



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION

Division of Water Resources

William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, Tennessee 37243
1-888-891-8332 (TDEC)

Tennessee Multi-Sector General NPDES Permit (TMSP) Compliance Inspection Report

Facility Name:	Tennessee Valley Authority (TVA)	NPDES Tracking Number: TNR	TNR051787
Street Address:	714 Swan Pond Road	County:	Roane
Facility SIC Code(s):	4911 - -	TMSP Sector(s):	O - L - - -
Inspection Date:	8/23/2022	Effective Date:	20-JUL-20
Time of Entry:	0950	Time of Exit:	1215

Notice of Coverage (NOC) and Stormwater Pollution Prevention Plan (SWPPP)

	Yes	No	N/A
Is the facility's NOC retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the facility developed and maintained a SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the SWPPP include: a detailed site map identifying drainage, outfalls, pollutant potential areas and BMPs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an inventory of potential pollutant sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a pollution prevention team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a list of measures and controls to prevent pollution?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a description of good house keeping practices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a list of erosion prevention and sediment controls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a list of significant spills and leaks of toxic and hazardous pollutants?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a description of spill prevention and response procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a certification page signed by the appropriate authority?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a description of employee training and dates delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a certification of testing for presence of non-storm-water discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Quarterly Visual Examination of Stormwater Quality

Has the permittee performed quarterly visual examinations in accordance with the requirements of the TMSP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the visual examination reports retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stormwater Monitoring

	Yes	No	N/A
Has the permittee performed stormwater monitoring at all of the outfalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all of the required parameters been monitored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the samples been collected in accordance with the requirements of the TMSP and/or 40 CFR?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the monitoring reports and associated documentation retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the facility notify the Division within the required time frame if benchmark exceedances occurred?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comprehensive Site Compliance Evaluations and Inspections

Has the permittee performed annual comprehensive site compliance evaluations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the permittee performed any required site inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the evaluations and inspection records retained on-site or available upon request?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility BMP Review

	Yes	No	N/A
Are the site BMPs in accordance with the SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the BMPs been installed correctly and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have good housekeeping measures been implemented and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outfall and Receiving Waters (where applicable)

	Outfall #	Outfall #
Was an outfall discharging at time of inspection? If yes, explain observations (source/color/odor/foam/scum/solids etc.).		
Condition of receiving water upstream from the outfall?		
Condition of receiving water _____ feet downstream of the outfall?		
Condition of receiving water _____ feet downstream of the outfall?		

F6A, F7, F13B, F15B, F16, F17A, F17C, F18, F19A

CN-1068 (Rev 3-15)

(Page 1 of 2)

RDA 2366

F20, F21, F22, F23, F24 ALL OUTFALLS ARE GOOD

Observations and Comments:

SECTOR L - 5 mg/L Fe + 150 mg/L TSS
SECTOR O - 5 mg/L Fe

- NO COMPLIANCE ISSUES TO MENTION
- SITE/PERMITEE HAS FOLLOWED ALL TERMS AND CONDITIONS ESTABLISHED IN PERMIT COVERAGE.

On-Site Contact Person:	DWR Inspector:
Print Name: <u>Adele Dennison</u>	Print Name: <u>JOSH FRAZIER</u>
Title: <u>ES-C</u> Date: <u>8-23-22</u>	Title: <u>SCIENTIST III</u> Date: <u>8/23/22</u>
Signature: <u>Adele Dennison</u>	Signature: <u>[Signature]</u>
Phone: <u>865-310-5205</u>	Phone: <u>865-364-9500</u>
Email: <u>amdennison@tn.gov</u>	Email: <u>joshua.frazier@tn.gov</u>