



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

July 10, 2013

Ms. Christina Morgan  
Tennessee Department of Environment  
and Conservation  
Division of Water Pollution Control  
Enforcement & Compliance Section  
6<sup>th</sup> Floor, L & C Annex  
401 Church Street  
Nashville, Tennessee 37243

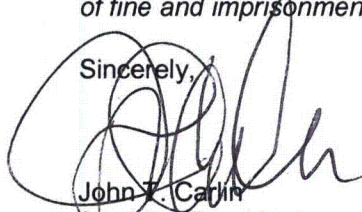
Dear Ms. Morgan:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES  
PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) FOR JUNE 2013

Enclosed is the June 2013 Discharge Monitoring Report for Sequoyah Nuclear Plant. There were no exceedances during the monitoring period. If you have any questions or need additional information, please contact Brad Love by email at [bmlove@tva.gov](mailto:bmlove@tva.gov) or by phone at (423) 843-6714.

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Sincerely,



John T. Carlin  
Site Vice President  
Sequoyah Nuclear Plant

Enclosures  
cc (Enclosures):

Chattanooga Environmental Field Office  
Division of Water Pollution Control  
State Office Building, Suite 550  
540 McCallie Avenue  
Chattanooga, Tennessee 37402-2013

U.S. Nuclear Regulatory Commission  
Attn: Document Control Desk  
Washington, DC 20555

IE25/0030  
NRR



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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 TN0026450 101 G  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 DIFFUSER DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

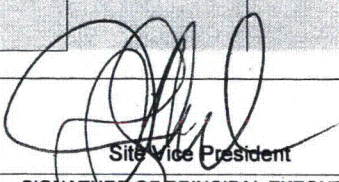
ATTN: Brad Love

MONITORING PERIOD  
 From 13 06 01 To 13 06 30

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	40.1	04	0	30 / 30	RCORDR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI NUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 Z 0 INSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	26.7	04	0	30 / 30	MODELD
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30.5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C 00016 1 S EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	2	04	0	30 / 30	CALCTD
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	3 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	1721	03	*****	*****	*****	**	0	30 / 30	RCORDR
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	***		CONTI NUOUS	RCORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	0.012	0.025	19	0	25 / 30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE 82234 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	0	62	*****	*****		**	0	30 / 30	CALCTD
	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C/HR	*****	*****	*****	***		CONTI NUOUS	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
John T. Carlin			423	843-7001	13	07	10
Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 The following injections occurred: 1. Floguard MS6236 (max. calc. conc. was 0.059mg/L--limit 0.2mg/L) 2. Biodetergent 73551 (max. calc. conc. was 0.036mg/L--limit 2.0mg/L) 3. Spectrus CT1300 (max. calc. conc. was 0.038mg/L--limit 0.050mg/L)



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

Name **TVA - SEQUOYAH NUCLEAR PLANT**  
 Address **P.O. BOX 2000**  
 (INTEROFFICE OPS-5N-SQN)  
**SODDY - DAISY, TN 37384**  
 Facility **TVA - SEQUOYAH NUCLEAR PLANT**  
 Location **HAMILTON COUNTY**

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

**TN0026450** **101 T**  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR  
 (SUBR 01)

Form Approved.  
 OMB No. 2040-0004

F - FINAL  
 BIOMONITORING FOR OUTFALL 101  
 EFFLUENT

MONITORING PERIOD  
 From **13 06 01** To **13 06 30**

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

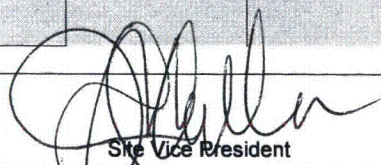
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP3B 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP6C 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John T. Carlin  
 Site Vice President

TYPED OR PRINTED

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 Site Vice President

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

423 843-7001

AREA CODE

NUMBER

DATE

13 07 10

YEAR MO DAY

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

Toxicity was not sampled in June 2013.



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

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

MAJOR (SUBR 01)  
F - FINAL  
LOW VOL. WASTE TREATMENT POND  
EFFLUENT

TN0026450

103 G

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR

MO

DAY

YEAR

MO

DAY

From 13 06 01 To 13 06 30

ATTN: Brad Love

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	7	*****	9	12	0	14 / 30	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	**	6	*****	9	SU		THREE/ WEEK	GRAB
EFFLUENT GROSS					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	5	6	19	0	2 / 30	GRAB
00530 1 0	PERMIT REQUIREMENT	*****	*****	**	*****	30	100	MG/L		TWICE/ MONTH	GRAB
EFFLUENT GROSS						MO AVG	DAILY MX				
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<6	<6	19	0	2 / 30	GRAB
00556 1 0	PERMIT REQUIREMENT	*****	*****	**	*****	15	20	MG/L		TWICE/ MONTH	GRAB
EFFLUENT GROSS						MO AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.185	1.510	03	*****	*****	*****	**	0	30 / 30	RCORDR
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	MGD	*****	*****	*****	**		SEE PERMIT	RCORDR
EFFLUENT GROSS											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

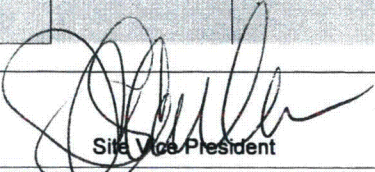
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John T. Carlin

Site Vice President

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

  
Site Vice President

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

423 843-7001

AREA CODE NUMBER

DATE

13 07 10

YEAR MO DAY

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



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

Name **TVA - SEQUOYAH NUCLEAR PLANT**  
Address **P.O. BOX 2000**  
**(INTEROFFICE OPS-5N-SQN)**  
**SODDY - DAISY, TN 37384**  
Facility **TVA - SEQUOYAH NUCLEAR PLANT**  
Location **HAMILTON COUNTY**

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

**TN0026450** **110 G**  
PERMIT NUMBER DISCHARGE NUMBER

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

Form Approved.  
OMB No. 2040-0004

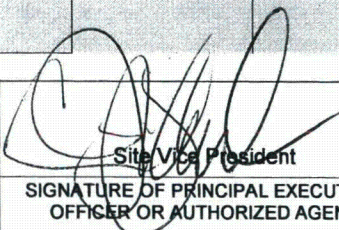
ATTN: Brad Love

MONITORING PERIOD  
From **13 06 01** To **13 06 30**

\*\*\* NO DISCHARGE **XX** \*\*\*

NOTE: Read instructions before completing this form.

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

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John T. Carlin			423	843-7001	13	07	10
Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						

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

No Discharge this Period



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

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

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

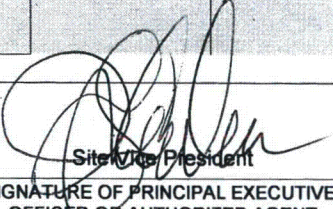
TN0026450 110 T  
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
From 13 06 01 To 13 06 30

\*\*\* NO DISCHARGE ☒ \*\*\*

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	43.2 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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John T. Carlin			423	843-7001	13	07	10
Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						

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

No Discharge this Period



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

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

MAJOR (SUBR 01)  
F - FINAL  
WASTEWATER & STORM WATER  
EFFLUENT

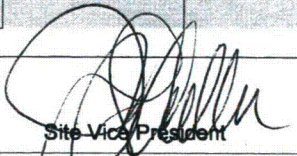
TN0026450 118 G  
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
From 13 06 01 To 13 06 30

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Site Vice President	TELEPHONE		DATE		
John T. Carlin			423	843-7001	13	07	10
Site Vice President			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
During this reporting period, there has been no flow from the Dredge Pond other than that resulting from rainfall.