



**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-09-0110  
GOV-05-01-01  
ACF-09-0220

July 13, 2009

Ms. Stephanie Fisher  
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) 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 June 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-09-0110) 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/kw  
Attachment (1)

B.M. Moore to Ms. Stephanie Fisher  
July 13, 2009

21G-09-0110  
GOV-05-01-01  
ACF-09-0220

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  
July 13, 2009

21G-09-0110  
GOV-05-01-01  
ACF-09-0220

Attachment I

June 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  
 LOCATION: 1205 Banner Hill Road  
 Erwin, TN 37650  
 Attn: Ms. B. Marie Moore

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 TNO002038  
 PERMIT NUMBER  
 001 G  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 MM/DD/YY TO MM/DD/YY  
 06/01/09 TO 06/30/09

DMR Mailing ZIP CODE: 37650  
 MAJOR (SUBR 06)  
 TREATED PROCESS WASTEWATER  
 EMH  
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	MEASUREMENT	*****	*****	*****	*****	*****	327	0	10	GRAB	
00340 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	370 DAILY MX	0	Monthly	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.48	*****	8.29	0	10	GRAB	
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM 6	*****	9 MAXIMUM	0	Once per Batch	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.00	0	10	GRAB	
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30 MO AVG	0	Once per Batch	GRAB	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.1	0	10	GRAB	
00545 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.5 DAILY MX	0	Once per Batch	GRAB	
NITROGEN, AMMONIA TOTAL (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.50	0	10	GRAB	
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	20 MO AVG	0	Once per Batch	GRAB	
NITRITE PLUS NITRATE TOTAL 1 DET. (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	112.67	0	10	GRAB	
00630 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	420 DAILY MX	0	Once per Batch	GRAB	
FLUORIDE, TOTAL (as F)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 10	0	10	GRAB	
00951 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 MO AVG	0	Once per Batch	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
B. Marie Moore, Director											
Safety & Regulatory											
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.											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										TELEPHONE NUMBER	
[Signature]										423-743-9141	
DATE										07/13/2009	

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 MGL) A VALUE OF ZERO MAY BE USED. THE TRC LIMIT IS ONLY APPLICABLE WHEN CHLORINE IS USED IN THE TREATMENT PROCESS.

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 Attn: Ms. B. Marie Moore

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

TNO002038  
 PERMIT NUMBER  
 001 G  
 DISCHARGE NUMBER

MONITORING PERIOD  
 FROM: 06/01/09  
 TO: 06/30/09

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
CADMIUM, TOTAL (as Cd)	MEASUREMENT	*****	*****	*****	*****	*****	0.00104	0	01	30	GRAB
01027 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.01 DAILY MX	0	01	Monthly	GRAB
EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.00601	0	01	30	GRAB
01042 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	0	01	Monthly	GRAB
EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.00250	0	01	30	GRAB
LEAD, TOTAL (as Pb)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.1 DAILY MX	0	01	Monthly	GRAB
01051 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.00500	0	01	30	GRAB
SILVER, TOTAL (as Ag)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.05 DAILY MX	0	01	Monthly	GRAB
01077 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.093	0	10	10	GRAB
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.12	0	10	10	GRAB
URANIUM, NATURAL, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 MO AVG	0	10	10	GRAB
22708 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4 DAILY MX	0	10	10	GRAB
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	N/A	0	0	0	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	0	0	0	GRAB
50050 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	0	0	GRAB
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	0	0	GRAB
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	0	0	GRAB
50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	0	0	GRAB
EFFLUENT GROSS	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	0	0	GRAB

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

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

423 743-9141  
 7/13/2009

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.

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 External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality of Concentration			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
MERCURY, TOTAL (as Hg)	71900 1 0	*****	*****	*****	*****	0.00224	mg/L	0	10	GRAB	
EPFLUENT GROSS	71900 1 0	*****	*****	*****	*****	0.05 DAILY MAX	mg/L	0	Once per Batch	GRAB	
MERCURY, TOTAL (as Hg)	71900 2 0	*****	*****	*****	*****	0.00082	mg/L	0	10	GRAB	
EPFLUENT NET	*	*****	*****	*****	*****	0.00037 MO AVG	mg/L	0	Once per Batch	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
B. Marie Moore, Director Safety & Regulatory		423 743-9141		7/13/2009	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The chronic mercury limit shall apply only if the discharge of batches containing mercury occur four (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. June 2009 did not have 4 consecutive days of discharge. THE TRC LIMIT IS ONLY APPLICABLE WHEN CHLORINE IS USED IN THE TREATMENT PROCESS.