

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

July 13, 2020

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

## Subject: Sequoyah Nuclear Plant, Discharge Monitoring Report (DMR), June 2020

Attached is the June 2020 DMR for Sequoyah Nuclear Plant.

Respectfully,

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Kelly Robinette Environmental Technician

PERMITTEE NAME/ADDRESS (Include F Name TVA - SEQUOYAH NUCLE Address P.O. BOX 2000 (INTEROFFICE OPS-5N-SQN)	DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) TN0026450 101 G					MAJOR (SUBR 01) F - FINAL			Form Approved. OMB No. 2040-0004				
SODDY - DAISY, TN 37384				IT NUMBER	DI	SCHAR	GE NUMBER	DIFFUSER DISCH	ARGE					
Facility TVA - SEQUOYAH NUCLEAR I Location HAMILTON COUNTY	PLANT	<u>:-</u> Onl	V	MONIT	ORING P			EFFLUENT						
			YEAR	MO DAY		YEAR	MO DAY							
ATTN:Millicent Garland			From <b>20</b>	06 01	_ To [	20	06 30	*** NO DISCHAI		l)				
PARAMETER								NOTE: Read instructions before						
FARAMETER		QUA	NTITY OR LOADING				QUALITY OR CO	NCENTRATION			NO. EX	FREQUENC	TY	IPLE 'PE
		AVERAGE	MAXIMUM	UNITS MINIM		NIMUM AVERAGE		MAXIMUM	U	NITS	1	ANALYSIS		. –
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	******	**	*****	***	******	39.4		04	0	30 / 30	RCO	RDR
00010 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	******	******	] **** [	*****		******	Req. Mon. DAILY MAX		EG. C.		CONTI		.CTD
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	******	**	*****	**	******	27.6		04	0	30 / 30		DELD
00010 Z 0 INSTREAM MONITORING	PERMIT REQUIREMENT	******	******	••••	*****		*****	30.5 DAILY MX	DE	EG. C.		CONTI		CTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	******	******	**	*****	***	******	2.6	-	04	0	30 / 30		CTD
00016 1 S EFFLUENT GROSS	PERMIT REQUIREMENT	******	******	****.	*****	**	******	3.0 DAILY MX	DE	G. C.		CONTI	CAL	CTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	1	03	******		*******	*******		**	0	30 / 30	RCO	RDR
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	******	Req. Mon. DAILY MAX	MGD	******		******	****				CONTI	RCO	RDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1758	*******	03	*****	******		******* 03		03	0	30 / 30	CAL	CTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	MGD	*****	**	******	******* M		IGD		CONTI	CAL	CTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******	**	*****	**	0.014	0.024		19	0	22 / 30	GR	AB
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	*******	****	*****	**	0.1 MO AVG	0.1 DAILY MAX		IG/L		FIVE PER WEEK	R CAL	CTD
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	******	1.7	62	*****	**	******			••	0	30 / 30	CALO	СТД
82234 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	******	2.0 DAILY MX	DEG C/HR	*****	**	******	******	eeee			CONTI NUOUS	CAL	CTD
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER I Certify under per	halty of law that this doc	ument and all attachment	s were prepared i	undermv	. ^			T	ELEPHO	NE	1	DATE	1
Matthew Rasmussen	direction or super properly gather ar persons who man	vision in accordance wil nd evaluate the informat age the system, or thos	In a system designed to as ion submitted. Based on n e persons directly respons	ssure that qualifie ny inquiry of the p sible for pathering	ed personnel person or the	A	Site Vice Pr	esident						]
Site Vice President	and complete. I ar	n aware that there are s	to the best of my knowled significant penalties for sul onment for knowing violati	ue, accurate, connation,		ATURE OF PRINC		423 AREA	ļ	-7001 WBER	20 YEAR	07 MO	07 DAY	
									CODE					

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

No closed mode operation. The following injections occurred: Spectrus BD 1500 (max calc. was 0.049, limit is 2.0 mg/L), and Spectrus CT1300 (max calc. was 0.0332 mg/L, limit is 0.05 mg/L).

PERMITTEE NAME/ADDRESS (Include Fail Name TVA - SEQUOYAH NUCLEA Address P.O. BOX 2000	DIS	CHARGE MON			(SUBR 01)		Form Approved. OMB No. 2040-0004					
(INTEROFFICE OPS-5N-SQN)SODDY - DAISY, TN 37384		= Info		0026450		101 T HARGE NUMBER	F - FINAL BIOMONITORING FOR OUTFAL					
Facility TVA - SEQUOYAH NUCLEAR PL		<b>E Onl</b>					EFFLUENT					
Location HAMILTON COUNTY			<b>Y</b>			AR MO DAY						
ATTN:Millicent Garland			From 20	06 01	To 2		*** NO DISCH					
PARAMETER	►	Olla		TTY OR LOADING			NOTE: Read in ONCENTRATION	instructions before co		FREQUENCY		IPLE
		-				GOALITT OR G	ONCENTRATION		NO. EX	OF	TY	PE
		AVERAGE	MAXIMUM	UNITS	MINIMUM		MAXIMUM	UNITS		ANAL 1313		
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******	••	Monitorin Not Requi		*******	23				
TRP3B 1 0	PERMIT	******	*******	<b>****</b>	42.8	******	******	PERCENT		SEMI	COM	<b>NPOS</b>
EFFLUENT GROSS	REQUIREMENT				MINIMU	M				ANNUAL		
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	*******	**	Monitorin Not Requi		*******	23				
TRP6C 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	******	******	****	42.8 MIMINU	******	*****	PERCENT		SEMI ANNUAL		APOS
	SAMPLE MEASUREMENT		<b>•</b>	•			······································				1	
	PERMIT REQUIREMENT										1	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	CER Certify under pena	alty of law that this doc	cument and all attachment	ts were prepared u	under my		i	TELEPH			DATE	J
Matthew Rasmussen	properly gather and persons who mana	l evaluate the informat ge the system, or those	Ih a system designed to a lion submitted. Based on i e persons directly respon- to the best of my knowled	my inquiry of the p sible for gathering	erson or the	Site Vice I	President	423 843	3-7001	20	07	07
Site Vice President	and complete. I am	aware that there are s	significant penalties for su coment for knowing violat	ibmitting false info	mation,	SIGNATURE OF PRIN OFFICER OR AUTI			MBER			DAY
COMMENTS AND EXPLANATION OF ANY VI	OLATIONS (Reference	ce all attachments h	nere)		· · · · · · · · · · · · · · · · · · ·			<u> </u>			4.	4

Toxicity was not sampled in June 2020.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)           Name         TVA - SEQUOYAH NUCLEAR PLANT           Address         P.O. BOX 2000			DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)					(SUBR 01)			ed. 10-0004			
		IIIIC	The second se	0026450 IT NUMBER		103 G F - FINAL DISCHARGE NUMBER LOW VOL. WAS					20112				
Facility TVA - SEQUOYAH NUCLEA		E Onl						LOW VOL. WAST	IE IREA	IMENI	POND				
Location HAMILTON COUNTY			<b>Y</b>		TORING F	YEAR	MO DAY	EFFLUENT	-						
ATTN:Millicent Garland			From <b>20</b>	06 01		20	06 30	*** NO DISCHA							
PARAMETER	<u> </u>	QUA	ITITY OR LOADING			QUALITY OR CO	structions		mpleting this fo						
		AVERAGE	MAXIMUM	UNITS	MINIM	IM	AVERAGE	MAXIMUM	UN		X OF ANALYSIS	TYPE			
PH	CAMPLE							MAXIMUM		113					
rn	SAMPLE MEASUREMENT	******	******	••	6.4		*******	8.5	1	2	<b>0</b> 6/30	GRAB			
00400 1 0	PERMIT	******	******	**		)	*******	9.0	s	υH	ONCE/	GRAB			
EFFLUENT GROSS	REQUIREMENT				MINIMUM			MAXIMUN	_	-	WEEK				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	**	******		10.6	10.6	1	9	0 1/30	GRAB			
00530 1 0	PERMIT	******	******	] •• [	*****	**	30.0	100.0	MG	.л  -	ONCE/	GRAB			
EFFLUENT GROSS	REQUIREMENT						MO AVG	DAILY MX			MONTH				
OIL AND GREASE	SAMPLE MEASUREMENT	******	******	**	*****	**	<5.0	<5.0	1	9	0 2/30	GRAB			
00556 1 0	PERMIT	*******	******	] •• F	*****	**	15.0	20.0	MG		ONCE/	GRAB			
EFFLUENT GROSS	REQUIREMENT						MO AVG	DAILY MX			MONTH				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.850	0.921	03	*****	**	*******	*******	•	. (	5/30	INSTAN			
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon DAILY MX	MGD	*****	**	*******	****	-		ONCE/ WEEK	INSTAN			
	SAMPLE MEASUREMENT	***************************************										-			
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	<b>I</b>						I .	1				]			
NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER Certify under pen	alty of law that this doc	ment and all attachments a system designed to as	were prepared u	under my	$\wedge$	1		TEL	EPHONE	1	DATE			
Matthew Rasmussen	properly gather an persons who mana	d evaluate the informati age the system, or those	on submitted. Based on m persons directly respons	ry inquiry of the p ible for aathering	the	rson or N									
Site Vice President	and complete. I an	haware that there are si	o the best of my knowledge and belief, true, accurate, gnificant penalties for submitting false information, nment for knowing violations.						423 843-		01 20	07 07			
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include ) <u>Name</u> TVA - SEQUOYAH NUCLE Address P.O. BOX 2000	Dis	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) TN0026450 110 G					(SUBR 01)			Form Approved. OMB No. 2040-0004				
(INTEROFFICE OPS-5N-SQN)		E Info						F - FINAL ER RECYCLED COOLING WATER						
Facility TVA - SEQUOYAH NUCLEAR	PLANT	E Onl								WATER				
Location HAMILTON COUNTY			<b>Y</b>		TORING F	YEAR	MO DAY	EFFLUENT						
ATTN:Millicent Garland			From <b>20</b>	06 01		20	06 30	*** NO DISCHA		XX	•••			
PARAMETER		QUA	NTITY OR LOADING				QUALITY OR CO	NOTE: Read in	struction	ns before		FREQUENC	_	APLE
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		AVERAGE	MAXIMUM	UNITS	MINIM		AVERAGE	MAXIMUM	<u> </u>	INITS				
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	*******	**	*****	***	*******			04				
00010 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**	****	***	*******	REPORT		EG C		CONTIN	CAL	CTD
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	******	**	*****	***	******			04		UOUS		
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TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	******	******	**	*****	***	*******			04				
00016 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	*****	••	****	k##	*******	5 DÁILY MX	_	EG C		CONTIN	CAL	.CTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******		03	*****	***	*******	******		**				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	MGD	*****	**	******	*****		**		CONTIN	RCC	ORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******	**	*****	**	ł			19				
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EFFLUENT GROSS VALUE	REQUIREMENT						MO AVG	DAILY MX			1	Week	0.12	0.0
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	******		04	*****	**	*******	*******		**				
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Matthew Rasmussen	properly gather and persons who manag	l evaluate the informati ge the system, or those	ion submitted. Based on r persons directly respons to the best of my knowled	ny inquiry of the sible for aatherin	person or a the	•	Site Vice Pr	esident	423	843	-7001	20	07	07
Site Vice President	and complete. I am	aware that there are s	ignificant penalties for sul priment for knowing violati	bmitting false inf	ormation,		ATURE OF PRINC		AREA	ļ	MBER			DAY
			-						CODE					

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				SCHARGE MC 0026450	DNITORING RE	ON SYSTEM (NPDES) PORT (DMR)	MAJOR (SUBR 01) F - FINAL RECYCLED COOLING WATER			Form Approved. OMB No. 2040-0004		
Facility TVA - SEQUOYAH NUCLEAR Location HAMILTON COUNTY	PLANT	<b>= Onl</b>			TORING PE	HARGE NUMBER	EFFLUENT					
ATTN:Millicent Garland			From 20	06 01		0 06 30	NO DISCHARGE XX NOTE: Read instructions before			etina this forr	n	
PARAMETER	> 1	QUA	NTITY OR LOADING			QUALITY OR CO	QUALITY OR CONCENTRATION		NO. EX	FREQUENCY		
	· · · · ·	AVERAGE	MAXIMUM	UNITS	MINIMUM AVERAGE		MAXIMUM	UNITS	1	ANALYSIS		
IC25 STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******	**		******	*******	23				
TRP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******	****	42.8 MINIMU	*****	******	PERCENT		SEMI ANNUAL	COMPOS	
IC25 STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******	**		******	******	23				
TRP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	••••	42.8 MINIMU	*********	*****	PERCENT		SEMI ANNUAL	COMPOS	
	SAMPLE MEASUREMENT					12 <b>1</b>						
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NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER Certify under pena	ity of law that this docu	ment and all attachment	s were prepared	under my		I	TELEPHO			J	
Matthew Rasmussen	properly gather and	sion in accordance with evaluate the information	a system designed to as on submitted. Based on n persons directly respons	sure that qualifient	d personnel (			TELEPHO			ATE	
Site Vice President	information, the info	rmation submitted is , I aware that there are si	to the best of my knowled gnificant penalties for sub inment for knowing violation	ge and belief, the	ue, accurate,		IPAL EXECUTIVE		3-7001		07 07	
TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY V					JRIZED AGENT	AREA NU CODE	MBER	YEAR	IO DAY			

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					SE MONITO		NATION SYSTEM (NPDES) MAJOR REPORT (DMR) (SUBR 01) 118 G F - FINAL			Form Approved. OMB No. 2040-00		
<u>SODDY - DAISY, TN 37384</u> FacilityTVA - SEQUOYAH NUCLEAR	PLANT			PERMIT NUM	IBER	DISCHA	RGE NUMBER	WASTEWATER	/ATER			
Location HAMILTON COUNTY		E Onl	У Г			RING PERIC		EFFLUENT				
ATTN:Millicent Garland			From	YEAR MO 20 06	DAY 01	To 20	MO DAY 06 30	NO DISCH	IARGE XX *** instructions before completing this			n
PARAMETER		QUANTIT		ADING			QUALITY OR CO		NO. EX	FREQUENCY	-	
		AVERAGE	MAXIM	UM UNI	TS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	ITE
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	******	*****	** **		*******	******	<b>4</b>	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. M DAILY		D	*******	******	******	·		ONCE/ BATCH	ESTIMA
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER Certify under per	ally of law that this doci	ument and all att	achments were pro	pared under	rmy (		I	TELEPI			TE
Matthew Rasmussen	properly gather an persons who man	ision in accordance will d evaluate the informati tige the system, or those	n a system desig on submitted. Ba persons directly	ned to assure that used on my inquiry responsible for a	qualified per of the perso athering the	rsonnel n or	Site Vice Pro					
Site Vice President	and complete. I an	n aware that there are si	anificant penaltie	the best of my knowledge and belief, true, accurat ficant penalties for submitting false information, tent for knowing violations.			accurate One vice i resident			13-7001	20 C	07 07
TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY V	/IOLATIONS (Referen	ce all attachments h	ere)						AREA N CODE			

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