

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 240 - 401 BLDG
 CHATTANOOGA TN 37401

TN0026450

001 1

F - FINAL LIMITS
 001 STP TO DIFFUSER POND

FACILITY
 LOCATION

MONITORING PERIOD
 FROM 82 08 01 TO 82 08 28

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

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			
OXYGEN, DISSOLVED (DO)		*****	*****	*****	3.0	3.5	*****	0	20/30	GR
00300 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	1.0	*****	*****		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)		1.86	3.30	*****	*****	14	22	0	4/30	GR
00310 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY 7.5 HI 7D AV	DAILY 11 INST MX	LBS/DY	*****	DAILY 30 HI 7D AV	DAILY 45 INST MX		TWICE MONTH	GRAB
PH		*****	*****	*****	7.1	*****	7.9	0	4/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		2.77	4.05	*****	*****	18	27	0	2/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY 7.5 HI 7D AV	DAILY 11 INST MX	LBS/DY	*****	DAILY 30 HI 7D AV	DAILY 45 INST MX		TWICE MONTH	GRAB
SOLIDS, SETTLABLE		*****	*****	*****	*****	< 0.1	< 0.1	0	20/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DAILY 1.0 INST MX		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.005	0.008	*****	*****	*****	*****	0	20/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY .03 HI 7D AV	DAILY ***** INST MX	MGD	*****	*****	*****		DAILY	
CHLORINE, TOTAL RESIDUAL		*****	*****	*****	0.5	1.1	2.0	0	20/30	GR
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 M.T. El-Ashry, Asst. Mgr,
 OF NATURAL RESOURCES
 (ENVIRONMENT)

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
 M.T. El-Ashry

TELEPHONE DATE
 FT3 858-7314 82 05 28
 AREA CODE NUMBER YEAR MO DAY

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

JEAS
 2/1

8205070369 820528
 P.D.R. ADDCK 05000327
 DR

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 TVA - SEQUOYAH NUCLEAR
ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

IN0026450
PERMIT NUMBER

001 1
DISCHARGE NUMBER

F - FINAL LIMITS
001 STP TO DIFFUSER POND

FACILITY _____
LOCATION _____
ATTN: CHARLIE MCINTIRE

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 82 05 01 TO 82 05 28
(12-21) (12-21) (12-25) (12-27) (12-29) (130-11)

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			
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	48	230	#/	0	4/30 GR
		*****	*****	*****	*****	*****	*****	100ML		TWICE/GRAB MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Ashry, Asst. MGR.
OF NATURAL RESOURCES
(ENVIRONMENT)
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
CLM

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY
FTS 858-7314 82 05 28

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

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 IVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BDDG
 CHATTANOOGA TN 37401

TN0026450 PERMIT NUMBER
 002 1 DISCHARGE NUMBER

F - FINAL LIMITS
 002 STP TO TENNESSEE RIVER

FACILITY LOCATION
 ATTN: CHARLIE MCINTIRE

MONITORING PERIOD
 FROM 82 08 01 TO 82 08 28

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			
OXYGEN, DISSOLVED (DO) 00300 1 0		*****	*****	*****	2.0	3.5	*****	0	2/30	GR
EFFLUENT GROSS VALUE		*****	*****	*****	1.0	*****	*****		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0		0.27	0.42	*****	*****	6.2	10	0	2/30	GR
EFFLUENT GROSS VALUE		3.8 DAILY HI 5.0 DAILY AV	DAILY 5.6 INST MX	LBS/DY	*****	30 DAILY HI 40 DAILY AV	DAILY 45 INST MX		TWICE MONTH	GRAB
PH		*****	*****	*****	7.4	*****	7.6	0	4/30	GR
EFFLUENT GROSS VALUE		*****	*****	*****	6.0	*****	9.0		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0		0.41	0.62	*****	*****	9.5	15	0	2/30	GR
EFFLUENT GROSS VALUE		3.8 DAILY HI 5.0 DAILY AV	DAILY 5.6 INST MX	LBS/DY	*****	30 DAILY HI 40 DAILY AV	DAILY 45 INST MX		TWICE MONTH	GRAB
SOLIDS, SETTLABLE 00545 1 0		*****	*****	*****	*****	<0.1	<0.1	0	2/30	GR
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	DAILY 1.0 INST MX		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0		0.007	0.012	*****	*****	*****	*****	0	2/30	WEIR
EFFLUENT GROSS VALUE		0.015 DAILY HI 0.015 DAILY AV	DAILY INST MX	MGD	*****	*****	*****		DAILY	
CHLORINE, TOTAL RESIDUAL 50060 1 0		*****	*****	*****	0.5	0.6	2.0	0	2/30	GR
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****		DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 M.T. El-Ashry, ASST. MGR.
 OF NATURAL RESOURCES (ENVIRONMENT)
 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
 M.T. El-Ashry

TELEPHONE DATE
 FTS 858-7314 82 05 28
 AREA CODE NUMBER YEAR MO DAY

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

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 TVA - SEQUOYAH NUCLEAR
ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

TN0026450
PERMIT NUMBER

002 1
DISCHARGE NUMBER

F - FINAL LIMITS
002 STP TO TENNESSEE RIVER

FACILITY _____
LOCATION _____

MONITORING PERIOD
FROM 82 05 01 TO 82 05 28

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(5 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					
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	505	880	#1	0	2/30	GR		
		*****	*****	*****	*****	*****	*****	100ML		TWICE MONTH	GRAB		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
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.

cut
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: ETS 858-7314
DATE: 82 05 28

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

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 **IVA - SEQUOYAH NUCLEAR**
 ADDRESS **248 - 401 BLDG**
CHATTANOUGA TN 37401

TN0026450
 PERMIT NUMBER

003 1
 DISCHARGE NUMBER

F - FINAL LIMITS
003 STP TO YARD DRAINAGE POND

FACILITY
 LOCATION
ATTN: CHARLIE MCINTIRE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	05	01		82	05	28
(12-21)	(12-21)	(12-21)		(12-21)	(12-21)	(12-21)

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 (54-55)	MAXIMUM (54-55)	UNITS (54-55)	MINIMUM (58-59)	AVERAGE (46-53)	MAXIMUM (54-61)			
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	0.76*	1.40*	LBS/DY	*****	< 6.5	12	MG/L	0	4/30	GR
	PERMIT REQUIREMENT	9.0 DAILY HI 7D AV	13.5 DAILY HI 7D AV	5.0 INST MX	*****	30 DAILY HI 7D AV	40 DAILY HI 7D AV	45 INST MX		TWICE/GRAB MONTH
PH	*****	*****	*****	6.8	*****	7.2	SU	0	4/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	0.58*	0.93*	LBS/DY	*****	5.0	8.0	MG/L	0	4/30	GR
	PERMIT REQUIREMENT	9.0 DAILY HI 7D AV	13.5 DAILY HI 7D AV	5.0 INST MX	*****	30 DAILY HI 7D AV	40 DAILY HI 7D AV	45 INST MX		TWICE/GRAB MONTH
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 0.1	< 0.1	ML/L	0	28/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY 1.0 INST MX	ML/L		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	0.014*	0.014*	MGD	*****	*****	*****	*****	0	28/30	WEIR
	PERMIT REQUIREMENT	0.036 DAILY HI 7D AV	***** DAILY HI 7D AV	***** INST MX	*****	*****	*****	*****		DAILY
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	0.1	1.3	2.3	MG/L	0	28/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		DAILY GRAB
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	< 39	150	#/100ML	0	2/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		TWICE/GRAB MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. El-Ashry, Asst. MGR.
OF NATURAL RESOURCES
(ENVIRONMENT)
 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
CLM

TELEPHONE
 DATE
 AREA CODE NUMBER YEAR MO DAY
FTS 858-73 A 82 05 28

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

* Flow values were estimated this reporting period due to inoperable flowmeter, Flowmeter parts have been ordered.

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 803 LOCUST STREET BUILDING
KNOXVILLE, TN 37902
FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

PERMIT NUMBER TN0026450
DISCHARGE NUMBER 004

CONSTRUCTION RUNOFF

MONITORING PERIOD
FROM 82 02 01 TO 82 03 01
(12-31) (12-24) (12-25) (12-27) (12-29) (12-31)

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 (52-63)	FREQUENCY OF ANALYSIS (54-68)	AMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	*	0.0043*	MGD					0	4/30*	GR
	PERMIT REQUIREMENT	NA	NA							1/7	GR
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				5.6	6.0	6.5	MG/L	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				0.10	0.10	0.10	ML/L	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			1/7	GR
TURBIDITY	SAMPLE MEASUREMENT				8.0	14	20	JTU	0	2/30	GR
	PERMIT REQUIREMENT				NA	NA	NA			1/7	GR
pH	SAMPLE MEASUREMENT				7.1		8.5	UNITS	0	2/30	GR
	PERMIT REQUIREMENT				6.0		9.0			1/7	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. EL-ASHRY, ASST. MGR.
OF NATURAL RESOURCES
(ENVIRONMENT)
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.

CLM

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

FTS AREA CODE 858-7314 82 05 28
NUMBER YEAR MO DAY

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

*FLOW MONITORING WAS UNREPRESENTATIVE ONE WEEK AND WAS ZERO TWO WEEKS DURING 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 803 LOCUST STREET BUILDING
KNOXVILLE, TN 37902

TN0026450
PERMIT NUMBER

005
DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	02	01		82	03	01
<small>(12-21)</small>	<small>(12-23)</small>	<small>(12-25)</small>		<small>(12-27)</small>	<small>(12-29)</small>	<small>(12-31)</small>

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. EL-ASHRY, ASST. MGR.
OF NATURAL RESOURCES
(ENVIRONMENT)
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
858-7314
DATE
82 05 28

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

AS DISCUSSED IN A JANUARY 7, 1982, LETTER FROM DR. EL-ASHRY TO MR. PAUL TRAINA, THE MONITORING LOCATION FOR THIS DISCHARGE WAS CHANGED ON NOVEMBER 11, 1981.

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 803 LOCUST STREET BUILDING
KNOXVILLE, TN 37902

TN0026450
 PERMIT NUMBER

006
 DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	02	01		82	03	01
(10-21)	(12-21)	(14-25)		(12-27)	(12-29)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (18-45) 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			
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. EL-ASHRY, ASST. MGR.
OF NATURAL RESOURCES
(ENVIRONMENT)
 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.

CLM

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE FTS 858-7314 DATE 32 05 28
 AREA CODE NUMBER YEAR MO DAY

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

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 **IVA - SEQUOYAH NUCLEAR**
ADDRESS **248 - 401 BLDG**
CHATTAHOOGA TN 37401

TN0026450
PERMIT NUMBER

007 1
DISCHARGE NUMBER

F - FINAL LIMITS
007 YARD DRAINAGE POND

FACILITY _____
LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	05	01	TO	82	05	31
(28-29)	(12-31)	(24-25)		(28-29)	(12-31)	(16-17)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			UNITS	EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8.6		0	28/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEK = DAYS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	73		0	28/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX	MG/L		WEEK = DAYS	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5.9	8.7		0	4/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT JR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.56	7.60	*****	*****	*****	*****	*****	0	28/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	*****	CONTIN UOUS	RECORD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	0.01	0.03	0.10		0	4/30	GR
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
**M. T. El-Ashry, Asst. MGR,
OF NATURAL RESOURCES
(ENVIRONMENT)**
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.

CMK
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE _____ DATE _____
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT **FTS 858-73A** **82 05 28**
AREA CODE NUMBER YEAR MO DAY

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

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

NAME **IVA - SEQUOYAH NUCLEAR**
 ADDRESS **248 - 401 BLDG**
CHATTANOOGA TN 37401

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

(2-16) **TN0026450** (17-19) **008 1**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS
008 CONCRETE BATCH PLANT

Form Approved
 OMB No. 2000-0015

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM **82 05 01** TO **82 05 31** 28
(12-31) (12-31) (12-31) (12-31) (12-31) (12-31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (58-65) QUALITY OR CONCENTRATION (66-73)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	8.9	0	4/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	80	275	1	4/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30.0 DAILY AV	100.50 DAILY MX	MG/L		WEEKLY GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<5.0	0	1/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	20 DAILY MX	MG/L		ONCE / GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.16	0.22	MGD	*****	*****	*****	*****	0	4/30 GR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		WEEKLY GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A.T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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
El-Ashry

TELEPHONE
FTS 858-7314
 AREA CODE NUMBER
 DATE
82 05 28
 YEAR MO DAY

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

A notification of noncompliance was submitted on April 23, 1982.

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 **IVA - SEQUOYAH NUCLEAR**
 ADDRESS **248 - 401 BLDG CHATTANOOGA TN 37401**

TN0026450
 PERMIT NUMBER

009 1
 DISCHARGE NUMBER

F - FINAL LIMITS
009 METAL CLEANING WASTES

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM **82 05 01** TO **82 05 31**
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100	MG/L	WEEKLY	COMP-B
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	MG/L	WEEKLY	COMP-B
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15	20	MG/L	WEEKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0	MG/L	WEEKLY	COMP-B
COPPER, TOTAL (AS CU) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0	MG/L	WEEKLY	COMP-B
IRON, TOTAL (AS FE) 01045 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0	MG/L	WEEKLY	COMP-B
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT				*****	*****	*****	*****		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	DAILY	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **M.T. El-Ashry, Asst. Dir. OF NATURAL RESOURCES (ENVIRONMENT)**
 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 \$ 2,000 and/or maximum imprisonment of between 6 months and 5 years.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: **M.T. El-Ashry**
 TELEPHONE: **858-7348**
 DATE: **82 05 28**

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No metal cleaning wastes were discharged. Special monitoring was done as part of the PCB incident reported in a May 18, 1982, letter from Mohamed T. El-Ashry to Paul J. Traina.

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

IN0026450
 PERMIT NUMBER

010 1
 DISCHARGE NUMBER

F = FINAL LIMITS
 010 SUMP STATION TO POND

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM YEAR 82 MO 05 DAY 01 TO YEAR 82 MO 05 DAY 28

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (34-63)			NO. EX (52-60)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0		99.9	268.2	KG	*****	33	92		0	5/30 GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	352 52.6 DAILY AV	1173 175 DAILY MX	606/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		TWICE/GRAB WEEK
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0		437.4	2130	KG	*****	150	730		2	5/30 GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	176 26.3 DAILY AV	235 35.0 DAILY MX	606/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		TWICE/GRAB WEEK
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0		0.71	1.04		*****	*****	*****	*****	0	8/30 CAL
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** 3.1	*****	MGD	*****	*****	*****	*****	*****	CONTINUOUS RECORD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
El-Ashry

TELEPHONE
 DATE
 FTS 858-7314 82 05 28
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Special monitoring was done as part of the PCB incident reported in a May 18, 1982, letter from Mohamed T. El-Ashry to Paul J. Traina. A notification of noncompliance was submitted for the oil and grease excursions on May 27, 1982.

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 **IWA - SEQUOYA NUCLEAR**
 ADDRESS **248 - 401 BLDG CHATTANOOGA TN 37401**

IN0026450 PERMIT NUMBER
012 1 DISCHARGE NUMBER

F - FINAL LIMITS
012 COOLING WATER TO POND

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM **82 08 01** TO **82 08 28**

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8.1		0	4/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	37.2	49.0		*****	*****	*****	*****	0	4/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		CONTINUOUS	RECORD
Boron	SAMPLE MEASUREMENT						*				
	PERMIT REQUIREMENT						14.0			1/1	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **M.T. El-Ashry, Asst. Mgr. OF NATURAL RESOURCES (ENVIRONMENT)**
 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 3 years.)
 TELEPHONE: _____ DATE: _____
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: **FTS 858-7314** NUMBER: **92 05 28**

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

X No discharge of boron wastes.

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

NAME IVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

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

TN0026450
 PERMIT NUMBER

013 1
 DISCHARGE NUMBER

Form Approved
 OMB No. 2030-0015

F - FINAL LIMITS
013 RECYCLED COOLING WATER

FACILITY _____
 LOCATION _____
 ATTN: CHARLIE MCINTIRE

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 FROM 82 08 01 TO 82 08 31 ²⁸

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 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 (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****				*		*
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0 INST MX	DEG.F		DAILY GRAB
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****			*			*
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	NOT CHLORINATING					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MX	MG/L		WEEKLY GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Astry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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.)

CLM
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE _____ DATE _____
 FTS AREA CODE 858-7314 NUMBER 82 08 28 YEAR MO DAY

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

* The plant operated in open mode all month.

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 **TVA - SEQUOYAH NUCLEAR**
ADDRESS **248 - 401 BLDG**
CHATTANOOGA TN 37401

TN0026450
PERMIT NUMBER

014 1
DISCHARGE NUMBER

F - FINAL LIMITS
14 HIGH CONDUCTIVITY LOW CRUD

FACILITY _____
LOCATION _____

MONITORING PERIOD
FROM YEAR **82** MO **05** DAY **01** TO YEAR **82** MO **05** DAY **28**

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-43) 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			
PH		*****	*****	*****	6.2	*****	8.9	0	22/30	COMP
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0	*****	9.0		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED		3.3	13	KG	*****	39	190	2	22/30	COMP
00530 1 0 EFFLUENT GROSS VALUE		3.3	11.0	LBS/DY	*****	30	100		DAILY	GRAB
OIL AND GREASE (SOXHLET EXTR.), TOT.		< 0.84	7.5	KG	*****	< 11	110	2	22/30	COMP
00550 1 0 EFFLUENT GROSS VALUE		1.6	2.2	LBS/DY	*****	15	20		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.022	0.072	MGD	*****	*****	*****	0	22/30	CAL
50050 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
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
M.T. El-Ashry

TELEPHONE
FTS 858-7314
AREA CODE NUMBER
DATE
82 05 28
YEAR MO DAY

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

Per the March 1, 1982 letter from Douglas K. Lanckford, EPA, to Mohamed T. El-Ashry, TVA, no 5-day notifications of noncompliance will be submitted for this discharge until the new treatment system is completed.

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHAFFANOOGA TN 37401

T-0026450
 PERMIT NUMBER

015 1
 DISCHARGE NUMBER

Y - FINAL LIMITS
15 LOW CONDUCTIVITY HIGH CRUD

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	05	31	82	05	31
(28-28)	(22-21)	(24-25)	(28-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINIIRE

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (42-43)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	9.0	0	28/30	COMP
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0		DAILY	ONCE/GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	7.8	113	KG	*****	24	88	1	28/30	COMP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.8 15.0	23.0 50.0	LBG/DY	*****	30	100		DAILY	ONCE/GRAB
OIL AND GREASE (SUXHLET EXH.) TOT.	SAMPLE MEASUREMENT	<1.4	<13.4	KG	*****	<5.2	<9.3	1	28/30	COMP
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.4 7.5	4.5 10.0	LBG/DY	*****	15	20		DAILY	ONCE/GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.088	0.710	MGD	*****	*****	*****	0	28/30	CAL
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****		DAILY	ONCE/CALCTD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. TEI-ASTRY, Asst MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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
ETS

TELEPHONE
ETS 858-73A
 DATE
82 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Per the March 1, 1982 letter from Douglas K. Lankford, EPA, to Mohamed T. El-Astry, TVA, no 5-day notifications of noncompliance will be submitted for this discharge until the new treatment system is completed.

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 **IVA - SEVVOYAH NUCLEAR**
ADDRESS **248 - 401 BLDG**
CHATTANOOGA TN 37401

PERMIT NUMBER **IN0026450**
DISCHARGE NUMBER **016 1**

F - FINAL LIMITS
016 LIQUID RADWASTE SYSTEM

MONITORING PERIOD
FROM **82 05 01** TO **82 05 31**
(20-21) (22-24) (24-25) (24-25) (28-29) (30-31)

FACILITY
LOCATION

ATTN: CHARLIE MCINTIRE

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			
P _H		*****	*****	*****	5.4	*****	9.0	0	28 BATCHES	GR
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****	SU	ONCE/	GRAB
SOLIDS, TOTAL SUSPENDED		---	---	---	*****	<6.7	<15	0	28 BATCHES	GR
00530 1 0 EFFLUENT GROSS VALUE		*****	*****	LBS/D	*****	*****	30	MG/L	ONCE/	GRAB
OIL AND GREASE (SOXHLET EXTH.) TGT.		---	---	---	*****	<6.0	11	0	28 BATCHES	GR
00550 1 0 EFFLUENT GROSS VALUE		*****	*****	LBS/D	*****	*****	20	MG/L	ONCE/	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.031	0.056	---	*****	*****	*****	*****	28 BATCHES	WEIR
50050 1 0 EFFLUENT GROSS VALUE		*****	*****	MGD	*****	*****	*****	*****	ONCE/	DISCHG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Ashry, Asst. MGR OF NATURAL RESOURCES (ENVIRONMENT)
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
El-Ashry

TELEPHONE
FIS 855-7314

DATE
82 05 28

AREA CODE NUMBER YEAR MO DAY

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

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: TVA - SEQUOYAH NUCLEAR
 ADDRESS: 248 - 401 BLDG
 CHATTANOOGA TN 37401

TN0026450
 PERMIT NUMBER

017 1
 DISCHARGE NUMBER

F - FINAL LIMITS

Office Building Samp - 1

FACILITY: _____
 LOCATION: _____

MONITORING PERIOD
 FROM: 82 05 01 TO 82 05 31 28
(28-21) (22-21) (24-21) (28-21) (28-28) (30-21)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE SCINTIRE

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 (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	_____	_____	_____	*****						
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	LB6/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		TWICE/GRAB WEEK	
OIL AND GREASE (SOXHLET EXPR.) TOT. 00550 1 0	SAMPLE MEASUREMENT	_____	_____	_____	*****						
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** DAILY AV	***** DAILY MX	LB7/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		TWICE/GRAB WEEK	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 M.T. El-Ashry, Asst. MGR
 OF NATURAL RESOURCES
 (ENVIRONMENT)
 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.)

CLM

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 858-7314
 DATE: 82 05 28

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

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 TVA - SEQUOYAH NUCLEAR
ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

IN0026450
PERMIT NUMBER

018 1
DISCHARGE NUMBER

F - FINAL LIMITS

Office Building Samp - 2

FACILITY _____
LOCATION _____

MONITORING PERIOD
FROM YEAR 82 MO 05 DAY 01 TO YEAR 82 MO 05 DAY 31
(12/31) (12/31) (12/31) (12/31) (12/31) (12/31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED		*****	*****	*****	*****						
00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 15 DAILY AV	100 20 DAILY MX	MG/L		TWICE/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE				*****	*****	*****	*****		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	*****	TWICE/ WEEK	GRAB
Oil & Grease	SAMPLE MEASUREMENT	---	---	---	---						
	PERMIT REQUIREMENT	---	---	---	---	15	20	MG/L		TWICE/ WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
*M.T. El-Asary, Asst Mgr
OF NATURAL RESOURCES
(ENVIRONMENT)*
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.

CMF

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
DATE
FIS 858-7314 82 05 28
AREA CODE NUMBER YEAR MO DAY

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

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 TVA - SEVUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHAATTANOUGA TN 37401

TW0026450
 PERMIT NUMBER

019 1
 DISCHARGE NUMBER

F - FINAL LIMITS

Service Building Sump

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM YEAR 82 MO 08 DAY 01 TO YEAR 82 MO 08 DAY 31 28

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 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			
SOLIDS, TOTAL SUSPENDED 0053, 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	85	0	8/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 - 50 DAILY MX	MG/L	TWICE/ WEEK	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 2 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5.0	< 5.0	0	8/30	GR
EFFLUENT NET VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV 15	20 DAILY MX	MG/L	TWICE/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	0.0003	0.0004	MGD	*****	*****	*****	*****	8/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	TWICE/ WEEK	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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.)

CLM
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE ETS 858-7314
 DATE 82 05 28

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

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 TVA - SEQUOYAH NUCLEAR
ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

TN0026450
PERMIT NUMBER

020 1
DISCHARGE NUMBER

F - FINAL LIMITS

*Diesel Gen Bldg. CAG
Interceptor*

FACILITY _____
LOCATION _____

MONITORING PERIOD
FROM YEAR 82 MO 05 DAY 01 TO YEAR 82 MO 05 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NC EX (52-63)	FREQUENCY OF ANALYSIS (54-61)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	100	MG/L	TWICE/	GRAB
OIL AND GREASE (SOXHLET EX R.) TOT. 00550 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AV	20	MG/L	TWICE/	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****	*****		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AV	DAILY MX	MGD	*****	*****	*****	*****	TWICE/	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Ashry, ASST. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
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
cut

TELEPHONE NUMBER FTS 858-7314
DATE 82 05 28

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

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 TVA - SEQUOYAH NUCLEAR
ADDRESS 24R - 401 BLDG
CHATTANOOGA TN 37401

TN0026450
PERMIT NUMBER

021 1
DISCHARGE NUMBER

F - FINAL LIMITS

*Sodium Hypochlorite
Bldg. Drains*

FACILITY _____
LOCATION _____

MONITORING PERIOD
FROM YEAR 82 MO 05 DAY 01 TO YEAR 82 MO 05 DAY 31 28

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	X	(1 Card Only) (46-53) QUANTITY OR LOADING (34-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (34-61)				NO. EX (52-63)	FREQUENCY OF ANALYSIS (54-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	13	20		0	8/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX	MG/L		TWICE/ WEEK	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<6.2	15		0	8/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	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	0.18	0.23		*****	*****	*****	*****	0	8/30	GR
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		TWICE/ WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. El-Ashry, Asst MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
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
clm

TELEPHONE _____ DATE _____
AREA CODE FTS 858-7314 NUMBER _____ YEAR 82 MO 05 DAY 28

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

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 IVA - SEQUOYAH NUCLEAR
ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

IN0026450
PERMIT NUMBER

023 1
DISCHARGE NUMBER

F - FINAL LIMITS
023 STEAM GENERATOR BLEND-DOWN

FACILITY _____
LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	05	01	82	05	31
(20-21)	(22-31)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8.9		0 4/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	-----	-----	-----	*****		<1.0		0 1/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	30	100	MG/L		ONCE/ GRAB MONTH
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	-----	-----	-----	*****		<5.0		0 1/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	15	20	MG/L		ONCE/ GRAB MONTH
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	-----	-----	-----	*****		0.02		0 1/30	GR
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	1.0	1.0	MG/L		ONCE/ GRAB MONTH
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	-----	-----	-----	*****		0.02		0 1/30	GR
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	1.0	1.0	MG/L		ONCE/ GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.24	0.74	-----	*****	*****	*****	*****	0 4/30	INST
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		WEEKLY INSTAN
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Asary, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
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
CLM

TELEPHONE _____ DATE _____
AREA CODE NUMBER YEAR MO DAY
RTS 858-7314 82 05 28

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

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

NAME **TVA - SECOYAH NUCLEAR**
 ADDRESS **248 - 401 BLDG**
CHATTANOOGA TN 37401

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

TN0026450
 PERMIT NUMBER

024 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 024 DIFFUSER GATE

Form Approved
 OMB No. 2000-0015

FACILITY _____
 LOCATION _____
 ATTN: CHARLIE MCINTIRE

MONITORING PERIOD
 FROM YEAR **82** MO **08** DAY **01** TO YEAR **82** MO **08** DAY **31** 28

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 (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	43.0*	50.7*	62.0*	0	27/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	112.5 INST MX			CONTINRCORDR UOUS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 2 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	97.0 INST MX			CONTINRCORDR UOUS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 3 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****			*			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0 INST MX			CONTINRCORDR UOUS
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	8.3	0	27/30	GR
00400 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			DAILY GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	94	0	1/30	GR
00500 1 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			ONCE/ MONTH GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.0	0	1/30	GR
00530 1 0 EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			ONCE/ MONTH GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.10	0	1/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			ONCE/ MONTH GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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
AME

TELEPHONE _____ DATE _____
 AREA CODE NUMBER YEAR MO DAY
FIS 858-7314 82 05 28

LOCATION OF OPEN, P = HEDDER'S V = CLOSED. SEE PERMIT FOR RECEIVING WATER TEMP REQS AND FOR CHLORINATION ANALYSIS & REOS.
 * PLANT OPERATED IN OPEN MODE ALL MONTH.
 Special monitoring was done as part of the PCB incident reported in a May 18, 1982, letter from Mohamed T. El-Ashry to Paul J. Traina.
 PA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)
 000498/820428-2308/M PAGE 1 OF 2

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 TVA - SECOYAH NUCLEAR
 ADDRESS 245 - 401 BLVD
 CHATTANOOGA TN 37401

T#0026450 PERMIT NUMBER
 007 1 DISCHARGE NUMBER

F = FINAL LIMITS
 007 YARD DRAINAGE POND

FACILITY LOCATION

ATTN: CHARLIE MCINTIRE

MONITORING PERIOD
 FROM 82 06 01 TO 82 06 30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8.6		0	3/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEK-DAYS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	<9.1	88		0	3/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX	MG/L		WEEK-DAYS	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	<5.0		0	5/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AV	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.84	7.80	*****	*****	*****	*****	*****	0	3/30	REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		CONTINUOUS	RECORD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	0.01	0.02	0.02		0	5/30	GR
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 M.T. El-Ashry, Asst. MGR.
 OF NATURAL RESOURCES (ENVIRONMENT)
 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
 CLME

TELEPHONE: FTS 858-7314
 DATE: 82 05 28

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

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOUGA TN 37401

TN0026450 (2-16) PERMIT NUMBER
 008 1 (17-19) DISCHARGE NUMBER

F - FINAL LIMITS
 008 CONCRETE BATCH PLANT

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	06	01	82	06	30
(12-21)	(12-21)	(12-21)	(12-21)	(12-21)	(12-21)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.5		0 5/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	25	53		0 5/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100-50 DAILY MX			WEEKLY GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5.0	5.0		0 2/30	GR
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	20 DAILY MX			ONCE/ GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.045	0.230	*****	*****	*****	*****		0 5/30	GR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****			WEEKLY GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. T. El-Ashry, Asst. Mgr,
 OF NATURAL RESOURCES
 (ENVIRONMENT)

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

DATE

FTS 858-7314 82 05 28
 AREA CODE NUMBER YEAR MO DAY

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

* A notification of noncompliance was erroneously submitted on April 29, 1982, because the data was initially compared to the old limitation instead of to the modified limitation granted by the February 6, 1981, letter from Howard D. Zeller, EPA, to Mohamed T. El-Ashry, TVA.

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

TN0026450 PERMIT NUMBER
009 1 DISCHARGE NUMBER

F - FICAL LIMITS
 009 METAL CLEANING WASTES

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM YEAR 82 MO 05 DAY 01 TO YEAR 82 MO 03 DAY 31

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	SAMPLE MEASUREMENT	(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			
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100	MG/L	WEEKLY	COMP-B
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	MG/L	WEEKLY	COMP-B
OIL AND GREASE (SOXHLST EXTRA.) TOT. 00550 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15	20	MG/L	WEEKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0	MG/L	WEEKLY	COMP-B
COPPER, TOTAL (AS CU) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0	MG/L	WEEKLY	COMP-B
IRON, TOTAL (AS FE) 01045 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0	MG/L	WEEKLY	COMP-B
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT				*****	*****	*****	*****		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	DAILY	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>M. T. El-Ashry, Asst. MGR OF NATURAL RESOURCES (ENVIRONMENT)</u> 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 <u>CLM</u>	TELEPHONE FFS <u>858-7314</u>	DATE <u>82 05 28</u>
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No metal cleaning wastes were discharged. Special monitoring was done as part of the PCB incident reported in a May 18, 1982 letter from Mohamed T. El-Ashry to Paul J. Traina.

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

NAME IVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

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

IN0026450 (216) PERMIT NUMBER
 010 1 (1719) DISCHARGE NUMBER

Form Approved OMB No. 2000-0015

F - FINAL LIMITS
 010 SUMP STATION TO POND

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM YEAR 82 MO 06 DAY 01 TO YEAR 82 MO 06 DAY 30
(12-27) (12-27) (12-27) (12-27) (12-27) (12-27)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

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 (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	31.4	681	KG	*****	12	25		0	9/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	352 52.6 DAILY AV	1173 175 DAILY MX	LBG/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		TWICE/GRAB WEEK	
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0	SAMPLE MEASUREMENT	<13.5	<19.7	KG	*****	<5.0	<5.0		0	9/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	176 26.3 DAILY AV	235 35.0 DAILY MX	LBG/DY	*****	15 DAILY A.	20 DAILY MX	MG/L		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	0.72	1.04		*****	*****	*****	*****	0	9/30	PLUG
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***** 3.1	*****	MGD	*****	*****	*****	*****	*****	CONTINRCRDR UDUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. T. El-Ashry, Asst. MGR
 OF NATURAL RESOURCES
 (ENVIRONMENT)

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

858-73A 82 05 28
 AREA CODE NUMBER YEAR MO DAY

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

Special monitoring was done as part of the PCB incident reported in a May 18, 1982, letter from Mohamed T. El-Ashry to Paul J. Traina.

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 TVA - SEVUUYAH NUCLEAR
ADDRESS 248 - #01 BLDG
CHATTANOOGA TN 37401

T0026450
PERMIT NUMBER

012 1
DISCHARGE NUMBER

F - FINAL LIMITS
012 COOLING WATER TO POND

FACILITY _____
LOCATION _____

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
82	06	01		82	06	30
(20-21)	(22-24)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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 (46-53)	MAXIMUM (54-57)	UNITS (58-61)	MINIMUM (62-65)	AVERAGE (66-69)	MAXIMUM (70-73)			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	S.2		0	5/30 GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	31	37		*****	*****	*****	*****	0	5/30 REC
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		CONTINUOUS RECORD
BORON	SAMPLE MEASUREMENT						*			
	PERMIT REQUIREMENT						14.0			1/1 GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>M.T. EL-Ashry, Asst. MGR OF NATURAL RESOURCES (ENVIRONMENT)</u> 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 <i>[Signature]</i>	AREA CODE <u>FTS 858-7314</u>	NUMBER <u>82 05 28</u>

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

* No discharge of Boron Wastes.

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 **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **248 - 401 BLDG CHATTANOUGA TN 37401**

PERMIT NUMBER **TN0026450**
 DISCHARGE NUMBER **013 1**

F - FINAL LIMITS
013 RECYCLED COOLING WATER

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM YEAR **82** MO **06** DAY **01** TO YEAR **82** MO **06** DAY **30**

ATTN: CHARLIE MCINTIRE

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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****					*	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	101.0	DEG.F	DAILY GRAB	
PH	SAMPLE MEASUREMENT	*****	*****	*****			*		*	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU	WEEKLY GRAB	
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NOT CHLORINATING					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1	MG/L	WEEKLY GRAB	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Asary, Asst. Mgr.
OF NATURAL RESOURCES (ENVIRONMENT)
 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
El-Asary

TELEPHONE **FJS 858-734**
 DATE **82 05 28**

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

* THE PLANT OPERATED IN OPEN MODE ALL MONTH.

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 **IVA - SEQUOYA NUCLEAR**
 ADDRESS **243 - 401 BLDG CHATTANOUGA TN 37401**

TN0026450 PERMIT NUMBER
014 1 DISCHARGE NUMBER

F - FINAL LIMITS
14 HIGH CONDUCTIVITY LOW CRUD

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	08	01	82	08	31

NOTE: Read instructions before completing this form.

AGENT: CHARLIE MCINTIRE

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			
PH		*****	*****	*****	6.7	*****	9.0	0	16/30	COMP
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0	*****	9.0		DAILY	ONCE/GRAB
SOLIDS, TOTAL SUSPENDED		2.5	5.5	KG	*****	31	49	0	16/30	COMP
00530 1 0 EFFLUENT GROSS VALUE		3.3 7.2	11.0 24.0	LBS/DY	*****	30	100		DAILY	ONCE/GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT.		<0.45	1.02	KG	*****	<6.5	15	0	16/30	COMP
00550 1 0 EFFLUENT GROSS VALUE		1.6 3.6	2.2 4.0	LBS/DY	*****	15	20		DAILY	ONCE/GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.018	0.035	MGD	*****	*****	*****	0	16/30	CAL
50050 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****	*****	DAILY	ONCE/GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M.T. El-Ashry, Asst. MGR OF NATURAL RESOURCES (ENVIRONMENT) 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 <i>El-Ashry</i>	AREA CODE 858	NUMBER 7314	YEAR 82

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

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 IVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOUGA TN 37401

TN0026450
 PERMIT NUMBER

015 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 15 LOW CONDUCTIVITY HIGH CRUD

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	08	01	82	08	30
(12-21)	(12-31)	(12-25)	(12-27)	(12-31)	(10-31)

ATTN: CHARLIE MCINTIRE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(5 Card Only) (46-53) QUANTITY OR LOADING (34-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (34-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	*****	6.0	*****	9.0	0	28/30	COMP
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	DAILY	UNCE/GRAB DISCHG COMP 24
SOLIDS, TOTAL SUSPENDED		5.3	2.2	KG	*****	24	78	0	28/30	COMP
00530 1 0 EFFLUENT GROSS VALUE		6.8 15.0 DAILY AV	23.0 50.0 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L	DAILY	UNCE/GRAB DISCHG COMP 24
OIL AND GREASE (SOXHLET EXTR.) TOT.		1.1	2.3	KG	*****	< 5.5	14	0	28/30	COMP
00550 1 0 EFFLUENT GROSS VALUE		3.4 7.5 DAILY AV	4.5 10.0 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L	DAILY	UNCE/GRAB DISCHG COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.058	0.120		*****	*****	*****	*****	0	28/30 CAL
50050 1 0 EFFLUENT GROSS VALUE		*****	*****	MGD	*****	*****	*****	*****	DAILY	UNCE/GRAB DISCHG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Ashry, Asst. MGR.
OF NATURAL RESOURCES
(ENVIRONMENT)
 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
clm

TELEPHONE
FTS 858-7314
 DATE
82 05 28

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

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

TN0026450
 PERMIT NUMBER

017 1
 DISCHARGE NUMBER

F - FINAL LIMITS

Office Building Samp - 1

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 82	06	01	TO 82	06	30
(12-23)	(12-21)	(12-25)	(12-27)	(12-29)	(12-31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

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 (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	30	100	MG/L	TWICE/GRAB	WEEK
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---		*****					
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	15	20	MG/L	TWICE/GRAB	WEEK
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	---	---		*****					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	TWICE/GRAB	WEEK
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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.)

CLME

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE _____ DATE _____
FTS 838-7314 82 05 28
 AREA CODE NUMBER YEAR MO DAY

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

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 IVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTAHOOGA TN 37401

PERMIT NUMBER TN0026450

DISCHARGE NUMBER 018 1

F - FINAL LIMITS

Office Building Sump 2

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM YEAR 82 MO 06 DAY 01 TO YEAR 82 MO 06 DAY 30

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINIRE

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			
SOLIDS, TOTAL SUSPENDED		*****	*****	*****	*****					
00530 1 U		*****	*****	*****	*****	30 15	100 20	MG/L	TWICE/	GRAB
EFFLUENT GROSS VALUE						DAILY AV	DAILY MX		WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		NO DISCHARGE			*****	*****	*****	*****		
50050 1 U		*****	*****	MGD	*****	*****	*****	*****	TWICE/	GRAB
EFFLUENT GROSS VALUE									WEEK	
Oil & Grease		---	---	---	---					
		---	---	---	---	15	20	MG/L	TWICE/	GRAB
									WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. E. Ashby, Asst. MGR,
OF NATURAL RESOURCES
(ENVIRONMENT)
 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
CMC

TELEPHONE _____ DATE _____
 AREA CODE NUMBER YEAR MO DAY
FTS 858-7314 82 05 28

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

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

NAME TVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOUGA TN 37401

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

Form Approved
 OMB No. 2000-0015

IN0026450 PERMIT NUMBER
 019 1 DISCHARGE NUMBER

F - FINAL LIMITS

Service Building Sump

FACILITY _____
 LOCATION _____
 ATTN: CHARLIE MCINTIRE

MONITORING PERIOD
 FROM YEAR 82 MO 03 DAY 01 TO YEAR 82 MO 03 DAY 31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	92		0	9/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100-50 DAILY MX	MG/L		TWICE WEEK	GRAB
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<10	31		2	9/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Daily Av 15 10-60	20 DAILY MX	MG/L		TWICE WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.008	0.067		*****	*****	*****	*****	0	9/30	GR
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		TWICE/GRAB WEEK	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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
clm

TELEPHONE
 DATE
 FTS AREA CODE 858-73A NUMBER 82 05 28 YEAR 82 MO 05 DAY 28

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

Notifications of noncompliance were submitted on March 30 and April 1, 1982.

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 24c - 401 BLDG
CHATTANOOGA TN 37401

TN0026450
 PERMIT NUMBER

020 1
 DISCHARGE NUMBER

F - FINAL LIMITS

Diesel Gen. Bldg. UFG
 Interceptor

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	06	01	82	06	30
(28-29)	(12-23)	(24-25)	(28-29)	(12-24)	(30-31)

ATTN: CHARLIE MCINTIRE

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 DAILY MX	MG/L	TWICE/ WEEK	GRAB
OIL AND GREASE (SOLUBLE EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	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	NO DISCHARGE			*****	*****	*****	*****		
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	TWICE/ GRAB WEEK	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 M.T. El-Ashry, Asst. MGR.
 OF NATURAL RESOURCES
 (ENVIRONMENT)
 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
 ETS
 AREA CODE

TELEPHONE NUMBER
 858-7314
 DATE
 82 05 28

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

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 245 - 401 BLDG
CHATTANOOGA TN 37401

PERMIT NUMBER IN0026450
 DISCHARGE NUMBER 024 1

F - FINAL LIMITS
024 DIFFUSER GATE

FACILITY _____
 LOCATION _____
ATTN: CHARLIE MCINTIRE

MONITORING PERIOD
 FROM YEAR 82 MO 08 DAY 01 TO YEAR 82 MO 08 DAY 31 28

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (54-61)			(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			
MANGANESE, TOTAL (AS MN) 01055 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0.05	0	1/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0.05	0	1/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	1316	1600	MGD	*****	*****	*****	*****	0	27/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	CONTINUOUS	RECORD
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	Not chlorinating INSI MX .1	MG/L	WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL DISSOLVED 70295 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	85	0	1/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH	GRAB
Temperature, Downstream Reservoir	*****	*****	*****	42.0	46.6	69.0	Deg. F	0	27/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	86.9	*****	CONTINUOUS	RECORD
Temperature, Reservoir Temp. Rise	*****	*****	*****	0.41	1.1	1.9	Deg. F	0	27/30	REC
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.4	*****	CONTINUOUS	RECORD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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.)

CLM
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE NUMBER 858-7314
 DATE 82 05 28

LOCATION OF EXPLORATION, OPERATION, AND VIOLATION (if applicable) _____
UNITS: U = OPEN, P = PUMP, H = HELPER, C = CLOSED. SEE PERMIT FOR RECEIVING WATER TEMP REQS AND FOR CHLORINATION ANALYSIS & REQS.

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 803 Locust Street Bldg.
Knoxville, TN 37902

PERMIT NUMBER TN0026450
 DISCHARGE NUMBER 024

Diffuser Gate

FACILITY Sequoyah Nuclear Plant
 LOCATION Saddy, TN 37379

MONITORING PERIOD
 FROM 82 02 01 TO 82 02 28
(20-21) (22-24) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-52)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
Temperature, Reservoir Rate of Change	SAMPLE MEASUREMENT	—	—	—	0.0	0.0	0.0	Deg F per Hour	0	27/30	REC
	PERMIT REQUIREMENT	—	—	—	—	—	3.6				
Boron	SAMPLE MEASUREMENT						*			1/1	GR
	PERMIT REQUIREMENT						1.1				
Total Chlorine Residual	SAMPLE MEASUREMENT						**	mg/L		cont	Rec
	PERMIT REQUIREMENT						0.1				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. T. El-Asary, Asst. MGR,
OF NATURAL RESOURCES
(ENVIRONMENT)
 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.

CLINE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE FTS 858-7314
 DATE 82 05 28

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

* No discharge of boron wastes.
 ** monitor not operational, parts on order.

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 **TVA - SEQUOIAH NUCLEAR**
 ADDRESS **248 - 401 BLDG**
CHATTANOOGA TN 37401

IN0026450
 PERMIT NUMBER

025 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 025 - CLOSED-CYCLE INTAKES
 Plant and ERCW

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM YEAR 82 MO 05 DAY 01 TO YEAR 82 MO 05 DAY 28

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE (46-53)	MAXIMUM (54-57)	UNITS (58)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-57)			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 - 1 - Intake EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	41.0	42.4	48.0	0	1/HR	REC
SOLIDS, TOTAL 00500 - 1 - Intake EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/30	8-HR COMP
SOLIDS, TOTAL SUSPENDED 00530 - 1 - Intake EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/30	8-HR COMP
SOLIDS, SETTLEABLE 00545 - 1 - Intake EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/30	8-HR COMP
NITROGEN, AMMONIA TOTAL (AS N) 00610 - 1 - Intake EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/30	8-HR COMP
SODIUM, TOTAL (AS Na) 00929 - 1 - Intake EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/30	8-HR COMP
CHLORIDE (AS Cl) 00940 - 1 - Intake EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/30	8-HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 M. T. El-Ashry, Asst. MGR
 OF NATURAL RESOURCES
 (ENVIRONMENT)
 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
 CMT

TELEPHONE DATE
 AREA CODE NUMBER YEAR MO DAY
 FTS 858-7314 82 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PLANT INTAKE AMBIENT TEMPERATURE DATA: (1) ARE REPORTED AS THE MAXIMUM OF THE HOURLY CALCULATED VALUES FOR THE SAMPLING PERIOD, AND (2) WILL BE BOTH TEMPORALLY AND SPATIALLY AVERAGED UPON COMPLETION OF THE PERMANENT MONITOR.

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 IVA - SEQUOYAH NUCLEAR
 ADDRESS 24H - 401 BLDG
CHATTANOUGA TN 37401

TN0026450
 PERMIT NUMBER

025 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 025 ~~CLOSED-CYCLE~~ INTAKES
 Plant and ERCW

FACILITY _____
 LOCATION _____
 ATTN: CHARLIE MCINTIRE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	05	01	82	05	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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 (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SULFATE, TOTAL (AS SO4) Intake 00945-1-0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****		9.9		0 1/30	8-HR COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH	COMP-B
COPPER, TOTAL (AS CU) ERCW 01042-1-0 Intake EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****		0.10		0 1/30	8-HR COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH	COMP-B
IRON, TOTAL (AS FE) ERCW 01045-1-0 Intake EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****		0.78		0 1/30	8-HR COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH	COMP-B
MANGANESE, TOTAL (AS MN) ERCW 01055-1-0 Intake EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****		0.08		0 1/30	8-HR COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH	COMP-B
ZINC, TOTAL (AS ZN) ERCW 01092-1-0 Intake EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****		0.01		0 1/30	8-HR COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH	COMP-B
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050-1-0 Plant Intake EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	710	1000		*****	*****	*****	*****	0 CONT	1. LOG
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****	*****	CONTINUOUS
CHLORINE, TOTAL RESIDUAL Plant Intake 50060-1-0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	NOT CALORINATING					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	WEEKLY	GRAB

NAME, TITLE, PRINCIPAL EXECUTIVE OFFICER
M.T. Ashby, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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 KNOWLEDGE 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 a maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
CLM
 TELEPHONE NUMBER: 475 858-7314
 DATE: 82 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PLANT INTAKE/ERCW FLOW QUANTITY IS MAXIMUM VALUE DURING SAMPLING PERIOD. * NA SINCE DID NOT OPERATE IN CLOSED MODE.

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37403

TN0026450

025

F - FINAL LIMITS
 025 - CLOSED-CYCLE INTAKES

Plant and ERW

FACILITY _____
 LOCATION _____
 ATTN: CHARLIE MCINTIRE

MONITORING PERIOD
 FROM YEAR 82 MO 08 DAY 01 TO YEAR 82 MO 08 DAY 28

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(I Card Only) QUANTITY OR LOADING (46-53)			(II 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				
SOLIDS, TOTAL		*****	*****	*****	*****						
DISSOLVED		*****	*****	*****	*****						
70225		*****	*****	*****	*****						
EFFLUENT GROSS VALUE								MG/L		ONCE/MONTH	8-HR Comp
Flow		52	52							CONT	8204
ERCW Intake				MGD						CONTIN UO4S	RECORD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. Eadsby, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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
 CLM

TELEPHONE
FTS 858-7314
 DATE
82 05 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PLANT INTAKE/ERCW FLOW QUANTITY IS MAXIMUM VALUE DURING SAMPLING 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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

INJ026450
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 001 STP TO DIFFUSER POND

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	08	01	82	08	31
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE CINTIRE

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-69)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OXYGEN, DISSOLVED (00)		*****	*****	*****	2.0	3.0	*****	0	23/30	GR
00300 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	1.0 INST MN	*****	*****		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)		1.16	1.65		*****	13	16	0	2/30	GR
00310 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.5 Daily HI 70 AV	Daily Mx 11 INST MX	LBS/DY	*****	Daily 30-40 HI 70 AV	Daily 45 INST MX		TWICE/MONTH	GRAB
PH		*****	*****	*****	6.9	*****	7.8	0	7/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		2.01	2.85		*****	23	28	0	2/30	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Daily 7.5-10 HI 70 AV	Daily 11 INST MX	LBS/DY	*****	Daily 30-40 HI 70 AV	Daily 45 INST MX		TWICE/MONTH	GRAB
SOLIDS, SETTLEABLE		*****	*****	*****	*****	<0.1	<0.1	0	23/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Daily 1.0 INST MX		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.005	0.010		*****	*****	*****	0	23/30	WEIR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Daily .03 HI 70 AV	Daily ***** INST MX	MGD	*****	*****	*****		DAILY	
CHLORINE, TOTAL RESIDUAL		*****	*****	*****	0.50	0.70	1.3	0	23/30	GR
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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
Cure

TELEPHONE DATE
 FT-3 858-7314 82 05 28
 AREA CODE NUMBER YEAR MO DAY

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

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

TN0026450
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 001 STP TO DIFFUSER POND

FACILITY _____
 LOCATION _____
 ATTN: CHARLIE MCINTIRE

MONITORING PERIOD
 FROM YEAR 82 MO 08 DAY 01 TO YEAR 82 MO 08 DAY 31
(12-21) (12-21) (12-25) (12-27) (12-29) (12-31)

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			
COLIFORM, FECAL GENERAL 74055 1 U EFFLUENT GROSS VALUE		*****	*****	*****	*****	< 84	700	#1	0	2/30 GR
		*****	*****	*****	*****	*****	*****	100ML		TWICE/GRAB MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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
M. T. El-Asary, Asst. MGR
OF NATURAL RESOURCES
ENVIRONMENT
 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
 [Signature]

TELEPHONE _____ DATE _____
 AREA CODE NUMBER YEAR MO DAY
 FTS 858-7314 82 05 28

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

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 IVA - SEQUOYAH NUCLEAR
ADDRESS 248 - 401 BLDG
CHATTANOOGA TN 37401

TN0026450

002 1

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL LIMITS
002 STR TO TENNESSEE RIVER

FACILITY _____
LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
82	06	01	82	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

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			
00300 1 0 OXYGEN, DISSOLVED (D.O.) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	1.2	2.9	*****		0	2 ³ /30	GR
	PERMIT REQUIREMENT	*****	*****	*****	1.0	*****	*****	MG/L		DAILY	GRAB
00310 1 0 BOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.70	2.69		*****	17	17		0	2/30	GR
	PERMIT REQUIREMENT	Daily 3.85- HI 7D AV	Daily 5.6 INST MX	LBS/DY	*****	Daily 30-40 HI 7D AV	Daily 45 INST MX	MG/L		TWICE MONTH	GRAB
00400 1 0 PH EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.7		0	2/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		WEEKLY	GRAB
00530 1 0 SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.69	2.85		*****	15	18		0	2/30	GR
	PERMIT REQUIREMENT	Daily 3.85- HI 7D AV	Daily 5.6 INST MX	LBS/DY	*****	Daily 30-40 HI 7D AV	Daily 45 INST MX	MG/L		TWICE MONTH	GRAB
00545 1 0 SOLIDS, SETTLEABLE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.1	< 0.1		0	2 ³ /30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Daily 1.0 INST MX	ML/L		DAILY	GRAB
50050 1 0 FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.019		*****	*****	*****	*****	0	2 ³ /30	WEIR
	PERMIT REQUIREMENT	Daily 0.015 HI 7D AV	Daily ***** INST MX	MGD	*****	*****	*****	*****		DAILY	
50060 1 0 CHLORINE, TOTAL RESIDUAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.50	0.71	1.8		0	2 ³ /30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. EL-ASARY, ASST. MGR.
OF NATURAL RESOURCES
(EMPLOYMENT)
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
CEM

TELEPHONE _____ DATE _____
FTS AREA CODE 858-734 NUMBER 82 YEAR 05 MO 28 DAY

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

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 TVA - SEQUOYAH NUCLEAR
ADDRESS 243 - 401 BLDG
CHATTANOOGA TN 37401

TN0026450
PERMIT NUMBER

002 1
DISCHARGE NUMBER

F - FINAL LIMITS
002 STP TO TENNESSEE RIVER

FACILITY _____
LOCATION _____

MONITORING PERIOD
FROM YEAR 82 MO 06 DAY 01 TO YEAR 82 MO 06 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

ATTN: CHARLIE MCINTIRE

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			
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	21549	> 2000	#1	0 2/30	GR
		*****	*****	*****	*****	*****	*****	100ML	TWICE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M.T. El-Ashry, Asst. M&R,
OF NATURAL RESOURCES
(ENVIRONMENT)
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
CMC

TELEPHONE _____ DATE _____
AREA CODE NUMBER YEAR MO DAY
ETS 858-7314 82 05 28

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

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 TVA - SEQUOYAH NUCLEAR
 ADDRESS 248 - 401 BLDG
CHATTANOOGA IN 37401

(2-16) IN0026450
 PERMIT NUMBER
 (17-19) 003 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 003 STP TO YARD DRAINAGE POND

FACILITY _____
 LOCATION _____
 ATTN: CHARLIE MCINTIRE

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 82 08 01 TO 82 08 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			
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.24*	1.52*		*****	11	13		0	2/30	GR
	PERMIT REQUIREMENT	Daily 9.05-0 HI 70 AV	Daily 13.55-6 INST MX	LBS/DY	*****	Daily 30-40 HI 70 AV	Daily 45 INST MX	MG/L		TWICE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.3		0	5/30	GR
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.88*	1.28*		*****	7.5	11		0	2/30	GR
	PERMIT REQUIREMENT	Daily 9.05-0 HI 70 AV	Daily 13.55-6 INST MX	LBS/DY	*****	Daily 30-40 HI 70 AV	Daily 45 INST MX	MG/L		TWICE/MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1		0	2/30	GR
00545 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Daily 1.0 INST MX	ML/L		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.014*	0.014*		*****	*****	*****	*****	0	3/30	EST*
	PERMIT REQUIREMENT	Daily 0.036 HI 70 AV	Daily ***** INST MX	MGD	*****	*****	*****	*****	*****	DAILY	
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.60	1.3	2.1		0	3/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 10	10	#1	0	2/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	100ML		TWICE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>M.T. El-Ashry, Asst. MGR. OF NATURAL RESOURCES (ENVIRONMENT)</u>	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 <u>FTS</u>	AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 * FLOW VALUES WERE ESTIMATED THIS REPORTING PERIOD DUE TO INOPERABLE FLOWMETER. FLOWMETER PART HAVE BEEN ORDERED.

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 803 LOCUST STREET BUILDING
KNOXVILLE, TN 37902

TN0026450
 PERMIT NUMBER

004
 DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	03	01		82	04	01
<small>(12-21)</small>	<small>(12-21)</small>	<small>(12-21)</small>		<small>(12-21)</small>	<small>(12-21)</small>	<small>(12-21)</small>

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	SAMPLE MEASUREMENT		*	MGD							
	PERMIT REQUIREMENT	NA	NA						1/7	GR	
SUSPENDED SOLIDS	SAMPLE MEASUREMENT				<1.0	<13	25	MG/L	0	4/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR	
SETTLABLE SOLIDS	SAMPLE MEASUREMENT				<0.10	<0.10	<0.10	ML/L	0	4/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR	
TURBIDITY	SAMPLE MEASUREMENT				1.6	16	38	NTU	0	4/30	GR
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR	
pH	SAMPLE MEASUREMENT				8.1		8.5	UNITS	0	4/30	GR
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT) 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	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *NO REPRESENTATIVE FLOW MONITORING.
 THERE WAS NO DISCHARGE ONE WEEK 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 803 LOCUST STREET BUILDING
KNOXVILLE, TN 37902

TN0026450
 PERMIT NUMBER

005
 DISCHARGE NUMBER

CONSTRUCTION RUNOFF

FACILITY SEQUOYAH NUCLEAR PLANT
 LOCATION SODDY, TN 37379

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	03	01	TO	82	04	01
<small>(12-21)</small>	<small>(12-21)</small>	<small>(12-21)</small>		<small>(12-21)</small>	<small>(12-29)</small>	<small>(12-31)</small>

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	NO DISCHARGE								
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
SETTLABLE SOLIDS	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
TURBIDITY	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				NA	NA	NA		1/7	GR
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				6.0		9.0		1/7	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 M. T. EL-ASHRY, ASST. MGR.
 OF NATURAL RESOURCES
 (ENVIRONMENT)
 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.

CLM
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 DATE
 FTS 858-7314 82 05 28
 AREA CODE NUMBER YEAR MO DAY

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

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 803 LOCUST STREET BUILDING
KNOXVILLE, TN 37902
FACILITY SEQUOYAH NUCLEAR PLANT
LOCATION SODDY, TN 37379

IN0026450
PERMIT NUMBER

006
DISCHARGE NUMBER

CONSTRUCTION RUNOFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	03	01		82	04	01
(28-29)	(22-23)	(24-25)		(28-29)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 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			
SUSPENDED SOLIDS		NO DISCHARGE								
					NA	NA	NA		1/7	GR
SETTLABLE SOLIDS										
					NA	NA	NA		1/7	GR
TURBIDITY										
					NA	NA	NA		1/7	GR
pH										
					6.0		9.0		1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. T. EL-ASHRY, ASST. MGR. OF NATURAL RESOURCES (ENVIRONMENT)	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 <i>CUM</i>	FTS AREA CODE	858-7314 NUMBER	82 YEAR	05 MO

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

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 **TVA - SEQUOYAH NUCLEAR**
 ADDRESS **248 - 401 BLDG**
CHATTANOOGA TN 37401

IN0026450 (17-19) **024 1**
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS
 024 DIFFUSER GATE

MONITORING PERIOD
 FROM YEAR **82** MO **05** DAY **01** TO YEAR **82** MO **05** DAY **28**

FACILITY
 LOCATION

ATTN: CHARLIE MCINTIRE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.51	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB
SODIUM, TOTAL (AS NA) 00929 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.9	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB
CHLORIDE (AS CL) 00940 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.5	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB
SULFATE, TOTAL (AS SO4) 00945 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.02	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.50	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. T. El-Ashry, Asst. MGR
OF NATURAL RESOURCES
(ENVIRONMENT)
 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
El-Ashry

TELEPHONE DATE
FTS 858-7314 **82 05 28**
 AREA CODE NUMBER YEAR MO DAY

DO NOT WRITE IN THESE SPACES. EXPLANATION OF OPEN, P, HEDPER & J = CLOSED. SEE PERMIT FOR RECEIVING WATER TEMP REQS AND FOR CHLORINATION ANALYSIS & REQS.