

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. BRANNED RD.  
 CHATTANOOGA TN 37421

140026450  
 PERMIT NUMBER

101 1  
 DISCHARGE NUMBER

P - FINAL LIMITS  
 LIPYUSER GATE TO TENN RIVER

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATTN: SAM VANDEGRIFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	05	01	TO	84	05	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 (46-53)			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		*****	*****	*****	61.1	63.7	70.8	DEG.F	0	31/30 <sup>a)</sup>	GR
		*****	*****	*****	*****	*****	*****	DEG.F		SEE PERMIT	GRAB
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 Q 0 SEE COMMENTS BELOW		*****	*****	*****	73.2	80.2	86.0	DEG.F	0	31/30	REC
		*****	*****	*****	*****	*****	112.5	DEG.F		CONTINUED	RECORDS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 R 0 SEE COMMENTS BELOW		*****	*****	*****	*****	*****	b)	DEG.F		CONTINUED	RECORDS
		*****	*****	*****	*****	*****	97.0	DEG.F		CONTINUED	RECORDS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 6 0 DOWNSTREAM MONITOR		*****	*****	*****	*****	*****	b)	DEG.F		DAILY GRAB	
TEMP DIFF. BETWEEN SAMPLE AND UPSTREAM 00018 P 0 UP- AND DOWN-STREAM		*****	*****	*****	1.3	1.8	2.9	DEG.F	0	31/30	GR
		*****	*****	*****	*****	*****	5.4	DEG.F		SEE PERMIT	GRAB
		*****	*****	*****	*****	*****	INST MX	DEG.F		SEE PERMIT	GRAB
<del>TEMPERATURE, WATER DEG. FAHRENHEIT 00400 1 0 EFFLUENT GROSS VALUE</del>		<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>6.0</del>	<del>*****</del>	<del>9.0</del>	<del>SU</del>	<del>0</del>	<del>31/30</del>	<del>REC</del>
<del>FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE</del>		<del>*****</del>	<del>*****</del>	<del>MGD</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>0</del>	<del>31/30</del>	<del>REC</del>

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.)

8409050172 840531  
 PDR ADOCK 05000327  
 Original signed by Martin E. Rivers  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 FTS 856-6601  
 AREA CODE NUMBER YEAR MO DAY  
 84 08 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all applicable codes)  
 'P' CORRESPONDS TO AMBIENT TEMPERATURE, 'Q' TO OPEN CODE, 'S' TO CLOSED CODE. INDICATE WHICH IS APPROPRIATE. a) MONITOR INOPERABLE FIVE DAYS THIS REPORTING PERIOD. SEE PERMIT FOR FURTHER MONITORING REQUIREMENTS. b) PLANT OPERATED IN OPEN MODE ALL MONTH. c) MONITOR INOPERABLE THREE DAYS 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 F. BRainerd RD.**  
**CHATTANOOGA TN 37421**

TR0026450  
 PERMIT NUMBER

1011  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 DIFFUSER GATE TO TURN RIVER

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATTN: SAE VANDEGRAFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	05	01		84	05	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 (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	<0.1	<0.1	<0.1		0	18/30*	CALC
		*****	*****	*****	*****	*****	.10 INST MX	MG/L		WEEK - DAYS	CALC
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 6 0 DOWNSTREAM MONITOR		0.4	1.1	DEG F/ HOUR	*****	*****	*****	*****	0	31/30	CALC
		*****	3.6 INST MX		*****	*****	*****	*****		SEE PERMIT	CALC
DOWNSTREAM TEMPERATURE		64.8	69.2	DEG.F					0	28/30	REC
			86.9							CONT	REC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF</b> 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	08

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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

DISCHARGE MONITORING REPORT (DMR)

(2-16) **TN0026450** PERMIT NUMBER  
(17-19) **102 1** DISCHARGE NUMBER

**F - FINAL LIMITS**  
**YARD DRAINAGE POND EFFLUENT**

FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_  
ATTN: **SAM VANDEGRIF**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	05	01		84	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				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	*****	8.8		0	16/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		THREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	29	155.2		1	24/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX	HG/L		WEEK- DAYS	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0		0	6/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY AV	20 DAILY MX	HG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.6	5.3		*****	*****	*****	*****	0	31/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	HGD	*****	*****	*****	*****		CONTINUOUS	CONDR
	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 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	08
TYPED OR PRINTED		NUMBER	YEAR	MO	DAY	

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



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 special sample collected on May 26 had a total suspended solids (TSS) concentration of 155.2 mg/L, exceeding the permitted limit of 100 mg/L.

Cause and period of the noncompliance--Between May 26 at 6 a.m. and May 27 at 6 a.m., a 0.40-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>
5/25	9:20 a.m.	60.8
5/27	3:00 p.m.	15.6

Therefore, the maximum period of noncompliance was 54 hours.

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

NAME **TVA - SEQUOIA NUCLEAR**  
 ADDRESS **6411 E. FRANKERD RD.**  
**CHAFFAROOCA TN 37421**

**TN0026450**  
 PERMIT NUMBER

**103 1**  
 DISCHARGE NUMBER

**F - FINAL LIMITS**  
**LOW VOL WASTE TREAT POND EPFL**

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	05	01		84	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: SAZ VANDEGRIFF

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-69)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	10.3		1	11/30*	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		THREE/ WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	137	411		*****	22	53		0	10/30*	GR
	PERMIT REQUIREMENT	380 DAILY AV	1250 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		THREE/ WEEK	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<27	<47		*****	<5.0	<5.0		0	7/30*	GR
	PERMIT REQUIREMENT	190 DAILY AV	250 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		TWICE/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.61	1.1		*****	*****	*****	*****	0	31/30	CAL
	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	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 856-6601	84	08	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

\*ONE SAMPLE WAS INADVERTENTLY NOT COLLECTED THIS REPORTING PERIOD. 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. 103 - Low volume waste treatment pond effluent. A routine grab sample collected at 8:30 a.m. on May 15 had a pH value of 10.3 standard units (s.u.), exceeding the maximum permit limitation of 9.0 s.u.

Cause and period of the noncompliance--The high pH resulted from a leak of 50 percent sodium hydroxide from a bulk storage tank in the turbine building. The NaOH passed through a pipe sleeve located in the containment wall around the NaOH storage tank. The turbine building sump was aligned to discharge No. 103 at the time the leak occurred.

Discharge No. 103 was isolated immediately upon discovery of the high pH value and remained isolated until June 6 at 9 a.m. at which time the pH was 7.8 s.u.

A routine grab sample collected on May 10 at 9:50 a.m. had a pH value of 7.4 s.u. Thus, the maximum duration of noncompliance was approximately five days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The open pipe sleeve through the containment wall has been plugged to eliminate this source of noncompliance in the future.

JUL 13 1984

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

PERMIT NUMBER TN0026450

DISCHARGE NUMBER 1041

F - FINAL LIMITS  
 RADWSTE SYST TO COOL TRR BLWDM

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATTN: SAM VANLEGRIFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	05	07		84	05	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 (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			
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	7.7	SU	0	8/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.9	5.2	LBS/DY	*****	9.6	36	MG/L	0	6/30*	COMP
	PERMIT REQUIREMENT	13 DAILY AV	42 DAILY MX		30 DAILY AV	100 DAILY MX					
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<1.4	<1.8	LBS/DY	*****	<5.0	<5.0	MG/L	0	4/30**	GR
	PERMIT REQUIREMENT	6.3 DAILY AV	8.3 DAILY MX		15 DAILY AV	20 DAILY MX					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.029	0.048	MGD	*****	*****	*****	*****	0	30/30	REC
	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX		*****	*****					
	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	AREA CODE	856-6601	84	08

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.**  
**\*TWO SAMPLES WERE INADVERTENTLY NOT COLLECTED THIS REPORTING PERIOD. \*\*FOUR SAMPLES WERE INADVERTENTLY NOT COLLECTED THIS REPORTING PERIOD.**



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** PERMIT NUMBER  
 (17-19) **105 1** DISCHARGE NUMBER

**P - FINAL LIMITS**  
**REGEN TO COOL TWR BLEND LINE**

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

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATTN: **SAM VANDEGRIFT**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	05	01		84	05	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) (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			
<b>PH</b>	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.8		3	33 BATCHES	GR
<b>00400 1 0</b> EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/BATCH	GRAB
<b>SOLIDS, TOTAL SUSPENDED</b>	SAMPLE MEASUREMENT	7.2	41		*****	24	96		0	13 BATCHES	COMP
<b>00530 1 0</b> EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25 DAILY AV	83 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		ONCE/BATCH	COMPOS
<b>OIL AND GREASE (SOXHLET EXTR.) TOT.</b>	SAMPLE MEASUREMENT	<1.6	<4.7		*****	<5.1	6.4		0	13 BATCHES	GR
<b>00550 1 0</b> EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	13 DAILY AV	17 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		DAILY GRAB	
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b>	SAMPLE MEASUREMENT	0.038	0.112		*****	*****	*****	*****	0	13 BATCHES	GR
<b>50050 1 0</b> EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****		ONCE/BATCH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF</b> 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
			856-6601	84	08	28

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. 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. Three grab samples collected from three batch releases on May 30 at 11:00 a.m., 12:45 p.m., and 2:45 p.m. had pH values of 9.8, 9.6, and 9.35 standard units (s.u.), respectively, exceeding the maximum permitted limit of 9.0 s.u.

Volumes of the batch releases at 11:00 a.m., 12:45 p.m., and 2:45 p.m. were 1,120; 9,300; and 17,670 gallons, respectively.

Cause and period of the noncompliance--The noncompliance was a result of failure to follow administrative instructions for controlling the pH between 6.0 and 9.0 s.u.

The duration of the noncompliances were as follows.

<u>Time of Batch Release</u>	<u>Duration (minutes)</u>
11:00 a.m.	5
12:45 p.m.	58
2:45 p.m.	80

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--Plant personnel have been reminded to follow instructions more closely in the future to neutralize the waste and thus prevent this source of noncompliance.

JUL 13 1984

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

TN0026450  
 PERMIT NUMBER

106 1  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 STA GEN BLWDN TO COOL TWR BLDN

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATTN: SAM VANDEGRIFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	05	01		84	05	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 (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EH		*****	*****	*****	*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****	*****	SU	SEE PERMIT	
SOLIDS, TOTAL SUSPENDED					*****						
00530 1 0 EFFLUENT GROSS VALUE		DAILY AV	DAILY MX	LBS/DI	*****	DAILY AV	DAILY MX	*****	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		NO DISCHARGE			*****	*****	*****	*****			
50050 1 0 EFFLUENT GROSS VALUE		DAILY AV	DAILY MX	MGD	*****	*****	*****	*****		ONCE/MONTH	INSTANT

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	08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments, if any)  
 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)

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

**107 1**  
DISCHARGE NUMBER

**F - FINAL LIMITS**  
**METAL CLN WASTE PHD TO COND CN**

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
84	05	01	84	05	31	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_  
ATTN: **SAM VANDEGRIF**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-65)	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	*****	*****	*****	*****	*****	100	MG/L		WEEKLY	COMP-3
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	*****	*****	*****	*****	*****	30	MG/L		WEEKLY	COMP-3
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15	MG/L		WEEKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0	MG/L		WEEKLY	COMP-3
COPPER, TOTAL (AS CU) 01042 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0	MG/L		WEEKLY	COMP-3
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0	MG/L		WEEKLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF</b> 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	08

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)

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

107 1  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 METAL CLN WASTE PNL TO COND CH

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATRN: SAM VARDEGRIF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	05	01		84	05	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 (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			*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	HGD	*****	*****	*****	*****		ONCE / CALCT	
	PERMIT REQUIREMENT	DAILY AV	DAILY MX							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 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	08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments hereto)  
**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.**

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

TN0026450 PERMIT NUMBER  
 108 1 DISCHARGE NUMBER

F - FINAL LIMITS  
 CONCRETE PLT SETTLING POND

FACILITY  
 LOCATION  
 ATTN: SAM VANDEGRIFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	05	01		84	05	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
<del>PH</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>			
<del>00400 1 0 EFFLUENT GROSS VALUE</del>	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>MINIMUM</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	0	3/30 *	GR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.0	12		0	3/30 *	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	40 DAILY MX			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	20 DAILY MX			ONCE/ MONTH GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.008		*****	*****	*****	*****	0	5/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		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 INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			FTS AREA CODL	NUMBER	YEAR	MO	DAY
			856-6601	84	08	28	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* INADVERTENTLY FAILED TO GET SAMPLES ONE WEEK THIS REPORTING PERIOD. ANOTHER SAMPLE WAS NOT COLLECTED DUE TO FLOODING THIS REPORTING PERIOD.

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

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

Form Approved OMB No. 2000-0015

NAME TENNESSEE VALLEY AUTHORITY  
 ADDRESS 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	TO	YEAR	MO	DAY
84	05	01		84	05	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) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW		NO DISCHARGE			MGD						
		PERMIT REQUIREMENT								1/14	P LOG
ERCW SYSTEM TOTAL CHLORINE RESIDUAL								MG/L			
								0.8		1/14	GR
		PERMIT REQUIREMENT									
		PERMIT REQUIREMENT									
		PERMIT REQUIREMENT									
		PERMIT REQUIREMENT									
		PERMIT REQUIREMENT									
		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: FTS 856-6601  
 DATE: 84 08 28  
 AREA CODE: NUMBER: YEAR: MO: DAY:

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.



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

**TN0026450**  
 PERMIT NUMBER

**110 1**  
 DISCHARGE NUMBER

**F - FINAL LIMITS**  
**RECYCLED COOLING WATER FLOW**

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
**ATTN: SAM VANDEGRIF**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	05	01		84	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			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
Ed 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU	WEEKLY	GRAB
					MINIMUM		MAXIMUM			
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.10	MG/L	WEEKLY	GRAB
							DAILY AV	DAILY MX		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>MARTIN E. RIVERS, DIRECTOR OF ENVIRONMENTAL QUALITY STAFF</b>	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	08 MO

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 - SPOUYAH NUCLEAR**  
 ADDRESS **6411 E. FRANKERD RD.**  
**CHATTANOOGA TN 37421**

PERMIT NUMBER **TN0026450**

DISCHARGE NUMBER **1111**

**F - FINAL LIMITS**  
**STP DISCHARGE**

FACILITY  
 LOCATION  
 A TTN: **SAM VANDEGRIFT**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	05	01		84	05	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.4	1.5		*****	12	12	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	3.8 30DA AVG	5.0 DAILY MX	LBS/DY	*****	30 DA AVG	40 DA MAX			TWICE/GRAB MONTH	
<del>PH</del> <del>00400 1 0</del> <del>EFFLUENT GROSS VALUE</del>	<del>SAMPLE MEASUREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>SU</del>	<del>0</del>	<del>SEE PERMIT</del>	<del>GR</del>
	<del>PERMIT REQUIREMENT</del>	<del>*****</del>	<del>*****</del>	<del>*****</del>	<del>MINIMUM</del>	<del>*****</del>	<del>MAXIMUM</del>	<del>*****</del>	<del>0</del>	<del>SEE PERMIT</del>	<del>GR</del>
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.3	3.0		*****	18	24		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	23/30	WEIR
	PERMIT REQUIREMENT	0.015 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****	*****	WEEK-DAYS	FLOWING
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.4	1.8		0	23/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2.0 DAILY MX	MG/L		WEEK-DAYS	GRAB
FECAL COLIFORM	SAMPLE MEASUREMENT				4500	11450	18400	N/100 ML	2	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**

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 08 28

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

\*ESTIMATED FLOW.  
 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. 111 - Sewage treatment plant effluent. Samples collected on May 8 and 17 had fecal coliform concentrations of 4,500 and 18,400 N/100 ml, respectively, 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 May 8 and 17. One of the two chlorine feed pumps is inoperable and the other chlorine feed pump's electrical supply had failed. Additional grab samples taken on May 8 indicated BOD<sub>5</sub> and TSS concentrations of 11 and 12 mg/L, respectively, and on May 17 BOD<sub>5</sub> and TSS concentrations of 12 and 24 mg/L, respectively. Grab samples collected on April 24 and June 6 each contained fecal coliform concentrations of less than 10 N/100 ml. Therefore, the maximum period of noncompliance was 43 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge--The operating chlorine feed pump has been connected to an operable electrical supply, and a maintenance request has been prepared to repair the inoperable pump and faulty electrical supply.

JUL 13 1984



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

PERMITTEE NAME / ADDRESS (Include Facility Name / Location if different)  
NAME **TVA - SEQUOYAH NUCLEAR**  
ADDRESS **6411 F. BRAINARD RD.**  
**CHATTANOOGA TN 37421**

(2-16) **TN0026450**  
PERMIT NUMBER  
(17-19) **112 1**  
DISCHARGE NUMBER

**P - FINAL LIMITS**  
**STP DISCHARGE**

FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_  
**ATTN: SA VANDEGRIFF**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	05	01		84	05	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 (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT	NO DISCHARGE			MGD					
	PERMIT REQUIREMENT	0.025	NA						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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
856-6601  
AREA NUMBER  
DATE  
84 08 28  
YEAR MO DAY

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

NAME TVA - SECOYAH NUCLEAR  
 ADDRESS 6411 E. BRISLAD RD.  
CHATTANOOGA TN 37421

TR0026450  
 PERMIT NUMBER

113 1  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 STOP TO COND COOLING WATER CHAN

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATTN: SAM VANDEGRIFT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	05	01	84	05	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (60-61)	AVERAGE (62-63)	MAXIMUM (64-65)			
FOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	0.24	0.25		*****	6.3	6.5		0	2/30	GR
	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX		TWICE/MONTH	GRAB
<del>                         PF                          00400 1 0                          EFFLUENT GROSS VALUE                     </del>	<del>                         SAMPLE MEASUREMENT                          *****                     </del>	<del>                         *****                     </del>	<del>                         *****                     </del>	<del>                         *****                     </del>	<del>                         *****                     </del>	<del>                         *****                     </del>	<del>                         *****                     </del>	<del>                         *****                     </del>	<del>                         *****                     </del>	<del>                         *****                     </del>
	<del>                         PERMIT REQUIREMENT                          *****                     </del>	<del>                         *****                     </del>	<del>                         *****                     </del>	<del>                         *****                     </del>	<del>                         MINIMUM                     </del>	<del>                         *****                     </del>	<del>                         MAXIMUM                     </del>	<del>                         SU                     </del>	<del>                         SEE PERMIT                     </del>	<del>                         *****                     </del>
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	3.1	3.2		*****	83	96		2	2/30	GR
	PERMIT REQUIREMENT	7.5 30DA AVG	10.0 DAILY MX	LBS/DY	*****	30 30DA AVG	40 DAILY MX		TWICE/MONTH	GRAB
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<0.1	<0.1	0	22/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	1.0	WEEK-DAYS	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	0.005	0.017		*****	*****	*****	*****	0	22/30	GR
	PERMIT REQUIREMENT	0.030 DAILY AV	NA DAILY MX	MGD	*****	*****	*****	*****	WEEK-DAYS	FLOWING
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.2	1.0	2.0	0	22/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	DAILY MX	2.0	WEEK-DAYS	GRAB
FECAL COLIFORM	100	>1050	>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 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	YEAR 84	MO 08	DAY 28

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

NOTIFICATIONS OF NONCOMPLIANCE ARE ATTACHED.

Description of the discharge - Discharge No. 113 - Construction sewage treatment plant (STP) effluent to the CCW channel. Grab samples of this discharge from May 8 through July 5, 1984, indicate the following noncompliances.

<u>Date</u>	<u>Flow</u>	<u>Parameter</u>	<u>Concentration</u>	<u>Maximum Permit Limitation</u>
May 8	5,000 gpd	Fecal Coliform	>2,000 colonies/ 100 ml sample	1,000 colonies/ 100 ml sample
		Total Suspended Solids	70 mg/l	45 mg/l
May 22	4,000 gpd	Total Suspended Solids	96 mg/l	45 mg/l
June 26	2,000 gpd	Total Suspended Solids	58 mg/l	45 mg/l
July 5	200 gpd	Total Suspended Solids	55 mg/l	45 mg/l

Cause and period of the noncompliance - The exact cause of the fecal coliform noncompliance is unknown. However, we suspect an increase in flow due to infiltration was not accompanied by a proportionate increase in the hypochlorite feed rate, resulting in incomplete disinfection.

Fecal coliform samples taken on April 24 and May 22 had fecal coliform counts of less than 10 and 100 colonies per 100 ml of sample, respectively. Therefore, the maximum possible duration of this noncompliance was approximately 28 days.

The total suspended solids (TSS) noncompliances were due to denitrification and rising solids. The wastewater flow to this treatment plant had been significantly reduced as construction at SQN nears completion. Flow rate on the dates of the TSS noncompliance are given in the table above. The flow rates resulted in long retention times promoting denitrification.

Grab samples collected on April 5 and June 6 contained a TSS concentration of 30 and 35 mg/l, respectively. Therefore, the possible period of the first noncompliance was 31 days. The remaining influent flow to this STP was rerouted to the new sand filter, DSN 112, on July 7. Therefore, the possible duration of the second period of noncompliance was approximately 31 days.

Steps taken to reduce, eliminate, and prevent recurrence of the noncomplying discharge - As mentioned above, this STP was taken out of service on July 7. TVA plans to relocate this STP onsite to serve a temporary office building which will accommodate approximately 165 to 200 persons relocated to the SQN site from its Chattanooga and Knoxville offices. The STP should be back in service on or about September 1, 1984. Modified permit pages to reflect plant relocation will be provided.



J. A. Nicholls



FACILITY LOCATION  
ATTN: SAM VANDEGRIF

PERMIT NUMBER: TN0026450  
DISCHARGE NUMBER: 1141

MONITORING PERIOD  
FROM YEAR 84 MO 05 DAY 01 TO YEAR 84 MO 05 DAY 31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-65)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (34-61)	UNITS (34-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (34-61)			
EGD, 5-DAY (20 DEG. C)	0.46	0.63	LBS/DY	*****	4.3	5.4	0	2/30	GR
EFFLUENT GROSS VALUE	3.8	5.0	DAILY MX	*****	30DA AVG	45 DAILY MX	0	THWICE/MONTH	GR/SHAB
PH	*****	*****	*****	6.7	*****	7.0	0	9/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	MINIMUM	*****	9.0 MAXIMUM	0	THWICE/WEEK	GR/SHAB
SOLIDS, TOTAL	1.1	1.2	LBS/DY	*****	11	11	0	2/30	GR
SUSPENDED	3.8	5.0	DAILY MX	*****	30DA AVG	45 DAILY MX	0	THWICE/MONTH	GR/SHAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	1	22/30	GR
SOLIDS, SETTLEABLE	0.016	0.072	LBS/DY	*****	2.4	50	0	THWICE/WEEK	WEIR
EFFLUENT GROSS VALUE	0.015	NA	DAILY AV	*****	30DA AVG	1.0 DAILY MX	0	WEEK-DAYS	FLOIN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	0	22/30	WEIR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	WEEK-DAYS	FLOIN
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	*****	0	2/30	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	30DA AVG	1000 DAILY MX	0	THWICE/MONTH	GR/SHAB
TOTAL RESIDUAL CHLORINE	0.4	1.2	MG/L	0.4	0.8	1.2	0	WEEK-DAYS	GR
PERMIT REQUIREMENT									

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Martin Rivers*

TELEPHONE: 856-5601  
FAX CODE: 84  
YEAR: 84  
MO: 08  
DAY: 28

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

A NOTIFICATION OF NONCOMPLIANCE WAS SUBMITTED WITH THE PREVIOUS QUARTER'S DMRS.

NAME TVA - SEQUOYA NUCLEAR  
 ADDRESS 6411 E. BLAINE RD.  
 CHATTANOOGA TN 37421

TN0026450  
 PERMIT NUMBER

114 2  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 STOP DISCHARGE TO TENN RIVER

FACILITY  
 LOCATION  
 ATTN: SAM VANDEGRIF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	05	01		84	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8 30DA AVG	5.6 DAILY MX	LBS/DY	*****	30 30DA AVG	45 DAILY MX	MG/L	TWICE/GRAB MONTH	
PH 00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.8 30DA AVG	5.6 DAILY MX	LPS/DY	*****	30 30DA AVG	45 DAILY MX	MG/L	TWICE/GRAB MONTH	
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	1.0 DAILY MX	ML/L	TWICE/GRAB WEEK	
FLOW, IN CUMUL OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	.005 DAILY AV	***** DAILY MX	MGD	*****	*****	*****	*****	WEEK-FLOWING DAYS	
COLIFORMS, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GEO	1000 DAILY MX	1000/L	TWICE/GRAB MONTH	
DISSOLVED OXYGEN	SAMPLE MEASUREMENT				1.0	3.6	6.0	MG/L	0 22/30 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 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
FTS AREA CODE	856-6601	84	08	28
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 F. FRANKLIN RD.  
 CHATTANOOGA TN 37421

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

TR0026450  
 PERMIT NUMBER

115 1  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 VEHICLE WASH POND EFFLUENT

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

FACILITY  
 LOCATION  
 A/TN: SAE VANEGRIFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	05	01		84	05	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	UNITS			
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8		0	1/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	13		0	5/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	40 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	5/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.5 DAILY MX	ML/L		WEEKLY	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0		0	5/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.003	0.006*		*****	*****	*****	*****	0	5/30	WEIR
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		WEEKLY	FLOWING
	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	08

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

\*FLOW WAS ESTIMATED ONE WEEK THIS REPORTING PERIOD.