NUCLEAR FUEL SERVICES, INC.
a subsidiary of The Babcock & Wilcox Company

■ 1205 banner hill road ■ erwin, tn 37650 ■ phone 423.743.9141
■ www.nuclearfuelservices.com

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

21G-10-0157
GOV-05-01-01
ACF-10-0223

August 9, 2010

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 July 2010 as Attachment I. Also included are the Third Quarter 2010 metals and PCE analyses.

Laboratory analyses for required permit parameters were performed on eleven (11) 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-10-0157) in any correspondence concerning this letter.

Sincerely,

NUCLEAR FUEL SERVICES, INC.

B. Marie Moore, Manager
Environmental Protection & Industrial Safety

CAH/rrm
Attachment (1)

21G-10-0157
GOV-05-01-01
ACF-10-0223

cc: U.S. Nuclear Regulatory Commission
Region II
245 Peachtree Center Ave., NE
Suite 1200
Atlanta, GA 30303-1257

Mr. Jeff Horton, Manager
Johnson City Basin
TN Division of Water Pollution Control
2305 Silverdale Road
Johnson City, TN 37601-2162

Attachment I

July 2010 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)*

Form Approved
OMB No. 2040-0004

TN0002038	001 G
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2010	TO	07/31/2010

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
OXYGEN DEMAND, CHEM (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	346	mg/L	0	11/11	GRAB
00340 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	370 DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	7.64	* * * * * *	8.56	mg/L	0	11/11	GRAB
00400 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	6 MINIMUM	* * * * * *	9 MAXIMUM	SU		ONCE PER BATCH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	14.45	27	mg/L	0	11/11	GRAB
00530 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	30 MO AVG	40 DAILY MX	mg/L		ONCE PER BATCH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	< 0.1	mL/L	0	11/11	GRAB
00545 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	0.5 DAILY MX	mL/L		ONCE PER BATCH	GRAB
NITROGEN, AMMONIA TOTAL (as N)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	10.09	17	mg/L	0	11/11	GRAB
00610 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	20 MO AVG	30 DAILY MX	mg/L		ONCE PER BATCH	GRAB
NITRITE PLUS NITRATE TOTAL 1 DET. (as N)	SAMPLE MEASUREMENT	* * * * * *	113.43	lb/d	* * * * * *	* * * * * *	* * * * * *	******	0	11/11	GRAB
00630 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	420 DAILY MX	lb/d	* * * * * *	* * * * * *	* * * * * *	******		ONCE PER BATCH	GRAB
FLUORIDE, TOTAL (as F)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	< 4	< 10	mg/L	0	11/11	GRAB
00951 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	15 MO AVG	20 DAILY MX	mg/L		ONCE PER BATCH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
B. M. Moore, Manager Environmental Protection & Industrial Safety	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.	423 743-9141	08/09/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	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)*

Form Approved OMB No. 2040-0004

TN0002038	001 G
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2010	TO	07/31/2010

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
CADMIUM, TOTAL (as Cd)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	< 0.001	mg/L	0	01 / 30	GRAB
01027 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	0.01 DAILY MX	mg/L		Monthly	GRAB
COPPER, TOTAL (as Cu)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	0.00319	mg/L	0	01 / 30	GRAB
01042 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	1.0 DAILY MX	mg/L		Monthly	GRAB
LEAD, TOTAL (as Pb)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	< 0.0033	mg/L	0	01 / 30	GRAB
01051 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	0.1 DAILY MX	mg/L		Monthly	GRAB
SILVER, TOTAL (as Ag)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	< 0.005	mg/L	0	01 / 30	GRAB
01077 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	0.05 DAILY MX	mg/L		Monthly	GRAB
URANIUM, NATURAL, TOTAL	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	0.52	1.70	mg/L	0	11 / 11	GRAB
22708 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	2 MO AVG	4 DAILY MX	mg/L		Once Per Batch	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.014525	0.015473		* * * * * *	* * * * * *	* * * * * *	******	0	11 / 11	ESTIMA
50050 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	* * * * * *	* * * * * *	* * * * * *	******		Once Per Batch	ESTIMA
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	N/A	mg/L	0	0 / 0	GRAB
50060 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	2 DAILY MX	mg/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
B. M. Moore, Manager Environmental Protection & Industrial Safety	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.	423 743-9141	08/09/2010
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	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.

Form Approved
OMB No. 2040-0004

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*)

TN0002038	001 G
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	7/1/2010	TO	7/31/2010

No Dishcarge ☐

PARAMETER		QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
MERCURY, TOTAL (as Hg)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	0.00023	mg/L	0	11/11	GRAB
71900 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	0.05 DAILY MX	mg/L		Once Per Batch	GRAB
MERCURY, TOTAL (as Hg)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	0.00010	* * * * * *	mg/L	0	11/11	GRAB
71900 2 0 EFFLUENT NET	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	0.00037 MO AVG	* * * * * *	mg/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
B. M. Moore, Manager Environmental Protection & Industrial Safety	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.	B M Moore SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	423 743-9141 AREA CODE NUMBER	08/09/2010 MM/DD/YYYY
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 occur four (4) or more consecutive days/week during the montoring 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. **July 2010 did not have 4 consecutive days of discharge.** 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)*

Form Approved
OMB No. 2040-0004

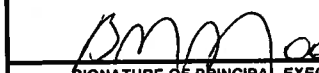
PERMIT NUMBER	DISCHARGE NUMBER
TN0002038	001 Q

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

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2010	TO	09/30/2010

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
ARSENIC, TOTAL (as As)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	< 0.005	mg/L	0	01/90	GRAB
01002 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
CHROMIUM, TOTAL (as Cr)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	0.00375	mg/L	0	01/90	GRAB
01034 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
NICKEL, TOTAL (as Ni)	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	0.00722	mg/L	0	01/90	GRAB
01067 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	< 0.0003	mg/L	0	01/90	GRAB
34475 1 0 EFFLUENT GROSS	PERMIT REQUIREMENT	* * * * * *	* * * * * *	******	* * * * * *	* * * * * *	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
B. M. Moore, Manager Environmental Protection & Industrial Safety	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.		423 743-9141	08/09/2010
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY

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