



070-143 Bassett
Nuclear Fuel Services, Inc.
P.O. Box 337, MS 123
Erwin, TN 37650

(615) 743-9141

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

21G-92-0051
GOV-05-01-01
GOV-01-55-03
ACF-92-131

March 13, 1992

Tennessee Department of Public Health
Division of Water Quality Control
4th Floor, TERRA Building
150 Ninth Avenue, North
Nashville, TN 37219-5404

ATTENTION: Mr. Sims Crownover
Enforcement and Compliance Section
Division of Water Pollution Control

Dear Mr. Crownover:

As required by Part I, D.1 of NPDES Permit #TN0002038, we hereby submit the Monthly Discharge Monitoring Report for February, 1992.

Laboratory analyses for required parameters were performed on the fourteen (14) 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.

A summary of our February heavy metals surveillance program is enclosed as Attachment A as required by Part I, A, of our permit. If you need additional information, please contact Ms. Marie Moore, Environmental Safety Manager, at extension 1253, or me. Please refer to our Unique ID number 21G-92-0051 on any correspondence concerning this letter.

Sincerely,

NUCLEAR FUEL SERVICES, INC.

D. Paine
Donald Paine, Ph.D.
Vice President
Safety and Regulatory

DP:SMF:BMM:jws

cc: U. S. Nuclear Regulatory Commission
Region II, Office of Inspection & Enforcement
101 Marietta Street, N.W., Suite 2900
Atlanta, GA 30323

Mr. Andrew Tolley, Manager
Johnson City Basin
TN Division of Water Pollution Control
900 North State of Franklin Road
Johnson City, TN 37604

9204070199 920229
PDR ADOCK 07000143
C PDR

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ATTACHMENT A

LETTER DATED 3/15/92 FROM DONALD PAINE
TO TN DEPARTMENT OF PUBLIC HEALTH

SUMMARY OF HEAVY METALS
FROM WWTF
REQUIRING MONTHLY ANALYSIS

FEBRUARY 1992

PARAMETER -----	mg/l -----
ARSENIC	<0.012
CHROMIUM	0.080
NICKEL	0.010
ZINC	0.041

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

NAME NUCLEAR FUEL SERVICES

ADDRESS 1205 BANNER HILL ROAD

P.O. BOX 337, MS 120

BRIDGEMAN TN 37650

FACILITY NUCLEAR FUEL SERVICES

LOCATION WINDY HILL COUNTY TN

ATTN: DONALD PAINE, V.P. SAF/REG MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER TN0002038

PERMIT NUMBER

DISCHARGE NUMBER 001 G

DISCHARGE NUMBER

MAJOR

Form Approved.

(SUBR 06) OMB No. 2040-0004.

FINAL Approval expires 6-30-91.

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	02	01		92	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	15050	(07)	*****	*****	*****	()	0	14/14	GHK REQ
	PERMIT REQUIREMENT	*****	*****	DAILY GPD	*****	*****	*****	***			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	0.0	(19)	0	14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MG/L	***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
D. PAINE, Ph.D. VICE PRESIDENT SAFETY AND REGULATORY TYPED OR PRINTED			615 743-9141	92	03	15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

ATTN: DONALD PAINE, V.P. SAF/REG MAG

PERMIT NUMBER

FINAL Approval expires 6-30-91.

(26-27)	(28-29)	(30-31)
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NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	17°	(04)	0	19/19	GRAB
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	DEG.C				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	7.8	*****	8.0	(12)	0	04/04	GRAB
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	SU				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	75360	84400	(07)	*****	*****	*****	()		19/19	INSTANT
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*** ****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
DONALD PAINE, Ph.D.
VICE PRESIDENT
SAFETY AND REGULATORY
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
D. Paine

TELEPHONE
615 743-9141
AREA CODE NUMBER

DATE
92 03 15
YEAR MO DAY

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

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

NAME NUCLEAR FUEL SERVICES

ADDRESS 1205 BANNER HILL ROAD

P.O. BOX 337, MS 1234

ERWIN TN 37650

FACILITY NUCLEAR FUEL SERVICES

LOCATION NICOTI COUNTY TN

ATTN: DONALD PAINE, V.P. SAF/REG MAG

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

(2-16) **IN0002038**
PERMIT NUMBER

(17-19) **0013**
DISCHARGE NUMBER

MAJOR Form Approved.
(508R 05) OMB No. 2040-0004.
P - FINAL Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	*****	<0.003	(19)	0	04/04	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	*****	0.10	(19)	0	04/04	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	*****	0.05	(19)	0	04/04	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			
SILVER, TOTAL (AS AG) 01077 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	*****	0.02	(19)	0	04/04	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			
URANIUM, NATURAL, TOTAL 22708 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	0.08	0.30	(19)	0	14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			
1,1,1-TRICHLORO- ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	NONE USED	NONE USED	(19)	0	14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			
TRICHLOROETHYLENE 39180 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	NONE USED	NONE USED	(13)	0	14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER D. PAINE, Ph.D. VICE PRESIDENT SAFETY AND REGULATORY TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>D. Paine</i>	TELEPHONE		DATE		
			615 7439141 AREA CODE NUMBER	92 03 15 YEAR MO DAY			

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME NUCLEAR FUEL SERVICES
ADDRESS 1205 BANNER HILL ROAD
P.O. BOX 137, MS 123
ERWIN TN 37650
FACILITY NUCLEAR FUEL SERVICES
LOCATION NICOTI COUNTY TN
ATTN: DONALD PAINE, V.P. SAF/REG MAG

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
PERMIT NUMBER TN0002038
DISCHARGE NUMBER 001 G

MAJOR Form Approved.
(SUBR 06) OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
12 02 01 02 02 29
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
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PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	100	161	(19)		14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	6.9	*****	8.5	(12)	0	14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	SD			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	4.8	(26)	*****	*****	40	(19)	0	14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L			
SOLIDS, SETTLEABLE 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	0.0	(25)	0	14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	ML/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	3.3	(26)	*****	*****	27	(19)	0	14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L			
NITROGEN, NITRATE TOTAL (AS N) 00620 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	556	(26)	*****	*****	*****	()	0	14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
FLUORIDE, TOTAL (AS F) 00951 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	29	(19)	0	14/14	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER D. PAINE, Ph.D. VICE PRESIDENT SAFETY AND REGULATORY TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>D. Paine</i>	TELEPHONE		DATE		
			615 AREA CODE	743-9141 NUMBER	92 YEAR	03 MO	15 DAY

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