



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

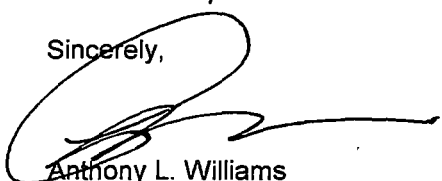
Dear Mr. Bascom:

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,



Anthony L. Williams
Site Vice President
Sequoyah Nuclear Plant

Enclosures
cc (Enclosures):
U.S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555

1E25
NR R

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**

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

MAJOR
 (SUBR 01)
 F - FINAL
 DIFFUSER DISCHARGE
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

TN0026450 **101 G**
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 From **17 04 01** To **17 04 30**

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN:Millicent Garland

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	33.7	04	0	30 / 30	RCORDR
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI NUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 0	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	22.1	04	0	30 / 30	MODELD
INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 S	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	2.6	04	0	30 / 30	CALCTD
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	3.0 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	*****	1894 1629	03	*****	*****	*****	**	0	30 / 30	RCORDR
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	****		CONTI NUOUS	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	1839	*****	03	*****	*****	*****	03	0	30 / 30	CALCTD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	MGD		CONTI NUOUS	CALCTD
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	**	*****	0.017	0.032	19	0	24 / 30	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE 82234 1 0	SAMPLE MEASUREMENT	*****	0.2	62	*****	*****	*****	**	0	30 / 30	CALCTD
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	2.0 DAILY MX	DEG C/HR	*****	*****	*****	****		CONTI NUOUS	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
Anthony L. Williams Site Vice President		(Acting) Site Vice President	423	843-7001	17	05
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	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 Facility Name/Location if Different)

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 (INTEROFFICE OPS-5N-SQN)
SODDY - DAISY, TN 37384
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**
 Location **HAMILTON COUNTY**

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

MAJOR
(SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **101 T**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 BIOMONITORING FOR OUTFALL 101
 EFFLUENT

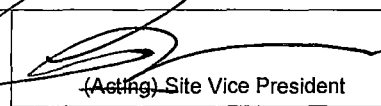
MONITORING PERIOD
 From **17 04 01** To **17 04 30**

*** NO DISCHARGE ***

ATTN:Millicent Garland

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP3B 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	42.8 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP6C 1 0 EFFLUENT GROSS	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Anthony L. Williams Site Vice President 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.	 (Acting) Site Vice President	TELEPHONE		DATE		
			423	843-7001	17	05	08
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Toxicity was sampled April 30 - May 5, 2017.

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 Location **HAMILTON COUNTY**

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **103 G**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 LOW VOL. WASTE TREATMENT POND
 EFFLUENT

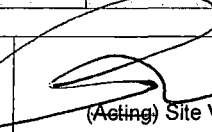
MONITORING PERIOD
 From **17 04 01** To **17 04 30**

*** NO DISCHARGE ***

ATTN:Millicent Garland

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	7.0	*****	7.8	12	0	5 / 30	GRAB
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	4.7	4.7	19	0	1 / 30	GRAB
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	30.0 MO AVG	100.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<5.0	<5.0	19	0	1 / 30	GRAB
00556 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	15.0 MO AVG	20.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.187	1.214	03	*****	*****	*****	**	0	5 / 30	INSTAN
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	**		ONCE/ WEEK	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Anthony L. Williams Site Vice President 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.	 (Acting) Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			423	843-7001	17	05	08

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

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**

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

MAJOR (SUBR 01)
 F - FINAL
 RECYCLED COOLING WATER
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

TN0026450 **110 G**
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 From **17 04 01** To **17 04 30**

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN:Millicent Garland

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
	PERMIT REQUIREMENT	*****	*****	**	*****	*****	REPORT DAILY MX	DEG C		CONTINUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 0 INSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
	PERMIT REQUIREMENT	*****	*****	**	*****	*****	30.5 DAILY MX	DEG C		CONTINUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		04			
	PERMIT REQUIREMENT	*****	*****	**	*****	*****	5 DAILY MX	DEG C		CONTINUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		03	*****	*****	*****	**			
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	MGD	*****	*****	*****	**		CONTINUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
	PERMIT REQUIREMENT	*****	*****	**	*****	0.1 MO AVG	0.1 DAILY MX	MG/L		Five per Week	CALCTD
TEMPERATURE - C, RATE OF CHANGE 82234 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		04	*****	*****	*****	**			
	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C	*****	*****	*****	**		CONTINUOUS	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
Anthony L. Williams Site Vice President		(Acting) Site Vice President	423 843-7001	17	05	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

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

No Discharge this Period

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**

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

MAJOR

(SUBR 01)

F - FINAL

RECYCLED COOLING WATER

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0026450 **110 T**
 PERMIT NUMBER DISCHARGE NUMBER

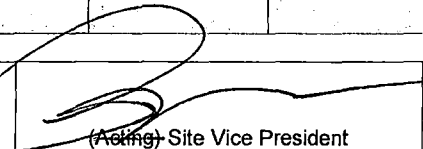
MONITORING PERIOD
 From **17 04 01** To **17 04 30**

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN:Millicent Garland

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	42.8 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Anthony L. Williams Site Vice President 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.	 (Acting) Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			423	843-7001	17	05	08

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

No Discharge this Period

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**

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **118 G**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 WASTEWATER & STORM WATER
 EFFLUENT

MONITORING PERIOD
 From

YEAR	MO	DAY
17	04	01

 To


YEAR	MO	DAY
17	04	30

*** NO DISCHARGE ***

ATTN:Millicent Garland

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	19			
00300 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	***	2 MINIMUM	*****	*****	MG/L		TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	***	*****	*****	100 DAILY MX	MG/L		TWICE/ WEEK	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		25			
00545 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1 DAILY MX	ML/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			03	*****	*****	*****	**			
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*		ONCE/ BATCH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	 (Acting) Site Vice President	TELEPHONE		DATE		
Anthony L. Williams Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	423	843-7001	17	05	08

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