

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

August 11, 2016

Ms. Angela Hall
Tennessee Department of Environment
and Conservation
Division of Water Resources
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243

Dear Ms. Hall:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) FOR July 2016

Enclosed is the July 2016 Discharge Monitoring Report for Sequoyah Nuclear Plant. Also enclosed is the corrected June DMR sheet 101G which shows the Daily Max Flow in Conduit or Through Treatment Plant. There were no exceedances during the reporting period. Toxicity was sampled July 31 - August 5, 2016. The results will be reported with the August DMR. If you have any questions or need additional information, please contact Millicent Garland by email at mrmoore@tva.gov or by phone at (423) 843-6714.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Sincerely,

Christopher J. Schwarz Site Vice President

Sequoyah Nuclear Plant

Enclosures cc (Enclosures):

Chattanooga Environmental Field Office Division of Water Pollution Control State Office Building, Suite 550 540 McCallie Avenue Chattanooga, Tennessee 37402-2013

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

> IE25 NRR

PERMITTE	EE NAME/ADDRESS (Include Facility Name/Location if Different)
Name	TVA - SEQUOYAH NUCLEAR PLANT
Address	P.O. BOX 2000
	(INTEROFFICE OPS-5N-SQN)
	SODDY - DAISY, TN 37384
	TVA - SEQUOYAH NUCLEAR PLANT
Location	HAMILTON COUNTY

ATTN: Millicent Garland

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0026450	101 G
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL Form Approved.
OMB No. 2040-0004

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	YEAR	МО	DAY]	YEAR	МО	DAY	***
From	16	.07	01	То	16	07	31	

DIFFUSER DISCHARGE

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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PARAMETER		QUAI	QUANTITY OR LOADING QUALITY OR CONCENTRATION					QUANTITY OR LOADING QUALITY OR CONCENTRATION			QUALITY OR LOADING QUALITY OR CONCENTRATION					١	NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS									
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	41.2	04	0	31 / 31	RCORDR								
00010 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	****	****	***	*****	****	Req. Mon. DAILY MAX	DEG. C.		CONTI	CALCTD								
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	30.5	04	0	31 / 31	MODELD								
00010 Z 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30.5 DAILY MX	DEG. C.		CONTI	CALCTD								
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	******	*****	**	******	******	2.4	04	0	31 / 31	CALCTD								
00016 1 S EFFLUENT GROSS	PERMIT REQUIREMENT	****	******	****	*****	******	3.0 DAILY MX	DEG. C.		CONTI	CALCTD								
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50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	***	****	*****	MGD	,	CONTI	CALCTD								
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	0.021	0.031	19	0	21 / 31	GRAB								
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TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	0.1	62	*****	*****		**	0	31 / 31	CALCTD								
82234 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	****	2.0 DAILY MX	DEG C/HR	****	****	****	Rákā		CONTI	CALCTD								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my		TE	LEPHONE		DATE	
	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person of the pers	Cale	_				
Site Vice President	son or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is , to the best of my knowledge and belief, true, urate, and complete. I am aware that there are significant penalties for submitting false	Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE	423	843-7001 	16	08	10
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY

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

No closed mode operation. The following injections occurred: Flogard MS 6236 (max calc. was 0.058 mg/L, limit 0.20 mg/L), Spectrus BD 1500 (max calc. was 0.015 mg/L, limit - 2.0 mg/L), Spectrus 1300 (max. calc. was 0.03 mg/L, limit - 0.05 mg/L).

PERMITTEE NAME/ADDRESS (Include F Name TVA - SEQUOYAH NUCLE Address P.O. BOX 2000	if Different) 			ARGE ELIMINATION	MAJOR Form Approved. (SUBR 01) OMB No. 2040-0004						
(INTEROFFICE OPS-5N-SQN) SODDY - DAISY, TN 37384 Facility TVA - SEQUOYAH NUCLEAR				0026450 IT NUMBER		101 T ARGE NUMBER	F - FINAL BIOMONITORING	G FOR OU	TFALL 10	1	,
_ocation HAMILTON COUNTY			YEAR From 16	MONI MO DA' 07 01		R MO DAY	*** NO DISCH	L	***		
PARAMETER		QUAN	TITY OR LOADING			QUALITY OR CO	NOTE: Read i	nstructions b	NO.		SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNI	EX	ANALYSIS	TYPE
C25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Other	*****	*****	23			
RP3B 1 0 FFLUENT GROSS	PERMIT REQUIREMENT	****	****	***	42.8 MINIMUM	*****	****	PERC	ENT	SEMI ANNUAL	COMPOS
C25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	******	**	Other	*****	*****	23			
RP6C 1 0 FFLUENT GROSS	PERMIT REQUIREMENT	****	*****	***	42.8 MIMINUM	*****	*****	PERCI	ENT	SEMI ANNUAL	COMPOS
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	PERMIT REQUIREMENT										
IAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER Certify under pe	nally of law that this docu	ment and all attachments	were prepared	i under my			TELE	PHONE		DATE
Christopher J. Schwarz	direction or super personnel proper person or persons	vision in accordance with ly gather and evaluate the s who manage the system	n a system designed to as e information submitted. E n, or those persons direct	sure that qualifi Based on my inc ly responsible fi	ied quiry of the or gathering	Site Vice P					
Site Vice President	accurate, and con	nplete. I am aware that th	is , to the best of my knownere are significant penalt e and imprisonment for kn	ies for submittin	ng false SIC	GNATURE OF PRINC	CIPAL EXECUTIVE	AREA	843-7001 NUMBER	16 YEAR	08 10 MO DAY
TYPED OR PRINTED								CODE		_	

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

Toxicity testing was conducted July 31 - August 5, 2016. The report will be submitted with the August DMR.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Name TVA - SEQUOYAH NUCLEAR PLANT	NATIO					REPOR		(NPDES) 1R)	MAJOR (SUBR 01)
Address P.O. BOX 2000 (INTEROFFICE OPS-5N-SQN)		TN	00264	50			103	3 G	F - FINAL
SODDY - DAISY, TN 37384		PERM	IT NUN	BER	D	ISCHA		JMBER	LOW VOL. WASTE TREAT
Facility TVA - SEQUOYAH NUCLEAR PLANT Location HAMILTON COUNTY				/ONITC	RING	PERIO	<u> </u>		EFFLUENT
ESOMEON TANNETON SOCIAL		YEAR	MO	DAY		YEAR	МО	DAY	*** NO DISCHARGE
ATTN:Millicent Garland	From	16	07	01	То	16	07	31	NO DISCHARGE

Form Approved. OMB No. 2040-0004

MENT POND

NOTE: Read instructions before completing this form.

					NOTE: Read instructions before completing this to							
PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC		NO. EX	FREQUENCY OF	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	ĺ	
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00400 1 0	PERMIT	******	*****	**	6.0	*****	9.0	SU		ONCE/	GRAB	
EFFLUENT GROSS	REQUIREMENT				MINIMUM		MAXIMUM			WEEK) 1	
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00530 1 0	PERMIT	*****	*****	**	*****	30.0	100.0	MG/L		ONCE/	GRAB	
EFFLUENT GROSS	REQUIREMENT					MO AVG	DAILY MX			MONTH		
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<5.0	<5.0	19	0	1 / 31	GRAB	
00556 1 0	PERMIT	******	******	**	*****	15.0	20.0	MG/L		ONCE/	GRAB	
EFFLUENT GROSS	REQUIREMENT					MO AVG	DAILY MX			MONTH	r <u>N</u>	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
Christopher J. Schwarz	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering	Lelius					
Site Vice President	the information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE	423	843-7001	16	08	10
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Diffe	rent)
Name TVA - SEQUOYAH NUCLEAR PLANT	
Address P.O. BOX 2000	
(INTEROFFICE OPS-5N-SQN)	
SODDY - DAISY, TN 37384	
Facility TVA - SEQUOYAH NUCLEAR PLANT	
Location HAMILTON COUNTY	

ATTN: Millicent Garland

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

MAJOR (SUBR 01) F - FINAL Form Approved.

OMB No. 2040-0004

TNOC	26450
PERMIT	NUMBER

110 G DISCHARGE NUMBER

EFFLUENT

*** NO DISCHARGE XX

RECYCLED COOLING WATER

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION					QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS					
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TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	******	*****	**	*****	*****		04							
00016 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	*****	**	*****	****	5 DAILY MX	DEG C		CONTIN	CALCTD				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******		03	*****	*****	*****	**							
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CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****			19							
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	******	**	*****	0.1 MO AVG	0.1 DAILY MX	MG/L		Five per Week	CALCTD				
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	SAMPLE MEASUREMENT						,								
	PERMIT REQUIREMENT														

Christopher J. Schwarz

Site Vice President

Typed or Printed

Christopher Dor Printed

Typed or Printed

Christopher J. Schwarz

Site Vice President

Typed or Printed

Typed or Printed

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE DATE ite Vice Presiden 10 423 843-7001 16 80 SIGNATURE OF PRINCIPAL-EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA MO DAY NUMBER YEAR CODE

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

No Discharge this Period

PERMITTEE NAME/ADDRESS (Includ Name TVA - SEQUOYAH NUC		f Different) — —			HARGE ELIMINATION ONITORING REPO	SYSTEM (NPDES) DRT (DMR)	MAJOR (SUBR 01)			orm Approve MB No. 2040		
Address P.O. BOX 2000 (INTEROFFICE OPS-5N-SQ	(N)		TNO	026450		110 T	F - FINAL					
SODDY - DAISY, TN 37384			PERMI	T NUMBER	DISCH	ARGE NUMBER	RECYCLED COO	LING WATER	₹			
Facility TVA - SEQUOYAH NUCLEA Location HAMILTON COUNTY	IR PLANT			MON	ITORING PERI	COC	EFFLUENT					
			YEAR	MO DA			*** NO DISCHA	RGE XX	***			
ATTN:Millicent Garland			From 16	07 0°	1 To 16	07 31				1-11-a-11-1-5		
PARAMETER		OLIAN	TITY OR LOADING			QUALITY OR CO		structions before cor		NO. FREQUENCY		IPLE
FARABLIER		QUAN	TITT OR LOADING			QUALITY OR CO	MCENTRATION		EX.	OF	TY	PE.
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		,
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	****	*****	**		*****	*****	23				
TRP3B 1 0 0	PERMIT	******	******	***	42.8	*****	******	PERCENT	W 1, 10 1	SEMI	CON	IPOS
EFFLUENT GROSS VALUE	REQUIREMENT				MINIMUM			Dec.		ANNUAL		
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NAME/TITLE PRINCIPAL EXECUTIVE (ment and all attachments			1111		TELEPHO	ONE	1	DATE	
Christopher J. Schwarz	personnel proper	ly gather and evaluate the	a system designed to as: e information submitted. B	lased on my in	iquiry of the	Jehn						
Site Vice President	the information, the accurate, and con	ne information submitted in nplete. I am aware that th	n, or those persons directlis, to the best of my know ere are significant penalti and imprisonment for kno	ledge and beli es for submitti	ief, true, ng false Si	false SIGNATURE OF PRINCIPAL EXECUTIVE			3-7001	16	08	10
TYPED OR PRINTED			·	VIOIGIUII		OFFICER OR AUTHO	DRIZED AGENT	AREA NU CODE	MBER	YEAR	МО	DAY
COMMENTS AND EXPLANATION OF AN	NY VIOLATIONS (Refere	nce all attachments he	ere)									

No Discharge this Period EPA Form 3320-1 (REV 3/99)

Previous editions may be used

Page 1 of 1

PERMITTEE NAME/ADDRESS (Include Fa	•	if Different)			IARGE ELIMINATION SY		MAJOR (SUBR 01)			orm Approved VIB No. 2040-	
Address P.O. BOX 2000 (INTEROFFICE OPS-5N-SQN)			TNO	026450		118 G	F - FINAL				
SODDY - DAISY, TN 37384					DISCHAR		WASTEWATER & ST		TED		
Facility TVA - SEQUOYAH NUCLEAR PI	ΔNIT		PERMI	T NUMBER	DISCHAR	GE NUMBER	VVASTEVVATER & S	I OKIVI VVA	IER		
Location HAMILTON COUNTY	<u> </u>			MON	ITORING PERIOD		EFFLUENT				
Econion Thameton Cook!			YEAR								
ATTNI ACIII I O I I I			_	07 0		07 31	*** NO DISCHARG	E XX	***		
ATTN:Millicent Garland			110111	07 0	1 10 18	0/ 31	NOTE: Read instru	ictions hefor	e comple	eting this forc	1
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PARAMETER		QUAN	ITITY OR LOADING			QUALITY OR CO	NCENIKATION		NO.	OF	SAMPLE TYPE
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******	**		******	*****	19			
00300 1 0	PERMIT	*****	*****	***		*****	****	MO#		TALOCA	ODAB
	REQUIREMENT				2	*********	***************************************	MG/L		TWICE/	GRAB
EFFLUENT GROSS	INE GOVERNETAL				MINIMUM				.	WEEK	
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	REQUIREMENT				44			MOL			
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EFFLUENT GROSS	REQUIREMENT									MONTH	
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FLOW, IN CONDUIT OR THRU FREATMENT PLANT	SAMPLE MEASUREMENT			03	******	******	******	**		 - 	
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	REQUIREMENT	3 - 1 - 1 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IIICD					}		20111111
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	PERMIT				· · · · · ·					-, ,	
	REQUIREMENT	,				•					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Christopher J. Schwarz

Christopher J. Schwarz

Site Vice President

Cype OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

DATE TELEPHONE Ste Vice President 10 08 423 843-7001 16 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA YEAR MO DAY NUMBER CODE

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

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

PERMITTE	E NAME/ADDRESS (Include Facility Name/Location if Different)
Name	TVA - SEQUOYAH NUCLEAR PLANT
Address	P.O. BOX 2000
	(INTEROFFICE OPS-5N-SQN)
	SODDY - DAISY, TN 37384
	TVA - SEQUOYAH NUCLEAR PLANT
Location	HAMILTON COUNTY

ATTN:Millicent Garland

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

	STEM (NPDES)	MAJOR
RT	(DMR)	(SUBR 01)
	101 G	F - FINAL

Form Approved.
OMB No. 2040-000

TN0026450						
PERMIT NUMBER						

101 G DISCHARGE NUMBER

DIFFUSER DISCHARGE

			JONITO	RING	PERIO)	
	YEAR	МО	DAY		YEAR	МО	DAY
rom	16	06	01	То	16	06	30

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUAN	ITITY OR LOADING			QUALITY OR CONC	CENTRATION NO. FREQUE				SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	E ^	ANALYSIS	IIFE
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	******	*****	40.8	04	0	30 / 30	RCORDR
00010 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	***	****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	*****	**	*****	******	29.8	04	0	30 / 30	MODELD
00010 Z 0 INSTREAM MONITORING	PERMIT REQUIREMENT	****	*****	***	*****	*****	30.5 DAILY MX	DEG. C.		CONTI	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	******	*****	**	******	******	2.1	04	0	30 / 30	CALCTD
00016 1 S EFFLUENT GROSS	PERMIT REQUIREMENT	*****	****	****	****	*****	3.0 DAILY MX	DEG. C.	ray.	CONTI	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1837	03	******	******	******	**	0	30 / 30	RCORDR
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	Req. Mon.	MGD	***	*****	****	****		CONTI	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1811	****	03	****	******	*****	03	0	30 / 30	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	******	****	***	MGD		CONTI	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	0.020	0.034	19	0	24 / 30	GRAB
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	***	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	0.2	62	*****	*****		**	0	30 / 30	CALCTD
82234 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	****	2.0 DAILY MX	DEG C/HR	****	*****	食品的食物食食	***		CONTI NUOUS	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		200	TELEPHONE				
Christopher J. Schwarz	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering	(Selen					
Site Vice President	the information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE	423	843-7001	16	07	27
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	МО	DAY
		h					

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

No closed mode operation. The following injections occurred: Fiogard MS 6236 (max calc. was 0.06 mg/L, limit - 0.20 mg/mL), Spectrus BD 1500 (max calc. was 0.02 mg/L, limit - 2.0 mb/L), Spectrus CT 1300 (max calc. was 0.036 mg/L, limit - 0.05 mg/L).