**Tennessee Valley Authority**, Sequoyah Nuclear Plant, P.O. Box 2000, Soddy Daisy, TN 37384

May 13, 2019

ATTN: Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555-0001

Subject: **Sequoyah Nuclear Plant, Discharge Monitoring Report (DMR), April 2019**

Attached is the April 2019 DMR for Sequoyah Nuclear Plant.

Respectfully,

Millicent Garland
Environmental Scientist

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

ATTN:Millicent Garland

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

| TN0026450 | 101 G |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| From | 19 | 04 | 01 | To | 19 | 04 | 30 |

MAJOR
(SUBR 01)
F - FINAL
DIFFUSER DISCHARGE
EFFLUENT

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

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** | SAMPLE MEASUREMENT | ******** | ******** | ** | ******** | ******** | 34.1 | 04 | 0 | 30 / 30 | RCORDR |
| 00010 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ******** | ******** | **** | ******** | ******** | **Req. Mon. DAILY MAX** | DEG. C. | | CONTI NUOUS | CALCTD |
| **TEMPERATURE, WATER DEG. CENTIGRADE** | SAMPLE MEASUREMENT | ******** | ******** | ** | ******** | ******** | 20.1 | 04 | 0 | 30 / 30 | MODELD |
| 00010 Z 0 INSTREAM MONITORING | PERMIT REQUIREMENT | ******** | ******** | **** | ******** | ******** | **30.5 DAILY MX** | DEG. C. | | CONTI NUOUS | CALCTD |
| **TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C** | SAMPLE MEASUREMENT | ******** | ******** | ** | ******** | ******** | 2.6 | 04 | 0 | 30 / 30 | CALCTD |
| 00016 1 S EFFLUENT GROSS | PERMIT REQUIREMENT | ******** | ******** | ****. | ******** | ******** | **3.0 DAILY MX** | DEG. C. | | CONTI NUOUS | CALCTD |
| **FLOW, IN CONDUIT OR THRU TREATMENT PLANT** | SAMPLE MEASUREMENT | ******** | 1765 | 03 | ******** | ******** | ******** | ** | 0 | 30 / 30 | RCORDR |
| 50050 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ******** | **Req. Mon. DAILY MAX** | MGD | ******** | ******** | ******** | **** | | CONTI NUOUS | RCORDR |
| **FLOW, IN CONDUIT OR THRU TREATMENT PLANT** | SAMPLE MEASUREMENT | 1696 | ******** | 03 | ******** | ******** | ******** | 03 | 0 | 30 / 30 | CALCTD |
| 50050 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | **Req. Mon. MO AVG** | ******** | MGD | ******** | ******** | ******** | MGD | | CONTI NUOUS | CALCTD |
| **CHLORINE, TOTAL RESIDUAL** | SAMPLE MEASUREMENT | ******** | ******** | ** | ******** | 0.014 | 0.023 | 19 | 0 | 17 / 30 | GRAB |
| 50060 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ******** | ******** | **** | ******** | **0.1 MO AVG** | **0.1 DAILY MAX** | MG/L | | FIVE PER WEEK | CALCTD |
| **TEMPERATURE - C, RATE OF CHANGE** | SAMPLE MEASUREMENT | ******** | 0.3 | 62 | ******** | ******** | | ** | 0 | 30 / 30 | CALCTD |
| 82234 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ******** | **2.0 DAILY MX** | DEG C/HR | ******** | ******** | ******* | **** | | CONTI NUOUS | CALCTD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
| Matthew Rasmussen<br>Site Vice President | I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Site Vice President<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 423 | 843-7001 | 19 | 05 | 07 |
| TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

No closed mode operation. The following injections occurred: Flogard MS6236 (max calc. was 0.02852 mg/L, limit is 0.2 mg/L), Spectrus BD 1500 (max calc. was 0.047 mg/L, limit is 2.0 mg/L), Spectrus CT 1300 (mas conc. was 0.0330 mg/L, limit is 0.050 mg/L).

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Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

ATTN:Millicent Garland

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

| TN0026450 | 101 T |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| From | 19 | 04 | 01 | To | 19 | 04 | 30 |

MAJOR
(SUBR 01)
F - FINAL
BIOMONITORING FOR OUTFALL 101
EFFLUENT

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

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 | ******** | ******** | ** | Other | ******** | ******** | 23 | | | |
| TRP3B 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ******** | ******** | **** | **42.8 MINIMUM** | ******** | ******** | PERCENT | | SEMI ANNUAL | COMPOS |
| **IC25 STATRE 7DAY CHR PIMEPHALES** | SAMPLE MEASUREMENT | ******** | ******** | ** | Other | ******** | ******** | 23 | | | |
| TRP6C 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ******** | ******** | **** | **42.8 MIMINUM** | ******** | ******** | PERCENT | | SEMI ANNUAL | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

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

Toxicity was April 29 - May 3, 2019. The results will be reported in the May DMR.

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Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

ATTN:Millicent Garland

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

| TN0026450 | 103 G |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| From | 19 | 04 | 01 | To | 19 | 04 | 30 |

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

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

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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 | | | |
| **PH** | SAMPLE MEASUREMENT | ******** | ******** | ** | 6.2 | ******** | 7.6 | 12 | 0 | 5 / 30 | GRAB |
| 00400 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ******** | ******** | ** | **6.0 MINIMUM** | ******** | **9.0 MAXIMUM** | SU | | ONCE/ WEEK | GRAB |
| **SOLIDS, TOTAL SUSPENDED** | SAMPLE MEASUREMENT | ******** | ******** | ** | ******** | 3.8 | 3.8 | 19 | 0 | 1 / 30 | GRAB |
| 00530 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ******** | ******** | ** | ******** | **30.0 MO AVG** | **100.0 DAILY MX** | MG/L | | ONCE/ MONTH | GRAB |
| **OIL AND GREASE** | SAMPLE MEASUREMENT | ******** | ******** | ** | ******** | <4.8 | <4.8 | 19 | 0 | 1 / 30 | GRAB |
| 00556 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ******** | ******** | ** | ******** | **15.0 MO AVG** | **20.0 DAILY MX** | MG/L | | ONCE/ MONTH | GRAB |
| **FLOW, IN CONDUIT OR THRU TREATMENT PLANT** | SAMPLE MEASUREMENT | 1.308 | 1.487 | 03 | ******** | ******** | ******** | ** | 0 | 4 / 30 | INSTAN |
| 50050 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | **Req. Mon. MO AVG** | **Req. Mon DAILY MX** | MGD | ******** | ******** | ******** | ** | | ONCE/ WEEK | INSTAN |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

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Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

ATTN:Millicent Garland

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

| TN0026450 | 110 G |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| From | 19 | 04 | 01 | To | 19 | 04 | 30 |

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

*** NO DISCHARGE XX ***

Form Approved.
OMB No. 2040-0004

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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 | | | |
| **TEMPERATURE, WATER DEG. CENTIGRADE** | SAMPLE MEASUREMENT | ******** | ******** | ** | ******** | ******** | | 04 | | | |
| 00010 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ******** | ******** | ** | ******** | ******** | **REPORT DAILY MX** | DEG C | | CONTIN UOUS | CALCTD |
| **TEMPERATURE, WATER DEG. CENTIGRADE** | SAMPLE MEASUREMENT | ******** | ******** | ** | ******** | ******** | | 04 | | | |
| 00010 Z 0 INSTREAM MONITORING | PERMIT REQUIREMENT | ******** | ******** | ** | ******** | ******** | **30.5 DAILY MX** | DEG C | | CONTIN UOUS | CALCTD |
| **TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C** | SAMPLE MEASUREMENT | ******** | ******** | ** | ******** | ******** | | 04 | | | |
| 00016 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ******** | ******** | ** | ******** | ******** | **5 DAILY MX** | DEG C | | CONTIN UOUS | CALCTD |
| **FLOW, IN CONDUIT OR THRU TREATMENT PLANT** | SAMPLE MEASUREMENT | ******** | | 03 | ******** | ******** | ******** | ** | | | |
| 50050 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ******** | **Req. Mon. DAILY MX** | MGD | ******** | ******** | ******** | ** | | CONTIN UOUS | RCORDR |
| **CHLORINE, TOTAL RESIDUAL** | SAMPLE MEASUREMENT | ******** | ******** | ** | ******** | | | 19 | | | |
| 50060 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ******** | ******** | ** | ******** | **0.1 MO AVG** | **0.1 DAILY MX** | MG/L | | Five per Week | CALCTD |
| **TEMPERATURE - C, RATE OF CHANGE** | SAMPLE MEASUREMENT | ******** | | 04 | ******** | ******** | ******** | ** | | | |
| 82234 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ******** | **2 DAILY MX** | DEG C | ******** | ******** | ******** | ** | | CONTIN UOUS | CALCTD |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
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| TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

No Discharge this Period

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

Name TVA - SEQUOYAH NUCLEAR PLANT
Address P.O. BOX 2000
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Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

ATTN:Millicent Garland

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

| TN0026450 | 110 T |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| From | 19 | 04 | 01 | To | 19 | 04 | 30 |

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

*** NO DISCHARGE XX ***

Form Approved.
OMB No. 2040-0004

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|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| **IC25 STATRE 7DAY CHR CERIODAPHNIA** | SAMPLE MEASUREMENT | ******** | ******** | ** | | ******** | ******** | 23 | | | |
| TRP3B 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ******** | ******** | **** | **42.8 MINIMUM** | ******** | ******** | PERCENT | | SEMI ANNUAL | COMPOS |
| **IC25 STATRE 7DAY CHR PIMEPHALES** | SAMPLE MEASUREMENT | ******** | ******** | ** | | ******** | ******** | 23 | | | |
| TRP6C 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ******** | ******** | **** | **42.8 MINIMUM** | ******** | ******** | PERCENT | | SEMI ANNUAL | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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

No Discharge this Period

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

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Facility TVA - SEQUOYAH NUCLEAR PLANT
Location HAMILTON COUNTY

ATTN:Millicent Garland

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

| TN0026450 | 118 G |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| From | 19 | 04 | 01 | To | 19 | 04 | 30 |

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

*** NO DISCHARGE XX ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004

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

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
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| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

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

During this reporting period, there has been no flow from the Dredge Pond other than that resulting from rainfall. No Discharge this Period