

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

March 11, 2019

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

Subject: Sequoyah Nuclear Plant, Discharge Monitoring Report, February 2019

Attached is the Discharge Monitoring Report, February 2019, Sequoyah Nuclear Plant.

Respectfully, Juland icen

Millicent Garland Environmental Scientist

| PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Name TVA - SEQUOYAH NUCLEAR PLANT Address _P.O. BOX 2000 | | | DISCHARGE MONITORING REPORT (DMR) | | | | MAJOR Form Approved. (SUBR 01) OMB No. 2040-00 | | | | | |
|--|--|--|---|---|---|------------------------|--|---------|--------------|------------------|--------------|--|
| (INTEROFFICE OPS-5N-SQN SODDY - DAISY, TN 37384 Facility TVA - SEQUOYAH NUCLEAR | | | | 0026450 IT NUMBEI | R DISCHAF | 101 G RGE NUMBER | F - FINAL DIFFUSER DISCHARGE | | | | | |
| Location HAMILTON COUNTY | <u>PLANI</u> | <u> </u> | 4 1 | MON | ITORING PERIOD | c l | EFFLUENT | | | | | |
| ATTN:Millicent Garland | | | From 19 | MO DA 02 0 | | MO DAY 02 28 | *** NO DISCHAR | [. | *** | ladiaa dhia faa | | |
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| 00010 Z 0 | PERMIT REQUIREMENT | ****** | ****** | **** | ****** | ****** | 30.5 | DEG. C. | | CONTI | CALCTD | |
| TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C | SAMPLE MEASUREMENT | ****** | ***** | ** | ***** | ****** | DAILY MX 4.3 | 04 | 0 | NUOUS 28 / 28 | CALCTD | |
| 00016 1 1 EFFLUENT GROSS | PERMIT REQUIREMENT | ******* | ***** | ****. | ******* | ****** | 5.0 DAILY MX | DEG. C. | | CONTI NUOUS | CALCTD | |
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| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 1715 | ****** | 03 | ***** | ****** | ****** | 03 | 0 | 28 / 28 | CALCTD | |
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| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ****** | ***** | ** | ***** | 0.021 | 0.032 | 19 | 0 | 8 / 28 | GRAB | |
| 50060 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | **** | ****** | 0.1 MO AVG | 0.1 | MG/L | | FIVE PER WEEK | CALCTD | |
| EMPERATURE - C, RATE OF CHANGE | SAMPLE MEASUREMENT | ****** | 1.4 | 62 | ***** | ****** | DAILY MAX | ** | 0 | 28 / 28 | CALCTD | |
| 2234 1 0 FFLUENT GROSS | PERMIT REQUIREMENT | ****** | 2.0 DAILY MX | DEG C/HR | ****** | ****** | ****** | **** | | CONTI NUQUS | CALCTD | |
| NAME/TITLE PRINCIPAL EXECUTIVE OF Matthew Rasmussen Site Vice President | direction or super- properly gather an persons who mana information, the in and complete. I an | vision in accordance wit ad evaluate the informat age the system, or those formation submitted is , n aware that there are s | ument and all attachments th a system designed to as ion submitted. Based on m e persons directly responsi to the best of my knowled ignificant penalties for sub onment for knowing violatio | sure that qualifi y inquiry of the ble for gatherin ge and belief, tr mitting false inf | ed personnel person or g the ue, accurate, | Site Vice Pre | PAL EXECUTIVE | TELEPHC | ONE -7001 | D | ATE 03 06 | |

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

No closed mode operation. The following injection occurred: Flogard MS 6236 (max calc. was 0.02962 mg/L, limit is 2.0 mg/L).

| ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Iame TVA - SEQUOYAH NUCLEAR PLANT Idress P.O. BOX 2000 (INTEROFFICE OPS-5N-SQN) | | | dis TNC | NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) MAJOR (SUBR 01) TN0026450 101 T F - FINAL PERMIT NUMBER DISCHARGE NUMBER BIOMONITORING | | | | | | Form Approved. OMB No. 2040-0004 | | | | |
|---|-----------------------|---|-----------------|--|--|-------------------------------|---|--------------|-----------|-------------------------------------|---------------------------------|--|--|--|
| Facility TVA - SEQUOYAH NUCLE, Location HAMILTON COUNTY ATTN:Millicent Garland | <u>AR PLANT</u> | | From 19 | | ITORING PERIOD | | EFFLUENT *** NO DISCHAP NOTE: Read ins | RGE | *** | | m. | | | |
| PARAMETER | | QUAN | TITY OR LOADING | | | QUALITY OR COM | Contraction of the second s | | NO. | FREQUENCY | SAMPLE | | | |
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| TRP3B 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ****** | ***** | **** | 42.8 MINIMUM | ****** | ***** | PERCENT | | SEMI | COMPOS | | | |
| C25 STATRE 7DAY CHR PIMEPHALES | SAMPLE MEASUREMENT | ****** | ***** | ** | Monitoring Not Required | ****** | ****** | 23 | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | <u>nen estat el contra de la contra</u> | | | | <u>Ar 1997, 1997, 1997, 2</u> 9 | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | SAMPLE MEASUREMENT | | <u></u> | | | <u></u> | <u>14 11 89 (1999) 1997 1997 1997 1997 1997 1997 1997</u> | | | | <u> </u> | | | |
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| i i i i i i i i i i i i i i i i i i i | SAMPLE MEASUREMENT | | | | | | | | | | <u>t fotol de sta</u> | | | |
| | PÉRMIT REQUIREMENT | | | | | | | | | | | | | |
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| | PERMIT | | | | | | | | | | | | | |

Site Vice President

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.

| \mathcal{N} | TE | ELEPHONE | | DATE | DATE | |
|-----------------------------|--------------|----------|------|------|------|--|
| Site Vice President | 423 | 843-7001 | 19 | 03 | | |
| OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | мо | | |

TYPED OR PRINTED

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

Toxicity was not sampled in February 2019.

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DAY

| PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Name TVA - SEQUOYAH NUCLEAR PLANT Address P.O. BOX 2000 | | | NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) | | | | ⁽³⁾ MAJOR Form Approved (SUBR 01) OMB No. 2040- | | | | |
|--|-----------------------|--|--|---|---|----------------|---|---------|-----|-----------------|--------|
| (INTEROFFICE OPS-5N-SQM SODDY - DAISY, TN 37384 | | | | | | | F - FINAL LOW VOL. WASTE | TREATME | | ND | |
| Facility TVA - SEQUOYAH NUCLEAR PLANT Location HAMILTON COUNTY ATTN:Millicent Garland | | | YEAR From 19 | EFFLUENT *** NO DISCHAR(NOTE: Read instr | , , | *** | eting this for | m | | | |
| PARAMETER | | QUAI | NTITY OR LOADING | | | QUALITY OR CO | | | NO. | FREQUENCY OF | |
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | EA | ANALYSIS | ITPE |
| РН | SAMPLE MEASUREMENT | ****** | ****** | ** | 6.3 | ****** | 7.9 | 12 | 0 | 5 / 28 | GRAB |
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| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ****** | ***** | ** | ****** | 8.6 | 8.6 | 19 | 0 | 1 / 28 | GRAB |
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| OIL AND GREASE | SAMPLE MEASUREMENT | ****** | ****** | ** | ****** | <4.8 | <4.8 | 19 | 0 | 1 / 28 | GRAB |
| 00556 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | ****** | ****** | ** | ****** | 15.0 MO AVG | 20.0 DAILY MX | MG/L | | ONCE/ MONTH | GRAB |
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| 50050 1 0 EFFLUENT GROSS | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon DAILY MX | MGD | ****** | ****** | ****** | ** | | ONCE/ WEEK | INSTAN |
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Site Vice President

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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.
 TELEPHONE
 DATE

 Site Vice President
 423
 843-7001
 19
 03
 06

 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 AREA CODE
 NUMBER
 YEAR
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 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 | | | DI | | HARGE ELIMINATION ONITORING REPOR | | S) MAJOR Form Approved (SUBR 01) OMB No. 2040 F - FINAL | | | | |
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| | acility TVA - SEQUOYAH NUCLEAR PLANT | | | | | | EFFLUENT | | • | | |
| Location HAMILTON COUNTY | | | YEAR | 1 | ITORING PERIO | | | | | | |
| ATTN:Millicent Garland | | | From 19 | 02 0 | | 02 28 | *** NO DISCHA | | | | |
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| TEMPERATURE, WATER DEG. CENTIGRADE | SAMPLE MEASUREMENT | ***** | **** | ** | ****** | ****** | | 04 | | | |
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| NAME/TITLE PRINCIPAL EXECUTIVE OF | FICER Certify under per | nalty of law that this docu | ument and all attachment a system designed to as | s were prepared | l under my | M | | TELEPHO | ONE | D | ATE |
| Matthew Rasmussen Site Vice President | properly gather an persons who man information, the in | nd evaluate the information age the system, or those formation submitted is, t | on submitted. Based on r persons directly respons to the best of my knowled | ny inquiry of the sible for gatherir lge and belief, tr | person or ng the ue, accurate, | Site Vice Pre | sident | 423 843 | -7001 | 19 (| 03 06 |
| Site vice Flesident | | | gnificant penalties for sul nment for knowing violati | | | ATURE OF PRINCIP | | | | | |
| TYPED OR PRINTED | | , | | | OF | FICER OR AUTHO | | AREA NUI | MBER | YEAR N | 10 DAY |

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

No Discharge this Period

CODE

| RMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) meTVA - SEQUOYAH NUCLEAR PLANT dressP.O. BOX 2000 | | | DISCHARGE MONITORING REPORT (DMR) | | | | MAJOR (SUBR 01) | | | Form Approved. OMB No. 2040-0004 | | |
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| <u>2N)</u> | | | | | | | | र | | | | |
| Facility TVA - SEQUOYAH NUCLEAR PLANT | | | MO DA | Y YEAR | | | () | | - 11 11-1- 6 | | | |
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Site Vice President

property gather and evaluate the information submitted Based on my inquiry of the personnel property 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.

| n | TE | ELEPHONE | DATE | | |
|----------------------------------|--------------|----------|------|----|---|
| v / | | | | | ! |
| Site Vice President | 423 | 843-7001 | 19 | 03 | 1 |
| SIGNATURE OF PRINCIPAL EXECUTIVE | | | | | |
| OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | мо | 1 |
| | CODE | | . | | 1 |

TYPED OR PRINTED

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

No Discharge this Period

06

DAY

| ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Iame TVA - SEQUOYAH NUCLEAR PLANT Iddress P.O. BOX 2000 | | | DISCHARGE MONITORING REPORT (DMR) | | | | MAJOR Form Approved. (SUBR 01) OMB No. 2040-0004 | | | | |
|---|-----------------------|---|-----------------------------------|---------------------|---------------|---|---|----------|-----------|----------------|---------|
| | | | | 026450 IT NUMBEF | R DISCHAI | 118 G RGE NUMBER | F - FINAL WASTEWATER & S | STORM WA | TER | | |
| Facility TVA - SEQUOYAH NUCLEAR Location HAMILTON COUNTY | <u>PLANI</u> | | YEAR | | ITORING PERIO | the second se | EFFLUENT | | | | |
| ATTN:Millicent Garland | | | From 19 | 02 0 [.] | | 02 28 | *** NO DISCHAR NOTE: Read inst | | | etina this for | m |
| PARAMETER | | QUA | NTITY OR LOADING | | | QUALITY OR CO | the second se | | NO. EX | FREQUENCY | |
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| DXYGEN, DISSOLVED (DO) | SAMPLE MEASUREMENT | ****** | ****** | ** | | ****** | ****** | 19 | - | | |
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| OLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ****** | ***** | ** | ****** | ****** | <u></u> | 19 | | | |
| 0530 1 0 FFLUENT GROSS | PERMIT REQUIREMENT | ****** | ***** | **** | ****** | ****** | 100 DAILY MX | MG/L | | TWICE/ WEEK | GRAB |
| OLIDS, SETTLEABLE | SAMPLE MEASUREMENT | ****** | ***** | ** | ****** | ****** | DAILT MA | 25 | | | |
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| LOW, IN CONDUIT OR THRU REATMENT PLANT | SAMPLE MEASUREMENT | <u> </u> | | 03 | ****** | ****** | ****** | ** | <u> </u> | | |
| 0050 1 0 FFLUENT GROSS | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ****** | * | | ONCE/ BATCH | ESTIM/ |
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Site Vice President

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.

| γ | | | 1 | DATE |
|-----------------------------|--------------|----------|------|------|
| Site Vice President | 423 | 843-7001 | 19 | 03 |
| OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | мо |

TYPED OR PRINTED

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.

06

DAY