

Nuclear Fuel Services, Inc. 1205 Banner Hill Road Erwin, TN 37650

(423) 743-9141

E-Mail: http://www.atnfs.com

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

21G-07-0113 GOV-05-01-01 ACF-07-0268

September 12, 2007

Mr. Christopher S. Moran
Enforcement and Compliance Section
Tennessee Department of Environment and Conservation
Division of Water Pollution Control
6th Floor, L&C Annex, 401 Church Street
Nashville, TN 37243-1534

References:

- 1) Nuclear Fuel Services, Inc. (NFS) NPDES Permit No. TN0002038
- 2) e-mail from Mr. Brent Lecher, dated 1/31/06 to Joyce Griffith
- 3) DEEMERs User's Guide, dated 1/06, Section 8.g.i
- 4) Electronic Reporting System for Submittal of DMRs "DEEMERs" (letter from C.S. Moran and K. Fowlkes, TDEC to B.M. Moore, NFS), dated June 24, 2002
- 5) DEEMERs Electronic Application Package (letter from K. Fowlkes and C.S. Moran, TDEC to B.M. Moore, NFS), dated October 25, 2002

Dear Mr. Moran:

As required by Part I, D.1 of NPDES Permit #TN0002038, we hereby submit the Monthly Discharge Monitoring Report (DMR), EPA Form 3320-1, for August 2007 as Attachment 1. As requested in Reference 2 above, NFS is also electronically submitting the August DMR via the DEEMERs system. Also included are the Third Ouarter 2007 Metals and PCE analyses.

Laboratory analyses for required permit parameters were performed on nineteen (19) Waste Water Treatment Facility (WWTF) batches discharged during this reporting period. All values were indicated by these analyses to be within their respective permit conditions.

If you or your staff have any questions, require additional information, or wish to discuss this, please contact me or Ms. Joyce Griffith, Environmental Scientist, at (423) 743-9141. Please reference our unique document identification number (21G-07-0113) in any correspondence concerning this letter.

Sincerely,

NUCLEAR FUEL SERVICES, INC.

B. Marie Moore

Vice President, Safety & Regulatory

CAH/lsn

B. Marie Moore to Mr. Christopher S. Moran September 12, 2007

Attachment

xc:

U.S. Nuclear Regulatory Commission Region II, Atlanta Federal Center 61 Forsyth Street, S. W., Suite 23T85 Atlanta, GA 30303 Mr. Jeff Horton, Manager Johnson City Basin TN Division of Water Pollution Control 2305 Silverdale Road Johnson City, TN 37601-2162 PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Nuclear Fuel Services

ADDRESS P.O. Box 337

MS 123

Erwin TN 37650

TN 37650

FACILITY Nuclear Fuel Services LOCATION Erwin

Attn: Ms. B. Marie Moore

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

MONITORING PERIOD

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DAY

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YEAR

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001 G DISCHARGE NUMBER

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08

YEAR

07

DAY

31

MAJOR (SUBR 06) F - FINAL

EMH

TREATED PROCESS WASTEWATER EFFLUENT

* * * NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			0.	T	NO.	FREQUENCY OF	SAMPLE		
FARAMISTER		AVERAGE	MAXIMUM	UNITS	MINIMUM	lality or Concentratio AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	* * * * *	* * * * *		* * * * *	* * * * *	370	(19)	0	19 19	GRAB
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * * *	* * * * * *	* * * * * *	* * * * * *	* * * * * *	370 DAILY MX	MG/L		ONCE / MONTH	GRAB
РН	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		6.94	* * * * *	8.58	(12)	0	19	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	6 MINIMUM	* * * * *	9 MAXIMUM	su		ONCE / BATCH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		* * * * *	3.11	8	(19)	0	19	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * * *	* * * * *	* * *	* * * * *	30 MO AVG	40 DAILY MX	MG/L		ONCE / BATCH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		* * * * *	* * * * *	0.3	(25)	0	19	GRAB
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * * *	* * * * * *	* * *	* * * * * *	* * * * *	0.5 DAILY M	ML/L		ONCE / BATCH	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		* * * * * *	15.47	26	(19)	0	19	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * * *	* * * * * *	* * *	* * * * *	20 MO AVG	30 DAILY M	MG/L		ONCE / BATCH	GRAB
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	SAMPLE MEASUREMENT	* * * * *	117.35	(26)	* * * * * *	* * * * *	* * * * *		0	19	GRAB
00630 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	420 DAILY MX	LBS/DY	* * * * * *	* * * * * *	* * * * * *	* * *	·	ONCE / BATCH	GRAB
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		* * * * * *	< 10	< 10	(19)	0	19	GRAB
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	* * * * * *	* * * * * *	* * * * * *	15 MO AVG	20 DAILY M	MG/L		ONCE / BATCH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or							 	TELEPHONE		DATE	
B. Marie Moore, Vice President Safety & Regulatory 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, 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						XECUTIVE 4	123 743-9	141	07 0	9 12	
TYPED OR PRINTED	submitting fai	se information, including the po-	ssibility of fine and imprisonm	ent for knowing viol	ations.	OFFICER OR AUTHORIZED		ACODE NUMBI	ER	YEAR M	O DAY

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

MON AVG ONLY APPLIES IF MERCURY IS OCCURS FOUR OR MORE DAYS A WEEK. IF ANY INDIVIDUAL ANALYTICAL TEST RESULT FOR MERCURY IS LESS THAN THE MIN (0.0002 MG/L) A VALUE OF ZERO MAY BE USED. THE TRC LIMIT IS ONLY APPLICABLE WHEN CHLORINE IS USED IN THE TREATMENT PROCESS.

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

FACILITY Nuclear Fuel Services

TN 37650

TN 37650

ADDRESS P.O. Box 337

MS 123

Erwin

LOCATION Erwin

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE	MONITORING	REPORT	IDMR

MONITORING PERIOD

YEAR

TN0002038	
PERMIT NUMBER	

MO

YEAR

001 G DISCHARGE NUMBER

MO

DAY

MAJOR (SUBR 06) F - FINAL

EMH

TREATED PROCESS WASTEWATER EFFLUENT

* * *

NO DISCHARGE NOTE: Read Instructions before completing this form.

Attn: Ms. B. Marie N	Moore		FROM 07	08 0	1 то	07	08 31 N	OTE: Read Instru	ctions before o	omple	ting this form.	
PARAMETER QUANT		TITY OR LOADING			Quality or Concentration				NO.	FREQUENCY OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINI	MUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	* * * * *	* * * * *		* * *	* * *	* * * * * *	0.00172	(19)	0	01 30	GRAB
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * * *	* * * * * *	* * *	* * *	* * *	* * * * * *	0.01	MG/L		ONCE / MONTH	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	* * * * *	* * * * *		* * *	* * *	* * * * * *	0.00571	(19)	0	01 30	GRAB
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	* * * * *	* * * * * *	* * *	* * *	* * * * * *	1.0 DAILY MX	MG/L		ONCE / MONTH	GRAB
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	* * * * *	* * * * * *		* * *	* * *	* * * * * *	< 0.00250	(19)	0	01 30	GRAB
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * *	* * *	* * * * *	0.1 DAILY MX	MG/L		ONCE / MONTH	GRAB
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	* * * * *	* * * * * *		* * *	* * *	* * * * *	< 0.00100	(19)	0	01 30	GRAB
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * * *	* * * * * *	* * *	* * *	* * *	* * * * * *	0.05	MG/L		ONCE / MONTH	GRAB
URANIUM, NATURAL, TOTAL	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		* * *	* * *	0.09	0.11	(19)	0	19	GRAB
22708 1 0 0 GROSS EFFLUENT VALUE	PERMIT REQUIREMENT	* * * * * *	* * * * * *	* * *	* * *	* * *	2 MO AVG	4 DAILY MX	MG/L	<u> </u>	ONCE / BATCH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.014547	0.015509	(03)	* * *	* * *	* * * * * *	* * * * *	*	0	19	ESTIMA
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	* * *	* * *	* * * * * *	* * * * *	* * * *		ONCE / BATCH	ESTIMA
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	* * * * *	* * * * * *		* * *	* * *	* * * * * *	N/A	(19)	0	0/0	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * *	* * *	* * * * * *	2 DAILY M	MG/L		ONCE / BATCH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OF		r penalty of law that this docum	ent and all attachments were	prepared under my	direction or				TELEPHONE		DATE	
B. Marie Moore, Vice President Safety & Regulatory	supervision ir e∨aluate the those person knowledge ar	n accordance with a system de information submitted. Based o s directly responsible for gathen d belief, true, accurate, and co se information, including the po	signed to assure that qualified in my inquiry of the person or ring the information, the inforr implete. I am aware that there	d personnel properly persons who manag nation submitted is, are significant pena	gather and le the system, or to the best of my alties for	SIG	NATURE OF PRINCIPAL E		423 743-9		07 0	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MON AVG ONLY APPLIES IF MERCURY IS OCCURS FOUR OR MORE DAYS A WEEK. IF ANY INDIVIDUAL ANALYTICAL TEST RESULT FOR MERCURY IS LESS THAN THE MIN (0.0002 Mg/L) A VALUE OF ZERO MAY BE USED. THE TRC LIMIT IS ONLY APPLICABLE WHEN CHLORINE IS USED IN THE TREATMENT PROCESS.

PERMITTEE NAME/ADDRESS (Include Facility ADDRESS P.O. Box 337 MS 123 Erwin FACILITY Nuclear Fuel LOCATION Erwin Attn: Ms. B. Marie	Services TN Services	37650 37650	DIS TN	CHARGE MO 0002038 MIT NUMBER MC MO D	DISCHA	(R) 01 G .RGE NUMBER	MAJOR (SUBR 06) F - FINAL TREATED PROC EFFLUENT * * * NO DISC	HARGE		. * * *	•
PARAMETER		QUAN	TITY OR LOADING			ty or Concentratio			NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		* * * * * *	0.00029	0.001738	(19)	0	19	GRAB
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	* * * * *	* * * * * *	* * * * * *	0.00037	0.05	MG/L		ONCE / BATCH	GRAB
	SAMPLE MEASUREMENT										
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

B. Marie Moore, Vice President

Safety & Regulatory

REQUIREMENT

MON AVG ONLY APPLIES IF MERCURY IS OCCURS FOUR MORE DAYS A WEEK. IF ANY INDIVIDUAL ANALYTICAL TEST RESULT FOR MERCURY IS LESS THAN THE MIN (0.0002 MG/L) A VALUE OF ZERO MAY BE USED. THE TRC LIMIT IS ONLY APPLICABLE WHEN CHLORINE IS USED IN THE TREATMENT PROCESS. The chronic Hg limit shall apply only if the discharge of batches containing Hg occur 4 or more consecutive days/week during the monitoring period; otherwise, only the daily max. limit for batches containing Hg shall apply. If any individual analytical test result for Hg if < the min. quantification leve (0.002 mg/l), then a value of 0 may be used for the DMR calcuations and reporting requirements. EPA Form 3320-1

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

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.

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 DATE

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DAY

07

YEAR

TELEPHONE

OFFICER OR AUTHORIZED AGENT

743-9141

NUMBER

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Nuclear	Fuel	Servic	es

DISCHARGE MONITORING REPORT (DMR) TN0002038 PERMIT NUMBER

001 Q DISCHARGE NUMBER

DAY

30

EMH

MS 123

LOCATION Erwin

Attn:

ADDRESS P.O. Box 337

Erwin TN 37650

FACILITY Nuclear Fuel Services

Ms. B. Marie Moore

TN 37650

MONITORING PERIOD YEAR MO DAY YEAR MO FROM 07 07 01 TO 07 09

* * * NO DISCHARGE NOTE: Read Instructions before completing this form.

TREATED PROCESS WASTEWATER

MAJOR

(SUBR 06)

F - FINAL

EFFLUENT

		,			<u> </u>						
PARAMETER	QUANTITY OR LOADING				Quality or Concentration				FREQUENCY OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		* * * * * *	* * * * * *	0.00510	(19)		01 90	GRAB
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * * *	* * * * * *	* * *	* * * * *	* * * * * *	REPORT	MG/L		QTRLY	GRAB
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		* * * * * *	* * * * * *	0.00193	(19)		01 90	GRAB
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	* * * * * *	* * *	* * * * * *	* * * * * *	REPORT	MG/L		QTRLY	GRAB
NICKEL, TOTAL (AS NI)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		* * * * * *	* * * * * *	0.00442	(19)		01 90	GRAB
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * * *	* * * * * *	* * *	* * * * * *	* * * * *	REPORT	MG/L		QTRLY	GRAB
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	* * * * * *	* * * * * *		* * * * * *	* * * * * *	<0.00025	(19)		01 90	GRAB
34475 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * * *	* * * * * *	* * *	* * * * * *	* * * * * *	REPORT	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT			·							
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OF		penalty of law that this docum				`	¬	TELEPHONE		DATE	:
B. Marie Moore, Vice President		pervision in accordance with a er and evaluate the information				12 N/					
Safety & Regulatory	persons who	manage the system, or those p	ersons directly responsible fo	or gathering the info	ermation,	Kerre!	Oore				
	the informatio	n submitted is, to the best of m t there are significant penalties	ly knowledge and belief, true, is for submitting false informati	accurate, and comp ion, including the po	piete, i SIGN	IÁTURE OF PRINCIPAL EXE		123 743-9		07 0	
TYPED OR PRINTED						FICER OR AUTHORIZED A	GENT ARE	ACODE NUMBE	ER	YEAR M	O DAY

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