

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

May 9, 2017

Mr. Michael Bascom Chattanooga Environmental Field Office 1301 Riverfront Parkway, #206 Chattanooga, Tennessee 37402-2013

Dear Mr. Bascom:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) for April 2017

Enclosed is the April 2017 Discharge Monitoring Report for Sequoyah Nuclear Plant. There were no exceedances during the reporting period. Toxicity testing was conducted April 30 - May 5. The final report will be included in the May 2017 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,

Artfiony L. Williams Site Vice President Seguoyah Nuclear Plant

Enclosures cc (Enclosures):

U.S. Nuclear Regulatory Commission Attn: Document Control Desk

Washington, DC 20555

1E25 MRR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Name TVA - SEQUOYAH NUCLEAR PLANT Address P.O. BOX 2000			DISCHARGE MONITORING REPORT (DMR)				MAJOR (SUBR 01)	Form Approved. OMB No. 2040-0004				
(INTEROFFICE OPS-5N-SQN) SODDY - DAISY, TN 37384			TNO	F - FINAL DIFFUSER DISCHA	RGE							
Facility TVA - SEQUOYAH NUCLEAR	PLANT		1 2 3 3 1 1			RGE NUMBER	EFFLUENT					
Location HAMILTON COUNTY			YEAR		TORING PERIOD YEAR							
ATTN:Millicent Garland			From 17	04 01		04 30	*** NO DISCHARG	3E	***			
							NOTE: Read instr	uctions befor	e comp			
PARAMETER		QUA	NTITY OR LOADING	ŀ		QUALITY OR CO	NCENTRATION	NO. EX	FREQUENCY OF			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	= EX	ANALYSIS	TYPE	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	******	**	*****	******	33.7	04	0	30 / 30	RCORDF	
00010 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	******	*****	***	*****	******	Req. Mon. DAILY MAX	DEG. C.		CONTI	CALCTD	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	******	**	*****	******	22.1	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	******	*****	**	*****	******	2.6	04	0	30 / 30	CALCTD	
00016 1 S EFFLUENT GROSS	PERMIT REQUIREMENT	******	******	****	******	******	3.0 DAILY MX	DEG. C.		CONTI	CALCTD	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1894	03	*****	******	*****	**	0	30 / 30	RCORDR	
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	Reg. Mon. DAILY MAX	MGD	******	******	*****	****		CONTI	RCORDR	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1839	*****	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	*****	******	**	******	0.017	0.032	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	
32234 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	******	2.0 DAILY MX	DEG C/HR	******	******	*****	****		CONTI NUOUS	CALCTD	
NAME/TITLE PRINCIPAL EXECUTIVE OFF			cument and all attachments					TELEPHO		D	ATE	
Anthony L. Williams	personnel properi	ly gather and evaluate ti s who manage the syste	th a system designed to as the information submitted. It tem, or those persons direct	Based on my inqu ly responsible fo	uiry of the	(Acting)-Site Vic	e President	23 843	S-7001	17	05 08	

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 information, including the possibility of fine and imprisonment for knowing violations.

(Acting) Site Vice President

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

AREA CODE

AREA CODE

ON THE PHONE

DATE

AREA NUMBER
YEAR MO DAY

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

No closed mode operation. The following injection occurred: Spectrus BD 1500 (max calc. was 0.03, limit - 2.0 mg/L).

PERMITTEE NAME/ADDRESS (Include For Name TVA - SEQUOYAH NUCLE Address P.O. BOX 2000			ARGE ELIMINATION S'		MAJOR (SUBR 01)		Form Approved. OMB No. 2040-0004				
(INTEROFFICE OPS-5N-SQN) SODDY - DAISY, TN 37384 Facility TVA - SEQUOYAH NUCLEAR F	TN0026450 101 PERMIT NUMBER DISCHARGE NUM				F - FINAL BIOMONITORING	ALL 10°	1				
ocation HAMILTON COUNTY			YEAR From 17	MONI MO DA 04 01		MO DAY 04 30	EFFLUENT *** NO DISCHAI	RGE	***		
PARAMETER		ALIO	ITITY OR LOADING			NOTE: Read i			no.		m. Y SAMPLE
	\rightarrow	AVERAGE				AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
C25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	******* See Commen	******	23			
RP3B 1 0 FFLUENT GROSS	PERMIT REQUIREMENT	*****	******	***	42.8 MINIMUM	******	*****	PERCENT		SEMI ANNUAL	COMPOS
C25 STATRE 7DAY CHR IMEPHALES	SAMPLE MEASUREMENT	******	******	**	Monitoring Not-Required	see Commen	ks *******	23			
RP6C 1 0 FFLUENT GROSS	PERMIT REQUIREMENT	*****	****	***	42.8 MIMINUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					1 to		´ .			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		. * .								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER Certify under pe		ument and all attachments					TELEPH	ONE		DATE
Anthony L. Williams Site Vice President	personnel proper person or person the information, the	ly gather and evaluate the s who manage the system he information submitted	e information submitted. E n, or those persons directl is , to the best of my know	lased on my ind ly responsible f rledge and beli	quiry of the for gathering (Acting) Site Viet, true,			423 84	3-7001	17	05 08
TYPED OR PRINTED	information, include	ding the possibility of fine	nere are significant penalti e and imprisonment for kno		0.0	ATURE OF PRINC FICER OR AUTHO	DRIZED AGENT	AREA NU	JMBER	YEAR	MO DAY
OMMENTS AND EXPLANATION OF ANY V	/IOLATIONS (Refere	nce all attachments h	ere)								

Toxicity was sampled April 30 - May 5, 2017.

PERMITTEE NAME/ADDRESS (Include F Name TVA - SEQUOYAH NUCLE Address P.O. BOX 2000			ARGE ELIMINATION SY	· (DMR)	IAJOR SUBR 01)		Form Approved. OMB No. 2040-0004						
(INTEROFFICE OPS-5N-SQN) SODDY - DAISY, TN 37384 Facility TVA - SEQUOYAH NUCLEAR PLANT				026450 T NUMBER	DISCHAR	GE NUMBER L	F - FINAL LOW VOL. WASTE TREATMENT POND						
Location HAMILTON COUNTY			YEAR	MO DA		MO DAY	FFLUENT *** NO DISCHAF	RGE	***				
ATTN:Millicent Garland			From 17	04 01	To 17	04 30	NOTE: Read ins	tructions before	re compli	eting this fo	rm.		
PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENC OF	T	MPLE YPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-	ANALYSIS	·	–	
PH	SAMPLE MEASUREMENT	******	******	**	7.0	*****	7.8	12	0	5 / 30	GF	RAB	
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	******	******	**	6.0 MINIMUM	******	9.0 MAXIMUM	SU SU		ONCE/ WEEK	1 1 1	RAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	**	*****	4.7	4.7	19	0	1 / 30	GF	RAB	
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	******	30.0 MO AVG	100.0 DAILY MX	MG/L		ONCE/ MONTH	27.15	RAB	
DIL AND GREASE	SAMPLE MEASUREMENT	******	******	**	*****	<5.0	<5.0	19	0	1 / 30	GF	RAB	
00556 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	****	15.0 MO AVG	20.0 DAILY MX	MG/L		ONCE/	 A 200 B 	RAB	
LOW, IN CONDUIT OR THRU REATMENT PLANT	SAMPLE MEASUREMENT	1.187	1.214	03	******	******	******	**	0	5/30	INS	STAN	
00050 1 0 FFFLUENT GROSS	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon	MGD	******	*****	******	**		ONCE/ WEEK	(2) 事 主発が	TAN	
	SAMPLE MEASUREMENT	·											
	PERMIT REQUIREMENT		2.5						9 4 9	*. 1 · · · · · · ·			
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT										4		
	SAMPLE MEASUREMENT									<u> </u>			
	PERMIT REQUIREMENT						3 1 1						
NAME/TITLE PRINCIPAL EXECUTIVE OF	IOED I Codificundos no	anolly of law that this does	ument and all attachments	word proportion	Lundor mu			TELEPH	ONE		DATE		
Anthony L. Williams	direction or supe	rvision in accordance with	n a system designed to as e information submitted. B	sure that qualif	ied /	\sim		IELEFTI			DATE		
Site Vice President	person or person the information, t accurate, and co	is who manage the syster he information submitted mplete. I am aware that the	m, or those persons directl is , to the best of my know nere are significant penalti	ly responsible f vledge and beli ies for submittir	or gathering ef, true ng false SIGNA	(Acting) Site Vice F ATURE OF PRINCIPA	L EXECUTIVE	423 843-7001		17	05	80	
TYPED OR PRINTED			e and imprisonment for kno	owing violations	s. OFI	FICER OR AUTHORI		AREA NU CODE	JMBER	YEAR	МО	DAY	
OMMENTS AND EXPLANATION OF ANY	VIOLATIONS (Refere	nce all attachments h	ere)										

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

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

MONITORING PERIOD

110 G DISCHARGE NUMBER **MAJOR** (SUBR 01) F - FINAL

Form Approved. OMB No. 2040-0004

TN0026450 PERMIT NUMBER

04

30

*** NO DISCHARGE

EFFLUENT

RECYCLED COOLING WATER

XX

YEAR MO DAY YEAR MO DAY From 17 04 To 17 01

NOTE: Read instructions before completing this form

DADAMETED		1	TITY OF LOADING	T	QUALITY OR CON		TNO	FREQUENCY	SAMPLE		
PARAMETER		QUAN	ITITY OR LOADING			NO.	OF	TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	1
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	******		04			
00010 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	*****	REPORT DAILY MX	DEG C		CONTIN	CALCTE
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	******	**	*****	*****		04			
00010 Z 0 NSTREAM MONITORING	PERMIT REQUIREMENT	******	*****	**	*****	*****	30.5 DAILY MX	DEG C		CONTIN	CALCTD
TEMP. DIFF. BETWEEN SAMP. & JPSTRM 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 REATMENT PLANT	SAMPLE MEASUREMENT	******		03	*****	******	*****	**			
00050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	Reg. Mon. DAILY MX	MGD	*****	******	******	**		CONTIN UOUS	RCORDE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******	**	*****			19			
00060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	****	**	*****	0.1 MO AVG	0.1 DAILY MX	MG/L		Five per Week	CALCTD
EMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****		04	*****	******	*****	**			
2234 1 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	2 DAILY MX	DEG C	*****	****	*****	**		CONTIN UOUS	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		- 								

Anthony L. Williams

Site Vice President

TYPED OR PRINTED

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, Irue, 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.

(Acting) Site Vice President 423 843-7001 17 05 80 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT **AREA** NUMBER YEAR MO DAY CODE

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

No Discharge this Period

PERMITTEE NAME/ADDRESS (Include F. Name TVA - SEQUOYAH NUCLE.	NATIONAL POLLU DISC	JTANT DISCH CHARGE MC	MAJOR (SUBR 01)		Form Approved. OMB No. 2040-0004							
Address P.O. BOX 2000 (INTEROFFICE OPS-5N-SQN) SODDY - DAISY, TN 37384	· · · · · · · · · · · · · · · · · · ·	026450 T NUMBER	F - FINAL RECYCLED COOL	ING WATER	₹							
Facility TVA - SEQUOYAH NUCLEAR F Location HAMILTON COUNTY	<u> </u>	-		MO DA		MO DAY	EFFLUENT *** NO DISCHAP	RGE XX	***			
ATTN:Millicent Garland			From 17	04 01	To 17	04 30	NOTE: Read ins		e compl	eting this form	n.	
PARAMETER		QUAN	ITITY OR LOADING	FITY OR LOADING		QUALITY OR CO	NCENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******	**		******	*****	23				
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	*****		42.8 ******* MINIMUM		*****	PERCENT	1 1	SEMI ANNUAL	COMPOS	
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	i i i i i i i i i i i i i i i i i i i	*****	******	23				
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	42.8 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							*				
·	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT								- Q.			
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER I Certify under pe	nally of law that this docu						TELEPHO	ONE	D	ATE	
Anthony L. Williams	personnel proper	rvision in accordance with ly gather and evaluate the s who manage the system	e information submitted. E n. or those persons directl	Based on my ind Iv responsible f	quiry of the	(Acting) Site Vic	e President	423 843	3-7001		05 08	
Site Vice President	laccurate, and cor	he information submitted implete. I am aware that the ding the possibility of fine	iere are significant penalti	ies for submittir	ng false SIGN	f, true, g false SIGNATURE OF PRINCIPAL EXECU						
TYPED OR PRINTED						FFICER OR AUTHO		AREA NU	MBER	YEAR	MO DAY	
COMMENTS AND EXPLANATION OF ANY V No Discharge this Period	TOLATIONS (Refere	nce an attachments ne	:ie)									

EPA Form 3320-1 (REV 3/99)

Previous editions may be used

Page 1 of 1

PERMITTEE NAME/ADDRESS (Include Fa Name TVA - SEQUOYAH NUCLE/	if Different) 	NATIONAL POLLL	MAJOR (SUBR 01)			Form Approved. OMB No. 2040-0004							
(INTEROFFICE OPS-5N-SQN)			TNO	026450			118 G	F - FINAL					
SODDY - DAISY, TN 37384				T NUMBE	DISC	CHAR	GE NUMBER	WASTEWATER &	STORM WA	TER			
acility TVA - SEQUOYAH NUCLEAR P	LANT		FEMI	INUMBER	יטוטי	CHAIN	GE NOWDER		201011111111				
ocation HAMILTON COUNTY				MON	ITORING PE	RIOD		EFFLUENT					
ATTN:Millicent Garland			From 17	MO DA	Y Y	17		*** NO DISCHA	<u> </u>	,	lation the se		
		<u></u>							structions befo	NO.			
PARAMETER		QUAN	TITY OR LOADING	·			QUALITY OR CO	ONCENTRATION			FREQUENC OF ANALYSIS	. ∤ т	MPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	VI	AVERAGE	MAXIMUM	UNITS	ŀ	ANALIGIC	' }	
DXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	*****	**			******	*****	19	-			
0300 1 0	PERMIT	******	******	****	2		*****	******	MG/L		TWICE	/ G	RAB
FFLUENT GROSS	REQUIREMENT				MINIML	18/1				1	WEEK		
OLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	**	******		*****		19	J*	77.2.1	+	·
•	MEASUREMENT									L		L	
0530 1 0	PERMIT	******	******	****	*****	*	*****	100	MG/L		TWICE	/ G	RAB
FFLUENT GROSS	REQUIREMENT				ka Anga			DAILY MX	· 4		WEEK	11 3	
OLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******	**	*****		******	- DAIL! III	25				
0545 1 0	PERMIT	******	******	***	*****		*****	1	ML/L	.2	ONCE/		RAB
	REQUIREMENT							- 사용	·	2 1		. 41 33.	IVAD
FFLUENT GROSS						5 /-	<u> </u>	DAILY MX			MONTH	1- 1-3	
LOW, IN CONDUIT OR THRU REATMENT PLANT	SAMPLE MEASUREMENT			03	******	*	******	******	**				
0050 1 0	PERMIT	Reg. Mon.	Reg. Mon.	MGD	*****	*	*****	*****	*	1	ONCE/	ES	TIMA
FFLUENT GROSS	REQUIREMENT	MO AVG	DAILY MX						• "	1	ВАТСН	. [. / /	
TI ESERT SINOSO	SAMPLE MEASUREMENT	IVIO AVG	DAILTONA			<u> </u>	<u> </u>				D/(TOI)		
											<u> </u>		
	PERMIT REQUIREMENT												
	SAMPLE				 			-				-	·
	MEASUREMENT				}	ĺ		1	1				
	PERMIT							9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				-	
	REQUIREMENT					1							
			·					<u> </u>		ļ		4	
	SAMPLE		}		ł	1		1			1		
	MEASUREMENT				1	İ		}			1	1	
-	PERMIT										1		,
	REQUIREMENT			-		[·	į ,		-	
	<u> </u>				<u> </u>		$\overline{}$			J		ــــــــــــــــــــــــــــــــــــــ	
IAME/TITLE PRINCIPAL EXECUTIVE OFFI	CFR Certify under pe	enalty of law that this docu	ment and all attachments	were prepare	ed under my		/		TELEPH	ONE		DATE	
	direction or supe	rvision in accordance with	a system designed to as:	sure that quali	ified								1
Anthony L. Williams		ly gather and evaluate the s who manage the system					Matinga Cita Via	o Droeidont			1		
Site Vice President	the information, t	he information submitted i	is , to the best of my know	ledge and bel	ief, true		Acting) Site Vic		423 84	3-7001	17	05	08
		mplete. I am aware that th iding the possibility of fine					ATURE OF PRINC FICER OR AUTH(IPAL EXECUTIVE	AREA NL	IN AD C C	VEAR	140	DAY
TYPED OR PRINTED								ANIZED AGENT	CODE	JMBER	YEAR	МО	DAY

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