



Tennessee Valley Authority, Post Office Box 2000, Soddy Daisy, Tennessee 37384-2000

January 10, 2017

Mr. Michael Bascom
Tennessee Department of Environment
and Conservation
Division of Water Pollution Control
1301 Riverfront Parkway
Chattanooga, Tennessee 37402

Dear Mr. Bascom:

TENNESSEE VALLEY AUTHORITY (TVA) - SEQUOYAH NUCLEAR PLANT (SQN) - NPDES
PERMIT NO. TN0026450 - DISCHARGE MONITORING REPORT (DMR) for December 2016

Enclosed is the December 2016 Discharge Monitoring Report for Sequoyah Nuclear Plant. There were no exceedances during the reporting period. The Turbine building sump was discharged to the Yard Pond on December 5 and re-aligned on December 6. Turbine Building sump monitoring results are shown in Attachment 1. If you have any questions or need additional information, please contact Millicent Garland by email at mrmoore@tva.gov or by phone at (423) 843-6714.

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.

Sincerely,

Gregory A. Boerschig
Site Vice President (Interim)
Sequoyah Nuclear Plant

Enclosures

cc (Enclosures):

U.S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555

IE25
NR

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)

Form Approved.
 OMB No. 2040-0004

TN0026450 **101 G**
PERMIT NUMBER **DISCHARGE NUMBER**

F - FINAL
 DIFFUSER DISCHARGE
 EFFLUENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
From 16	12	01	To 16	12	31

*** NO DISCHARGE ☐ ***

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	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	27.9	04	0	31 / 31	RCORDR
00010 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MAX	DEG. C.		CONTI NUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	16.0	04	0	31 / 31	MODEL
00010 Z 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30.5 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
TEMP. DIFF. BETWEEN SAMP. & UPSTRM DEG.C	SAMPLE MEASUREMENT	*****	*****	**	*****	*****	2.3	04	0	31 / 31	CALCTD
00016 1 1	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5.0 DAILY MX	DEG. C.		CONTI NUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	1842	03	*****	*****	*****	**	0	31 / 31	RCORDR
50050 1 0	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MAX	MGD	*****	*****	*****	****		CONTI NUOUS	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1431	*****	03	*****	*****	*****	03	0	31 / 31	CALCTD
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	MGD		CONTI NUOUS	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	**	*****	0.026	0.033	19	0	8 / 31	GRAB
50060 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.1 MO AVG	0.1 DAILY MAX	MG/L		FIVE PER WEEK	CALCTD
TEMPERATURE - C, RATE OF CHANGE	SAMPLE MEASUREMENT	*****	1.5	62	*****	*****		**	0	31 / 31	CALCTD
82234 1 0	PERMIT REQUIREMENT	*****	2.0 DAILY MX	DEG C/HR	*****	*****	*****	****		CONTI NUOUS	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Gregory A. Boerschig Site Vice President (Interim)	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.	TELEPHONE		DATE		
		(Acting) Site Vice President	423 843-7001	17	01	09
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)

No closed mode operation. The following injections occurred: Flogard MS 6236 (max calc was 0.05 mg/L, limit was 0.20 mg/L), Spectrus BD 1500 (max calc was 0.05 mg/L, limit was 2.0 mg/L)

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

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(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

BIOMONITORING FOR OUTFALL 101

EFFLUENT

Form Approved.
 OMB No. 2040-0004


TN0026450 **101 T**
PERMIT NUMBER **DISCHARGE NUMBER**

MONITORING PERIOD
 From **16 12 01** To **16 12 31**

*** NO DISCHARGE ☐ ***

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 TRP3B 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
	PERMIT REQUIREMENT	*****	*****	****	42.8 MINIMUM	*****	*****	PERCENT		SEMI ANNUAL	COMPOS
IC25 STATRE 7DAY CHR PIMEPHALES TRP6C 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	Monitoring Not Required	*****	*****	23			
	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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Gregory A. Boerschig Site Vice President (Interim) 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.	 (Acting) Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	17	01	09
			AREA CODE	NUMBER	YEAR	MO	DAY

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

Toxicity was not sampled in December 2016..

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 Location **HAMILTON COUNTY**

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450 **103 G**
 PERMIT NUMBER DISCHARGE NUMBER


F - FINAL
 LOW VOL. WASTE TREATMENT POND
 EFFLUENT

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 From **16 12 01** To **16 12 31**

*** NO DISCHARGE ☐ ***

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			
PH 00400 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	7.8	*****	8.1	12	0	5 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	**	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	<5.0	<5.0	19	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	**	*****	30.0 MO AVG	100.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE 00556 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	<5.0	<5.0	19	0	1 / 31	GRAB
	PERMIT REQUIREMENT	*****	*****	**	*****	15.0 MO AVG	20.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	1.235	1.351	03	*****	*****	*****	**	0	5 / 31	INSTAN
	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 Gregory A. Boerschig Site Vice President (Interim) 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.	 (Acting) Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	17	01	09
			AREA CODE	NUMBER	YEAR	MO	DAY

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

The Turbine Building Sump (TBS) was discharged directly to the Yard Pond (YP) from December 5 through December 6, 2016.

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

Name **TVA - SEQUOYAH NUCLEAR PLANT**
 Address **P.O. BOX 2000**
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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

RECYCLED COOLING WATER

EFFLUENT

Form Approved.

OMB No. 2040-0004

TN0026450

110 G

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

From YEAR **16** MO **12** DAY **01**

To YEAR **16** MO **12** DAY **31**

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

ATTN:Millicent Garland

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE		DATE		
		423	843-7001	17	01	09
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)

No Discharge this Period

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

Name **TVA - SEQUOYAH NUCLEAR PLANT**
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 Location **HAMILTON COUNTY**

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

TN0026450
PERMIT NUMBER

110 T
DISCHARGE NUMBER

F - FINAL
 RECYCLED COOLING WATER
 EFFLUENT

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
16	12	01	16	12	31


From

To

*** NO DISCHARGE ☒ ***

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

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			423	843-7001	17	01	09
			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)

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

MAJOR
 (SUBR 01)

Form Approved.
 OMB No. 2040-0004

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

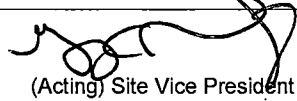
F - FINAL
 WASTEWATER & STORM WATER
 EFFLUENT

MONITORING PERIOD
 YEAR MO DAY
 From **16 12 01** To **16 12 31**

*** NO DISCHARGE ☒ ***

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			
OXYGEN, DISSOLVED (DO) 00300 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**		*****	*****	19			
	PERMIT REQUIREMENT	*****	*****	****	2 MINIMUM	*****	*****	MG/L		TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		19			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	MG/L		TWICE/ WEEK	GRAB
SOLIDS, SETTLEABLE 00545 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	**	*****	*****		25			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1 DAILY MX	ML/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT			03	*****	*****	*****	**			
	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 Gregory A. Boerschig Site Vice President (Interim) 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.	 (Acting) Site Vice President SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			423	843-7001	17	01	09
			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

**TVA Sequoyah Nuclear Plant
NPDES Permit Number TN0026450
Attachment 1**

Turbine Building Sump Monitoring Data

The turbine building sump was discharged directly to the yard drainage pond from 12/5/16 to 12/6/2016. During this period, the turbine building sump was monitored in accordance with the narrative condition found in Part 1.A.2 of the NPDES Permit TN0026450. There are no permit limits applicable at this monitoring point, which flows to the yard drainage pond, mixes with other flows in the diffuser pond, then discharges to the Tennessee River at Outfall 101.

Parameter	Daily Minimum	Monthly Average	Daily Maximum	No. of Samples
Flow	-	1.16 MGD	1.17 MGD	1
pH	7.77 s.u.	-	7.77 s.u.	1
O&G	-	<5.0 mg/L	<5.0 mg/L	1
TSS	-	5.0 mg/L	5.0 mg/L	1