



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

November 8, 2017

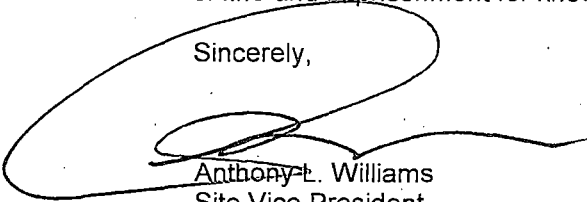
Chattanooga Environmental Field Office
Division of Water Pollution Control
1301 Riverfront Parkway, #206
Chattanooga, Tennessee 37402-2013

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

Enclosed is the October 2017 Discharge Monitoring Report for Sequoyah Nuclear Plant. There were no exceedances during the reporting period. If you have any questions or need additional information, please contact Millicent Garland by email at mrmoores@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

IE25
NRR

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 YEAR 17 MO 10 DAY 01 To YEAR 17 MO 10 DAY 31

*** 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 | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | 37.2 | 04 | 0 | 31 / 31 | RCORDR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | Req. Mon. DAILY MAX | DEG. C. | | CONTI NUOUS | CALCTD |
| TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 INSTREAM MONITORING | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | 26.2 | 04 | 0 | 31 / 31 | MODEL D |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 30.5 DAILY MX | DEG. C. | | CONTI NUOUS | CALCTD |
| TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 S EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | 2.5 | 04 | 0 | 31 / 31 | CALCTD |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 3.0 DAILY MX | DEG. C. | | CONTI NUOUS | CALCTD |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | 1798 | 03 | ***** | ***** | ***** | ** | 0 | 31 / 31 | RCORDR |
| | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MAX | MGD | ***** | ***** | ***** | **** | | CONTI NUOUS | RCORDR |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 1729 | ***** | 03 | ***** | ***** | ***** | 03 | 0 | 31 / 31 | CALCTD |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | MGD | ***** | ***** | ***** | MGD | | CONTI NUOUS | CALCTD |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | 0.020 | 0.038 | 19 | 0 | 25 / 31 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.1 MO AVG | 0.1 DAILY MAX | MG/L | | FIVE PER WEEK | CALCTD |
| TEMPERATURE - C, RATE OF CHANGE 82234 1 0 EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | 0.4 | 62 | ***** | ***** | ***** | ** | 0 | 31 / 31 | CALCTD |
| | PERMIT REQUIREMENT | ***** | 2.0 DAILY MX | DEG C/HR | ***** | ***** | ***** | **** | | CONTI NUOUS | CALCTD |

| | | | | | | |
|--|--|--|------------------|--------|------|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Anthony L. Williams Site Vice President | 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 423 843-7001 | DATE 17 11 06 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Site Vice President | AREA CODE | NUMBER | YEAR | MO |

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

No closed mode operation. The following injections occurred: Flogard MS6237 (max calc. was 0.04 mg/L phosphate, limit -- 0.20 mg/L; 0.014 mg/L zinc; limit -- 0.20 mg/L).

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 101 T
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 BIOMONITORING FOR OUTFALL 101
 EFFLUENT

MONITORING PERIOD
 From

| | | |
|------|----|-----|
| YEAR | MO | DAY |
| 17 | 10 | 01 |

 To

| | | |
|------|----|-----|
| YEAR | MO | DAY |
| 17 | 10 | 31 |

*** 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 | | | |
| 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 | 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 | | 423 843-7001 | 17 | 11 | 06 | |
| 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)

Toxicity was not sampled in October 2017.

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

LOW VOL. WASTE TREATMENT POND

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0026450 **103 G**
 PERMIT NUMBER DISCHARGE NUMBER

| MONITORING PERIOD | | | | | |
|-------------------|-----------|-----------|--------------|-----------|-----------|
| YEAR | MO | DAY | YEAR | MO | DAY |
| From 17 | 10 | 01 | To 17 | 10 | 31 |

*** 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 | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | ** | 7.2 | ***** | 7.2 | 12 | 0 | 5 / 31 | GRAB |
| 00400 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ***** | ***** | ** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | ONCE/ WEEK | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | <4.4 | 4.4 <5.0 mg l⁻¹ | 19 | 0 | 1 / 31 | 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 / 31 | 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 | 1.209 | 1.273 | 03 | ***** | ***** | ***** | ** | 0 | 4 / 31 | 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. | TELEPHONE | | DATE | | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i> Site Vice President | AREA CODE | NUMBER | YEAR | MO |
| | | 423 | 843-7001 | 17 | 11 | 06 |

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 10 01** To **17 10 31**

*** 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 | | | |
| TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | | 04 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ** | ***** | ***** | REPORT DAILY MX | DEG C | | CONTIN UOUS | CALCTD |
| TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 INSTREAM MONITORING | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | | 04 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ** | ***** | ***** | 30.5 DAILY MX | DEG C | | CONTIN UOUS | CALCTD |
| TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ** | ***** | ***** | | 04 | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ** | ***** | ***** | 5 DAILY MX | DEG C | | CONTIN UOUS | CALCTD |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | | 03 | ***** | ***** | ***** | ** | | | |
| | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ** | | CONTIN UOUS | 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 | ***** | ***** | ***** | ** | | CONTIN UOUS | CALCTD |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | |
|--|---|---|------|----|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Anthony L. Williams Site Vice President TYPED OR PRINTED | 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 423 843-7001 AREA CODE NUMBER | DATE | | |
| | | | 17 | 11 | 06 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Site Vice President | | | | | |

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 **110 T**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL
 RECYCLED COOLING WATER
 EFFLUENT

MONITORING PERIOD
 From

| | | |
|------|----|-----|
| YEAR | MO | DAY |
| 17 | 10 | 01 |

 To

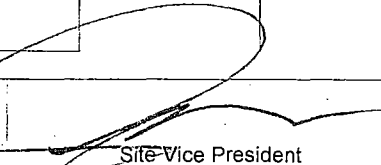
| | | |
|------|----|-----|
| YEAR | MO | DAY |
| 17 | 10 | 31 |

*** 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 | | | |
| 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 | | | | | | | | | | |

| | | | | | | |
|--|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Anthony L. Williams Site Vice President TYPED OR PRINTED | 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 | | |
| | | 423 | 843-7001 | 17 | 11 | 06 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Site Vice President | | AREA CODE | NUMBER | YEAR | MO | DAY |

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 **17 10 01** To **17 10 31**

*** 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 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. |  Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| | | | AREA CODE | NUMBER | YEAR | MO | 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