKES

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	11	01	81	12	01
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
ERCW SETTLEABLE SOLIDS	SAMPLE MEASUREMENT						*	ML/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW DISSOLVED SOLIDS	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW TOTAL SOLIDS	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW AMMONIA NITROGEN	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW TOTAL COPPER	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW TOTAL IRON	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW TOTAL MANGANESE	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 858-7314  
 DATE: 82 02 28  
 AREA CODE: FTS

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

\*SAMPLES WERE INADVERTENTLY NOT COLLECTED; HOWEVER, TWO SAMPLES WERE COLLECTED IN DECEMBER.

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

025  
DISCHARGE NUMBER

PLANT AND ERCW INTAKES

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	11	01		81	12	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
ERCW TOTAL ZINC	SAMPLE MEASUREMENT							*	MG/L				
	PERMIT REQUIREMENT							NA			1/30	8-HR COMP	
	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 M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>CLM</i>	FTS AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
\*SAMPLES WERE INADVERTENTLY NOT COLLECTED; HOWEVER, TWO SAMPLES WERE COLLECTED IN DECEMBER.

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
001  
DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01		82	01	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	0.006	0.011	MGD				0	22/30	WEIR	
	PERMIT REQUIREMENT	0.030	NA						1/1	WEIR	
EFFLUENT BOD <sub>5</sub>	SAMPLE MEASUREMENT	0.05	0.07	LBS/DAY	4.0	10	16	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	7.5	11.0		NA	30	45			2/30	GR
EFFLUENT SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.05	0.09	LBS/DAY	5.0	6.5	8.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	7.5	11.0		NA	30	45			2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1.0			1/1	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.50	0.85	1.8	MG/L	0	22/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			1/1	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	59	350	N/100 ML	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			2/30	GR
pH	SAMPLE MEASUREMENT				7.2		7.7	UNITS	0	5/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314 NUMBER	82 YEAR	02 MO

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

PERMIT NUMBER  
TN0026450

DISCHARGE NUMBER  
001

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD  
 FROM 

YEAR	MO	DAY
81	12	01

 TO 

YEAR	MO	DAY
82	01	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				2.0	3.4	6.9	MG/L	0	22/30	GR
	PERMIT REQUIREMENT				1.0	NA	NA		1/1	GR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

TELEPHONE 858-7314 DATE 82 02 28  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 FTS AREA CODE NUMBER YEAR MO DAY

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



NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(12-16) TN0026450 (17-19) 002  
 PERMIT NUMBER DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	12	01	82	01	01
(12-21)	(12-23)	(12-25)	(12-27)	(12-29)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX. (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.005	0.015	MGD					0	22/30	GR
	PERMIT REQUIREMENT	0.015	NA							1/1	WEIR
EFFLUENT BOD <sub>5</sub>	SAMPLE MEASUREMENT	0.04	0.05	LBS/DAY	2.0	2.9	3.8	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.6		NA	30	45			2/30	GR
EFFLUENT SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.05	0.08	LBS/DAY	3.0	3.5	4.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.6		NA	30	45			2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L	0	22/30	GR
	PERMIT REQUIREMENT				NA	NA	1.0			1/1	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.50	1.0	2.0	MG/L	0	22/30	GR
	PERMIT REQUIREMENT				NA	NA	2.0			1/1	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<10	<10	N/100 ML	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			2/30	GR
pH	SAMPLE MEASUREMENT				7.3		7.7	UNITS	0	5/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)</u> TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>CM</i>	FTS AREA CODE 858-7314	82	02	28

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

002  
 DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01		82	01	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				U NITS
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				2.3	4.4	6.5	MG/L	0	22/30	GR
	PERMIT REQUIREMENT				1.0	NA	NA			1/1	GR
	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 M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE 858-7314	82 YEAR	02 MO	28 DAY

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

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

IN0026450  
 PERMIT NUMBER

003  
 DISCHARGE NUMBER

OPERATIONAL SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	12	01	82	01	01
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.014*	0.014*	MGD				0	31/30	EST*
	PERMIT REQUIREMENT	0.036	NA						1/1	WEIR
EFFLUENT BOD <sub>5</sub>	SAMPLE MEASUREMENT	0.058*	0.96*	LBS/DAY	1.8	5.0	8.2	0	2/30	GR
	PERMIT REQUIREMENT	9.0	13.5		NA	30	45		2/30	GR
EFFLUENT SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.46*	0.58*	LBS/DAY	3.0	4.0	5.0	0	2/30	GR
	PERMIT REQUIREMENT	9.0	13.5		NA	30	45		2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	0	31/30	GR
	PERMIT REQUIREMENT				NA	NA	1.0		1/1	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.70	1.5	1.7	0	31/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/1	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<10	<10	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		2/30	GR
pH	SAMPLE MEASUREMENT				6.8		6.9	0	4/31	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

\*FLOW VALUES WERE ESTIMATED THIS REPORTING PERIOD DUE TO INOPERABLE FLOWMETER. FLOWMETER PARTS HAVE BEEN ORDERED.

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

PERMIT NUMBER  
TN0026450

DISCHARGE NUMBER  
004

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	81	12	01		82	01	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(5 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT		*	MGD						
	PERMIT REQUIREMENT	NA	NA						1/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT						3.5	MG/L	0 1/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT						0.1	ML/L	0 1/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT						2.8	JTU	0 1/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT				7.4		7.4	UNITS	0 1/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)</u> TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER

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

\*NO REPRESENTATIVE FLOW MONITORING.

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
005  
DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01		82	01	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
858-7314  
DATE  
82 02 28

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

006  
 DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	12	01	82	01	01
<small>(12-21)</small>	<small>(12-21)</small>	<small>(12-25)</small>	<small>(12-27)</small>	<small>(12-29)</small>	<small>(12-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER <small>(32-37)</small>	X	<small>(3 Card Only)</small> QUANTITY OR LOADING <small>(46-53)</small>			<small>(4 Card Only)</small> QUALITY OR CONCENTRATION <small>(46-53)</small>			NO. EX. <small>(62-67)</small>	FREQUENCY OF ANALYSIS <small>(64-68)</small>	SAMPLE TYPE <small>(69-70)</small>
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

007  
 DISCHARGE NUMBER

YARD DRAINAGE POND

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01	TO	82	01	01
(20-21)	(12-21)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(5 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-61)	SAMPLE TYPE (69-70)	
		AVERAGE (54-55)	MAXIMUM (54-56)	UNITS (54-57)	MINIMUM (38-39)	AVERAGE (46-53)	MAXIMUM (46-54)				UNITS (46-55)
FLOW	SAMPLE MEASUREMENT	3.78	9.70	MGD				0	31/30	GR	
	PERMIT REQUIREMENT	NA	NA						CONT	REC	
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				<1.0	<12	85	MG/L	0	31/30	GR
	PERMIT REQUIREMENT				NA	30	100		5/7	GR	
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.0	<5.0	MG/L	0	5/30	GR
	PERMIT REQUIREMENT					15	20		1/7	GR	
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.01	0.01	0.01	MG/L	0	5/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/7	MULT GR	
pH	SAMPLE MEASUREMENT				7.0		8.8	UNITS	0	31/30	GR
	PERMIT REQUIREMENT				6.0		9.0		5/7	GR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

008  
DISCHARGE NUMBER

CONCRETE BATCH PLANT SETTLING POND

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01		82	01	01
<small>(12-21)</small>	<small>(12-21)</small>	<small>(12-21)</small>		<small>(12-27)</small>	<small>(12-29)</small>	<small>(12-31)</small>

NOTE: Read instructions before completing this form

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (41-65)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	0.320	0.720	MGD				0	5/30	GR	
	PERMIT REQUIREMENT	NA	NA						1/7	GR	
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.0	<5.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	20		1/30	GR	
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				7.2	18	42	MG/L	0	5/30	GR
	PERMIT REQUIREMENT				NA	30	100		1/7	GR	
pH	SAMPLE MEASUREMENT				8.1		8.7	UNITS	0	5/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE  858-7314	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER

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



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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

009  
 DISCHARGE NUMBER

PREOPERATIONAL METAL CLEANING WASTES

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	12	01	82	01	01
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (46-53)			NO. EX (46-53)	FREQUENCY OF ANALYSIS (54-63)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT	NA	NA	MGD					1/1	CAL WEIR
OIL AND GREASE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	15	20		1/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	30	100		1/7	8-HR COMP
TOTAL COPPER	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	1.0	1.0		1/7	8-HR COMP
TOTAL IRON	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	1.0	1.0		1/7	8-HR COMP
PHOSPHORUS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	1.0	1.0		1/7	8-HR COMP
COD	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	100		1/7	8-HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 FTS AREA CODE 858-7314 82 02 28  
 NUMBER YEAR MO DAY

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

010  
 DISCHARGE NUMBER

STATION SUMP

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01	TO	82	01	01
(20 21)	(12 21)	(12 25)		(20 27)	(12 29)	(10 31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADINGS (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	1.61	2.40	MGD					0	9/30	P LOG
	PERMIT REQUIREMENT	3.1	NA							CONT	P LOG
OIL AND GREASE	SAMPLE MEASUREMENT	30.2	445	KG/DAY	<5.0	<5.0	<5.0	MG/L	0	9/30	GR
	PERMIT REQUIREMENT	176	235		NA	15	20			2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	34.6	78.3	KG/DAY	2.0	5.9	12	MG/L	0	9/30	GR
	PERMIT REQUIREMENT	352	1,173		NA	30	100			2/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 858-7314  
 DATE  
 82 02 28

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

DISCHARGE ROUTED TO CONDENSER COOLING WATER CHANNEL.

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

012  
 DISCHARGE NUMBER

COOLING TOWER BLOWDOWN

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01	TO	82	01	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	33	35	MGD				0	5/30	REC	
	PERMIT REQUIREMENT	NA	NA						CONT	REC	
pH	SAMPLE MEASUREMENT				7.3		8.2	UNITS	0	5/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR	
BORON	SAMPLE MEASUREMENT								*		
	PERMIT REQUIREMENT						14.0		1/1	GR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

\*No discharge of boron waste.

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902  
 FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

(2-16)  
**TN0026450**  
 PERMIT NUMBER

(17-19)  
**013**  
 DISCHARGE NUMBER

RECYCLED COOLING WATER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01		82	01	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (46-53)			
TOTAL CHLORINE RESIDUAL	PERMIT REQUIREMENT				NOT CHLORINATING					
	SAMPLE MEASUREMENT									
TEMPERATURE	PERMIT REQUIREMENT	NA	101.0	OF	NA	NA	0.1		1/7	MULT GR
	SAMPLE MEASUREMENT								*	
pH	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT								*	
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			FCS AREA CODE	NUMBER	YEAR	MO
			858-7314	82	02	28

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

\*THE PLANT OPERATED IN OPEN MODE ALL MONTH.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902  
 FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

TN0026450  
 PERMIT NUMBER

C14  
 DISCHARGE NUMBER

CONDENSATE DEMINERALIZER  
 REGENERATION WASTE, HIGH  
 CONDUCTIVITY, LOW CRUD

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01	TO	82	01	01
(20-21)	(22-21)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.018	0.035	MGD					0	21/30	CAL
	PERMIT REQUIREMENT	NA	NA							1/1	CAL
OIL AND GREASE	SAMPLE MEASUREMENT	0.95	1.2	KG/DAY	<5.0	<7.0	18	MG/L	0	21/30	COMP
	PERMIT REQUIREMENT	1.6	2.2		NA	15	20			1/1	COMP
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	1.9	6.5	KG/DAY	5.4	33	74	MG/L	0	21/30	COMP
	PERMIT REQUIREMENT	3.3	11.0		NA	30	100			1/1	COMP
pH	SAMPLE MEASUREMENT				6.0		8.9	UNITS	0	21/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/1	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 858-7314	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER

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

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
 TN0026450  
 PERMIT NUMBER

(17-19)  
 015  
 DISCHARGE NUMBER

CONDENSATE DEMINERALIZER  
 REGENERATION WASTE, LOW  
 CONDUCTIVITY, HIGH CRUD

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01	TO	82	01	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.042	0.071	MGD					0	14/30	CAL
	PERMIT REQUIREMENT	NA	NA							1/1	CAL
OIL AND GREASE	SAMPLE MEASUREMENT	0.99	1.6	KG/DAY	<5.0	<6.3	13	MG/L	0	14/30	COMP
	PERMIT REQUIREMENT	3.4	4.5		NA	15	20			1/1	COMP
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	3.4	9.0	KG/DAY	5.3	23	99	MG/L	0	14/30	COMP
	PERMIT REQUIREMENT	6.8	23.0		NA	30	100			1/1	COMP
pH	SAMPLE MEASUREMENT				6.2		8.8	UNITS	0	14/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/1	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY WITH THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

016  
 DISCHARGE NUMBER

LIQUID RADWASTE

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01		82	01	01
(20-21)	(1-2)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.030	0.055	MGD				0	27 BATCHES	CAL
	PERMIT REQUIREMENT	NA	NA						1/BATCH	WEIR, F LOG, CAL
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.3	<8.7	0	27 BATCHES	GR
	PERMIT REQUIREMENT				NA	NA	20		1/BATCH	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				1.6	<6.1	16	0	27 BATCHES	GR
	PERMIT REQUIREMENT				NA	NA	30		1/BATCH	GR
pH	SAMPLE MEASUREMENT				5.6		7.7	0	27 BATCHES	GR
	PERMIT REQUIREMENT				NA		NA		1/BATCH	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
			FTS AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

017  
 DISCHARGE NUMBER

OFFICE BUILDING SUMP 1

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01	TO	82	01	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE									
	PERMIT REQUIREMENT	NA	NA	MGD						2/7	P LOG
OIL AND GREASE	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	15	20			2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	30	100			2/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT CLM	FTS AREA CODE	858-7314 NUMBER	82 YEAR	02 MO

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



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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

018  
 DISCHARGE NUMBER

OFFICE BUILDING SUMP 2

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01	TO	82	01	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	NO DISCHARGE			MGD						
	PERMIT REQUIREMENT	NA	NA						2/7	P LOG
OIL AND GREASE										
	PERMIT REQUIREMENT				NA	15	20		2/7	GR
SUSPENDED SOLIDS										
	PERMIT REQUIREMENT				NA	30	100		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

CLM

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
858-7314	82	02	28
FTS AREA CODE NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here)

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

IN0026450  
PERMIT NUMBER

019  
DISCHARGE NUMBER

SERVICE BUILDING SUMP

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01		82	01	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.0004	0.0023	MGD				0	9/30	GR
	PERMIT REQUIREMENT	NA	NA						2/7	P LOG
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.0	<5.0	0	9/30	GR
	PERMIT REQUIREMENT				NA	15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				12	39	66	0	9/30	GR
	PERMIT REQUIREMENT				NA	30	100		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			FTS AREA CODE	NUMBER	YEAR	MO

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

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

020  
DISCHARGE NUMBER

DIESEL GENERATING BUILDING  
OIL AND GREASE INTERCEPTOR

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
81	12	01	82	01	01	
(28-21)	(22-21)	(24-25)	(28-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT	NA	NA	MGD					2/7	P LOG OR GR
OIL AND GREASE	SAMPLE MEASUREMENT						MG/L			
	PERMIT REQUIREMENT				NA	15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT						MG/L			
	PERMIT REQUIREMENT				NA	30	100		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
 TN0026450  
 PERMIT NUMBER

(17-19)  
 021  
 DISCHARGE NUMBER

SODIUM HYPOCHLORITE BUILDING  
 FLOOR AND EQUIPMENT DRAINS

FACILITY SQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 81	12	01	TO 82	01	01
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW	SAMPLE MEASUREMENT	0.45	2.3	MGD					0	9/30	GR
	PERMIT REQUIREMENT	NA	NA							2/7	GR OR P LOG
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.0	<5.0	MG/L	0	9/30	GR
	PERMIT REQUIREMENT				NA	15	20			2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				1.2	4.3	9.7	MG/L	0	9/30	GR
	PERMIT REQUIREMENT				NA	30	100			2/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>CLM</i>	TELEPHONE		DATE		
			FTS AREA CODE	NUMBER	YEAR	MO	DAY
			858-7314	82	02	28	

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

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

023  
DISCHARGE NUMBER

STEAM GENERATOR BLOWDOWN TO  
COOLING TOWER BLOWDOWN LINE

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	12	01	82	01	01
(20-21)	(22-24)	(24-29)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.11	0.27	MGD				0	5/30	INST
	PERMIT REQUIREMENT	NA	NA						1/7	INST
OIL AND GREASE	SAMPLE MEASUREMENT					<5.0	MG/L	0	1/30	GR
	PERMIT REQUIREMENT					15	20		1/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT					4.8	MG/L	0	1/30	GR
	PERMIT REQUIREMENT					30	100		1/30	GR
TOTAL COPPER	SAMPLE MEASUREMENT					0.02	MG/L	0	1/30	GR
	PERMIT REQUIREMENT					1.0	1.0		1/30	GR
TOTAL IRON	SAMPLE MEASUREMENT					0.1	MG/L	0	1/30	GR
	PERMIT REQUIREMENT					1.0	1.0		1/30	GR
pH	SAMPLE MEASUREMENT				7.9	8.6		0	4/30	GR
	PERMIT REQUIREMENT				NA	NA			1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>clmt</i>	FTS AREA CODE	858-7314	82	02

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

THERE WAS NO DISCHARGE ONE WEEK THIS REPORTING PERIOD.

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

024  
 DISCHARGE NUMBER

DIFFUSER GATE

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01	TO	82	01	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER <small>(32-37)</small>	X	<small>(1 Card Only)</small> QUANTITY OR LOADING <small>(46-53)</small> <small>(54-61)</small>			<small>(4 Card Only)</small> QUALITY OR CONCENTRATION <small>(38-45)</small> <small>(46-53)</small> <small>(54-61)</small>				NO. EX <small>(62-63)</small>	FREQUENCY OF ANALYSIS <small>(64-65)</small>	SAMPLE TYPE <small>(69-70)</small>
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	859	1900	MGD					0	30/30	REC
	PERMIT REQUIREMENT	NA	NA							CONT	REC
DISCHARGE TEMPERATURE OPEN/HELPER/CLOSED MODES	SAMPLE MEASUREMENT	63.8*	78.0*	°F					0	30/30	REC
	PERMIT REQUIREMENT	NA	112.5/ 97.0/101.0							CONT	REC
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	49.7	57.0	°F					0	30/30	REC
	PERMIT REQUIREMENT	NA	86.9							CONT	REC
RESERVOIR TEMPERATURE RISE	SAMPLE MEASUREMENT	3.4	5.2	°F					0	28/30	REC
	PERMIT REQUIREMENT	NA	5.4							CONT	REC
RESERVOIR TEMPERATURE RATE OF RISE	SAMPLE MEASUREMENT	0.33	1.4	°F/HR					0	28/30	GR
	PERMIT REQUIREMENT	NA	3.6							CONT	REC
pH	SAMPLE MEASUREMENT				7.3		8.2	UNITS	0	30/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/1	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				NOT CHLORINATING			MG/L			
	PERMIT REQUIREMENT				NA	NA	0.1			CONT	REC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of: etween 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 858-7314  
 DATE  
 82 02 28  
FTS AREA CODE NUMBER YEAR MO DAY

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

\*PLANT OPERATED IN OPEN-MODE ALL MONTH.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

024  
 DISCHARGE NUMBER

DIFFUSER GATE

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01	TO	82	01	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(5 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
MANUAL TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				NOT CHLORINATING						
	PERMIT REQUIREMENT				NA	NA	0.1		1/1	MULT GR	
CHLORIDE	SAMPLE MEASUREMENT				4.9	5.2	5.5	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA		1/30	GR	
OIL AND GREASE	SAMPLE MEASUREMENT				< 5.0	< 5.0	< 5.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA		1/30	GR	
SODIUM	SAMPLE MEASUREMENT				1.7	5.6	9.5	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA		1/30	GR	
SULFATE	SAMPLE MEASUREMENT				11	13	15	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA		1/30	GR	
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				1.2	2.5	3.8	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA		1/30	GR	
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.01	<0.01	<0.01	ML/L	0	2/30	GR
	PERMIT REQUIREMENT						NA		1/30	GR	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER: 858-7314  
 DATE: 82 02 28

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

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
024  
DISCHARGE NUMBER

DIFFUSER GATE

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01		82	01	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
DISSOLVED SOLIDS	SAMPLE MEASUREMENT				2.1 *	4.4 *	6.8 *	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA			1/30	GR
TOTAL SOLIDS	SAMPLE MEASUREMENT				5.9 *	6.9 *	8.0 *	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA			1/30	GR
AMMONIA NITROGEN	SAMPLE MEASUREMENT				0.01	0.18	0.34	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA			1/30	GR
TOTAL COPPER	SAMPLE MEASUREMENT				0.01	0.02	0.02	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA			1/30	GR
TOTAL IRON	SAMPLE MEASUREMENT				0.10	0.25	0.40	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA			1/30	GR
TOTAL MANGANESE	SAMPLE MEASUREMENT				0.01	0.14	0.26	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA			1/30	GR
TOTAL ZINC	SAMPLE MEASUREMENT				0.05	0.08	0.11	MG/L	0	2/30	GR
	PERMIT REQUIREMENT						NA			1/30	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
858-7314  
DATE  
82 02 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
*\*We do not believe this data is accurate, but there is no other data.*



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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

IN0026450  
PERMIT NUMBER

024  
DISCHARGE NUMBER

DIFFUSER GATE

Facility LOCATION SEQUOYAH NUCLEAR PLANT  
SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	12	01	82	01	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>	<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BORON	SAMPLE MEASUREMENT								*	
	PERMIT REQUIREMENT				NA	NA	1.1		1/1	GR
	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  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

CLM

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

FTS  
AREA CODE

858-7314  
NUMBER

DATE

82 02 28  
YEAR MO DAY

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

\* No discharge of boron wastes.

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

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

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
025  
DISCHARGE NUMBER

PLANT AND ERCW INTAKES

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
81	12	01	82	01	01
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW PLANT INTAKE/ ERCW INTAKE	SAMPLE MEASUREMENT	895/52	1300/56	MGD					0	CONT	P LOG
	PERMIT REQUIREMENT	NA	NA							CONT	P LOG
PLANT INTAKE AMBIENT TEMPERATURE	SAMPLE MEASUREMENT	46.9	54.0	°F					0	29/30	REC
	PERMIT REQUIREMENT	NA	NA							1/HR	REC
PLANT INTAKE TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				NOT CHLORINATING			MG/L			
	PERMIT REQUIREMENT				NA	NA	NA			1/7	MULT GR
ERCW CHLORIDE	SAMPLE MEASUREMENT				2.9	3.7	4.6	MG/L	0	2/30	GR
	PERMIT REQUIREMENT					NA	NA			1/30	8-HR COMP
ERCW SODIUM	SAMPLE MEASUREMENT				1.6	5.7	9.9	MG/L	0	2/30	8-HR COMP
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP
ERCW SULFATE	SAMPLE MEASUREMENT				9.2	12	15	MG/L	0	2/30	8-HR COMP
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP
ERCW SUSPENDED SOLIDS	SAMPLE MEASUREMENT				3.9	4.9	6.0	MG/L	0	2/30	8-HR COMP
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

CLM

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS AREA CODE 858-7314 82 02 28  
NUMBER YEAR MO DAY

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

PLANT INTAKE/ERCW FLOW QUANTITY IS MAXIMUM VALUE DURING SAMPLING PERIOD. PLANT INTAKE AMBIENT TEMPERATURE DATA: (1) ARE REPORTED AS THE MAXIMUM OF THE HOURLY CALCULATED VALUES FOR THE SAMPLING PERIOD, AND (2) WILL BE BOTH TEMPORALLY AND SPACIALLY AVERAGED UPON COMPLETION OF THE PERMANENT MONITOR. \*NA SINCE DID NOT OPERATE IN CLOSED MODE.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

(2-16) TNO026450 (17-19) 025  
 PERMIT NUMBER DISCHARGE NUMBER

PLANT AND ERCW INTAKES

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD  
 FROM 81 12 01 TO 82 01 01  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (42-49)	SAMPLE TYPE (60-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
ERCW SETTLEABLE SOLIDS	SAMPLE MEASUREMENT				<0.01	<0.01	<0.01	ML/L	0	2/30	8-HR COMP	
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP	
ERCW DISSOLVED SOLIDS	SAMPLE MEASUREMENT				1.4 *	56	110	MG/L	0	2/30	8-HR COMP	
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP	
ERCW TOTAL SOLIDS	SAMPLE MEASUREMENT				7.4 *	49	90	MG/L	0	2/30	8-HR COMP	
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP	
ERCW AMMONIA NITROGEN	SAMPLE MEASUREMENT				0.23	0.54	0.85	MG/L	0	2/30	8-HR COMP	
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP	
ERCW TOTAL COPPER	SAMPLE MEASUREMENT				0.005	0.012	0.020	MG/L	0	2/30	8-HR COMP	
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP	
ERCW TOTAL IRON	SAMPLE MEASUREMENT				0.10	0.12	0.14	MG/L	0	2/30	8-HR COMP	
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP	
ERCW TOTAL MANGANESE	SAMPLE MEASUREMENT				0.01	0.03	0.05	MG/L	0	2/30	8-HR COMP	
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE		
M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)	SIGNED [Signature]							FTS	858-7314	82	02	28
TYPED OR PRINTED								OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

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

\* We do not believe this data is accurate.

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if different)

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
025  
DISCHARGE NUMBER

PLANT AND ERCW INTAKES

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
81	12	01		82	01	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
ERCW TOTAL ZINC	SAMPLE MEASUREMENT				0.05	0.05	0.05	MG/L	0	2/30	8-HR COMP
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP	
	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  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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 SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

CLM

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FTS AREA CODE

858-7314

82 02 28  
YEAR MO DAY

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

001  
 DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	01	01	82	02	01
(28-21)	(22-21)	(24-25)	(28-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.009	0.016	MGD				0	17/30	GR
	PERMIT REQUIREMENT	0.030	NA						1/1	WEIR
EFFLUENT BOD <sub>5</sub>	SAMPLE MEASUREMENT	1.0	1.6	LBS/DAY	12	17	23	0	2/30	GR
	PERMIT REQUIREMENT	7.5	11.0		NA	30	45		2/30	GR
EFFLUENT SUSPENDED SOLIDS	SAMPLE MEASUREMENT	12	23	LBS/DAY	40	105	170	2	2/30	GR
	PERMIT REQUIREMENT	7.5	11.0		NA	30	45		2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	0	17/30	GR
	PERMIT REQUIREMENT				NA	NA	1.0		1/1	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.5	0.7	0.8	0	13/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/1	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				10	22	50	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		2/30	GR
pH	SAMPLE MEASUREMENT				6.9		8.0	0	4/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 858-7314	DATE		
			FTS AREA CODE	YEAR	MO
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		858-7314	82	02	28

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

A NONCOMPLIANCE WAS SUBMITTED ON February 2, 1982.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

001  
 DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01		82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
DISSOLVED OXYGEN					1.2	3.4	4.8	MG/L	0	11/30	GR
					1.0	NA	NA			1/1	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

002  
 DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01	TO	82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (58-65) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.007	0.011	MGD					0	17/30	WEIR
	PERMIT REQUIREMENT	0.015	NA							1/1	WEIR
EFFLUENT BOD <sub>5</sub>	SAMPLE MEASUREMENT	0.16	0.28	LBS/DAY	3.0	3.6	4.2	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.6		NA	30	45			2/30	GR
EFFLUENT SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.32	0.55	LBS/DAY	6.0	7.5	9.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8	5.6		NA	30	45			2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	ML/L	0	17/30	GR
	PERMIT REQUIREMENT				NA	NA	1.0			1/1	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.5	0.86	1.8	MG/L	0	14/30	GR
	PERMIT REQUIREMENT				NA	NA	2.0			1/1	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				70	368	1940	N/100 ML	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			2/30	GR
pH	SAMPLE MEASUREMENT				6.6		7.6	UNITS	0	4/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 DATE  
 FTS AREA CODE 858-7314  
 NUMBER YEAR MO DAY  
 82 02 28

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

002  
 DISCHARGE NUMBER

CONSTRUCTION SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01		82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				3.2	4.4	6.8	MG/L	0	17/30	GR
	PERMIT REQUIREMENT				1.0	NA	NA			1/1	GR
	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 M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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



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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

003  
 DISCHARGE NUMBER

OPERATIONAL SEWAGE TREATMENT PLANT

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	01	01	82	02	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>	<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(5 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.014*	0.014*	MGD				0	31/30	WEIR
	PERMIT REQUIREMENT	0.036	NA						1/1	WEIR
EFFLUENT BOD <sub>5</sub>	SAMPLE MEASUREMENT	0.20*	0.26*	LBS/DAY	1.2	1.7	2.2	0	2/30	GR
	PERMIT REQUIREMENT	9.0	13.5		NA	30	45		2/30	GR
EFFLUENT SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.52*	0.82*	LBS/DAY	2.0	4.5	7.0	0	2/30	GR
	PERMIT REQUIREMENT	9.0	13.5		NA	30	45		2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.1	<0.1	<0.1	0	31/30	GR
	PERMIT REQUIREMENT				NA	NA	1.0		1/1	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.7	1.5	3.0	0	31/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/1	GR
FECAL COLIFORM	SAMPLE MEASUREMENT				10	84	700	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		2/30	GR
pH	SAMPLE MEASUREMENT				6.8		7.5	0	4/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 858-7314  
 DATE  
 82 02 28

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

\*FLOW MONITOR INOPERATIVE, FLOW VALUES WERE ESTIMATED.

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
 TN0026450  
 PERMIT NUMBER

(17-19)  
 004  
 DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01	TO	82	02	01
(20-23)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE			MGD					
	PERMIT REQUIREMENT	NA	NA					1/7	GR	
SUSPENDED SOLIDS	SAMPLE MEASUREMENT						MG/L			
	PERMIT REQUIREMENT				NA	NA	NA	1/7	GR	
SETTLABLE SOLIDS	SAMPLE MEASUREMENT						ML/L			
	PERMIT REQUIREMENT				NA	NA	NA	1/7	GR	
TURBIDITY	SAMPLE MEASUREMENT						JTU			
	PERMIT REQUIREMENT				NA	NA	NA	1/7	GR	
pH	SAMPLE MEASUREMENT						UNITS			
	PERMIT REQUIREMENT				6.0		9.0	1/7	GR	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	CLM	TELEPHONE	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ETS AREA CODE	NUMBER	YEAR
			858-7314	82	02	28

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

(2-16) TNO026450 PERMIT NUMBER  
 (17-19) 005 DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01	TO	82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (52-57)	X	(3 Card Only) QUANTITY OR LOADING (45-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450 (2-16) PERMIT NUMBER  
 006 (17-19) DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01		82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLEABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>CLM</i>	FTS AREA CODE	858-7314	82	02

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

007  
 DISCHARGE NUMBER

YARD DRAINAGE POND

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01	TO	82	02	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>		<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	3.0	7.1	MGD				0	31/30	GR
	PERMIT REQUIREMENT	NA	NA						CONT	REC
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				<1.0	<15	93	0	31/30	GR
	PERMIT REQUIREMENT				NA	30	100		5/7	GR
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.0	<5.0	0	5/30	GR
	PERMIT REQUIREMENT					15	20		1/7	GR MULT
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				0.01	0.03	0.10	0	5/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR MULT
pH	SAMPLE MEASUREMENT				6.0		8.2	0	31/30	GR
	PERMIT REQUIREMENT				6.0		9.0		5/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

008  
 DISCHARGE NUMBER

CONCRETE BATCH PLANT SETTLING POND

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01		82	02	01
<small>(12-31)</small>	<small>(12-31)</small>	<small>(24-25)</small>		<small>(12-31)</small>	<small>(12-29)</small>	<small>(18-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER <small>(32-37)</small>	X	<small>(3 Card Only)</small> QUANTITY OR LOADING <small>(46-53)</small>			<small>(4 Card Only)</small> QUALITY OR CONCENTRATION <small>(54-61)</small>			NO. EX. <small>(62-63)</small>	FREQUENCY OF ANALYSIS <small>(64-68)</small>	SAMPLE TYPE <small>(69-70)</small>
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.095	0.220	MGD				0	4/30	GR
	PERMIT REQUIREMENT	NA	NA						1/7	GR
OIL AND GREASE	SAMPLE MEASUREMENT					*	MG/L			
	PERMIT REQUIREMENT				NA	NA	20		1/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				6.2	14	33	0	4/30	GR
	PERMIT REQUIREMENT				NA	30	100		1/7	GR
pH	SAMPLE MEASUREMENT				6.5		8.3	0	3/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE 858-7314	DATE		
			FTS AREA CODE	NUMBER	YEAR
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		82	02	28

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

\*SAMPLE WAS INADVERTENTLY NOT COLLECTED, BUT TWO SAMPLES WILL BE COLLECTED IN FEBRUARY.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

IN0026450 (2-16) 009 (17-19)  
 PERMIT NUMBER DISCHARGE NUMBER

PREOPERATIONAL METAL CLEANING WASTES

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD  
 FROM 82 01 01 TO 82 02 01  
(20-21) (22-21) (24-21) (26-21) (28-26) (19-11)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (45-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE									
	PERMIT REQUIREMENT	NA	NA	MGD					1/1	CAL WEIR	
OIL AND GREASE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				NA	15	20		1/7	GR	
SUSPENDED SOLIDS	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				NA	30	100		1/7	8-HR COMP	
TOTAL COPPER	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				NA	1.0	1.0		1/7	8-HR COMP	
TOTAL IRON	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				NA	1.0	1.0		1/7	8-HR COMP	
PHOSPHORUS	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				NA	1.0	1.0		1/7	8-HR COMP	
COD	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				NA	NA	100		1/7	8-HR COMP	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.					TELEPHONE		DATE		
M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		ETS AREA CODE	858-7314	82

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

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

010  
DISCHARGE NUMBER

STATION SUMP

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	01	01	82	02	01
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.92	1.7	MGD				0	8/30	GR
	PERMIT REQUIREMENT	3.1	NA						CONT	P LOG
OIL AND GREASE	SAMPLE MEASUREMENT	17	32	KG/DAY	<5.0	<5.0	<5.0	0	8/30	GR
	PERMIT REQUIREMENT	176	235		NA	15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	49	130	KG/DAY	<1.0	12	20	0	8/30	GR
	PERMIT REQUIREMENT	352	1,173		NA	30	100		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE  858-7314	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  CLM	AREA CODE	NUMBER
			82	02	28

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



PERMITTEE NAME/ADDRESS (Include Facility Name/Location, if different)

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

PERMIT NUMBER TN0026450

DISCHARGE NUMBER 012

COOLING TOWER BLOWDOWN

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	01	01	82	02	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>	<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	27.3	37.0	MGD				0	4/30	GR	
	PERMIT REQUIREMENT	NA	NA						CONT	REC	
pH	SAMPLE MEASUREMENT				6.2		7.6	UNITS	0	4/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR	
BORON	SAMPLE MEASUREMENT				NO DISCHARGE						
	PERMIT REQUIREMENT						14.0		1/1	GR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M. T. EL-ASHRY, ASST. MGR.  
 OF NATURAL RESOURCES  
 (ENVIRONMENT)  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 858-7314  
 DATE 82 02 28  
 FTS AREA CODE NUMBER YEAR MO DAY

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

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
013  
DISCHARGE NUMBER

RECYCLED COOLING WATER

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01		82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				NOT CHLORINATING					
	PERMIT REQUIREMENT				NA	NA	0.1		1/7	MULT GR
TEMPERATURE	SAMPLE MEASUREMENT			°F			*			
	PERMIT REQUIREMENT	NA	101.0						1/1	MULT GR
pH	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 INCLUDING 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
DATE  
FTS AREA CODE 858-7314  
82 02 28  
YEAR MO DAY

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

\*DID NOT OPERATE IN CLOSED MODE THIS MONTH.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902  
 FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

TN0026450  
 PERMIT NUMBER

014  
 DISCHARGE NUMBER

CONDENSATE DEMINERALIZER  
 REGENERATION WASTE, HIGH  
 CONDUCTIVITY, LOW CRUD

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	01	01	82	02	01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.024	0.052	MGD					0	24/30	GR
	PERMIT REQUIREMENT	NA	NA							1/1	CAL
OIL AND GREASE	SAMPLE MEASUREMENT	0.51	1.1	KG/DAY	<5.0	<5.7	14	MG/L	0	24/30	COMP
	PERMIT REQUIREMENT	1.6	2.2		NA	15	20			1/1	COMP
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	4.0	2.3	KG/DAY	4.4	46	370	MG/L	2	24/30	COMP
	PERMIT REQUIREMENT	3.3	11.0		NA	30	100			1/1	COMP
pH	SAMPLE MEASUREMENT				6.5		8.9	UNITS	0	24/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/1	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

015  
 DISCHARGE NUMBER

CONDENSATE DEMINERALIZER  
 REGENERATION WASTE, LOW  
 CONDUCTIVITY, HIGH CRUD

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01		82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (5 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVFRAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.058	0.088	MGD					0	31 BATCHES	GR
	PERMIT REQUIREMENT	NA	NA							1/1	CAL
OIL AND GREASE	SAMPLE MEASUREMENT	1.1	3.2	KG/DAY	<5.0	<5.4	10	MG/L	0	31 BATCHES	GR
	PERMIT REQUIREMENT	3.4	4.5		NA	15	20			1/1	COMP
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	13	130	KG/DAY	2.6	46	490	MG/L	3	31 BATCHES	GR
	PERMIT REQUIREMENT	6.8	23.0		NA	30	100			1/1	COMP
pH	SAMPLE MEASUREMENT				6.0		9.0	UNITS	0	31 BATCHES	GR
	PERMIT REQUIREMENT				6.0		9.0			1/1	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

016  
 DISCHARGE NUMBER

LIQUID RADWASTE

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	01	01	82	02	01
<small>(12-31)</small>	<small>(12-31)</small>	<small>(12-31)</small>	<small>(12-31)</small>	<small>(12-31)</small>	<small>(12-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(5 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.025	0.050	MGD				0	29 BATCHES	GR
	PERMIT REQUIREMENT	NA	NA						1/BATCH	WEIR, P LOG, CAL
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.3	12	0	29 BATCHES	GR
	PERMIT REQUIREMENT				NA	NA	20		1/BATCH	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				<1.0	<5.3	20	0	29 BATCHES	GR
	PERMIT REQUIREMENT				NA	NA	30		1/BATCH	GR
pH	SAMPLE MEASUREMENT				5.7		7.9	0	29 BATCHES	GR
	PERMIT REQUIREMENT				NA		NA		1/BATCH	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902  
 FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

(2-16) TN0026450  
 PERMIT NUMBER  
 (17-19) 017  
 DISCHARGE NUMBER

OFFICE BUILDING SUMP 1

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
82 01 01 TO 82 02 01

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE									
	PERMIT REQUIREMENT	NA	NA	MGD						2/7	P LOG
OIL AND GREASE	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	15	20			2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	30	100			2/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER	YEAR	MO

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

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
018  
DISCHARGE NUMBER

OFFICE BUILDING SUMP 2

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01		82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(46-53) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE			MGD								
	PERMIT REQUIREMENT	NA	NA								2/7	P LOG	
OIL AND GREASE	SAMPLE MEASUREMENT							MG/L					
	PERMIT REQUIREMENT				NA	15	20				2/7	GR	
SUSPENDED SOLIDS	SAMPLE MEASUREMENT							MG/L					
	PERMIT REQUIREMENT				NA	30	100				2/7	GR	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

019  
 DISCHARGE NUMBER

SERVICE BUILDING SUMP

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01		82	02	01
(12/21)	(12/23)	(12/25)		(12/27)	(12/29)	(12/31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.0003	0.0004	MGD				0	8/30	GR
	PERMIT REQUIREMENT	NA	NA						2/7	P LOG
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<9.1	28	1	8/30	GR
	PERMIT REQUIREMENT				NA	15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				9.6	58	150	1	8/30	GR
	PERMIT REQUIREMENT				NA	30	100		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 858-7314	DATE 82 02 28		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 A NONCOMPLIANCE STATEMENT WAS SUBMITTED ON FEBRUARY 9, 1982.



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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
TN0026450  
PERMIT NUMBER

(17-19)  
020  
DISCHARGE NUMBER

DIESEL GENERATING BUILDING  
OIL AND GREASE INTERCEPTOR

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01	TO	82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT	NA	NA	MGD					2/7	P LOG OR GR
OIL AND GREASE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	30	100		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
 KNOXVILLE, TN 37902

TN0026450  
 PERMIT NUMBER

021  
 DISCHARGE NUMBER

SODIUM HYPOCHLORITE BUILDING  
 FLOOR AND EQUIPMENT DRAINS

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01	TO	82	02	01
(20-21)	(22-24)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	0.23	0.29	MGD				0	8/30	GR
	PERMIT REQUIREMENT	NA	NA						2/7	GR OR P LOG
OIL AND GREASE	SAMPLE MEASUREMENT				<5.0	<5.0	<5.0	0	8/30	GR
	PERMIT REQUIREMENT				NA	15	20		2/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				1.9	6.7	13	0	8/30	GR
	PERMIT REQUIREMENT				NA	30	100		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1219. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER	YEAR	MO

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

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

023  
DISCHARGE NUMBER

STEAM GENERATOR BLOWDOWN TO  
COOLING TOWER BLOWDOWN LINE

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01	TO	82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT		0.35	MGD				0	1/30	INST
	PERMIT REQUIREMENT	NA	NA						1/7	INST
OIL AND GREASE	SAMPLE MEASUREMENT					*	MG/L			
	PERMIT REQUIREMENT					15	20		1/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT					*	MG/L			
	PERMIT REQUIREMENT					30	100		1/30	GR
TOTAL COPPER	SAMPLE MEASUREMENT					*	MG/L			
	PERMIT REQUIREMENT					1.0	1.0		1/30	GR
TOTAL IRON	SAMPLE MEASUREMENT					*	MG/L			
	PERMIT REQUIREMENT					1.0	1.0		1/30	GR
pH	SAMPLE MEASUREMENT				8.5		8.5	0	1/30	GR
	PERMIT REQUIREMENT				NA		NA		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
858-7314  
DATE  
82 02 28

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

\*SAMPLES WERE INADVERTENTLY NOT COLLECTED.

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16) TN0026450  
 PERMIT NUMBER

(1-19) 024  
 DISCHARGE NUMBER

DIFFUSER GATE

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD  
 FROM YEAR 82 MO 01 DAY 01 TO YEAR 82 MO 02 DAY 01  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
FLOW	SAMPLE MEASUREMENT	1080	1600	MGD				0	24/30	GR	
	PERMIT REQUIREMENT	NA	NA						CONT	REC	
DISCHARGE TEMPERATURE OPEN/HELPER/CLOSED MODES	SAMPLE MEASUREMENT	43.9*	68.0*	°F				0	24/30	REC	
	PERMIT REQUIREMENT	NA	112.5/ 97.0/101.0						CONT	REC	
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	34.6	48	°F				0	24/30	GR	
	PERMIT REQUIREMENT	NA	86.9						CONT	REC	
RESERVOIR TEMPERATURE RISE	SAMPLE MEASUREMENT	0.89	2.7	°F				0	24/30	GR	
	PERMIT REQUIREMENT	NA	5.4						CONT	REC	
RESERVOIR TEMPERATURE RATE OF RISE	SAMPLE MEASUREMENT	0.008	0.18	°F/HR				0	24/30	GR	
	PERMIT REQUIREMENT	NA	3.6						CONT	REC	
pH	SAMPLE MEASUREMENT				6.4		8.1	UNITS	0	24/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/1	GR	
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT							MG/L	**		
	PERMIT REQUIREMENT				NA	NA	0.1		CONT	REC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)</u> TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>(Signature)</i>	FTS AREA CODE <u>858-7314</u>	NUMBER <u>858-7314</u>	YEAR <u>82</u>	MO <u>02</u>

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \*DID NOT OPERATE IN CLOSED OR HELPER MODE THIS REPORTING PERIOD.  
 \*\*MONITOR NOT OPERATIONAL, PARTS ON ORDER.

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

021  
DISCHARGE NUMBER

DIFFUSER GATE

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01	TO	82	02	01
(20 21)	(22 23)	(24 25)		(26 27)	(28 29)	(30 31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (34-61)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
MANUAL TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT				NOT CHLORINATING						
	PERMIT REQUIREMENT				NA	NA	0.1		1/1	MULT GR	
CHLORIDE	SAMPLE MEASUREMENT						*	MG/L			
	PERMIT REQUIREMENT						NA		1/30	GR	
OIL AND GREASE	SAMPLE MEASUREMENT						*	MG/L			
	PERMIT REQUIREMENT						NA		1/30	GR	
SODIUM	SAMPLE MEASUREMENT						*	MG/L			
	PERMIT REQUIREMENT						NA		1/30	GR	
SULFATE	SAMPLE MEASUREMENT						*	MG/L			
	PERMIT REQUIREMENT						NA		1/30	GR	
SUSPENDED SOLIDS	SAMPLE MEASUREMENT						*	MG/L			
	PERMIT REQUIREMENT						NA		1/30	GR	
SETTLABLE SOLIDS	SAMPLE MEASUREMENT						*	ML/L			
	PERMIT REQUIREMENT						NA		1/30	GR	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						FTS AREA CODE	858-7314	82	02	28

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

\*SAMPLES WERE INADVERTENTLY NOT COLLECTED.

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

024  
DISCHARGE NUMBER

DIFFUSER GATE

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	01	01	82	02	01
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>	<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
DISSOLVED SOLIDS	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT						NA		1/30	GR
TOTAL SOLIDS	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT						NA		1/30	GR
AMMONIA NITROGEN	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT						NA		1/30	GR
TOTAL COPPER	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT						NA		1/30	GR
TOTAL IRON	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT						NA		1/30	GR
TOTAL MANGANESE	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT						NA		1/30	GR
TOTAL ZINC	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT						NA		1/30	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE	
FTS AREA CODE	NUMBER	YEAR MO DAY
858-7314		82 02 28

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

\* SAMPLES WERE INADVERTENTLY NOT COLLECTED.

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

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

Form Approved  
OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

TN0026450  
PERMIT NUMBER

024  
DISCHARGE NUMBER

DIFFUSER GATE

FACILITY SEQUOYAH NUCLEAR PLANT  
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01		82	02	01
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (3'-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BORON					NO DISCHARGE					
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	1.1		1/1	GR
	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  
M. T. EL-ASHRY, ASST. MGR.  
OF NATURAL RESOURCES  
(ENVIRONMENT)  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
858-7314  
DATE  
82 02 28

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

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

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

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

(2-16) TN0026450  
 PERMIT NUMBER  
 (17-19) 025  
 DISCHARGE NUMBER

PLANT AND ERCW INTAKES

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
82 01 01 TO 82 02 01  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW PLANT INTAKE/ ERCW INTAKE	SAMPLE MEASUREMENT	716/52	1000/52	MGD					0	CONT	REC
	PERMIT REQUIREMENT	NA	NA							CONT	P LOG
PLANT INTAKE AMBIENT TEMPERATURE	SAMPLE MEASUREMENT	34.6	46.0	°F					0	1/HR	REC
	PERMIT REQUIREMENT	NA	NA							1/HR	REC
PLANT INTAKE TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT				NA	NA	NA			1/7*	MULT GR*
ERCW CHLORIDE	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT					NA	NA			1/30	8-HR COMP
ERCW SODIUM	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP
ERCW SULFATE	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP
ERCW SUSPENDED SOLIDS	SAMPLE MEASUREMENT							MG/L			
	PERMIT REQUIREMENT						NA			1/30	8-HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 PLANT INTAKE/ERCW FLOW QUANTITY IS MAXIMUM VALUE DURING SAMPLING PERIOD. PLANT INTAKE AMBIENT TEMPERATURE DATA: (1) ARE REPORTED AS THE MAXIMUM OF THE HOURLY CALCULATED VALUES FOR THE SAMPLING PERIOD, AND (2) WILL BE BOTH TEMPORALLY AND SPATIALLY AVERAGED UPON COMPLETION OF THE PERMANENT MONITOR. \*NA SINCE DID NOT OPERATE IN CLOSED MODE. \*\*SAMPLES WERE INADVERTENTLY NOT COLLECTED.



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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902

(2-16)  
 TN0026450  
 PERMIT NUMBER

(17-19)  
 025  
 DISCHARGE NUMBER

PLANT AND ERCW INTAKES

FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODLY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	01	01		82	02	01
(126-21)	(122-21)	(124-25)		(126-27)	(128-29)	(130-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (45-52)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
ERCW SETTLEABLE SOLIDS	SAMPLE MEASUREMENT						*	ML/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW DISSOLVED SOLIDS	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW TOTAL SOLIDS	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW AMMONIA NITROGEN	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW TOTAL COPPER	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW TOTAL IRON	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
ERCW TOTAL MANGANESE	SAMPLE MEASUREMENT						*	MG/L		
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  M. I. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	858-7314	82	02

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

\*SAMPLES WERE INADVERTENTLY NOT COLLECTED.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 803 LOCUST STREET BUILDING  
KNOXVILLE, TN 37902  
 FACILITY SEQUOYAH NUCLEAR PLANT  
 LOCATION SODDY, TN 37379

TN0026450  
 PERMIT NUMBER

025  
 DISCHARGE NUMBER

PLANT AND ERCW INTAKES

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	01	01	82	02	01
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
ERCW TOTAL ZINC	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT						NA		1/30	8-HR COMP
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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  M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED 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 SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	858-7314	82	02

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

\*SAMPLE WAS INADVERTENTLY NOT COLLECTED.