



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

(423) 743-9141

<http://www.nuclearfuelservices.com>

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

21G-09-0090
GOV-05-01-01
ACF-09-0178

June 11, 2009

Ms. Stephanie Fisher
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) Letter from Stephanie Fisher to permittee, received on 10-27-08

Dear Ms. Fisher:

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 May 2009 as Attachment I.

Laboratory analyses for required permit parameters were performed on ten (10) 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) 735-5584. Please reference our unique document identification number (21G-09-0090) in any correspondence concerning this letter.

Sincerely,

NUCLEAR FUEL SERVICES, INC.

A handwritten signature in black ink that reads 'B. Marie Moore'.

B. Marie Moore
Director, Safety & Regulatory

CAH/lsn
Attachment (1)

B.M. Moore to Ms. Stephanie Fisher
June 11, 2009

21G-09-0090
GOV-05-01-01
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cc: 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

B.M. Moore to Ms. Stephanie Fisher
June 11, 2009

21G-09-0090
GOV-05-01-01
ACF-09-0178

Attachment I

May 2009 DMR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: Nuclear Fuel Services
 ADDRESS: P.O. Box 337
 Erwin, TN 37650
 FACILITY: Nuclear Fuel Services
 1205 Banner Hill Road
 LOCATION Erwin, TN 37650
 Attn: Ms. B. Marie Moore

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

Form Approved
 GSA GEN. REG. NO. 270-107-001

DMR Mailing ZIP CODE: 37650
 MAJOR EMH
 (SUBR 06)
 TREATED PROCESS WASTEWATER

001 G
 DISCHARGE NUMBER

MM/DD/YYYY TO
 05/01/09 05/31/09
 MONITORING PERIOD

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	*****	*****	*****	*****	mg/L	0	10	GRAB
00340 1 0 EFFLUENT GROSS	*****	*****	*****	*****	mg/L		Monthly	GRAB
pH	*****	*****	6.90	*****	mg/L	0	10	GRAB
00400 1 0 EFFLUENT GROSS	*****	*****	6 MINIMUM	*****	SU		Once Per Batch	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	4.20	*****	mg/L	0	10	GRAB
00530 1 0 EFFLUENT GROSS	*****	*****	30 MO AVG	*****	mg/L		Once Per Batch	GRAB
SOLIDS, SETTLEABLE	*****	*****	*****	*****	mg/L	0	10	GRAB
00545 1 0 EFFLUENT GROSS VALUE	*****	*****	0.5 DAILY MX	*****	mg/L		Once Per Batch	GRAB
NITROGEN, AMMONIA TOTAL (as N)	*****	*****	15.80	*****	mg/L	0	10	GRAB
00610 1 0 EFFLUENT GROSS	*****	*****	20 MO AVG	*****	mg/L		Once Per Batch	GRAB
NITRITE PLUS NITRATE TOTAL 1 DET. (as N)	*****	*****	*****	*****	*****	0	10	GRAB
00630 1 0 EFFLUENT GROSS	*****	*****	420 DAILY MX	*****	*****		Once Per Batch	GRAB
FLUORIDE, TOTAL (as F)	*****	*****	< 10	*****	mg/L	0	10	GRAB
00951 1 0 EFFLUENT GROSS	*****	*****	15 MO AVG	*****	mg/L		Once Per Batch	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
B. Marie Moore, Director Safety & Regulatory				423-743-9141		06/11/2009		
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		MM/DD/YYYY		
				423-743-9141		MM/DD/YYYY		

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.

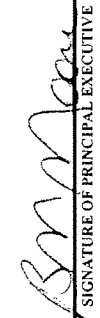
PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
 NAME: Nuclear Fuel Services
 ADDRESS: P.O. Box 337
 Erwin, TN 37650
 FACILITY: Nuclear Fuel Services
 LOCATION: 1205 Banner Hill Road
 Erwin, TN 37650
 Attn: Ms. B. Marie Moore

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 DMR Mailing ZIP CODE: 37650
 MAJOR (SUBR 06) EMH
 TREATED PROCESS WASTEWATER
 External Outfall

DISCHARGE NUMBER: 001 G
 PERMIT NUMBER: TN002038

MONITORING PERIOD
 FROM: 05/01/09 TO: 05/31/09

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE				
CADMIUM, TOTAL (as Cd)	*****	*****	*****	0.00154	mg/L	0	01 / 30	GRAB
01027 1 0 EFFLUENT GROSS	*****	*****	*****	0.01 DAILY MX	mg/L		Monthly	GRAB
COPPER, TOTAL (as Cu)	*****	*****	*****	0.0135	mg/L	0	01 / 30	GRAB
01042 1 0 EFFLUENT GROSS	*****	*****	*****	1 DAILY MX	mg/L		Monthly	GRAB
LEAD, TOTAL (as Pb)	*****	*****	*****	< 0.00250	mg/L	0	01 / 30	GRAB
01051 1 0 EFFLUENT GROSS	*****	*****	*****	0.1 DAILY MX	mg/L		Monthly	GRAB
SILVER, TOTAL (as Ag)	*****	*****	*****	< 0.0010	mg/L	0	01 / 30	GRAB
01077 1 0 EFFLUENT GROSS	*****	*****	*****	0.05 DAILY MX	mg/L		Monthly	GRAB
URANIUM, NATURAL, TOTAL	*****	*****	0.32	1.70	mg/L	0	10 / 10	GRAB
22708 1 0 GROSS EFFLUENT	*****	*****	2 MON AVG	4 DAILY MX	mg/L		Once Per Batch	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.015057	0.015473	*****	*****	*****	0	10 / 10	ESTIMA
50050 1 0 EFFLUENT GROSS	Req. Mon. Mon. AVG	Req. Mon. DAILY MX	*****	*****	*****		Once Per Batch	ESTIMA
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	N/A	mg/L	0	0	GRAB
50060 1 0 EFFLUENT GROSS	*****	*****	*****	2 DAILY MX	mg/L		Once Per Batch	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER B. Marie Moore, Director Safety & Regulatory TYPED OR PRINTED								
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 								
TELEPHONE						DATE		
423-743-9141						06/11/2009		
AREA CODE NUMBER						MM/DD/YYYY		

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.

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
 Erwin, TN 37650
 FACILITY: Nuclear Fuel Services
 LOCATION 1205 Banner Hill Road
 Erwin, TN 37650
 A(ttn): Ms. B. Marie Moore

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

001 G
 DISCHARGE NUMBER

1N0002038
 PERMIT NUMBER

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 05/01/09 TO 05/31/09

DMR Mailing ZIP CODE: 37650
 MAJOR (SUBR 06) EMH
 TREATED PROCESS WASTEWATER
 External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		UNITS		QUALITY OR CONCENTRATION		VALUE	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE	VALUE	VALUE	VALUE				
MERCURY, TOTAL (as Hg)		*****	*****	*****	*****	*****	*****	0.007930	0	10	GRAB
71900 1.0 EFFLUENT GROSS		*****	*****	*****	*****	*****	*****	0.05 DAILY MX		Once Per Batch	GRAB
MERCURY, TOTAL (as Hg)		*****	*****	*****	*****	*****	*****	*****	0	10	GRAB
71900 2.0 EFFLUENT NET		*****	*****	*****	*****	*****	*****	***** MO AVG		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER B. Marie Moore, Director Safety & Regulatory	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
			423-743-9141 AREA CODE NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 			
TYPED OR PRINTED			

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

The chronic mercury limit shall apply only if the discharge of batches containing mercury occurs 4 or more consecutive days/week during the monitoring period; otherwise, only the daily maximum limit for batches containing mercury shall apply. If any individual analytical test result for mercury is less than the minimum qualification level (0.0002 mg/l), then a value of zero (0) may be used for the DMR calculations and reporting requirements. May 2009 did not have 4 consecutive days of discharge. The TRC limit is only applicable when chlorine is used in the treatment process.