

PERMITTEE NAME ADDRESS (Include Facility Name & Location)

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

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

PERMIT NUMBER TN0026450
 DISCHARGE NUMBER 101 1

F - FINAL LIMITS
 DIFFUSER GATE TO TENN RIVER

Form Approved
 DMB No. 2046-000
 Expires 2-29-84

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	02	01		84	02	29

FACILITY _____
 LOCATION _____

ATTN: SAM VANDEGRIFF

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 P 0 SEE COMMENTS BELOW		*****	*****	*****	39.7	43.8	47.3	0	b) 28/30	GR
		*****	*****	*****	*****	*****	*****	DEG.F	SEE PERMIT	GRAB
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 Q 0 SEE COMMENTS BELOW		*****	*****	*****	52.7	66.6	71.2	0	b) 24/30	REC
		*****	*****	*****	*****	*****	112.5	DEG.F	CONTINRCORR UOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R 0 SEE COMMENTS BELOW		*****	*****	*****	58.8	65.4	70.5	0	4/30	REC
		*****	*****	*****	*****	*****	97.0	DEG.F	CONTINRCORR UOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 6 0 DOWNSTREAM MONITOR		*****	*****	*****	*****	*****	a) 101.0	DEG.F	DAILY GRAB	
TEMP DIFF. BETWEEN SAMPLE AND UPSTREAM 00018 M 0 UP- AND DOWN-STREAM		*****	*****	*****	0.49	2.4	5.3	0	c) 27/30	GR
		*****	*****	*****	*****	*****	5.4	DEG.F	SEE PERMIT	GRAB
		*****	*****	*****	*****	*****	INST MX			
PH 00400 1 0		*****	*****	*****	6.0	*****	9.0	SU	SEE PERMIT	
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0		*****	*****	*****	*****	*****	*****	*****	b) 28/30	REC
		896	1090	MGD	*****	*****	*****	*****	CONTINRCORR UOUS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF
 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.

Martin E. Rivers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 FTS 856-6601 84 05 28
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)
 P CORRESPONDS TO AMBIENT TEMPERATURE, *Q* TO OPEN MODE, *S* TO CLOSED MODE. INDICATE WHICH IS APPROPRIATE.
 SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.
 a) PLANT DID NOT OPERATE IN CLOSED MODE THIS MONTH.
 b) COMPUTER MALFUNCTIONED ONE DAY THIS MONTH.
 c) COMPUTER MALFUNCTIONED TWO DAYS THIS MONTH.

IE25
 0/1

8406040060 840528
 PDR ADOCK 05000327 PDR

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

TNO026450
PERMIT NUMBER

101 1
DISCHARGE NUMBER

F - FINAL LIMITS
DIFFUSER GATE TO TENN RIVER

FACILITY
LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	02	01		84	02	29
(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)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.10 MG/L INST MX		WEEK-DAYS	CALCTD
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	0.15	1.4	DEG F/HOUR	*****	*****	*****	*****	0	28/30**	REC
	PERMIT REQUIREMENT	*****	3.6 INST MX	HOUR	*****	*****	*****	*****		SEE PERMIT	CALCTD
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	46.2	57.9	DEG. F					0	28/30**	REC
	PERMIT REQUIREMENT		86.9							CONT	REC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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	856-6601 NUMBER	84 YEAR	05 MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)
***P* CORRESPONDS TO AMBIENT TEMPERATURE, *Q* TO OPEN MODE, *S* TO CLOSED MODE. INDICATE WHICH IS APPROPRIATE. *DID NOT CHLORINATE THIS REPORTING PERIOD. SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS. **COMPUTER MALFUNCTIONED ONE DAY 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. 2040-0004 Expires 2-29-84

NAME **IVA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

TNO020450
 PERMIT NUMBER

102 1
 DISCHARGE NUMBER

F - FINAL LIMITS
YARD DRAINAGE POND EFFLUENT

FACILITY _____
 LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	02	01	TO	84	02	29

ATTN: SAM VANDEGRIFF

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			
PH		*****	*****	*****	7.1	*****	8.7	0	14/30	GR
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.0			
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM		MAXIMUM			THREE/GRAB WEEK
SOLIDS, TOTAL		*****	*****	*****	*****					
00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	19		84	0	21/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100			WEEK-GRAB DAYS
					DAILY AV		DAILY MX			
OIL AND GREASE (SOXHLET EXTR.) TOT.		*****	*****	*****	*****					
00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<5.0		<5.0	0	4/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	5	20			WEEKLYGRAB
					DAILY AV		DAILY MX			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		1.3	4.1		*****	*****	*****	0	29/30	REC
50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	MGD	*****	*****	*****			
	PERMIT REQUIREMENT	DAILY AV	DAILY MX		*****	*****	*****			CONTINRCORR UNUS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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 3 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PH MEASUREMENT FREQUENCY SHALL NOT BE LESS THAN 1/WEEK AFTER 1 YEAR, UNLESS DETERMINED OTHERWISE.

PERMITTEE NAME / ADDRESS (Include Facility Name if known or assumed)

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

Form Approved
CWA No. 2040-900-
Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
ADDRESS 411 E. BRAINERD RD.
CHATTANOUGA TN 37421

TND026450
PERMIT NUMBER

103 1
DISCHARGE NUMBER

F - FINAL LIMITS
LOW VOL WASTE TREAT POND EFFL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	02	01		84	02	29
(28-29)	(22-23)	(24-25)		(28-29)	(28-29)	(30-31)

FACILITY _____
LOCATION _____

ATTN: SAM VANDEGRIFF

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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	8.5	0	16/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			SU THREE/ WEEK
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	71	153		*****	8.4	13	0	13/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	380 DAILY AV	1250 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX			MG/L THREE/ WEEK
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<45	<88		*****	<5.0	<5.0	0	9/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	190 DAILY AV	250 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX			MG/L TWICE/ WEEK
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.2	2.6		*****	*****	*****	0	29/30	CAL
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		DAILY TOTAL
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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	856-6601	84	05

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

IN THE EVENT OF DISCHARGE OF TURBINE BLDG SUMP TO COND COOL WATER CHANNEL OR DRAINAGE POND, TSS, OIL AND GREASE, AND PH SHALL BE MONITORED 5/WEEK.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

TNO026450
 PERMIT NUMBER

104 1
 DISCHARGE NUMBER

F - FINAL LIMITS
RADWSTE SYST TO COOL TWR BLWDN

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(20-21)	(22-23)	(24-29)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

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				
PH		*****	*****	*****	6.0	*****	7.9		0	8/30	GR
00400 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB WEEK	
00530 1 0 EFFLUENT GROSS VALUE OIL AND GREASE (SOXHLET EXTR.) TOT.		0.63	1.3		*****	4.1	12		0	8/30	COMP
00550 1 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		13 DAILY AV	42 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		TWICE/COMPUS WEEK	
50050 1 0 EFFLUENT GROSS VALUE		<1.1	<1.8		*****	<5.8	<7.7		0	6/30*	GR
		6.3 DAILY AV	8.3 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		TWICE/GRAB WEEK	
		0.024	0.048		*****	*****	*****	*****	0	28/30	REC
		***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/ BATCH	

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			
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF <small>TYPED OR PRINTED</small>		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS 856-6601	84	05	28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all applicable codes)
DURING ABNORMAL FLOW CONDITIONS, EXCEEDING .05 MGD AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITS MAY BE EXCEEDED, BUT SHALL NOT EXCEED 4 TIMES LIMITATIONS LISTED. TSS SAMPLE TYPE = 1 GRAB/BATCH COMPOSITED FOR ANALYSIS OVER A 24 HOUR DAY.

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

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 0411 E. BRAINERD RD.
CHATTANOOGA TN 37421

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

TNO026450 (2-16) 105 1 (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS
 REGEN TO COOL TWR BLWDN LINE

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

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			
PH		*****	*****	*****	7.1	*****	9.0	0	11 BATCHES	GR
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			SU ONCE/ GRAB BATCH
SOLIDS, TOTAL SUSPENDED		3.8	7.4		*****	27	48	0	8* BATCHES	COMP
00530 1 0 EFFLUENT GROSS VALUE		25 DAILY AV	83 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX			MG/L ONCE/ COMPOS BATCH
OIL AND GREASE (SOXHLET EXTR.) TOT.		<0.79	<1.2		*****	<5.0	<5.0	0	9 BATCHES	GR
00550 1 0 EFFLUENT GROSS VALUE		13 DAILY AV	17 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX			MG/L DAILY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.019	0.028		*****	*****	*****	0	9 BATCHES	GR
50050 1 0 EFFLUENT GROSS VALUE		***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****	*****	ONCE/ CALCTD BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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	856-6601 NUMBER	84 YEAR	05 MO

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

SHOULD ABNORMAL CONDITIONS NECESSITATE INCREASED WASTE FLOW ABOVE 0.10 MGD, AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITATIONS MY BE EXCEEDED BUT SHALL NOT EXCEED 2 TIMES THE LIMITATIONS LISTED.
 *ONE SAMPLE WAS INADVERTENTLY NOT COLLECTED THIS REPORTING PERIOD.

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

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

Form Approved
CMB No. 2040-000-4
Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

IN0026450
PERMIT NUMBER

106 1
DISCHARGE NUMBER

F - FINAL LIMITS
STM GEN BLDWN TO COOL TWR BLDN

FACILITY _____
LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

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 (54-61)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH		*****	*****	*****							
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	SU		SEE PERMIT	
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50 DAILY AV	170 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****	*****			
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/MONTH	INSTANT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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	856-6601	8-	05

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)
SHOULD INTERNAL PLANT CHEMISTRY REQUIREMENTS NECESSITATE INCREASED BLOWDOWN FLOW OVER .2 MGD AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITATIONS MAY BE EXCEEDED BUT SHALL NOT EXCEED 4 TIMES THE LIMITATIONS LISTED.

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

TNO026450
PERMIT NUMBER

107 1
DISCHARGE NUMBER

F - FINAL LIMITS
METAL CLN WASTE PND TO COND CH

FACILITY _____
LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(26-27)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFF

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			
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** DAILY AV	100 DAILY MX	MG/L	WEEKLY	COMP-B
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** DAILY AV	30 DAILY MX	MG/L	WEEKLY	COMP-B
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** DAILY AV	15 DAILY MX	MG/L	WEEKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** DAILY AV	1.0 DAILY MX	MG/L	WEEKLY	COMP-B
COPPER, TOTAL (AS CU) 01042 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** DAILY AV	1.0 DAILY MX	MG/L	WEEKLY	COMP-B
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** DAILY AV	1.0 DAILY MX	MG/L	WEEKLY	COMP-B
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		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		FTS	856-6601	84
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)
IN NO CASE SHALL THE QUANTITY DISCHARGED EXCEED THE QUANTITY DETERMINED BY MULTIPLYING THE VOLUME OF THE BATCH OF METAL CLEANING WASTE GENERATED BY THE CONCENTRATION. SEE PERMIT FOR ADDITIONAL SAMPLING REQUIREMENTS.

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

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

Form Approved
OMB No. 2040-0034
Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **411 E. BRAINERD RD.**
CHATTANOUGA TN 37421

TNO026450
PERMIT NUMBER

107 1
DISCHARGE NUMBER

F - FINAL LIMITS
METAL CLN WASTE PND TO COND CH

FACILITY
LOCATION

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	02	01		84	02	29
(28-29)	(22-23)	(24-25)		(28-29)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFF

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53)			(4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE		NO DISCHARGE			MGD	*****	*****	*****	*****	ONCE/BATCH	CALCTD
	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 MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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)
IN NO CASE SHALL THE QUANTITY DISCHARGED EXCEED THE QUANTITY DETERMINED BY MULTIPLYING THE VOLUME OF THE BATCH OF METAL CLEANING WASTE GENERATED BY THE CONCENTRATION. SEE PERMIT FOR ADDITIONAL SAMPLING REQUIREMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name - If location is different)

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 5411 E. BRAINERD RD.
CHATTANOOGA TN 37421

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

TN0026450
 PERMIT NUMBER

108 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 CONCRETE PLT SETTLING POND

Form Approved
 CMB No. 2040-0004
 Expires 2-29-84

FACILITY _____
 LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	02	01	TO	84	02	29
(28-21)	(22-24)	(24-25)		(28-27)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFF

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	31		0	4/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	40	MG/L	WEEKLY	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****		<5.0		0	1/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	20	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.003		*****	*****	*****	*****	0	4/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		WEEKLY	FLOI
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 MARTIN E. RIVERS, DIRECTOR
 OF ENVIRONMENTAL QUALITY
 STAFF
 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 a maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
FTS	856-6601	84	05	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. 2040-0004
Expires 2-29-84

NAME TENNESSEE VALLEY AUTHORITY
ADDRESS 6411 EAST BRAINERD ROAD
CHATTANOOGA, TN 37421

TN0026450
PERMIT NUMBER

109
DISCHARGE NUMBER

EMERGENCY DIESEL GENERATOR
NO. 5 COOLING WATER EFFLUENT

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(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) (58-65) QUALITY OR CONCENTRATION (66-73)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW		NO DISCHARGE			MGD				1/14	P LOG
ERCW SYSTEM TOTAL CHLORINE RESIDUAL							0.8		1/14	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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 (Penalty 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	856-6601	84	05

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

MONITORING REQUIRED ONLY DURING TESTING PERIODS. ALSO, LIMITATIONS AND MONITORING ARE NOT APPLICABLE DURING AN ACTUAL EMERGENCY SITUATION.

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

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

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

TND026450 (2-16) 110 1 (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS
 RECYCLED COOLING WATER FLOW

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	02	01	TO 84	02	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIF

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	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NO DISCHARGE						
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F		DAILY	GRAB10
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****						
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB
50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****						
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.10	MG/L		WEEKLY	GRAB10
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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	856-6601	84	05

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

ADDITIONAL MONITORING FROM TN DEPT OF PUBLIC HEALTH CERTIFICATION LETTER OF JAN 31, 1983.
 SEE LETTER FOR REQUIREMENTS TO ESTABLISH RELATIONSHIP BETWEEN FISH DISTRESS/KILL AND CHLORINATION LEVEL.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

TNO026450
 PLRMIT NUMBER

111 1
 DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (34-45)			UNITS (34-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
800, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE		5.4	7.4	LBS/DY	*****	44	59	MG/L	2	2/30	GR
00310 1 0 EFFLUENT GROSS VALUE PH		3.8 30DA AVG	5.0 9.3 DAILY MX	LBS/DY	*****	30 DA AVG	40 DA MAX			TWICE/MONTH	GRAB
00400 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED		2.1	2.6	LBS/DY	*****	17	21		0	2/30	GR
00530 1 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.015*	0.015*	MGD	*****	*****	*****	*****	0	21/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL		0.015 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		WEEK-DAYS	FLOIND
50060 1 0 EFFLUENT GROSS VALUE FECAL COLIFORM		*****	*****	*****	<0.1	<0.2	1.4	MG/L	0	21/30	GR
		*****	*****	*****	*****	*****	2.0	MG/L		WEEK-DAYS	GRAB
		*****	*****	*****	<10	<1105	2200	N/100 ML	1	2/30	GR
		*****	*****	*****	NA	NA	1000			2/30	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 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$50,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05
TYPED OR PRINTED			NUMBER	YEAR	MO	DAY

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

*ESTIMATED FLOW.
 A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATION - NPDES PERMIT
NO. TN0026450 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 111 - Sewage treatment plant effluent: Routine samples collected on February 2 and 23 and March 1 had values which exceeded the maximum permit limitations as follows.

<u>Date</u>	<u>Parameter</u>	<u>Concentration</u>	<u>Maximum Limitation</u>
02/02	BOD ₅	59 mg/L	40 mg/L
02/02	BOD ₅	7.4 lbs/day	5.0 lbs/day
02/23	Fecal Coliform	2000 N/100 ml	1000 N/100 ml
03/01	Fecal Coliform	2000 N/100 ml	1000 N/100 ml

Cause and period of the noncompliance--The inlet distribution box to each section of the sand filter was observed. The distribution box for the A-B section of the sand filter was overflowing and the distribution lines were plugged. We suspect that the sand filter is clogged with an organic mat.

Other samples collected were as follows.

<u>Date</u>	<u>Parameter</u>	<u>Concentration</u>
02/23	BOD ₅	28 mg/L
02/23	BOD ₅	3.4 lbs/day
03/22	Fecal Coliform	90 N/100 ml

Thus, the maximum periods of noncompliance for BOD₅ and fecal coliform were 27 and 29 days, respectively.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--A requisition has been prepared to have the A-B section of the sand filter treated with hydrogen peroxide via the patented POROX process for organic removal. In the meantime, efforts are being made to get the new sand filter (DSN 112) operational to alleviate the loading on the DSN 111 sand filter.--Loading on DSN 111 will also be reduced the latter part of April when the current unit outage ends.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 6411 E. BRAINERD RD.
CHATTANOUGA TN 37421

(12-16) **TNC026450**
 PERMIT NUMBER
 (17-19) **112 1**
 DISCHARGE NUMBER

**F - FINAL LIMITS
 STP DISCHARGE**

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM YEAR **84** MO **02** DAY **01** TO YEAR **84** MO **02** DAY **29**
(120-21) (122-23) (124-24) (126-27) (128-29) (130-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

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	0.025	NA	MGD					5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT				LBS/DAY					
	PERMIT REQUIREMENT	6.3	8.3						2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				LBS/DAY					
	PERMIT REQUIREMENT	6.3	8.3						2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT							2.0	5/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	1,000	N/100 ML	2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT							1.0	2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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 a maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05

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. 2040-0004 Expires 2-20-84

NAME **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **411 E. BRAINERD RD.**
CHATTANOUGA TN 37421

TNO026450
 PERMIT NUMBER

113 1
 DISCHARGE NUMBER

F - FINAL LIMITS
STP TO COND COOLING WATER CHAN

FACILITY _____
 LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	02	01	TO	84	02	29
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

ATTN: **SAM VANDEGRIFF**

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 (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
800, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	0.18	0.18		*****	4.8	5.4		0	2/30	GR
00310 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.68	0.70		*****	18	21		0	2/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE/MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	21/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 DAILY MX	ML/L		WEEK-DAYS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004	0.013		*****	*****	*****	*****	0	21/30	GR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.030 DAILY AV	NA DAILY MX	MGD	*****	*****	*****	*****		WEEK-DAYS	FLOID
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	0.0	0.9	2.0		0	21/30	GR
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY MX	MG/L		WEEK-DAYS	GRAB
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	<10	<10	N/100 ML	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1000			2/30	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF
 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 a maximum imprisonment of between 6 months and 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
856-6601
 DATE
84 05 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. 2040-0004 Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

PERMIT NUMBER
TN0026450

DISCHARGE NUMBER
114 1

F - FINAL LIMITS
 STOP DISCHARGE TO TENN RIVER

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

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				
800, 5-DAY (20 DEG. C)		0.37	0.53		*****	5.4	8.0		0	2/30	GR
00310 1 0 EFFLUENT GROSS VALUE		3.8 30DA AVG	5.0 5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	40 45 DAILY MX	MG/L		TWICE/ MONTH	GRAB
PH		*****	*****	*****	6.6	*****	6.9		0	10/30	GR
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED		0.59	0.73		*****	8.5	11		0	2/30	GR
00530 1 0 EFFLUENT GROSS VALUE		3.8 30DA AVG	5.0 5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	40 45 DAILY MX	MG/L		TWICE/ MONTH	GRAB
SOLIDS, SETTLEABLE		*****	*****	*****	*****	<0.1	<0.1		0	21/30	GR
00545 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	30DA AVG	1.0 DAILY MX	ML/L		TWICE/ WEEK	GRAB -DAYS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.008	0.011		*****	*****	*****	*****	0	20/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE		0.015 0.10 DAILY AV	NA ***** DAILY MX	MGD	*****	*****	*****	*****		WEEK- DAYS	FLOING
COLIFORM, FECAL GENERAL		*****	*****	*****	*****	<10	<10	#/	0	2/30	GR
74055 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	30DA GEO	1000 DAILY MX	100ML		TWICE/ MONTH	GRAB
TOTAL RESIDUAL CHLORINE					0.0	0.8	1.9		0	21/30	GR
							2.0			WEEK- DAYS	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			
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05

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 Rev. 2-74-0004
Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
ADDRESS 411 E. BRAINERD RD.
CHATTANOOGA TN 37421

TN0026450
PERMIT NUMBER

114 2
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

FACILITY _____
LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	02	01		84	02	29
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFF

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 (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
BOD ₅ , 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	3.8 30DA AVG	5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX	MG/L		TWICE/GRAB MONTH	
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	3.8 30DA AVG	5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX	MG/L		TWICE/GRAB MONTH	
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.0 DAILY MX	ML/L		TWICE/GRAB WEEK	
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	.005 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		WEEK- FLOIND DAYS	
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****			#/			
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GEO	1000 DAILY MX	100ML		TWICE/GRAB MONTH	
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				1.6	4.6	6.8	MG/L	0	21/30	GR
	PERMIT REQUIREMENT				1.0					5/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
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
DATE
FTS 856-6601 84 05 28
AREA CODE NUMBER YEAR MO DAY

COMMENT A: D EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

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

PERMIT NUMBER TN0026450 (2-16)
 DISCHARGE NUMBER 115 1 (17-19)

F - FINAL LIMITS
 VEHICLE WASH POND EFFLUENT

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFF

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)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH		*****	*****	*****	6.8	*****	6.8		0	1/30	GR
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	33		0	4/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	40 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	4/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ML/L		WEEKLY	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0		0	4/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004*	0.006*		*****	*****	*****	*****	0	4/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		WEEKLY	FLOIND
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 MARTIN E. RIVERS, DIRECTOR
 OF ENVIRONMENTAL QUALITY
 STAFF
 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 23 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 856-6601
 84 05 28
 YEAR MO DAY

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

*ESTIMATED FLOW.

PERMITTEE NAME/ADDRESS (Include
Facility location if different)

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **5411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

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

TN0026450
PERMIT NUMBER

101 1
DISCHARGE NUMBER

F - FINAL LIMITS
DIFFUSER GATE TO TENN RIVER

Form Approved
EPA No. 2040-0004
Expires 2-29-84

FACILITY _____
LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	03	01	TO 84	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFF

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)			UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 P 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	45.8	49.0	52.5		0	31/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F		SEE PERMIT	GRAB
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 Q 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	70.1	73.2	76.4		0	31/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	112.5	DEG.F		CONTINRCORDR UOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****			*				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	97.0	DEG.F		CONTINRCORDR UOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****			*				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F		DAILY GRAB	
TEMP DIFF. BETWEEN SAMPLE AND UPSTREAM 00018 M 0 UP- AND DOWN-STREAM	SAMPLE MEASUREMENT	*****	*****	*****	0.32	2.2	3.7		0	31/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.4	DEG.F		SEE PERMIT	GRAB
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		SEE PERMIT	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	615	947		*****	*****	*****	*****	0	31/30	REC
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		CONTINRCORDR UOUS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
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 856-6601 84 05 28
AREA NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)
P CORRESPONDS TO AMBIENT TEMPERATURE, 'Q' TO OPEN MODE, 'S' TO CLOSED MODE. INDICATE WHICH IS APPROPRIATE. *PLANT OPERATED IN OPEN MODE ALL MONTH.
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.

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

NAME **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

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

TNO026450
 PERMIT NUMBER

101 1
 DISCHARGE NUMBER

F - FINAL LIMITS
DIFFUSER GATE TO TENN RIVER

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	03	01	TO 84	03	31
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFF

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				
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.10 MG/L		WEEK-CALCTD	
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 6 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	0.23	1.3	DEG F/	*****	*****	*****	*****	0	31/30	REC
	PERMIT REQUIREMENT	*****	3.6 INST MX	HOUR	*****	*****	*****	*****		SEE CALCTD	
DOWNSTREAM TEMPERATURE	SAMPLE MEASUREMENT	50.7	55.2	DEG. F					0	31/30	REC
	PERMIT REQUIREMENT		86.9							CONT	REC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF
 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: 856-6601
 DATE: 84 05 28
 FTS AREA CODE: 856-6601

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)
'P' CORRESPONDS TO AMBIENT TEMPERATURE, 'Q' TO OPEN MODE, 'S' TO CLOSED MODE. INDICATE WHICH IS APPROPRIATE. *DID NOT CHLORINATE THIS REPORTING PERIOD.
SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.

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

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

Form Approved
DATE No. 2040-0004
Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

TN0026450
PERMIT NUMBER

102 1
DISCHARGE NUMBER

F - FINAL LIMITS
YARD DRAINAGE POND EFFLUENT

FACILITY _____
LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

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 (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.9	0	14/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		THREE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	80	0	22/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX		WEEK-GRAB DAYS	
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0	0	5/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY AV	20 DAILY MX		WEEKLYGRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	3.0	8.6		*****	*****	*****	0	31/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****		CONTINRCORDR UOUS	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
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 856-6601 84 05 28
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)
PH MEASUREMENT FREQUENCY SHALL NOT BE LESS THAN 1/WEEK AFTER 1 YEAR, UNLESS DETERMINED OTHERWISE.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

TNO026450
 PERMIT NUMBER

103 1
 DISCHARGE NUMBER

F - FINAL LIMITS
LOW VOL WASTE TREAT POND EFFL

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(12-21)	(12-21)	(12-21)	(12-27)	(12-29)	(12-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-69)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH		*****	*****	*****	7.1	*****	8.8		0	20/30	GR
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		THREE/ WEEK	
SOLIDS, TOTAL SUSPENDED		93	308		*****	7.9	34		0	20/30	GR
00530 1 0 EFFLUENT GROSS VALUE		380 DAILY AV	1250 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		THREE/ WEEK	
OIL AND GREASE (SOXHLET EXTR.) TOT.		<64	<109		*****	<5.0	<8.5		0	20/30	GR
00550 1 0 EFFLUENT GROSS VALUE		190 DAILY AV	250 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		TWICE/ WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		1.47	2.62		*****	*****	*****	*****	0	31/30	CAL
50050 1 0 EFFLUENT GROSS VALUE		***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		DAILY	TOTALZ

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		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05
TYPED OR PRINTED						

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

IN THE EVENT OF DISCHARGE OF TURBINE BLDG SUMP TO COND COOL WATER CHANNEL OR DRAINAGE POND, TSS, OIL AND GREASE, AND PH SHALL BE MONITORED 5/WEEK.

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

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

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

(2-16) TN0026450 (17-19) 104 1
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS
 RADWSTE SYST TO COOL TWR BLWDN

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.6		0	8/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.0	3.7		*****	8.5	14		0	5/30*	COMP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	42 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		TWICE/COMPOS WEEK	
DIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<1.1	<1.3		*****	<5.0	<5.0		0	8/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.3 DAILY AV	8.3 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.026	0.048		*****	*****	*****	*****	0	30/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/RCORDK BATCH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 MARTIN E. RIVERS, DIRECTOR
 OF ENVIRONMENTAL QUALITY
 STAFF
 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 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 856-6601
 DATE: 84 05 28
 AREA CODE: FTS
 NUMBER: 856-6601
 YEAR: 84
 MO: 05
 DAY: 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments) **DURING ABNORMAL FLOW CONDITIONS, EXCEEDING .05 MGD AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITS MAY BE EXCEEDED, BUT SHALL NOT EXCEED 4 TIMES LIMITATIONS LISTED. TSS SAMPLE TYPE = 1 GRAB/BATCH COMPOSITED FOR ANALYSIS OVER A 24 HOUR DAY. *THREE 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. 2040-0004
Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

TN0026450
PERMIT NUMBER

105 1
DISCHARGE NUMBER

F - FINAL LIMITS
REGEN TO COOL TWR BLWDN LINE

FACILITY _____
LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	03	01	TO	84	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFF

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 (54-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	9.0		0	43 BATCHES	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ BATCH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.5	11		*****	9.3	25		0	14 BATCHES	COMP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25 DAILY AV	83 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		ONCE/ BATCH	COMPOS
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	<2.1	<5.2		*****	<5.0	5.7		0	14 BATCHES	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	17 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.048	0.123		*****	*****	*****	*****	0	14 BATCHES	CAL
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/ BATCH	CALCTO
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF	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	856-6601	84	05

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

SHOULD ABNORMAL CONDITIONS NECESSITATE INCREASED WASTE FLOW ABOVE 0.10 MGD, AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITATIONS MAY BE EXCEEDED BUT SHALL NOT EXCEED 2 TIMES THE LIMITATIONS LISTED.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

TN0026450
 PERMIT NUMBER

106 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 STM GEN BLDWN TO COOL TWR BLDN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	03	01	TO	84	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

PARAMETER (32-37)	SAMPLE MEASUREMENT	(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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	***** MINIMUM	***** MAXIMUM	SU		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT									
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50 DAILY AV	170 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*1:*****	*****		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****	ONCE/MONTH	INSTANT
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 MARTIN E. RIVERS, DIRECTOR
 OF ENVIRONMENTAL QUALITY
 STAFF
 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

DATE

FTS AREA CODE | 856-6601 | 84 05 28
 NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SHOULD INTERNAL PLANT CHEMISTRY REQUIREMENTS NECESSITATE INCREASED BLOWDOWN FLOW OVER .2 MGD AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITATIONS MAY BE EXCEEDED BUT SHALL NOT EXCEED 4 TIMES THE LIMITATIONS LISTED.

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **6411 E. BRAINERD RD.**
CHATTANOUGA TN 37421

TN0026450
PERMIT NUMBER

107 1
DISCHARGE NUMBER

F - FINAL LIMITS
METAL CLN WASTE PND TO COND CH

FACILITY _____
LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

ATTN: SAM VANDEGRIFF

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				UNITS
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0 EFFLUENT GROSS VALUE			*	LBS/DY	*****		*				
PH		*****	*****	*****	*****	*****	100		WEEKLY	COMP-8	
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	7.1	*****	8.6	0	44/30	GR	
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0	*****	9.0		WEEKLY	GRAB	
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	MINIMUM	*****	MAXIMUM			8-HR COMP	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 EFFLUENT GROSS VALUE		5.6	8.2	LBS/DY	*****	*****	11	0	3/30	COMP	
COPPER, TOTAL (AS CU) 01042 1 0 EFFLUENT GROSS VALUE		*****	250		*****	*****	30		WEEKLY	COMP-8	
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE		<4.6	<5.6	LBS/DY	*****	*****	<6.5	0	6/30	GR	
		*****	125		*****	*****	15		WEEKLY	GRAB	
		*****	*	LBS/DY	*****	*****	*				
		*****	8.3		*****	*****	1.0		WEEKLY	COMP-8	
		<0.004	<0.004	LBS/DY	*****	*****	<0.005	0	3/30	8-HR COMP	
		*****	8.3		*****	*****	1.0		WEEKLY	COMP-8	
		0.19	0.20	LBS/DY	*****	*****	0.23	0	3/30	8-HR COMP	
		*****	8.3		*****	*****	1.0		WEEKLY	COMP-8	
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		
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						FTS	856-6601	84	05	28
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)
IN NO CASE SHALL THE QUANTITY DISCHARGED EXCEED THE QUANTITY DETERMINED BY MULTIPLYING THE VOLUME OF THE BATCH OF METAL CLEANING WASTE GENERATED BY THE CONCENTRATION. SEE PERMIT FOR ADDITIONAL SAMPLING REQUIREMENTS.
*NO PHOSPHORUS OR ORGANIC CHEMICAL BEARING COMPOUNDS WERE USED.

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

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 411 E. BRAINERD RD.
CHATTANOOGA TN 37421

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

TN0026450
 PERMIT NUMBER

107 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 METAL CLN WASTE PND TO COND CH

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY _____
 LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	03	01		84	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATIN: SAM VANDEGRIFF

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 (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE			0.50	MGD	*****	*****	*****	*****	0	1 BATCH	CALC
		*****	*****		*****	*****	*****	*****		ONCE/BATCH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 MARTIN E. RIVERS, DIRECTOR
 OF ENVIRONMENTAL QUALITY
 STAFF
 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
 FTS 856-6601
 AREA CODE NUMBER YEAR MO DAY
 84 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
IN NO CASE SHALL THE QUANTITY DISCHARGED EXCEED THE QUANTITY DETERMINED BY MULTIPLYING THE VOLUME OF THE BATCH OF METAL CLEANING WASTE GENERATED BY THE CONCENTRATION. SEE PERMIT FOR ADDITIONAL SAMPLING REQUIREMENTS.

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

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

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

TN0026450
 PERMIT NUMBER

108 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 CONCRETE PLT SETTLING POND

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. FX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	46	1	5/30	GR	
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	40		WEEKLY GRAB	
DIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****		<5.0	0	1/30	GR	
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	20		ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.077		*****	*****	*****	*****	0	5/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		WEEKLY FLOIND	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 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			
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF		<i>Martin Rivers</i>	FTS AREA CODE	856-6601	84	05
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NUMBER	YEAR	MO	DAY	

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

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

Description of discharge - Discharge No. 108 - Concrete batch plant settling pond effluent to the condenser cooling water channel. A grab sample collected on March 28, 1984, contained a total suspended solids (TSS) concentration of 46 mg/l, exceeding the instantaneous maximum permit limitation of 40 mg/l.

Cause and period of the noncompliance - Extraneous flow entering the settling pond is the result of a 0.8-inch rainfall during the 24-hour period preceding sampling. This reduced the retention time within the pond and caused the noncompliance.

Runoff from the batch plant yard area and nearby road is normally routed away from the settling pond by an adjacent drainage ditch. Erosion of the ditch bank resulted in overflow into the settling pond producing the noncompliance.

Grab samples collected on March 21 and April 4 contained TSS concentrations of 13 mg/l and 36 mg/l, respectively. The maximum period of noncompliance, therefore, was 14 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - The eroded bank of the drainage ditch will be repaired to eliminate this source of extraneous water to the settling pond. Rainfall and flooding of the settling pond has prevented completion of repair work to the ditch to date, but we anticipate it will be completed by June 15, 1984.

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME TENNESSEE VALLEY AUTHORITY
ADDRESS 6411 EAST BRAINERD ROAD
CHATTANOOGA, TN 37421

PERMIT NUMBER TN0026450
DISCHARGE NUMBER 109

EMERGENCY DIESEL GENERATOR
NO. 5 COOLING WATER EFFLUENT

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD
FROM 84 03 01 TO 84 03 31
(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			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE			MGD					
	PERMIT REQUIREMENT							1/14	P LOG	
ERCW SYSTEM TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT						MG/L			
	PERMIT REQUIREMENT					0.8		1/14	GR	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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	856-6601	84	05

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

MONITORING REQUIRED ONLY DURING TESTING PERIODS. ALSO, LIMITATIONS AND MONITORING ARE NOT APPLICABLE DURING AN ACTUAL EMERGENCY SITUATION.

PERMITTEE NAME/ADDRESS (Include Facility Name if location is different)

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **411 E. BRAINERD RD.**
CHATTANOUGA TN 37421

TN026450
PERMIT NUMBER

110 1
DISCHARGE NUMBER

F - FINAL LIMITS
RECYCLED COOLING WATER FLOW

FACILITY _____
LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	03	01	TO	84	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRUFF

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				
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NO DISCHARGE						
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F		DAILY	GRABIO
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****							
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB
50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.10	MG/L		WEEKLY	GRABIO
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
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 § 1329. 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
856-6601
DATE
84 05 28

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

ADDITIONAL MONITORING FROM TN DEPT OF PUBLIC HEALTH CERTIFICATION LETTER OF JAN 31, 1983.
SEE LETTER FOR REQUIREMENTS TO ESTABLISH RELATIONSHIP BETWEEN FISH DISTRESS/KILL AND CHLORINATION LEVEL.

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
ADDRESS 411 E. BRAINERD RD.
CHATTANOOGA TN 37421

TN0026450
PERMIT NUMBER

111 1
DISCHARGE NUMBER

F - FINAL LIMITS
STP DISCHARGE

FACILITY _____
LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	03	01	TO	84	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

AT IN: SAM VANDEGRIFF

PARAMETER (32-37)	X	(3 Card Only) (46-53)			(4 Card Only) (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.7	4.4		*****	30	35	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 DA AVG	40 DAILY MAX			TWICE/GRAB MONTH	
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	***** MINIMUM	*****	***** MAXIMUM	SU	0	SEE PERMIT	
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.1	2.2		*****	17	18	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.015*	0.015*		*****	*****	*****	*****	0	22/30	WEIR
	PERMIT REQUIREMENT	0.015 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		WEEK- DAYS	FLOIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.4	2.0		0	22/30	WEIR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY AV	MG/L		WEEK- DAYS	GRAB
FECAL COLIFORM	SAMPLE MEASUREMENT				90	>1045	>2000	N/100 ML	1	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1000			2/30	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
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 856-6601
AREA CODE NUMBER YEAR MO DAY
84 05 28

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

*ESTIMATED FLOW.
A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATION - NPDES PERMIT
NO. TN0026450 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 111 - Sewage treatment plant effluent: Routine samples collected on February 2 and 23 and March 1 had values which exceeded the maximum permit limitations as follows.

<u>Date</u>	<u>Parameter</u>	<u>Concentration</u>	<u>Maximum Limitation</u>
02/02	BOD ₅	59 mg/L	40 mg/L
02/02	BOD ₅	7.4 lbs/day	5.0 lbs/day
02/23	Fecal Coliform	2000 N/100 ml	1000 N/100 ml
03/01	Fecal Coliform	2000 N/100 ml	1000 N/100 ml

Cause and period of the noncompliance--The inlet distribution box to each section of the sand filter was observed. The distribution box for the A-B section of the sand filter was overflowing and the distribution lines were plugged. We suspect that the sand filter is clogged with an organic mat.

Other samples collected were as follows.

<u>Date</u>	<u>Parameter</u>	<u>Concentration</u>
02/23	BOD ₅	28 mg/L
02/23	BOD ₅	3.4 lbs/day
03/22	Fecal Coliform	90 N/100 ml

Thus, the maximum periods of noncompliance for BOD₅ and fecal coliform were 27 and 29 days, respectively.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--A requisition has been prepared to have the A-B section of the sand filter treated with hydrogen peroxide via the patented POROX process for organic removal. In the meantime, efforts are being made to get the new sand filter (DSN 112) operational to alleviate the loading on the DSN 111 sand filter.--Loading on DSN 111 will also be reduced the latter part of April when the current unit outage ends.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
GMD No. 2040-0004
Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

DISCHARGE MONITORING REPORT (DMR)

F - FINAL LIMITS
STP DISCHARGE

TN026450
PERMIT NUMBER

112 1
DISCHARGE NUMBER

FACILITY _____
LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

ATTN: **SAM VANDEGRIFF**

NOTE: Read instructions before completing this form.

PARAMETER (12-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT	0.025	NA	MGD					5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT			LBS/DAY			MG/L			
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT			LBS/DAY			MG/L			
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT						MG/L			
	PERMIT REQUIREMENT						2.0		5/7	GR
FECAL COLIFORM	SAMPLE MEASUREMENT						N/100 ML			
	PERMIT REQUIREMENT				NA	NA	1,000		2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT						ML/L			
	PERMIT REQUIREMENT						1.0		2/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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	856-6601	84	05

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

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

NAME TVA - SEQUOYAH NUCLEAR

ADDRESS 6411 E. BRAINERD RD.

CHATTANOOGA

TN 37421

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

(2-16)

(17-19)

TN0026450

PERMIT NUMBER

113 1

DISCHARGE NUMBER

F - FINAL LIMITS

STP TO COND COOLING WATER CHAN

Form Approved
OMB No. 2040-0004
Expires 2-29-84

FACILITY _____

LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	03	01	TO	84	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

PARAMETER (32-37)	SAMPLE MEASUREMENT	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
BOD ₅ , 5-DAY (20 DEG. C) 00310 1 0	SAMPLE MEASUREMENT	0.38	0.67		*****	9.3	16		0	2/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 11.3 DAILY MX	LBS/DY	*****	30 30DA AVG	40.45 DAILY MX	MG/L		TWICE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		SEE PERMIT	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.8	3.4		*****	44	82		1	2/30	GR
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 11.3 DAILY MX	LBS/DY	*****	30 30DA AVG	40.45 DAILY MX	MG/L		TWICE/MONTH	GRAB
00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	22/20	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 DAILY AV	ML/L		WEEK-DAYS	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	0.004	0.005		*****	*****	*****	*****	0	22/30	WEIR
00545 1 0	PERMIT REQUIREMENT	0.030 DAILY AV	N/A ***** DAILY MX	MGD	*****	*****	*****	*****		WEEK-DAYS	FLOIND
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.4	0.9	1.7		0	22/30	GR
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY MX	MG/L		WEEK-DAYS	GRAB
00060 1 0	SAMPLE MEASUREMENT				<10	<10	<10	N/100	0	2/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				NA	NA	1000			2/30	GR
FECAL COLIFORM	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
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.

Martin E. Rivers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
FTS AREA CODE	NUMBER	YEAR	MO	DAY
	856-6601	84	05	28

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

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

Description of the discharge - Discharge No. 113 - Sewage treatment plant (STP) effluent to the condenser cooling water channel. Grab samples collected on March 27 and April 24, 1984, contained a total suspended solids (TSS) concentrations of 82 mg/l and 50 mg/l, respectively, exceeding the daily maximum permit limitation of 45 mg/l. The instantaneous flow rate at the time of sampling was 5,500 gal/d on both dates.

Cause and period of the noncompliance - We believe a high solids inventory and old sludge within the plant (11,000 mg/l of MLSS) produced solids with poor settling characteristics, thereby causing these noncompliances. In addition, a clogged sludge return line from the plant clarifier probably contributed to the April 24 noncompliance.

Grab samples collected on March 1, April 5, and May 8 contained TSS concentrations of 7.1 mg/l, 30 mg/l and 70 mg/l, respectively. The first period of noncompliance, therefore, was less than 35 days. The second period of noncompliance continues.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - A solids wasting program was initiated on April 9 and solids were removed on April 16 and 23 in an effort to reduce the MLSS concentration and sludge age. This program will be continued to achieve optimum operating conditions.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 0411 E. BRAINERD RD.
CHATTANOOGA TN 37421

TN0026450
 PERMIT NUMBER

114 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 STP DISCHARGE TO TENN RIVER

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			QUALITY OR CONCENTRATION (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
BOD, 5-DAY (20 DEG. C)		0.80	1.4		*****	9.5	15		0	2/30	GR		
00310 1 0 EFFLUENT GROSS VALUE PH		3.8 30DA AVG	5.05-6 DAILY MX	LBS/DY	*****	30 30DA AVG	4045 DAILY MX	MG/L		TWICE/MONTH	GRAB		
00400 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED		*****	*****	*****	6.5	*****	7.0		0	10/30	GR		
00530 1 0 EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/WEEK	GRAB		
00545 1 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.86	1.4		*****	10	15		0	2/30	GR		
50050 1 0 EFFLUENT GROSS VALUE COLIFORM, FECAL GENERAL		3.8 30DA AVG	5.05-6 DAILY MX	LBS/DY	*****	30 30DA AVG	4045 DAILY MX	MG/L		TWICE/MONTH	GRAB		
74055 1 0 EFFLUENT GROSS VALUE TOTAL RESIDUAL CHLORINE		*****	*****	*****	*****	<0.1	1.0		0	22/30	GR		
		*****	*****	*****	*****	*****	1.0 DAILY MX	ML/L		TWICE/WEEK	GRAB		
		0.015	0.023		*****	*****	*****	*****	0	22/30	WEIR		
		0.015-0.020 DAILY AV	NA DAILY MX	MGD	*****	*****	*****	*****		WEEK-DAYS	FLOING		
		*****	*****	*****	*****	<220	430	#/	0	2/30	GR		
		*****	*****	*****	*****	*****	1000 DAILY MX	100ML		TWICE/MONTH	GRAB		
					0.2	0.6	1.8		0	20/30	GR		
							2.0			WEEK-DAYS	GR		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 MARTIN E. RIVERS, DIRECTOR
 OF ENVIRONMENTAL QUALITY
 STAFF
 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 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
FTS	856-6601	84	05	28
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)

NAME **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

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

PERMIT NUMBER
TN0026450

DISCHARGE NUMBER
114 2

F - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY
 LOCATION

ATTN: SAM VANDEGRIFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(20-21)	(22-24)	(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 (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
800, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	3.8	5.6	LBS/DY	*****	30	45	MG/L	0	TWICE	GRAB
00310 1 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	30DA AVG	DAILY MX	*****	*****	30DA AVG	DAILY MX	*****	0	MONTH	MONTH
00400 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.0	SU	0	TWICE	GRAB
00530 1 0 EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	*****	MINIMUM	30DA AVG	DAILY MX	*****	0	MONTH	MONTH
00545 1 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	1.0 ML/L	0	TWICE	GRAB
50050 1 0 EFFLUENT GROSS VALUE COLIFORM, FECAL GENERAL	PERMIT REQUIREMENT	.005	*****	MGD	*****	*****	*****	*****	0	WEEK-	FLOUND
74055 1 0 EFFLUENT GROSS VALUE DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA GED	DAILY MX	1000	100ML	TWICE	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	1.4	4.0	6.5	MG/L	0	22/30	GR
					1.0					5/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
 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
 FTS AREA CODE
856-6601
 NUMBER
 DATE
84 05 28
 YEAR MO DAY

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

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

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 411 E. BRAINERD RD.
CHATTANOOGA TN 37421

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

PERMIT NUMBER TN0026450 DISCHARGE NUMBER 115 1

Form Approved OMB No. 2040-0008 Expires 2-29-84
F - FINAL LIMITS
VEHICLE WASH POND EFFLUENT

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM YEAR 84 MO 03 DAY 01 TO YEAR 84 MO 03 DAY 31

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.5	0	1/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	31	60	2	5/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV 30	DAILY MX 40		WEEKLY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	0	5/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX .5		WEEKLY	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0	0	5/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV 15	DAILY MX 20		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.005*	0.006*		*****	*****	*****	0	5/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		WEEKLY	FLOIND
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF	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	PTS AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *FLOW WAS ESTIMATED THREE WEEKS THIS REPORTING PERIOD.
 A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATIONS - NPDES PERMIT
NO. TN0026450 - SEQUOYAH NUCLEAR PLANT (SQN)

Description of the discharge--Discharge No. 115 - Vehicle wash pond effluent to the Tennessee River. Grab samples collected on March 7 and 28 contained total suspended solids (TSS) concentrations of 47 and 60 mg/L, respectively, exceeding the daily maximum limitation of 40 mg/L. The discharge flow rate on March 7 and 28 was 0.006 MGD.

Cause and period of the noncompliance--Poor distribution of flow and reduced retention time in the settling pond probably caused the noncompliances. Rainfall amounts totaling 0.5 and 0.8 inch during the 48 hours preceding the March 7 and 28 noncompliances, respectively, decreased residence time and increased the effects of short-circuiting through the pond. The combination of these two factors resulted in the noncompliances.

Grab samples collected on March 1 and 14 contained TSS concentrations of 7.0 and 30 mg/L, respectively. Therefore, the maximum duration of the first noncompliance was approximately 12 days. Grab samples collected on March 21 and April 4 contained TSS concentrations of 13 and 32 mg/L, respectively. Therefore, the maximum duration of the second noncompliance was approximately 13 days.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--TVA plans only administrative actions as opposed to physical modifications at this time for DSN 115 based on the following.

1. Past TSS noncompliances have not been serious. Of the 52 TSS samples taken in the past 12 months, only 11 were not in compliance, and of those, 6 were directly rainfall related. Seven of the 10 noncomplying samples were below 48 mg/L TSS.
2. Some modifications to the pond have already been made. In an effort to reduce the number of noncomplying discharges from DSN 115, surface runoff in the area was routed away from the pond, and the pond overflow device was modified to reduce the increase in flow velocity at the discharge point that tended to pull sediment from the pond bottom.
3. Construction activities at SQN are winding down to the point that the vehicle car wash facility should be dismantled and DSN 115 eliminated by January 1985. This limits the scope of physical modifications that can be economically justified.

TVA will apply additional administrative controls to limit waste volumes into the pond and will physically remove any accumulated solids near the discharge point.

PERMITTEE NAME/ADDRESS (Include Facility Name if different)

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 6411 E. BRAINERD RD.
 CHATTANOOGI TN 37421

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

PERMIT NUMBER
 TN025450

DISCHARGE NUMBER
 1011

P - FINAL LIMITS
 DIFFUSER GATE TO TENN RIVER

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY
 LOCATION
 TTN: SAM VANDEGRIFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	04	01	TO	84	04	30
(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 (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (44-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 P 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	52.5	57.6	63.5	0	30/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F	SEE PERMIT	GRAB
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 Q 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	66.7	72.3	78.8	0	30/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	112.5	DEG.F	CONTINUOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	97.0	DEG.F	CONTINUOUS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 S 0 DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F	DAILY GRAB	
TEMP DIFF. BETWEEN SAMPLE AND UPSTREAM 00018 M 0 UP- AND DOWN-STREAM PT	SAMPLE MEASUREMENT	*****	*****	*****	1.3	2.9	4.4	0	30/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.4	DEG.F	SEE PERMIT	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	INST MAX	SEE PERMIT	
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1988	2953	MGD	*****	*****	*****	0	30/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	CONTINUOUS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF
 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 KNOWLEDGE 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 SERIOUS PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1904. Facilities which operate may include times up to 30 days after the reporting period. Facilities which operate less than 6 months may include times up to 6 months.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE NUMBER DATE YEAR MO DAY
 FTS 856-6601 84 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Review all violations)
 CORRESPONDS TO AMBIENT TEMPERATURE, 'Q' TO OPEN MODE, 'S' TO CLOSED MODE. INDICATE WHICH IS APPROPRIATE.
 *PLANT OPERATED IN OPEN MODE ALL MONTH.
 **COMPUTER MALFUNCTIONED ONE DAY THIS REPORTING PERIOD.
 SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. BRAINERD RD. CHATTANOOGA TN 37421**

TR0026450
 PERMIT NUMBER

1011
 DISCHARGE NUMBER

P - FINAL LIMITS
 DIFFUSER GATE TO TENN RIVER

FACILITY _____
 LOCATION _____
 ATTN: SAE VANDEGRIFT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	Card Only (46-53) QUANTITY OR LOADING (54-61)			14 Card Only (58-65) QUALITY OR CONCENTRATION (64-71)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT CROSS VALVE		*****	*****	*****								
	SAMPL MEASUREMENT							*				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.10 INST MX	MG/L		WEEK - CALCTD DAYS	
TEMPERATURE RATE OF CHANGE DEG. F/ HOUR 74025 6 0 DOWNSTREAM MONITOR				DEG F/	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	0.22	0.72							0	30/30	REC
	PERMIT REQUIREMENT	*****	3.6 INST MX	DEG F/	*****	*****	*****	*****			SEE PERMIT	CALCTD
DOWNSTREAM TEMPERATURE				DEG. F								
	SAMPLE MEASUREMENT	59.5	63.5							0	30/30	REC
	PERMIT REQUIREMENT		86.9								CONT	REC
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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 KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR DATA AND 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. § 1362). Penalties under these statutes may include fines up to \$100,000 and imprisonment up to 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05

COMMENT AND EXPLANATION OF ANY VIOLATIONS (SEE PERMIT) *P CORRESPONDS TO AMBIENT TEMPERATURE, '0' TO OPEN MODE, 'S' TO CLOSED MODE. INDICATE WHICH IS APPROPRIATE.
 SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS.
 *DID NOT CHLORINATE 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. 2040-0004 Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

TN0026450 PERMIT NUMBER
1021 DISCHARGE NUMBER

F - FINAL LIMITS
YARD DRAINAGE POND EFFLUENT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

FACILITY _____
 LOCATION _____

ATTN: **SAM VANDEGRIFF**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (34-61)			(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			
00400 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8.2		0	12/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		THREE/GRAB	WEEK
00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	20	110.6		1	21/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	MG/L		WEEK-GRAB	DAYS
00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0		0	4/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	5	20	MG/L		WEEKLYGRAB	
50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.1	6.3		*****	*****	*****	*****	0	30/30	REC
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	*****	CONTINUOUS	RECORDING
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
 TYPED OR PRINTED

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 18 USC 1011. 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
856-6601 **84 05 28**
 AREA NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments)
PH MEASUREMENT FREQUENCY SHALL NOT BE LESS THAN 1/WEEK AFTER 1 YEAR, UNLESS DETERMINED OTHERWISE.

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATIONS - NPDES PERMIT
NO. TN0026450 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 102 - Yard drainage pond effluent. A routine sample collected on April 9 had a total suspended solids (TSS) concentration of 110.6 mg/L, exceeding the permitted limit of 100 mg/L.

Cause and period of the noncompliance--On April 9 between 3 and 7 a.m., a 0.77-inch rain occurred. Thus, the TSS noncompliance was caused by rainfall runoff. Other samples collected were as follows.

<u>Date</u>	<u>Time</u>	<u>TSS Concentration (mg/L)</u>
04/06	9 a.m.	23.2
04/10	9 a.m.	5.96

Therefore, the maximum noncompliance duration was four days.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--Because the TSS noncompliance was a result of rainfall runoff, no action is recommended at this time.

MAY 15 1984

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME TVA - SEQUOIA NUCLEAR
ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

TN0026450
PERMIT NUMBER

1031
DISCHARGE NUMBER

P - FINAL LIMITS
LOW VOL WASTE TREAT FOND EFFL

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFE

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	8.8	0	14/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	THREE/ WEEK	
00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	58	169		*****	6.5	14	0	12/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	380 DAILY AV	1250 DAILY MX	LES/DY	*****	30 DAILY AV	100 DAILY MX	0	THREE/ WEEK	GRAB
00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<42	<104		*****	<5.3	<7.6	0	8/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	190 DAILY AV	250 DAILY MX	LES/DY	*****	15 DAILY AV	20 DAILY MX	0	TWICE/ WEEK	GRAB
00050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.91	2.6		*****	*****	*****	0	30/30	CAL
00050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	0	DAILY	TOTAL
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
TYPED OR PRINTED

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 THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1003. I understand these penalties may include fines up to \$250K and imprisonment up to 5 years or both.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
856-6601 84 05 28
AREA NUMBER YEAR MO DAY

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

IN THE EVENT OF DISCHARGE OF TURBINE BLDG SUBJ TO COND COOL WATER CHANNEL OR DRAINAGE POND, TSS, OIL AND GREASE, AND PH SHALL BE MONITORED 3/WEEK.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
ADDRESS 8411 E. BRAINERD RD.
CHATTANOOGA TN 37421

TN0026450
PERMIT NUMBER

104 1
DISCHARGE NUMBER

F - FINAL LIMITS
RADWSTE SYST TO COOL TWR BLWDN

FACILITY
LOCATION
ATTN: SAM VANDEGRIFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (52-57)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(1 Card Only) QUANTITY OF 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			
00400 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	7.9	0	10/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			TWICE/GRAB WEEK
00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<1.5	2.6		*****	<7.4	12	0	8/30	COMP
	PERMIT REQUIREMENT	13 DAILY AV	42 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX			TWICE/COMPO. WEEK
00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<1.5	<2.4		*****	<5.4	<7.7	0	6/30*	GR
	PERMIT REQUIREMENT	6.3 DAILY AV	8.3 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX			TWICE/GRAB WEEK
50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.029	0.057		*****	*****	*****	0	25/30	REC
	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****			ONCE/RECORD BATCH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

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 POSSIBILITIES OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1003. (Penalties under these statutes may include fines up to \$10,000 and imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
856-6601 84 05 28
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments) DURING ABNORMAL FLOW CONDITIONS, EXCEEDING .05 MGD AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITS MAY BE EXCEEDED, BUT SHALL NOT EXCEED 4 TSS LIMITATIONS LISTED. TSS SAMPLE TYPE = 1 GRAB/BATCH COMPOSITED FOR ANALYSIS OVER A 24 HOUR DAY. *TWO SAMPLES WERE INADVERTENTLY NOT COLLECTED 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. 2040-0004
Expires 2-29-84

NAME **FVA - SEQUOYAH NUCLEAR**
ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

2-16) **TN0026450**
PERMIT NUMBER
(17-19) **103 2**
DISCHARGE NUMBER

F - FINAL LIMITS
ADDT MONITORING FROM IN STATE

FACILITY _____
LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAE VANDEGRIFF

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	1/180	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	UG/L		SEMI-ANNUAL	GRAB
	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
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

I HEREBY 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 RELIEVE 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 1003. Penalties under these statutes may include fines up to \$5000 and imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE _____ DATE _____
PTS 856-6601 84 05 28
AREA NUMBER YEAR MO DAY

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

THIS REQUIREMENT FROM THE IN DEPT OF PUBLIC HEALTH CERTIFICATION OF JAN 31, 1983.

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

NAME **FVA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

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

TN0026450 PERMIT NUMBER
105 1 DISCHARGE NUMBER

P - FINAL LIMITS
REGEN TO COOL TWR BLEND LINE

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

PARAMETER (32-37)	SAMPLE MEASUREMENT	(4 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	9.0		0	8 BATCHES GR	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB BATCH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5.5	15		*****	35	104		1	5 BATCHES COMP	
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	LBS/DY	*****	DAILY AV 30	DAILY MX 100	MG/L		ONCE/ COMPOS BATCH	
OIL AND GREASE (SOXHLET EXTN.) TOT.	SAMPLE MEASUREMENT	<1.0	<2.2		*****	<5.0	<5.0		0	5 BATCHES GR	
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	LBS/DY	*****	DAILY AV 15	DAILY MX 20	MG/L		DAILY GRAB	
FLOW, IN CONDUIT OR TRUB TREATMENT PLANT	SAMPLE MEASUREMENT	0.025	0.053		*****	*****	*****	*****	0	5 BATCHES CAL	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	MGD	*****	*****	*****	*****		ONCE/ CALCTD BATCH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME, TITLE, PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OR THAT 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 FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 42 U.S.C. § 1924. Penalties under these statutes may include fines up to \$100,000 and imprisonment of not more than 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
856-6601
 DATE
84 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Give specific attachments if any)
SEVERAL ABNORMAL CONDITIONS NECESSITATE INCREASED WASTE FLOW ABOVE 0.10 MGD, AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITATIONS MAY BE EXCEEDED BUT SHALL NOT EXCEED 2 TIMES THE LIMITATIONS LISTED. A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATIONS - NPDES PERMIT
NO. TN0026450 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 105 - Condensate demineralizer regeneration waste to the cooling tower blowdown line. A grab sample collected on April 9 had a total suspended solids (TSS) concentration of 103.68 mg/L, exceeding the maximum instantaneous permit limitation of 100 mg/L. The flow volume for this batch release was 17,480 gallons.

Cause and period of the noncompliance--The TSS concentration was excessive on April 9 because the plant was in startup conditions on unit 1 following the refueling outage. Startup conditions require that large volumes of water be processed by the condensate demineralizer system. During such conditions, the condensate demineralizer actually serves as a filter to remove suspended particles. This resulted in the TSS noncompliance. The next batch release of 17,530 gallons on April 11 had a TSS concentration of 32.84 mg/L. Therefore, the period of noncompliance for the batch discharge on April 9 was approximately three hours.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--Plant personnel will be instructed in the future to route DSN 105 to DSN 103 during startup conditions to allow for sedimentation.

MAY 15 1984

PERMITTEE NAME ADDRESS (Include
Locality Name/County, if different)

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **6411 E. BRAINARD RD.**
CHATTANOOGA TN 37421

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

0-16: **TR0026450**
PERMIT NUMBER
0-19: **106 1**
DISCHARGE NUMBER

F - FINAL LIMITS
STS GEN BLWDM TO COOL TWR FLEN

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD
FROM YEAR **84** MO **04** DAY **01** TO YEAR **84** MO **04** DAY **30**
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

ATTN: **SAM VANDEGRIFF**

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME TITLE PRINCIPAL EXECUTIVE OFFICER
**MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF**

I HEREBY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE 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 SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 35 USC § 319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE **856-6601** NUMBER **84 05 28** DATE YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: **SHOULD INTERNAL PLANT CHEMISTRY REQUIREMENTS NECESSITATE INCREASED
SHUTDOWN FLOW OVER .2 MGD AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITATIONS MAY BE EXCEEDED BUT
SHALL NOT EXCEED 4 TIMES THE LIMITATIONS LISTED.**

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

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 6411 E. BRADY RD.
CHATTANOOGA TN 37421

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

TN0026450
 PERMIT NUMBER

106 2
 DISCHARGE NUMBER

F - FINAL LIMITS
 STEAM GEN BLWDR (QUARTERLY)

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY
 LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFF

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-43)	(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				UNITS
OIL AND GREASE (SOHLET EXTR.) TOT. 00550 1 0			<9.7		*****		<5.0		0	1/30	GR
EFFLUENT GROSS VALUE		25 DAILY AV	33 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		QTRLY	GRAB
	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
 MARTIN E. RIVERS, DIRECTOR
 OF ENVIRONMENTAL QUALITY
 STAFF
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED UPON MY KNOWLEDGE 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 § 1913. Penalties under these statutes may include fines up to \$250,000 and imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 DATE
 FTS 856-6601 84 05 28
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Include all attachments)
 SHOULD INTERNAL PLANT CHEMISTRY REQUIREMENTS NECESSITATE INCREASED SHUTDOWN FLOW OVER .2 MGD AS A 7 DAY AVERAGE, DAILY MAXIMUM QUANTITY LIMITATIONS MAY BE EXCEEDED BUT SHALL NOT EXCEED 4 TIMES THE LIMITATIONS LISTED.

PERMITTEE NAME ADDRESS (Include Locality Name if location is different)

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
ADDRESS **6411 E. BRAINERD RD. CHATTANOOGA TN 37421**

TR0026450
PERMIT NUMBER

107 1
DISCHARGE NUMBER

F - FINAL LIMITS
METAL CLEANING WASTE PAID TO COND CB

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-33)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFT

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0	PERMIT REQUIREMENT	*****	*	LBS/DY	*****	*****	100	MG/L		WEEKLY	COMP-8
EFFLUENT GROSS VALUE		*****	834			DAILY AV	DAILY MX				
PH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	10.7	SU	43	113/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	52	LBS/DY	*****	23	44	MG/L	2	7/30	8-HR COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	250		*****	DAILY AV	DAILY MX	30		WEEKLY	COMP-8
OIL AND GREASE (SOXHELT EXTH.) TOT. 00550 1 0	SAMPLE MEASUREMENT	*****	<6.3	LBS/DY	*****	<5.0	5.1	MG/L	0	14/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	125		*****	DAILY AV	DAILY MX	15		WEEKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0	SAMPLE MEASUREMENT	*****	*	LBS/DY	*****	*****	1.0	MG/L		WEEKLY	COMP-8
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	8.3		*****	DAILY AV	DAILY MX				
COPPER, TOTAL (AS CU) 01042 1 0	SAMPLE MEASUREMENT	*****	0.02	LBS/DY	*****	0.02	0.03	MG/L	0	7/30	8-HR COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	8.3		*****	DAILY AV	DAILY MX	1.0		WEEKLY	COMP-8
IRON, TOTAL (AS FE) 01045 1 0	SAMPLE MEASUREMENT	*****	0.23	LBS/DY	*****	0.21	0.63	MG/L	0	7/30	8-HR COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	8.3		*****	DAILY AV	DAILY MX	1.0		WEEKLY	COMP-8

NAME TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THIS 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 18 USC § 1011. Penalties under these statutes may include fines up to \$100,000 and imprisonment for a term of not more than 5 years.

Martin E. Rivers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE **856-6601** DATE YEAR **84** MO **05** DAY **28**

COMMENT AND EXPLANATION OF ANY VARIATIONS (Reference to Discharge Permit) **IN NO CASE SHALL THE QUANTITY DISCHARGED EXCEED THE QUANTITY DETERMINED BY MULTIPLYING THE VOLUME OF THE BATCH OF METAL CLEANING WASTE GENERATED BY THE CONCENTRATION. SEE PERMIT FOR ADDITIONAL SAMPLING REQUIREMENTS. *NO PHOSPHORUS OR ORGANIC CHEMICAL COMPOUNDS WERE USED.**

NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATIONS - NPDES PERMIT
NO. TN0026450 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 107 - Metal-cleaning waste pond effluents. Grab samples collected during a batch discharge that occurred between April 20 and 26 had pH values ranging from 9.0 to 10.7 standard units (s.u.), exceeding the maximum permitted limitation concentration of 36 and 44 mg/L on April 20 and 25, respectively, exceeding the maximum permit limitation of 30 mg/L. The volume of the batch release was 1.9 million gallons.

Cause and period of the noncompliance--The batch release was started at 7:30 a.m. on April 20 at which time a grab sample had a pH of 8.4 s.u. The discharge continued daily except for April 21 and 22. The discharge continued until 3:06 p.m. on April 26. The pH of the final grab sample was 10.5 s.u. The high pH values and the TSS noncompliances are due to an algae bloom in the pond.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--Because the algae caused the elevated pH and the TSS noncompliances, no action is recommended at this time.

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

NAME **IWA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. BRAINERD RD.**
CHATTANOOGA TN 37421

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

TR0026450
 PERMIT NUMBER

1071
 DISCHARGE NUMBER

F - FINAL LIMITS
METAL CLEAN WASTE PND TO COND CH

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY _____
 LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDEGRIFT

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (34-41)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		1.5		*****	*****	*****	*****	1	BATCH
	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****	0	ONCE / CALCTD BATCH
	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
MARTIN E. RIVERS, DIRECTOR
OFF ENVIRONMENTAL QUALITY
STAFF
 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 KNOWLEDGE 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 40 USC 1301 AND 40 CFR 1.318. Penalties under these statutes may include fines up to \$100,000, imprisonment for up to 6 months, and civil penalties.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 DATE
 FTS AREA CODE 856-6601 84 05 28
 NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: **IN NO CASE SHALL THE QUANTITY DISCHARGED EXCEED THE QUANTITY DETERMINED BY MULTIPLYING THE VOLUME OF THE BATCH OF METAL CLEANING WASTE GENERATED BY THE CONCENTRATION. SEE PERMIT FOR ADDITIONAL SAMPLING REQUIREMENTS.**

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME TVA - SEQUOYAH NUCLEAR
ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

TNC026450
PERMIT NUMBER

108 1
DISCHARGE NUMBER

F - FINAL LIMITS
CONCRETE PLT SETTLING POND

FACILITY
LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-27)	(27-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-27)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-53)			(1 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				UNITS
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	36	0	4/30	GR	
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	40	36/L	WEEKLY GRAB	
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****		<5.0	0	1/30	GR	
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	20	36/L	ONCE/MONTH GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.027	0.068	*****	*****	*****	*****	*****	0	4/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	BGL	*****	*****	*****	*****	*****	WEEKLY FLOWING	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF 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 KNOWLEDGE 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 18 U.S.C. § 1011. In addition, under these statutes, falsified data may be subject to criminal prosecution and/or civil penalties of up to \$100,000 and/or 5 years imprisonment or both.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	NUMBER	YEAR

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

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

NAME TENNESSEE VALLEY AUTHORITY
 ADDRESS 6411 EAST BRAINERD ROAD
CHATTANOOGA, TN 37421

FACILITY SEQUOYAH NUCLEAR PLANT
 LOCATION SODDY, TN 37379

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

PERMIT NUMBER TN0026450
 DISCHARGE NUMBER 109

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>	<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

EMERGENCY DIESEL GENERATOR
 NO. 5 COOLING WATER EFFLUENT

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

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		NO DISCHARGE			MGD						
		PERMIT REQUIREMENT								1/14	P LOG
ERCW SYSTEM TOTAL CHLORINE RESIDUAL		SAMPLE MEASUREMENT							MG/L		
		PERMIT REQUIREMENT					0.8			1/14	GR
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
 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		DATE			
FTS AREA CODE	NUMBER	YEAR	MO	DAY	
	856-6601	84	05	28	

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

MONITORING REQUIRED ONLY DURING TESTING PERIODS. ALSO, LIMITATIONS AND MONITORING ARE NOT APPLICABLE DURING AN ACTUAL EMERGENCY SITUATION.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. BRAINARD RD.**
CHAFFANOOGA TN 37421

TN0026450
 PERMIT NUMBER

110 1
 DISCHARGE NUMBER

F - FINAL LIMITS
RECYCLED COOLING WATER FLOW

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAM VANDIGRIFF

PARAMETER (32-37)	SAMPLE MEASUREMENT	(4 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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	NO DISCHARGE					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	101.0	DEG.F	DAILY GRAB
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	*****	9.0	SU	WEEKLY GRAB
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0.10	MG/L	WEEKLY GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF	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 PREPARING 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 15 USC § 1001 AND 15 USC § 1309. Penalties shall apply retroactively to include fines up to \$250,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	FTS AREA CODE	856-6601	84	05

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ADDITIONAL MONITORING FROM TN DEPT OF PUBLIC HEALTH CERTIFICATION LETTER OF JAN 31, 1983.
SEE LETTER FOR REQUIREMENTS TO ESTABLISH RELATIONSHIP BETWEEN PHS DISTRESS/KILL AND CHLORINATION LEVEL.

PERMITTEE NAME/ADDRESS (7-11)
 Facility Name/Location (7-12)

NAME: IVA - SEQUOIA NUCLEAR
 ADDRESS: 6411 E. CHAINERS RD.
 CHATTANOOGA TN 37421

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

12-101 (17-19)
 TN0026450 111 1
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS
 STOP DISCHARGE

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY:
 LOCATION:
 ATTN: SAM VANDEGRIF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (42-51)		QUANTITY OF LOADING (54-61)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (58-65)	AVERAGE (46-53)	MAXIMUM (54-61)				UNITS (54-61)
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.1	2.6		*****	16	21	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 DA AVG	40 DAILY MAX			TWICE/GRAB MONTH	
Fe 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/30	GR
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.9	2.4		*****	16	19	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.015*	0.015*		*****	*****	*****	*****	0	21/30	GR
	PERMIT REQUIREMENT	0.015 DAILY AV	NA DAILY MX	MGD	*****	*****	*****	*****		WEEK-DAYS	FLOWING
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.5	2.0	MG/L	0	21/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	2.0		WEEK-DAYS	GRAB
FECAL COLIFORM	SAMPLE MEASUREMENT				<10	1005	>2000	N/100 ML	1	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1000			2/30	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:
 MARTIN E. RIVERS, DIRECTOR
 OF ENVIRONMENTAL QUALITY
 STAFF
 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 KNOWLEDGE OF THESE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE PENALTY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1003. Penalties under these statutes may include fines up to \$1,000 and up to 5 years imprisonment or a combination of these penalties.

Martin Rivers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
FTS	856-6601	84	05	28

COMMENT AND EXPLANATION OF ANY VARIATIONS (Reference to attachments here)
 A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.
 *ESTIMATED FLOW.

NOTIFICATION OF NONCOMPLIANCE WITH EFFLUENT LIMITATIONS - NPDES PERMIT
NO. TN0026430 - SEQUOYAH NUCLEAR PLANT

Description of the discharge--Discharge No. 11 - Sewage treatment plant effluent. A routine sample collected on April 5 had a fecal coliform concentration of greater than 2000 N/100 ml, exceeding the permit limit of 1000 N/100 ml.

Cause and period of the noncompliance--The noncompliance was caused by a very low chlorine residual on April 5. Additional grab samples taken on this date indicated concentrations of BOD₅ and TSS of 21 and 19 mg/L, respectively. A grab sample collected on April 24 contained a fecal coliform concentration of less than 10 organisms per 100 ml. Therefore, the maximum period of noncompliance was 19 days.

Steps taken to reduce, eliminate, or prevent recurrence of the noncomplying discharge--Plant personnel were instructed to increase the chlorine feed rate.

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME **TVE - SEQUOYAH NUCLEAR**
ADDRESS **6411 E. BRAINERD RD.**
CHAFFANOCCA TN 37421

PERMIT NUMBER
TN0026450

DISCHARGE NUMBER
112 1

F - FINAL LIMITS
SEE DISCHARGE

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	07		84	04	30
	(20-21)	(22-24)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: **SAM VANDEGRIFF**

PARAMETER (32-37)	SAMPLE MEASUREMENT	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			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT	0.025	NA	MGD					5/7	WEIR
BOD ₅	SAMPLE MEASUREMENT				LBS/DAY					
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				LBS/DAY					
	PERMIT REQUIREMENT	6.3	8.3			30	40		2/30	GR
TOTAL CHLORINE RESIDUAL	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT							2.0		5/7
FECAL COLIFORM	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	1,000		2/30	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT							1.0		2/7
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE, PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED THEREON I BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 19 USC 1305 AND 33 USC 1319. I certify under these standards that the data reported herein are representative of the discharge between 7 months and 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
FTS 856-6601

DATE
84 05 28

AREA CODE NUMBER YEAR MO DAY

REMARKS AND EXPLANATION OF ANY VIOLATIONS (If none, check appropriate box)

PERMITTEE NAME/ADDRESS (Print)
 Facility Name (if different)

NAME: **1VA - SIQUOYAH NUCLEAR**
 ADDRESS: **6411 E. BRAINARD RD.**
CHATTANOOGA TN 37421

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

180026450
 PERMIT NUMBER

1131
 DISCHARGE NUMBER

F - FINAL LIMITS
 STOP TO COND COOLING WATER CHAN

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY LOCATION
 ATTN: **SAM VANDEGRIFF**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(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 (45-51)			QUALITY OR CONCENTRATION (52-58)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00310 1 0 EFFLUENT GROSS VALUE PH	0.18	0.22		*****	5.6	6.6		0	2/30	GR
	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX			TWICE/GRAB MONTH
00400 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****			SEE PERMIT
00530 1 0 EFFLUENT GROSS VALUE	1.3	1.7		*****	40	50		1	2/30	GR
	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX			TWICE/GRAB MONTH
00540 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	1.0		0	20/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX			WEEK-GRAB DAYS
50050 1 0 EFFLUENT GROSS VALUE	0.005	0.021		*****	*****	*****	*****	0	20/30	GR
	PERMIT REQUIREMENT	0.030 DAILY AV	NA DAILY MX	MGD	*****	*****	*****			WEEK-FLOIND DAYS
50060 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.5	1.2	2.0	0	20/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX			WEEK-GRAB DAYS
FECAL COLIFORM					<10	<10	<10	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	1,000			2/30 GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF
 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 SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING PROBATION OR FINE AND IMPRISONMENT SEE 18 USC 1001 AND 18 USC 1011. (Signature and Title of Principal Executive Officer)

TELEPHONE: 856-6601
 DATE: 84 05 28
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Martin E. Rivers*
 FTS AREA CODE: 856-6601
 NUMBER: 856-6601
 YEAR: 84
 MO: 05
 DAY: 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Attach as Attachment A or B)

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

Description of the discharge - Discharge No. 113 - Sewage treatment plant (STP) effluent to the condenser cooling water channel. Grab samples collected on March 27 and April 24, 1984, contained a total suspended solids (TSS) concentrations of 82 mg/l and 50 mg/l, respectively, exceeding the daily maximum permit limitation of 45 mg/l. The instantaneous flow rate at the time of sampling was 5,500 gal/d on both dates.

Cause and period of the noncompliance - We believe a high solids inventory and old sludge within the plant (11,000 mg/l of MLSS) produced solids with poor settling characteristics, thereby causing these noncompliances. In addition, a clogged sludge return line from the plant clarifier probably contributed to the April 24 noncompliance.

Grab samples collected on March 1, April 5, and May 8 contained TSS concentrations of 7.1 mg/l, 30 mg/l and 70 mg/l, respectively. The first period of noncompliance, therefore, was less than 35 days. The second period of noncompliance continues.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - A solids wasting program was initiated on April 9 and solids were removed on April 16 and 23 in an effort to reduce the MLSS concentration and sludge age. This program will be continued to achieve optimum operating conditions.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME **1VA - SEQUOYAH NUCLEAR**
 ADDRESS **6411 E. TRAINER RD.**
CHATTANOOGA TN 37421

TNG026450
 PERMIT NUMBER

114 1
 DISCHARGE NUMBER

F - FINAL LIMITS
STOP DISCHARGE TO TENN RIVER

FACILITY _____
 LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: **SAS VANDEGRIFF**

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 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			
DO, 5-DAY (20 DEG. C)		0.20	0.25		*****	3.0	3.8		0	2/30	GR
00310 1 0	PERMIT REQUIREMENT	3.8	5.0 5%	LBS/DY	*****	30	40 MS	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
PH		*****	*****	*****	6.4	*****	7.0		0	9/30	GR
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SD		TWICE/GRAB	WEEK
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED		0.60	1.0		*****	9.0	15		0	2/30	GR
00530 1 0	PERMIT REQUIREMENT	3.8	50 5%	LBS/DY	*****	30	40 MS	MG/L		TWICE/GRAB	MONTH
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
SOLIDS, SETTLEABLE		*****	*****	*****	*****	<10	200		1	20/30	GR
00545 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0	ML/L		TWICE/GRAB	WEEK
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT		0.010	0.029		*****	*****	*****	*****	0	20/30	WEIR
50050 1 0	PERMIT REQUIREMENT	0.015 10%	NA	*****	*****	*****	*****	*****		WEEK - FLOWING	DAYS
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX								
COLIFORM, FECAL GENERAL		*****	*****	*****	*****	<10	<10	#/	0	2/30	GR
74055 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000	100BL		TWICE/GRAB	MONTH
EFFLUENT GROSS VALUE						30DA GEO	DAILY MX				
TOTAL CHLORINE RESIDUAL					0.5	0.8	2.0	MG/L	0	20/30	GR
	PERMIT REQUIREMENT						2.0			5/7	GR

NAME TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OR THE INFORMATION 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 IMPRISONMENT AND FINES. I AM AWARE THAT THESE PENALTIES MAY INCLUDE FINES UP TO \$1000 AND IMPRISONMENT UP TO 1 YEAR. I AM AWARE THAT THESE PENALTIES MAY INCLUDE FINES UP TO \$1000 AND IMPRISONMENT UP TO 1 YEAR.

Martin E. Rivers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 FTS AREA CODE NUMBER YLAR MO DAY
856-6601 84 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to attachment here)

A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

Description of the discharge - Discharge No. 114 - Sewage treatment plant (STP) effluent to the Tennessee River. Grab samples collected on April 23 and May 3, 1984, contained settleable solids (SS) concentrations of 200 mg/l and 50 ml/l, respectively, exceeding the daily maximum permit limitation of 1.0 ml/l.

Cause and period of the noncompliances - The influent flow rate for this 15,000 gal/d STP average 5 gal/m; however, at the time of each noncompliance the instantaneous flow rate was approximately 20 gal/m. This surge of flow resulted in the solid losses and produced the noncompliances. The source of this extraneous flow has not been fully accounted for. However, we suspected infiltration resulting from 0.7-inch and 3.0-inch heavy rainfalls during the 24-hour periods preceding each noncompliance (0.7 inch on April 23 and 3.0 inches on May 5) was a contributing factor.

Grab samples collected on April 20 and 25 contained SS concentrations of less than 0.1 ml/l each. The maximum duration of the first noncompliance, therefore, was five days.

Grab samples collected on May 2 and May 4 contained SS concentrations of less than 0.1 ml/l each. The maximum duration of the second noncompliance, therefore, was one day.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - We plan to observe upstream collection lines to locate any major sources of infiltration that may exist. Line repairs will be made where feasible.

We suspect additional sources of extraneous flow may exist. We will increase administrative surveillance in order to locate and eliminate any extraneous flow to the STP that may exist.

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

NAME TVA - SEQUOYAH NUCLEAR
ADDRESS 6411 E. BRAINERD RD.
CHATTANOOGA TN 37421

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

PERMIT NUMBER TN0026450

DISCHARGE NUMBER 114 2

F - FINAL LIMITS
STP DISCHARGE TO TENN RIVER

Form Approved
OMB No. 2040-0004
Expires 2-29-84

FACILITY LOCATION
ATTN: SAM VANDEGRAFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (27-37)	SAMPLE MEASUREMENT	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			
COD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****					
	PERMIT REQUIREMENT	3.8 30DA AVG	5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX	MG/L		TWICE/MONTH GRAB
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****		9.0	SD		TWICE/WEEK GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	*****	*****		*****
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****					
	PERMIT REQUIREMENT	3.8 30DA AVG	5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX	MG/L		TWICE/MONTH GRAB
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****		1.0	ML/L		TWICE/WEEK GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	*****	*****	*****	*****
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****					
	PERMIT REQUIREMENT	.005 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****	*****	WEEK - FLOW IN DAYS
COLIFORMS, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA GEO	1000 DAILY MX	100ML		TWICE/MONTH GRAB
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				1.3	4.1	5.4		0	20/30 GR
	PERMIT REQUIREMENT				1.0					5/7 GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF
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 KNOWLEDGE 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 8 U.S.C. 1001 AND 18 U.S.C. 1011. 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 AREA CODE 856-6601
DATE 84 05 28
YEAR MO DAY

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME TVA - SEQUOYA NUCLEAR
ADDRESS 0911 E. BRAINERD RD.
CHATTANOOGA TN 37421

TA0026450
PERMIT NUMBER

115 1
DISCHARGE NUMBER

F - FINAL LIMITS
VEHICLE WASH POND EFFLUENT

FACILITY _____
LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	04	01		84	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAB VANDECALIFF

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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	0	1/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SD	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	28	50	1	4/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	40 DAILY MX	MG/L	WEEKLY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	0	4/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ML/L	WEEKLY	GRAB
OIL AND GREASE (SOXHELT EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0	0	4/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX	MG/L	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006*	0.006*	MGD	*****	*****	*****	0	4/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	WEEKLY	FLOW
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MARTIN E. RIVERS, DIRECTOR
OF ENVIRONMENTAL QUALITY
STAFF
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 KNOWLEDGE AND BELIEF I BELIEVE THE SUBMITTED INFORMATION IS TRUE AND COMPLETE. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1003. (Penalties under these statutes may include fines up to \$10,000 and imprisonment for up to 5 years.)

TELEPHONE _____ DATE _____
Martin E. Rivers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
FTS AREA CODE NUMBER YEAR MO DAY
856-6601 84 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Attach if necessary)

*ESTIMATED FLOW.
A NOTIFICATION OF NONCOMPLIANCE IS ATTACHED.

Description of the discharge - Discharge No. 115 - Vehicle wash pond effluent to the Tennessee River. A grab sample collected on April 25, 1984, contained a total suspended solids (TSS) concentration of 50 mg/l, exceeding the daily maximum permit limitation of 40 mg/l.

Cause and period of the noncompliance - As a result of a March 7, 1984, TSS noncompliance, TVA committed to removing accumulated sediments from the pond. Sediments were being removed at the time of sampling. This maintenance operation resuspended settled solids which were subsequently discharged via the pond effluent.

Grab samples collected on April 18 and May 3 contained TSS concentrations of 5 mg/l and 8 mg/l, respectively. The maximum potential period of noncompliance, therefore, was 15 days. We suspect, however, the actual period of noncompliance was less than one day.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - We believe the sample collected during removal of sediment from the wash pond was not representative of the treated discharge from this pond. Since such maintenance is anticipated no more than twice a year, TVA plans no other further action in regard to this noncompliance.