

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,

Millicent Garland

Environmental Scientist

PERMITTEE NAME/ADDRESS (Include F	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)				MAJOR (SUBR 01)		Form Approved. OMB No. 2040-0004					
Address P.O. BOX 2000 (INTEROFFICE OPS-5N-SQN) SQDDY - DAISY, TN 37384			TN0026450 101 C			101 G RGE NUMBER	F - FINAL ER DIFFUSER DISCHARGE					
Facility TVA - SEQUOYAH NUCLEAR I		heart in		TORING PERIO		EFFLUENT						
ATTN:Millicent Garland			From 19	MO DAY		MO DAY 12 31	*** NO DISCHAR		***			
PARAMETER	QUA	NTITY OR LOADING		, :	QUALITY OR CO	NOTE: Read inst	ructions befor	NO.	FREQUENCY OF	SAMPLE		
	X, ,	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	******	**	******	******	27.1	04	0	31 / 31	RCORDR	
00010 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	******	***	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI	CALCTD	
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	*****	**	******	*****	13.5	04	0	31 / 31	MODELD	
00010 Z 0 INSTREAM MONITORING	PERMIT REQUIREMENT	*****	******	***	******	******	30.5 DAILY MX	DEG. C.		CONTI	CALCTD	
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	******	**	******	******	1.6	04	0	31 / 31	CALCTD	
00016 1 1 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	******	****	*****	******	5.0 DAILY MX	DEG. C.		CONTI	CALCTD	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1913	03	*****	******	*****	**	0	31 / 31	RCORDR	
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	******	Req. Mon. DAILY MAX	MGD	*****	******	*****	****		CONTI	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	Req. Mon. MO AVG	*****	MGD	*****	******	*****	MGD		CONTI	CALCTD	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	*****	**	******	0.015	0.029	19	0	11 / 31	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	*****	0.1	62	******	*****		**	0	31 / 31	CALCTD	
82234 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	*****	2.0 DAILY MX	DEG C/HR	******	******	*****	****		CONTI	CALCTD	
NAME/TITLE PRINCIPAL EXECUTIVE OF Matthew Rasmussen Site Vice President TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY	direction or super properly gather a persons who man information, the in and complete. I a including the pos	rvision in accordance w nd evaluate the information age the system, or those information submitted is m aware that there are sibility of fine and impris	cument and all attachment ith a system designed to a tition submitted. Based on is sepersons directly respon, to the best of my knowled significant penalties for suscendent for knowing violations.	ssure that qualifi my inquiry of the sible for gatherin dge and belief, to bmitting false inf	ed personnel (person or g the ue, accurate, ormation, SIGN	Site Vice Pro NATURE OF PRINC OFFICER OR AUTHO	IPAL EXECUTIVE ORIZED AGENT		ONE 3-7001 MBER	20	O1 06	

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					ARGE ELIMINATION S DNITORING REPOR		MAJOR (SUBR 01)			Form Approved. OMB No. 2040-0004				
			TN0026450 101 T F - FINAL PERMIT NUMBER DISCHARGE NUMBER BIOMONITORING FOR OUTFALL 101											
			YEAR	MON	ITORING PERIOD)	EFFLUENT *** NO DISCHARGE ***							
ATTN:Millicent Garland			From 19	12 0	1 To 19	12 31		instructions before	compl	eting this for	m.			
PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CO	NCENTRATION		NO. EX	FREQUENCY OF	Y SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
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 MIMINUM	******	*****	PERCENT		SEMI ANNUAL	COMPOS			
2 T	SAMPLE MEASUREMENT		<u> </u>	·!						1	!			
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT			4										
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT			4		1								
; ;	PERMIT REQUIREMENT							Market wide						
	SAMPLE MEASUREMENT			!		:	:							
	PERMIT REQUIREMENT			Topological and										
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT	·												
NAME/TITLE PRINCIPAL EXECUTIVE OF	FFICER Certify under pen	alty of law that this doc	cument and all attachment	s were prepare	d under my			TELEPHO	ONE		DATE			
Matthew Rasmussen	direction or superv properly gather an	d evaluate the informat	th a system designed to a tion submitted. Based on a	my inquiry of the	e person or	sonnel on or Site Vice President Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE								
Site Vice President	information, the inf and complete. I am	ormation submitted is , n aware that there are s	e persons directly respon to the best of my knowled significant penalties for su onment for knowing violal	dge and belief, t bmitting false in	true, accurate, iformation, SIGN				-7001		01 06			
TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY	•			O	AUTHORIZED AGENT AREA CODE NU			YEAR	MO DAY					

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

Toxioity was not sampled in Boodinson 2010

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			NATIONAL POLL DIS	CHARGE MO	MAJOR (SUBR 01)			Form Approved. OMB No. 2040-0004			
				0026450 IIT NUMBER	DISCHA	103 G RGE NUMBER	F - FINAL LOW VOL. WASTE TREATMENT POND				
Facility TVA - SEQUOYAH NUCLEAR I	PLANT		YEAR From 19	MONI MO DA' 12 01		MO DAY	*** NO DISCHAI	RGE	***		
ATTN:Millicent Garland PARAMETER QU			NTITY OR LOADING	. '' ''	12 31 QUALITY OR CO	NOTE: Read instructions before NCENTRATION		NO.	FREQUENCY		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
РН	SAMPLE MEASUREMENT	*****	******	**	6.9	******	7.8	12	0	6/31	GRAB
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	******	*****	**	6.0 MINIMUM	*****	9.0 MAXIMUM	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	*****	******	**	*****	30.0 MO AVG	100.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	**	******	<4.8	<4.8	19	0	1/31	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	1.523	1.660	03	******	*****	*****	**	0	5 / 31	INSTAN
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon	MGD	******	******	*****	**		ONCE/ WEEK	INSTAN
	SAMPLE MEASUREMENT									:	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT					:					
:	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OF			ument and all attachmen h a system designed to a			210		TELEPH	ONE	D.	ATE
Matthew Rasmussen	properly gather ar persons who man	nd evaluate the informati age the system, or those	ion submitted. Based on e persons directly respon	my inquiry of the sible for gatherin	person or ig the	Site Vice Pr	esident	423 843	. =004		
Site Vice President TYPED OR PRINTED	and complete. I ar	m aware that there are s	to the best of my knowle- ignificant penalties for su conment for knowing violation	bmitting false inf	formation, SIGN	ate, 1			3-7001 IMBER		01 06 MO DAY
COMMENTS AND EXPLANATION OF ANY	VIOLATIONS (Referen	nce all attachments h	ere)		!		:	CODE			:

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Iame TVA - SEQUOYAH NUCLEAR PLANT			national pollutant discharge elimination system (<i>NPDES</i>) DISCHARGE MONITORING REPORT (<i>DMR</i>)					MAJOR (SUBR 01)			
ddress P.O. BOX 2000 (INTEROFFICE OPS-5N-SQN) SODDY - DAISY, TN 37384		_ _ _	2	0026450 IT NUMBER	DISCHAI	110 G RGE NUMBER	F - FINAL RECYCLED COOLI	NG WATER	₹		
acility TVA - SEQUOYAH NUCLEAR ocation HAMILTON COUNTY	<u>PLANT</u>	_	YEAR	MONI MONI	TORING PERIOR		EFFLUENT	0E VV	***		
TTN:Millicent Garland			From 19	12 01	To 19	12 31	*** NO DISCHAR			lating this for	
PARAMETER		QUA	ANTITY OR LOADING			QUALITY OR CO		uctions below		FREQUENCY OF	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	
EMPERATURE, WATER DEG. ENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	******		04	1		
0010 1 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**	******	*****	REPORT DAILY MX	DEG C		CONTIN	CALCTD
EMPERATURE, WATER DEG. ENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	******		04	1		
0010 Z 0 NSTREAM MONITORING	PERMIT REQUIREMENT	******	******	**	*****	******	30.5 DAILY MX	DEG C		CONTIN	CALCTD
EMP. DIFF. BETWEEN SAMP. & PSTRM DEG.C	SAMPLE MEASUREMENT	******	******	**	******	******		04			
0016 1 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**	******	*****	5 DAILY MX	DEG C		CONTIN	CALCTD
LOW, IN CONDUIT OR THRU REATMENT PLANT	SAMPLE MEASUREMENT	*****		03	*****	******	******	**			
0050 1 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	Reg. Mon. DAILY MX	MGD	******	******	******	**		CONTIN	RCORDR
HLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	*****	**	*****			19			:
0060 1 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**	*****	0.1 MO AVG	0.1 DAILY MX	MG/L		Five per Week	CALCTD
EMPERATURE - C, RATE OF HANGE	SAMPLE MEASUREMENT	*****		04	******	*****	******	**			
2234 1 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	2 DAILY MX	DEG C	*****	******	******	**		CONTIN	CALCTD
	SAMPLE MEASUREMENT						· · · · · · · · · · · · · · · · · · ·				
	PERMIT REQUIREMENT									·	
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER I Certify under pen	alty of law that this do	ocument and all attachment	ts were prepared	under my /	<u>187</u>		TELEPHO	ONE	<u>_</u>	ATE
Matthew Rasmussen	direction or superv properly gather and	d evaluate the informa	with a system designed to a ation submitted. Based on use persons directly respon	my inquiry of the	person or	Site Vice Pr					
Site Vice President	information, the information and complete. I am	ormation submitted is aware that there are	s, to the best of my knowled significant penalties for su isonment for knowing violal	dge and belief, tr bmitting false inf	ue, accurate, ormation, SIGN	SITE VICE PI NATURE OF PRINC FFICER OR AUTHO	IPAL EXECUTIVE	. i	3-7001 MBER		01 06 MO DAY
TYPED OR PRINTED OMMENTS AND EXPLANATION OF ANY	VIOLATIONS (Referen	ce all attachments	here)		J			ODE	HOLI	I CAR	no DAT
a Diagharga this Bariad											

No Discharge this Period

EPA Form 3320-1 (REV 3/99)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Name TVA - SEQUOYAH NUCLEAR PLANT Address P.O. BOX 2000			NATIONAL POLL DIS	MAJOR (SUBR 01)			Form Approved. OMB No. 2040-0004				
(INTEROFFICE OPS-5N-SQN)		_	TN0026450 PERMIT NUMBER DIS			110 T RGE NUMBER	OLING WATER	ŧ			
Facility TVA - SEQUOYAH NUCLEAR F	<u></u>	_		MQ DAY		MO DAY	EFFLUENT *** NO DISCH	ARGE XX	***		
ATTN:Millicent Garland			From 19	12 01	To 19	12 31		instructions before		letina this for	m.
PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CO			NO.	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*****	******	**	· · · · · · · · · · · · · · · · · · ·	*****	*****	23			
TRP3B 1 0 0	PERMIT REQUIREMENT	******	*****	***	42.8 MINIMUM	*****	******	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	23			
TRP6C 1 0 0	PERMIT REQUIREMENT	*****	*****	***	42.8 MINIMUM	******	******	PERCENT		SEMI ANNUAL	COMPOS
	SAMPLE MEASUREMENT									:	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		:								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							# ### VALUE			
	SAMPLE MEASUREMENT								:		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER Certify under pen		cument and all attachment			24		TELEPHO	NE	D	ATE
Matthew Rasmussen	properly gather and	d evaluate the informa	th a system designed to a tion submitted. Based on r e persons directly respons	ny inquiry of the p	person or	Site Vice Pr	osidont				
Site Vice President	information, the info and complete. I am	ormation submitted is aware that there are	, to the best of my knowled significant penalties for sul	lge and belief, tru bmitting false info	ue, accurate, ormation, SIGN	ATURE OF PRINC	IPAL EXECUTIVE	423 843	-7001	20	01 06
TYPED OR PRINTED			onment for knowing violati	ions.	OF	FFICER OR AUTHO	ORIZED AGENT	AREA NUI CODE	MBER	YEAR N	MO DAY
COMMENTS AND EXPLANATION OF ANY No Discharge this Period	VIOLATIONS (Referen	ce all attachments l	nere)								

EPA Form 3320-1 (REV 3/99)

Previous editions may be used

PERMITTEE NAME/ADDRESS (Include Include Includ	NATIONAL POLL DIS	UTANT DISCHA	MAJOR (SUBR 01)			Form Approved. OMB No. 2040-0004					
Address P.O. BOX 2000 (INTEROFFICE OPS-5N-SQN)			TNO	0026450	i	118 G	F - FINAL				
SODDY - DAISY, TN 37384			and the second of	IIT NUMBER	DISCHA	RGE NUMBER	WASTEWATER &	STORM WA	TER		
Facility TVA - SEQUOYAH NUCLEAR	PLANT	<u> </u>					EFFLUENT		,		
Location HAMILTON COUNTY			YEAR	MO DAY	TORING PERIO	MO DAY					
ATTN:Millicent Garland				12 01		12 31	*** NO DISCHA			ating this for	
PARAMETER		QUAI	NTITY OR LOADING			QUALITY OR CO				SAMPLE	
		0.0000		Service of the services	all the state of the state of	QUALITY OR GO	NO ZIVINATION		EX.	OF	TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	**		******	*****	19	1 !		
00300 1 0	PERMIT	******	*****	****	2	*****	******	MG/L	1	TWICE/	GRAB
EFFLUENT GROSS	REQUIREMENT				MINIMUM					WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	*****	**	******	******		19	4		+
00530 1 0	PERMIT ·	*****	*****	****	******	******	100	MG/L	r - t	TWICE/	GRAB
EFFLUENT GROSS	REQUIREMENT						DAILY MX			WEEK	0.0.0
SOLIDS, SETTLEABLE	SAMPLE	*****	*****	**	*****	******	DAIL! NA				
1	MEASUREMENT			**				25			
00545 1 0	PERMIT	*****	******	***	*****	******	1	ML/L	Γ	ONCE/	GRAB
EFFLUENT GROSS	REQUIREMENT						DAILY MX			MONTH	O. U.D
FLOW, IN CONDUIT OR THRU	SAMPLE			-	*****	*****	******		l		
TREATMENT PLANT	MEASUREMENT			03				j **			
50050 1 0	PERMIT	Reg. Mon.	Reg. Mon.	MGD	*****	******	*****	*		ONCE/	ESTIMA
EFFLUENT GROSS	REQUIREMENT	MO AVG	DAILY MX							BATCH	201111111
	SAMPLE			+				1	ļ		
	MEASUREMENT			;				1			
	PERMIT		· · ·	1		T		!	ITT		T
1	REQUIREMENT										
	SAMPLE MEASUREMENT										
# 1 1	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	THE STATE OF THE S									
				l L.				!	l		
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER I Certify under per	nalty of law that this doc	ument and all attachment	s were prepared	under my	O A.	T	TELEPHO	NE	D	ATE
Matthew Rasmussen	properly gather ar	nd evaluate the informat	h a system designed to as ion submitted. Based on r	my inquiry of the	person or	YO		**			
Site Vice President	information, the in and complete. I ar	formation submitted is , n aware that there are s	e persons directly respons to the best of my knowled ignificant penalties for sul	dge and belief, tru bmitting false info	ue, accurate,	Site Vice Pro	:	423 843	-7001	20	01 06
TYPED OR PRINTED	including the poss	ibility of fine and imprise	onment for knowing violati	ions.		FFICER OR AUTHO	RIZED AGENT		MBER	YEAR N	MO DAY
COMMENTS AND EXPLANATION OF ANY	VIOLATIONS (Referen	nce all attachments h	ere)				i	CODE			
	The later of	an anabilitionis il	0.0/								

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