



**Nuclear Fuel Services, Inc.**  
P.O. Box 337, MS 123  
Erwin, TN 37650

(423) 743-9141

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

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

21G-08-0069  
GOV-05-01-01  
ACF-08-0111

May 9, 2008

Mr. Christopher S. Moran  
Enforcement and Compliance Section  
Tennessee Department of Environment and Conservation  
Division of Water Pollution Control  
6<sup>th</sup> 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 April 2008 as Attachment 1. As requested in Reference 2 above, NFS is also electronically submitting the April DMR via the DEEMERs system. Also included are the Second Quarter 2008 Metals and PCE analyses.

Laboratory analyses for required permit parameters were performed on twelve (12) 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-08-0069) in any correspondence concerning this letter.

Sincerely,

**NUCLEAR FUEL SERVICES, INC.**

B. Marie Moore  
Vice President, Safety & Regulatory

CAH/lsn  
Attachment (1)

B. Marie Moore to Mr. Christopher S. Moran  
May 9, 2008

21G-08-0069  
GOV-05-01-01  
ACF-08-0111

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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

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B. Marie Moore to Mr. Christopher S. Moran  
May 9, 2008

21G-08-0069  
GOV-05-01-01  
ACF-08-0111

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Attachment I  
April 2008 DMR

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Nuclear Fuel Services  
 ADDRESS P.O. Box 337  
 MS 123  
 Erwin

TN 37650  
 FACILITY Nuclear Fuel Services  
 LOCATION Erwin  
 Attn: Ms. B. Marie Moore

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

TN0002038  
 PERMIT NUMBER

001 G  
 DISCHARGE NUMBER

MAJOR (SUBR 06)  
 F - FINAL  
 TREATED PROCESS WASTEWATER  
 EFFLUENT

EMH

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 08 04 01 TO 08 04 30

\*\*\* 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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	***	***	***	***	***	***	0	12	GRAB
00340 1 0 0 PERMIT REQUIREMENT	***	***	***	***	***	***		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE	***	***	***	***	***	***			
PH	***	***	***	7.21	***	***	0	12	GRAB
00400 1 0 0 PERMIT REQUIREMENT	***	***	***	6	***	***		ONCE / BATCH	GRAB
EFFLUENT GROSS VALUE	***	***	***	***	***	***			
SOLIDS, TOTAL SUSPENDED	***	***	***	***	***	***	0	12	GRAB
00530 1 0 0 PERMIT REQUIREMENT	***	***	***	30	***	***		ONCE / BATCH	GRAB
EFFLUENT GROSS VALUE	***	***	***	***	***	***			
SOLIDS, SETTLEABLE	***	***	***	***	***	***	0	12	GRAB
00545 1 0 0 PERMIT REQUIREMENT	***	***	***	***	***	***		ONCE / BATCH	GRAB
EFFLUENT GROSS VALUE	***	***	***	***	***	***			
NITROGEN, AMMONIA TOTAL (AS N)	***	***	***	***	***	***	0	12	GRAB
00610 1 0 0 PERMIT REQUIREMENT	***	***	***	***	***	***		ONCE / BATCH	GRAB
EFFLUENT GROSS VALUE	***	***	***	***	***	***			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	***	***	***	***	***	***	0	12	GRAB
00630 1 0 0 PERMIT REQUIREMENT	***	***	***	***	***	***		ONCE / BATCH	GRAB
EFFLUENT GROSS VALUE	***	***	***	***	***	***			
FLUORIDE, TOTAL (AS F)	***	***	***	***	***	***	0	12	GRAB
00951 1 0 0 PERMIT REQUIREMENT	***	***	***	***	***	***		ONCE / BATCH	GRAB
EFFLUENT GROSS VALUE	***	***	***	***	***	***			

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 B. Marie Moore, Vice President  
 Safety & Regulatory

TELEPHONE  
 AREA CODE NUMBER  
 423 743-9141

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 DATE  
 YEAR MO DAY  
 08 05 09

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  
 ADDRESS P.O. Box 337  
 MS 123

TN 37650

FACILITY Nuclear Fuel Services  
 LOCATION Erwin

TN 37650

Attn: Ms. B. Marie Moore

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TN0002038 PERMIT NUMBER  
 001 G DISCHARGE NUMBER

MONITORING PERIOD

FROM 08 01 TO 08 04  
 YEAR MO DAY TO YEAR MO DAY

MAJOR

(SUBR 06)

F - FINAL

TREATED PROCESS WASTEWATER

EFFLUENT

EMH

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				Quality of Concentration				UNITS	MAXIMUM	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MINIMUM	AVERAGE	MAXIMUM						
CADMIUM, TOTAL (AS CD)	***	***	***	***	***	***	***	***	0.00206	0	01	GRAB	
01027 1 0 0 EFFLUENT GROSS VALUE	***	***	***	***	***	***	***	0.01			ONCE / MONTH	GRAB	
COPPER, TOTAL (AS CU)	***	***	***	***	***	***	***	0.00760		0	01	GRAB	
01042 1 0 0 EFFLUENT GROSS VALUE	***	***	***	***	***	***	***	1.0 DAILY MX			ONCE / MONTH	GRAB	
LEAD, TOTAL (AS PB)	***	***	***	***	***	***	***	< 0.00250		0	01	GRAB	
01051 1 0 0 EFFLUENT GROSS VALUE	***	***	***	***	***	***	***	0.1 DAILY MX			ONCE / MONTH	GRAB	
SILVER, TOTAL (AS AG)	***	***	***	***	***	***	***	< 0.00100		0	01	GRAB	
01077 1 0 0 EFFLUENT GROSS VALUE	***	***	***	***	***	***	***	0.05			ONCE / MONTH	GRAB	
URANIUM, NATURAL, TOTAL	***	***	***	***	***	***	***	0.21		0	12	GRAB	
22708 1 0 0 GROSS EFFLUENT VALUE	***	***	***	***	***	***	***	4 DAILY MX			ONCE / BATCH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.014231	0.015473						MO AVG		0	12	ESTIMA	
50050 1 0 0 EFFLUENT GROSS VALUE	REPORT MO AVG	REPORT DAILY MX						***			ONCE / BATCH	ESTIMA	
CHLORINE, TOTAL RESIDUAL	***	***	***	***	***	***	***	N/A		0	0	GRAB	
50060 1 0 0 EFFLUENT GROSS VALUE	***	***	***	***	***	***	***	2 DAILY MX			ONCE / BATCH	GRAB	
<p>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.</p>													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										TELEPHONE		DATE	
B. Marie Moore, Vice President Safety & Regulatory										423 743-9141		08 05 09	
TYPED OR PRINTED										AREA CODE NUMBER		YEAR MO 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: Erwin Fuel Services  
 ADDRESS: PO BOX 337  
 Erwin, TN 37650

FACILITY: Nuclear Fuel Services  
 LOCATION: Erwin  
 Attn: Ms. B. Marie Moore

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 TN0002038  
 PERMIT NUMBER

MAJOR (SUBR 06)  
 F - FINAL  
 TREATED PROCESS WASTEWATER  
 EFFLUENT

Erwin

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

MONITORING PERIOD	
YEAR	MO DAY
08	04 01
TO	YEAR MO DAY
	08 04 30

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
MERCURY, TOTAL (AS HG)	***	***	***	***	0.000563	0.00208	0	12	GRAB
71900 1 0 0	***	***	***	***	0.00037	0.05		ONCE / BATCH	GRAB
EFFLUENT GROSS VALUE									
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: B. Marie Moore, Vice President  
 Safety & Regulatory

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *B. Marie Moore*

TELEPHONE: 423 743-9141

DATE: 08 05 09

AREA CODE: 423 NUMBER: 743-9141

TYPED OR PRINTED

COMPLIANCE AND EVALUATION OF ANALYTICAL DATA  
 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.  
 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 is < than the min. quantification level (0.002 mg/l), then a value of 0 may be used for the DMR calculations and reporting requirements. April 2008 did not have 4 consecutive days of discharge.

EPA Form 3320-1

PAGE 3 OF 3

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

TN0002038 PERMIT NUMBER  
001 Q DISCHARGE NUMBER

TN 37650  
Erwin Nuclear Fuel Services  
P.O. Box 337  
MS 123

MONITORING PERIOD  
FROM 07 04 01 TO 07 06 30  
YEAR MO DAY

MAJOR (SUBR 06)  
F - FINAL  
TREATED PROCESS WASTEWATER EFFLUENT

EMH

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

PARAMETER	QUANTITY OR LOADING			Quality of Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	UNITS			
ARSENIC, (AS AS)	SAMPLE MEASUREMENT	0.0742			0.0742	( 19)	0	01	GRAB
	PERMIT REQUIREMENT	REPORT			REPORT			QTRLY	GRAB
01002 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	< 0.00200			< 0.00200	( 19)	0	01	GRAB
	PERMIT REQUIREMENT	REPORT			REPORT			QTRLY	GRAB
CHROMIUM, (AS CR)	SAMPLE MEASUREMENT	0.00836			0.00836	( 19)	0	01	GRAB
	PERMIT REQUIREMENT	REPORT			REPORT			QTRLY	GRAB
01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	< 0.00025			< 0.00025	( 19)	0	01	GRAB
	PERMIT REQUIREMENT	REPORT			REPORT			QTRLY	GRAB
NICKEL, (AS NI)	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
34475 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
B. Marie Moore, Vice President  
Safety & Regulatory  
TYPED OR PRINTED

423 AREA CODE | 743-9141 NUMBER  
423 | 743-9141 NUMBER

423 AREA CODE | 743-9141 NUMBER  
423 | 743-9141 NUMBER

DATE 08 05 09  
MO 05 DAY 09

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, as provided by law, regulation, or rule.

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

PAGE 1 OF 1