



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

January 8, 2020

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

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

Attached is the December 2019 DMR for Sequoyah Nuclear Plant.

Respectfully,

A handwritten signature in blue ink that reads 'Millicent Garland'. The signature is fluid and cursive, with the first name 'Millicent' being more prominent.

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**

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

MAJOR (SUBR 01)  
 F - FINAL  
 DIFFUSER DISCHARGE  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

TN0026450 101 G  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 From YEAR MO DAY To YEAR MO DAY  
 19 12 01 To 19 12 31

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

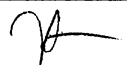
ATTN:Millicent Garland

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	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	*****	*****	**	*****	*****	27.1	04	0	31 / 31	RCORDR
00010 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>Req. Mon. DAILY MAX</b>	DEG. C.		CONTI NUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	13.5	04	0	31 / 31	MODEL
00010 Z 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>30.5 DAILY MX</b>	DEG. C.		CONTI NUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	1.6	04	0	31 / 31	CALCTD
00016 1 1 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>5.0 DAILY MX</b>	DEG. C.		CONTI NUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1913	03	*****	*****	*****	**	0	31 / 31	RCORDR
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	<b>Req. Mon. DAILY MAX</b>	MGD	*****	*****	*****	****		CONTI NUOUS	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1760	*****	03	*****	*****	*****	03	0	31 / 31	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<b>Req. Mon. MO AVG</b>	*****	MGD	*****	*****	*****	MGD		CONTI NUOUS	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	0.015	0.029	19	0	11 / 31	GRAB
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	<b>0.1 MO AVG</b>	<b>0.1 DAILY MAX</b>	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	0.1	62	*****	*****		**	0	31 / 31	CALCTD
82234 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	<b>2.0 DAILY MX</b>	DEG C/HR	*****	*****	*****	****		CONTI NUOUS	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Matthew Rasmussen  
 Site Vice President  
 TYPED OR PRINTED

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

  
 Site Vice President  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
423	843-7001	20	01	06

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

No closed mode operation. The following injections occurred: Flogard MS6236 (max calc. was 0.02962 mg/L, limit is 0.20 mg/L), Spectrus BD1500 (max calc. was 0.049, limit is 2.0 mg/L), and Spectrus CT1300 (max calc. was 0.0343 mg/L, limit is 0.05 mg/L).

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**

TN0026450 101 T  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 BIOMONITORING FOR OUTFALL 101  
 EFFLUENT

MONITORING PERIOD  
 From YEAR 19 MO 12 DAY 01 To YEAR 19 MO 12 DAY 31

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


ATTN:Millicent Garland

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP3B 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	42.8 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
TRP6C 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	****	42.8 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Matthew Rasmussen**  
 Site Vice President  
 TYPED OR PRINTED

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 Site Vice President  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
423	843-7001	20	01	06
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Toxicity was not sampled in December 2019.

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**

TN0026450 103 G  
PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
LOW VOL. WASTE TREATMENT POND  
EFFLUENT

MONITORING PERIOD  
From YEAR MO DAY To YEAR MO DAY  
19 12 01 To 19 12 31

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

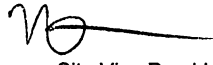
ATTN:Millicent Garland

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	**	6.9	*****	7.8	12	0	6 / 31	GRAB
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	<b>6.0</b> <b>MINIMUM</b>	*****	<b>9.0</b> <b>MAXIMUM</b>	SU		ONCE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	**	*****	5.0	5.0	19	0	1 / 31	GRAB
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	<b>30.0</b> <b>MO AVG</b>	<b>100.0</b> <b>DAILY MX</b>	MGL		ONCE/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	*****	<4.8	<4.8	19	0	1 / 31	GRAB
00556 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	**	*****	<b>15.0</b> <b>MO AVG</b>	<b>20.0</b> <b>DAILY MX</b>	MGL		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.523	1.660	03	*****	*****	*****	**	0	5 / 31	INSTAN
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	<b>Req. Mon.</b> <b>MO AVG</b>	<b>Req. Mon</b> <b>DAILY MX</b>	MGD	*****	*****	*****	**		ONCE/ WEEK	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Matthew Rasmussen**  
**Site Vice President**  
TYPED OR PRINTED

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Site Vice President  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
423	843-7001	20	01	06
AREA CODE	NUMBER	YEAR	MO	DAY

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

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**

TN0026450 110 G  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 RECYCLED COOLING WATER  
 EFFLUENT

MONITORING PERIOD  
 From YEAR MO DAY To YEAR MO DAY  
**19 12 01 To 19 12 31**

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

ATTN:Millicent Garland

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

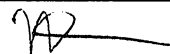
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Matthew Rasmussen

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

20 01 06

YEAR MO DAY

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

No Discharge this Period

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**

TN0026450 110 T  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 RECYCLED COOLING WATER  
 EFFLUENT

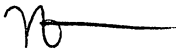
MONITORING PERIOD  
 From YEAR 19 MO 12 DAY 01 To YEAR 19 MO 12 DAY 31

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

ATTN:Millicent Garland

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
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									

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 No Discharge this Period

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**

**TN0026450** **118 G**  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR  
 (SUBR 01)

F - FINAL  
 WASTEWATER & STORM WATER  
 EFFLUENT

ATTN:Millicent Garland

MONITORING PERIOD  
 From **19 12 01** To **19 12 31**

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

NOTE: Read instructions before completing this form.


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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Matthew Rasmussen  
 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

20 01 06

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