

**Conveyance of Contract Deliverables - West Valley Demonstration Project****Contract Number: DE-EM0001529**Conveyance Number

127-DLVR-042017

Date (Month, Day, Year)

April 20, 2017

**Section 1 - Conveyance of Contract Deliverables  
(to be completed by the contractor)**☒ -Initial Submittal☐ -Resubmittal of No. \_\_\_\_\_

To: Bridget M. Purdy

From: Jeffrey D. Bradford

DLVR #

127

TITLE OF DELIVERABLEState Pollutant Discharge Elimination System  
(SPDES) Discharge Monitoring ReportsDESCRIPTIONMonitoring of discharges to river  
including sampling, analysis, data  
management and reportingDISPOSITION REQUESTED:☒ Approval☐ - Concurrence☐ - Information Only☐ - Other:

This deliverable has been reviewed for sensitive information and has been marked accordingly. It is deemed to be accurate and correct, and is submitted according to contract specifications and applicable procedures.

Contractor Letter Log Number:

WD:2017:0414

Name: Jeffrey D. BradfordSignature:

Date of Document Conveyed

**Section 2 - Tracking and Disposition Management (to be completed by DOE-WVDP)**

Date Received (Stamp)

Record Number:

DOE Lead/Cognizant Individual:

Logged by:

Distribution:

File Code:

**Action Assigned by DOE  
Lead/Cognizant Individual**

Special Instructions or Comments:

☐ Review and Comment  
(QP-410-01-F3 required)☐ Concurrence Review  
(QP-410-01-F3 required)☐ Information Only  
(no response required)

Response Due Date:

Recommendation to Action Authority:☐ Approval☐ Concur☐ Conditional Approval☐ Disapproval☐ Non-concur☐ Acknowledge ReceiptRespond to Comments:☐ Yes ☐ No

Signature:

Date:

**Section 3 - Response to Contractor (to be completed by DOE-WVDP)**Name/Title of Action Authority:☐ Approved ☐ Conditionally Approved ☐ Disapproved  
☐ Receipt Acknowledged ☐ Concur ☐ Non-concur  
☐ Respond to CommentsSignature of Action Authority

Date :

# CH2MHILL • BWXT West Valley, LLC

*West Valley Demonstration Project*

Ms. Bridget M. Purdy, Contracting Officer  
U. S. Department of Energy  
West Valley Demonstration Project  
10282 Rock Springs Road  
West Valley, New York 14171-9799

AC-PRES  
WD:2017:0414  
April 27, 2017

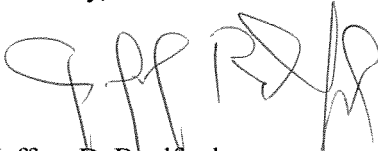
SUBJECT: Contract No. DE-EM0001529, Section J-3, Item 127, State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR)

Dear Ms. Purdy:

This letter is submitted for Contracting Officer Representative's approval to inform you that the SPDES DMR for the reporting period March 1 through March 31, 2017 has been submitted electronically. A copy of this submittal is attached as well as a copy of the email confirmation from the New York State Department of Environmental Conservation (NYSDEC).

If you have any questions, please contact William Kean at extension 4865 or Janice Williams at extension 2913.

Sincerely,



Jeffrey D. Bradford  
President & General Manager

JDB:WNK:bnj

Attachments: A) SPDES DMR for March 1 – 31, 2017  
B) Whole Effluent Toxicity (WET) Testing Summary Pages  
C) Email Confirmation from NYSDEC

cc: B. C. Bower, DOE-WVDP  
S. A. Anderson, CHBWV  
J. J. Baker, CHBWV  
L. E. Bennett, CHBWV (Public Reading Room)  
J. L. Casper, CHBWV  
N. Feher, CHBWV  
L. K. Hollfelder, CHBWV  
W. N. Kean, CHBWV  
C. B. Lee, CHBWV  
L. J. Ortega, CHBWV  
D. H. Pritchard, CHBWV  
J. E. Wangelin, CHBWV  
J. D. Williams, CHBWV  
Letter Log (B. Jeffery), CHBWV  
CHBWV OITS #1630217

**Attachment A**  
**SPDES DMR**

ATTACHMENT

**SPDES DISCHARGE MONITORING REPORT – MARCH 1 THROUGH MARCH 31, 2017  
NET IRON EFFLUENT CONCENTRATION CALCULATION  
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973**

$$\begin{aligned}\text{OUTFALL 001} &= M1 = \frac{(X1 + X2) V1}{2} = 0.00 \text{ mg/month} \\ X1 &= 0.00 \text{ mg/L} \\ X2 &= 0.00 \text{ mg/L} \\ V1 &= 0.00 \text{ L/month}\end{aligned}$$

Note: There was no discharge from outfall 001 during this monitoring period.

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$$\begin{aligned}\text{OUTFALL 007} &= M7 = \frac{(X1 + X2) V7}{2} = 0.00 \text{ mg/month} \\ X1 &= 0.00 \text{ mg/L} \\ X2 &= 0.00 \text{ mg/L} \\ V7 &= 0.00 \text{ L/month}\end{aligned}$$

Note: There was no discharge from outfall 007 during this monitoring period.

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$$\begin{aligned}\text{RAW WATER} &= MRW = \frac{(X1 + X2 + X3 + X4) VRW}{4} = 0.00 \text{ mg/month} \\ X1 &= 0.00 \text{ mg/L} \\ X2 &= 0.00 \text{ mg/L} \\ X3 &= 0.00 \text{ mg/L} \\ X4 &= 0.00 \text{ mg/L} \\ VRW &= 0.00 \text{ L/month}\end{aligned}$$

Note: Raw water from the reservoir system is no longer used for process water since the site installed two groundwater wells. This eliminated the need to collect raw water samples on a weekly basis and altered the iron discharge concentration equation as the mass of iron entering the system is no longer necessary.

$$\text{IRON DISCHARGE CONCENTRATION} = \frac{M1 + M7 - MRW}{V1 + V7} = 0.00 \text{ mg/L}$$

## Permit .....

Facility: WEST VALLEY DEMONSTRATION PROJ  
Facility Location: 10282 ROCK SPRINGS ROAD  
WEST VALLEY, NY 14171-9799

Discharge: 001-M  
OUTFALL 001 MONTHLY PROC WW, GW, STORM

## Monitoring Period: From 03/01/17 to 03/31/17

DMR Due Date: 04/28/17

Status: NetDMR Validated

## Principal Executive Officer

Title: Director, USDOE-WWDP

Telephone: 716-942-4368

## Form NODI: \_\_\_\_\_

| Code  | Parameter Name                   | Monitoring Location | Season | # Param. | NODI | Qualifier 1 | Value 1                | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1                      | Qualifier 2 | Value 2                            | Qualifier 3      | Value 3     | Units     | # of Ex.                | Frequency of Analysis   | Sample Type |
|-------|----------------------------------|---------------------|--------|----------|------|-------------|------------------------|-------------|---------|-------|-------------|------------------------------|-------------|------------------------------------|------------------|-------------|-----------|-------------------------|-------------------------|-------------|
| 00154 | Sulfate [as S]                   | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG C - No Discharge    | Req Mon DAILY MX | 19 - mg/L   |           | 01/BA - Once Per Batch  | 24 - COMP24             |             |
| 00181 | Oxygen demand, ultimate          | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG <= C - No Discharge | 22 DAILY MX      | 19 - mg/L   |           | 02/BA - Twice Per Batch | CA - CALCTD             |             |
| 00300 | Oxygen, dissolved [DO]           | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         | >=    |             | 3 MINIMUM C - No Discharge   |             | Req Mon MAXIMUM                    | 19 - mg/L        |             |           | 02/BA - Twice Per Batch | GR - GRAB               |             |
| 00310 | BOD, 5-day, 20 deg. C            | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG <= C - No Discharge | 10 DAILY MX      | 19 - mg/L   |           | 02/BA - Twice Per Batch | 24 - COMP24             |             |
| 00400 | pH                               | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         | >=    |             | 6.5 MINIMUM C - No Discharge |             |                                    | <=               | 8.5 MAXIMUM | 12 - SU   |                         | 01/BA - Once Per Batch  | GR - GRAB   |
| 00530 | Solids, total suspended          | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              | <=          | 30 MO AVG                          | <=               | 45 DAILY MX | 19 - mg/L |                         | 02/BA - Twice Per Batch | 24 - COMP24 |
| 00545 | Solids, settleable               | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG <= C - No Discharge | 3 DAILY MX       | 25 - mL/L   |           | 02/BA - Twice Per Batch | GR - GRAB               |             |
| 00556 | Oil & Grease                     | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG <= C - No Discharge | 15 DAILY MX      | 19 - mg/L   |           | 01/BA - Once Per Batch  | GR - GRAB               |             |
| 00615 | Nitrogen, nitrite total [as N]   | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG <= C - No Discharge | 1 DAILY MX       | 19 - mg/L   |           | 01/BA - Once Per Batch  | 24 - COMP24             |             |
| 00620 | Nitrogen, nitrate total [as N]   | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG C - No Discharge    | Req Mon DAILY MX | 19 - mg/L   |           | 01/BA - Once Per Batch  | 24 - COMP24             |             |
| 00625 | Nitrogen, Kjeldahl, total [as N] | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG C - No Discharge    | Req Mon DAILY MX | 19 - mg/L   |           | 02/BA - Twice Per Batch | 24 - COMP24             |             |
| 00746 | Sulfide, dissolved, [as S]       | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG <= C - No Discharge | 4 DAILY MX       | 19 - mg/L   |           | 01/BA - Once Per Batch  | 24 - COMP24             |             |
| 00978 | Arsenic, total recoverable       | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG <= C - No Discharge | 15 DAILY MX      | 19 - mg/L   |           | 01/BA - Once Per Batch  | 24 - COMP24             |             |
| 00979 | Cobalt, total recoverable        | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG <= C - No Discharge | 005 DAILY MX     | 19 - mg/L   |           | 01/BA - Once Per Batch  | GR - GRAB               |             |
| 00981 | Selenium, total recoverable      | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG <= C - No Discharge | 004 DAILY MX     | 19 - mg/L   |           | 01/BA - Once Per Batch  | GR - GRAB               |             |
| 01045 | Iron, total [as Fe]              | 1 - Effluent        | Gross  | 0        | --   | Sample      | Permit Req. Value NODI |             |         |       |             |                              |             | Req Mon MO AVG C - No Discharge    | Req Mon DAILY MX | 19 - mg/L   |           | 02/BA - Twice Per Batch | 24 - COMP24             |             |

|                                                |                    |   |    |                                               |    |                                    |    |                                      |           |                                     |
|------------------------------------------------|--------------------|---|----|-----------------------------------------------|----|------------------------------------|----|--------------------------------------|-----------|-------------------------------------|
| 01105 Aluminum, total [as Al]                  | 1 - Effluent Gross | 0 | -- | Sample<br>Permit Req.<br>Value NODI<br>Sample | <= | 2 MO AVG<br>C - No Discharge       | <= | 4 DAILY MX<br>C - No Discharge       | 19 - mg/L | 01/BA - Once Per Batch 24 - COMP24  |
| 01128 Vanadium, total recoverable              | 1 - Effluent Gross | 0 | -- | Sample<br>Permit Req.<br>Value NODI<br>Sample |    | Req Mon MO AVG<br>C - No Discharge | <= | .014 DAILY MX<br>C - No Discharge    | 19 - mg/L | 01/BA - Once Per Batch GR - GRAB    |
| 34726 Nitrogen, ammonia, total [as NH3]        | 1 - Effluent Gross | 0 | -- | Sample<br>Permit Req.<br>Value NODI<br>Sample | <= | 1.5 MO AVG<br>C - No Discharge     | <= | 2.1 DAILY MX<br>C - No Discharge     | 19 - mg/L | 02/BA - Twice Per Batch 24 - COMP24 |
| 50050 Flow, in conduit or thru treatment plant | 1 - Effluent Gross | 0 | -- | Sample<br>Permit Req.<br>Value NODI<br>Sample |    | Req Mon MO AVG<br>C - No Discharge |    |                                      |           | 02/BA - Twice Per Batch CN - CONTIN |
| 50060 Chlorine, total residual                 | 1 - Effluent Gross | 0 | -- | Sample<br>Permit Req.<br>Value NODI<br>Sample |    | Req Mon MO AVG<br>C - No Discharge | <= | .1 DAILY MX<br>C - No Discharge      | 19 - mg/L | 01/BA - Once Per Batch GR - GRAB    |
| 70295 Solids, total dissolved                  | 1 - Effluent Gross | 0 | -- | Sample<br>Permit Req.<br>Value NODI<br>Sample |    | Req Mon MO AVG<br>C - No Discharge |    | Req Mon DAILY MX<br>C - No Discharge | 19 - mg/L | 02/BA - Twice Per Batch GR - GRAB   |
| 71900 Mercury, total [as Hg]                   | 1 - Effluent Gross | 0 | -- | Sample<br>Permit Req.<br>Value NODI<br>Sample | <= | 50 MO AVG<br>C - No Discharge      |    | Req Mon DAILY MX<br>C - No Discharge | 3M - ng/L | 01/BA - Once Per Batch GR - GRAB    |
| 81646 Surfactants [linear alkylate sulfonate]  | 1 - Effluent Gross | 0 | -- | Sample<br>Permit Req.<br>Value NODI<br>Sample |    | Req Mon MO AVG<br>C - No Discharge | <= | .04 DAILY MX<br>C - No Discharge     | 19 - mg/L | 01/BA - Once Per Batch GR - GRAB    |

#### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

#### Edit Check Errors

No errors.

#### Comments

#### Attachments

No attachments.

#### Report Last Saved By

U.S. DEPT OF ENERGY

User: william.kean@chbwv.com

Name: William Kean

E-Mail: william.kean@chbwv.com

Date/Time:

2017-04-26 12:26 (Time Zone: -04:00)

|                                                   |                           |                           |                                                  |                           |                                                       |
|---------------------------------------------------|---------------------------|---------------------------|--------------------------------------------------|---------------------------|-------------------------------------------------------|
| <b>Permit</b>                                     |                           |                           |                                                  |                           |                                                       |
| <b>Permit #:</b>                                  | NY0000973                 | <b>Permittee:</b>         | U.S. DEPT OF ENERGY                              | <b>Facility:</b>          | WEST VALLEY DEMONSTRATION PROJ                        |
| <b>Major:</b>                                     | Yes                       | <b>Permittee Address:</b> | 1000 INDEPENDENCE AVE SW<br>WASHINGTON, DC 20585 | <b>Facility Location:</b> | 10282 ROCK SPRINGS ROAD<br>WEST VALLEY, NY 14171-9799 |
| <b>Permitted Feature:</b>                         | 001<br>External Outfall   | <b>Discharge:</b>         | 001-W<br>OUTFALL 001 WET TESTING QUARTERLY       |                           |                                                       |
| <b>Report Dates &amp; Status</b>                  |                           |                           |                                                  |                           |                                                       |
| <b>Monitoring Period:</b>                         | From 01/01/17 to 03/31/17 | <b>DMR Due Date:</b>      | 05/28/17                                         | <b>Status:</b>            | NetDMR Validated                                      |
| <b>Considerations for Form Completion</b>         |                           |                           |                                                  |                           |                                                       |
| SEE PERMIT FOOTNOTES FOR WET TESTING REQUIREMENTS |                           |                           |                                                  |                           |                                                       |
| <b>Principal Executive Officer</b>                |                           |                           |                                                  |                           |                                                       |
| <b>First Name:</b>                                | Bryan C.                  | <b>Title:</b>             | Director, USDOE-WVDP                             | <b>Telephone:</b>         | 716-942-4368                                          |
| <b>Last Name:</b>                                 | Bower                     |                           |                                                  |                           |                                                       |
| <b>No Data Indicator (NOD)</b>                    |                           |                           |                                                  |                           |                                                       |
| <b>Form NOD:</b>                                  | —                         |                           |                                                  |                           |                                                       |

[illegible]

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

No errors.

As required in Title 6 of the New York State Codes, Rules, and Regulations 6NYCRR) Part 750.2.5(e)(3), the New York Environmental Laboratory Accreditation Program (NYELAP) identification numbers for laboratories performing analysis for this DMR is as follows: 1) TestAmerica Buffalo: NY Lab No. 10026. Please note that Whole Effluent Toxicity (WET) Testing was completed, as required, at outfall 001. The appropriate DMR pages are included as Attachment A, and the summary result pages have been included as Attachment B. The complete report is being sent under separate cover to the Toxicity Testing unit.

| Name                                     | Type | Size  |
|------------------------------------------|------|-------|
| 09e3f7b6-0eff-4d5a-9cba-c09fe8f03bae.pdf | pdf  | 93300 |

## U.S. DEPT OF ENERGY

|         |                         |            |                                      |
|---------|-------------------------|------------|--------------------------------------|
| User:   | william.keane@chbwv.com | Date/Time: | 2017-04-26 12:26 (Time Zone: -04:00) |
| Name:   | William Keane           |            |                                      |
| E-Mail: | william.keane@chbwv.com |            |                                      |

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.



[Edit Check Errors](#)

No errors.

[Comments](#)

[Attachments](#)

No attachments.

[Report Last Saved By](#)

U.S. DEPT OF ENERGY

User: [william.kean@chbwv.com](#)

Name: William Kean

E-Mail: [william.kean@chbwv.com](#)

Date/Time:

2017-04-26 12:26 (Time Zone: -04:00)

# DMR Copy of Record

## Permit

Permit #: NY0000973  
 Major: Yes  
 Permitted Feature: 007  
 External Outfall  
 Permittee: U.S. DEPT OF ENERGY  
 Permittee Address: 1000 INDEPENDENCE AVE SW  
 WASHINGTON, DC 20585  
 Facility: WEST VALLEY DEMONSTRATION PROJ  
 Facility Location: 10282 ROCK SPRINGS ROAD  
 WEST VALLEY, NY 14171-9799  
 Discharge: 007-W  
 OUTFALL 007 WET TESTING QUARTERLY

## Report Dates & Status

Monitoring Period: From 01/01/17 to 03/31/17  
 DMR Due Date: 05/28/17  
 Status: NetDMR Validated

## Considerations for Form Completion

SEE PERMIT FOOTNOTES FOR WET TESTING REQUIREMENTS

## Principal Executive Officer

First Name: Bryan C.  
 Last Name: Bower  
 Title: Director, USDOE-WVDP  
 Telephone: 716-942-4368

## No Data Indicator (NODI)

Form NODI: --

| Code  | Parameter Name                                           | Monitoring Location | Season # | Param. NODI | Quantity or Loading |         |             |         | Quality or Concentration |         |             |         | Units | # of Ex. | Frequency of Analysis | Sample Type |
|-------|----------------------------------------------------------|---------------------|----------|-------------|---------------------|---------|-------------|---------|--------------------------|---------|-------------|---------|-------|----------|-----------------------|-------------|
|       |                                                          |                     |          |             | Qualifier 1         | Value 1 | Qualifier 2 | Value 2 | Qualifier 1              | Value 1 | Qualifier 2 | Value 2 |       |          |                       |             |
| 61425 | Toxicity [acute], Ceriodaphnia dubia                     | V - See Comments    | 0        | --          | Sample              |         |             |         |                          |         |             |         |       |          |                       |             |
|       |                                                          |                     |          |             | Permit Req.         |         |             |         |                          |         |             |         |       |          |                       |             |
|       |                                                          |                     |          |             | Value NODI          |         |             |         |                          |         |             |         |       |          |                       |             |
| 61426 | Toxicity [chronic], Ceriodaphnia dubia                   | V - See Comments    | 0        | --          | Sample              |         |             |         |                          |         |             |         |       |          |                       |             |
|       |                                                          |                     |          |             | Permit Req.         |         |             |         |                          |         |             |         |       |          |                       |             |
|       |                                                          |                     |          |             | Value NODI          |         |             |         |                          |         |             |         |       |          |                       |             |
| 61427 | Toxicity [acute], Pimephales promelas [Fathead Minnow]   | V - See Comments    | 0        | --          | Sample              |         |             |         |                          |         |             |         |       |          |                       |             |
|       |                                                          |                     |          |             | Permit Req.         |         |             |         |                          |         |             |         |       |          |                       |             |
|       |                                                          |                     |          |             | Value NODI          |         |             |         |                          |         |             |         |       |          |                       |             |
| 61428 | Toxicity [chronic], Pimephales promelas [Fathead Minnow] | V - See Comments    | 0        | --          | Sample              |         |             |         |                          |         |             |         |       |          |                       |             |
|       |                                                          |                     |          |             | Permit Req.         |         |             |         |                          |         |             |         |       |          |                       |             |
|       |                                                          |                     |          |             | Value NODI          |         |             |         |                          |         |             |         |       |          |                       |             |

## Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

## Edit Check Errors

No errors.

## Comments

## Attachments

No attachments.

## Report Last Saved By

U.S. DEPT OF ENERGY

User: william.kean@chbwv.com  
 Name: William Kean  
 E-Mail: william.kean@chbwv.com  
 Date/Time: 2017-04-26 12:26 (Time Zone: -04:00)

# DMR Copy of Record

## Permit

Permit #: NY0000973  
 Major: Yes  
 Permitted Feature: 01B  
 Internal Outfall  
 Permittee: U.S. DEPT OF ENERGY  
 Permittee Address: 1000 INDEPENDENCE AVE SW  
 WASHINGTON, DC 20585  
 Facility: WEST VALLEY DEMONSTRATION PROJ  
 Facility Location: 10282 ROCK SPRINGS ROAD  
 WEST VALLEY, NY 14171-9799  
 Discharge: 01B-M  
 MERCURY PRETREATMENT

## Report Dates & Status

Monitoring Period: From 03/01/17 to 03/31/17  
 DMR Due Date: 04/28/17  
 Status: NetDMR Validated  
 Considerations for Form Completion

## Principal Executive Officer

First Name: Bryan C.  
 Last Name: Bower  
 Title: Director, USDOE-WVDP  
 Telephone: 716-942-4368

## No Data Indicator (NODI)

Form NODI: --

| Parameter Code               | Monitoring Location | Season # | Param. NODI | Quantity or Loading                                                    | Quality or Concentration                                          | # of Ex. | Frequency of Analysis   | Sample Type |
|------------------------------|---------------------|----------|-------------|------------------------------------------------------------------------|-------------------------------------------------------------------|----------|-------------------------|-------------|
| Name                         |                     |          |             | Qualifier 1 Value 1 Qualifier 2 Value 2 Units                          | Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units |          |                         |             |
| 00058 Flow rate              | 1 - Effluent Gross  | 0        | —           | Sample Permit Req. Value NODI<br>Req Mon MO AVG<br>C - No Discharge    | Req Mon DAILY MX 07 - gal/d<br>C - No Discharge                   |          | 01/07 - Weekly          | CN - CONTIN |
| 71900 Mercury, total [as Hg] | 1 - Effluent Gross  | 0        | —           | Sample Permit Req. Value NODI<br>Req Mon MO AVG <=<br>C - No Discharge | Req Mon DAILY MX 3M - ng/L<br>C - No Discharge                    |          | 02/BA - Twice Per Batch | GR - GRAB   |

## Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

## Edit Check Errors

No errors.

## Comments

## Attachments

No attachments.

## Report Last Saved By

U.S. DEPT OF ENERGY

User: william.kean@chbvw.com  
 Name: William Kean  
 E-Mail: william.kean@chbvw.com  
 Date/Time: 2017-04-26 12:26 (Time Zone: -04:00)



## DMR Copy of Record

### Permit

Permit #: NY0000973  
Major: Yes  
Permitted Feature: 116  
Internal Outfall

Permittee: U.S. DEPT OF ENERGY  
Permittee Address: 1000 INDEPENDENCE AVE SW  
WASHINGTON, DC 20585  
Discharge: 116-M  
PSEUDO MON. POINT @FRANKS CRK

Facility: WEST VALLEY DEMONSTRATION PROJ  
Facility Location: 10282 ROCK SPRINGS ROAD  
WEST VALLEY, NY 14171-9799

### Report Dates & Status

Monitoring Period: From 03/01/17 to 03/31/17  
DMR Due Date: 04/28/17  
Status: NetDMR Validated

### Considerations for Form Completion

IF PSUEDO MONITORING POINT REPORT IS NOT REQUIRED DURING THE MONITORING PERIOD, EITHER CHECK THENO DISCHARGE BOX OR ENTER 'NODI A' IN PLACE OF A MEASUREMENT TO INDICATE A GENERAL PERMIT EXEMPTION.

### Principal Executive Officer

First Name: Bryan C.  
Last Name: Bower  
Title: Director, USDOE-WWDP  
Telephone: 716-942-4368

### No Data Indicator (NODI)

Form NODI: --

| Parameter |                                                   | Monitoring Location | Season # | Param. NODI | Quantity or Loading |         |             |         |       | Quality or Concentration |         |             |         | # of Ex.    | Frequency of Analysis | Sample Type |
|-----------|---------------------------------------------------|---------------------|----------|-------------|---------------------|---------|-------------|---------|-------|--------------------------|---------|-------------|---------|-------------|-----------------------|-------------|
| Code      | Name                                              |                     |          |             | Qualifier 1         | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1              | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3               | Units       |
| 70295     | Solids, total dissolved Z - Instream Monitoring D |                     | 0        | —           |                     |         |             |         |       |                          |         |             |         |             |                       |             |
|           |                                                   |                     |          |             |                     |         |             |         |       |                          |         |             |         |             |                       |             |

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

No errors.

### Comments

### Attachments

No attachments.

### Report Last Saved By

U.S. DEPT OF ENERGY

User: william.kean@chbwv.com  
Name: William Kean  
E-Mail: william.kean@chbwv.com

Date/Time: 2017-04-26 12:26 (Time Zone: -04:00)

## DMR Copy of Record

### Permit

Permit #: NY0000973  
Major: Yes  
Permitted Feature: SUM  
Internal Outfall

Permittee: U.S. DEPT OF ENERGY  
Permittee Address: 1000 INDEPENDENCE AVE SW  
WASHINGTON, DC 20585  
Discharge: SUM-N  
SUM OF OUTFALLS 1 & 7

Facility: WEST VALLEY DEMONSTRATION PROJ  
Facility Location: 10282 ROCK SPRINGS ROAD  
WEST VALLEY, NY 14171-9799

### Report Dates & Status

Monitoring Period: From 03/01/17 to 03/31/17  
DMR Due Date: 04/28/17  
Status: NetDMR Validated

### Considerations for Form Completion

### Principal Executive Officer

First Name: Bryan C.  
Last Name: Bower  
Title: Director, USDOE-WVDP  
Telephone: 716-942-4368

### No Data Indicator (NODI)

Form NODI: --

| Parameter |                                      | Monitoring Location | Season # | Param. NODI | Quantity or Loading |         |             |         | Quality or Concentration |             |         |             | # of Ex. | Frequency of Analysis | Sample Type |       |
|-----------|--------------------------------------|---------------------|----------|-------------|---------------------|---------|-------------|---------|--------------------------|-------------|---------|-------------|----------|-----------------------|-------------|-------|
| Code      | Name                                 |                     |          |             | Qualifier 1         | Value 1 | Qualifier 2 | Value 2 | Units                    | Qualifier 1 | Value 1 | Qualifier 2 | Value 2  | Qualifier 3           | Value 3     | Units |
| 01045     | Iron, total [as Fe] 2 - Effluent Net |                     | 0        | -           |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          | Sample      |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          | Permit Req. |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          | Value NODI  |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |
|           |                                      |                     |          |             |                     |         |             |         |                          |             |         |             |          |                       |             |       |

### Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

### Edit Check Errors

No errors.

### Comments

### Attachments

No attachments.

### Report Last Saved By

U.S. DEPT OF ENERGY

User: william.kean@chbwv.com  
Name: William Kean  
E-Mail: william.kean@chbwv.com  
Date/Time: 2017-04-26 12:26 (Time Zone: -04:00)

**Attachment B**  
**Whole Effluent Toxicity (WET) Testing Summary Pages**

# NEW ENGLAND BIOASSAY, A DIVISION OF GZA EPA TEST SUMMARY SHEET

Facility Name: West Valley Demonstration Project Test Start Date: 1/13/17  
NPDES Permit Number: NY0000973 Pipe Number: 001

| <u>Test Type</u>                             | <u>Test Species</u>                              | <u>Sample Type</u>                                | <u>Sample Method</u>                          |
|----------------------------------------------|--------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Acute               | <input type="checkbox"/> Fathead Minnow          | <input type="checkbox"/> Prechlorinated           | <input type="checkbox"/> Grab                 |
| <input type="checkbox"/> Chronic             | <input checked="" type="checkbox"/> Ceriodaphnia | <input type="checkbox"/> Dechlorinated            | <input checked="" type="checkbox"/> Composite |
| <input checked="" type="checkbox"/> Modified | <input type="checkbox"/> Daphnia Pulex           | <input type="checkbox"/> Chlorine Spiked in Lab   | <input type="checkbox"/> Flowthru             |
| (chronic reporting                           | <input type="checkbox"/> Mysid Shrimp            | <input type="checkbox"/> Chlorinated on site      | <input type="checkbox"/> Other                |
| acute values)                                | <input type="checkbox"/> Sheepshead              | <input checked="" type="checkbox"/> Unchlorinated |                                               |
| <input type="checkbox"/> 24hr screening      | <input type="checkbox"/> Menidia                 |                                                   |                                               |
|                                              | <input type="checkbox"/> Sea Urchin              |                                                   |                                               |
|                                              | <input type="checkbox"/> Champia                 | TRC: <u>0.020</u> mg/L                            |                                               |
|                                              | <input type="checkbox"/> Selenastrum             |                                                   |                                               |

## Dilution Water

☐ receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: Erdman Brook)  
☐ alternate surface water of known quality and a hardness, etc. to generally reflect the characteristics of the receiving water; (Surface water name: \_\_\_\_\_)  
☒ synthetic water prepared using either Millipore Mill-Q or equivalent deionized water and reagent grade chemicals; or deionized water combined with mineral water;  
☐ or artificial sea salts mixed with deionized water;  
☐ deionized water and hypersaline brine; or

Effluent sampling date (s): 1/11-12/17 1/15-16/17

Effluent concentrations tested (in%): 0 6.25 12.5 25 50 100

\* Permit limit concentration: TUa < 0.3, TUc < 1.0

Was effluent salinity adjusted? No

Actual effluent concentrations tested after salinity adjustment (%): 0 6.25 12.5 25 50 100

Reference Toxicant test date: 1/3/17

## Test Acceptability Criteria

|                                    |                                                     |
|------------------------------------|-----------------------------------------------------|
| Mean Control Survival: <u>90%</u>  | Mean Control Reproduction: <u>27.6 young/female</u> |
| Mean Diluent Survival: <u>100%</u> | Mean Diluent Reproduction: <u>37.2 young/female</u> |

|        | <u>Limits</u> |               | <u>Results</u>   |
|--------|---------------|---------------|------------------|
| LC50   | <u>N/A</u>    | LC50          | <u>&gt;100%</u>  |
|        |               | Upper Value   | <u>±∞</u>        |
|        |               | Lower Value   | <u>100%</u>      |
|        |               | Data Analysis |                  |
|        |               | Method Used   | <u>Graphical</u> |
| TUa    | <u>0.3</u>    | TUa           | <u>0.3</u>       |
| A-NOEC | <u>N/A</u>    | A-NOEC        | <u>100%</u>      |
| C-NOEC | <u>N/A</u>    | C-NOEC        | <u>100%</u>      |
|        |               | LOEC          | <u>&gt;100%</u>  |
| TUc    | <u>1.0</u>    | TUc           | <u>1.0</u>       |
| IC25   | <u>N/A</u>    | IC25          | <u>&gt;100%</u>  |
| IC50   | <u>N/A</u>    | IC50          | <u>&gt;100%</u>  |

NEW ENGLAND BIOASSAY, A DIVISION OF GZA EPA TEST SUMMARY SHEET

Facility Name: West Valley Demonstration Project Test Start Date: \_\_\_\_\_  
 NPDES Permit Number: NY0000973 Pipe Number: 001

| <u>Test Type</u>                             | <u>Test Species</u>                                | <u>Sample Type</u>                                | <u>Sample Method</u>                          |
|----------------------------------------------|----------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Acute               | <input checked="" type="checkbox"/> Fathead Minnow | <input type="checkbox"/> Prechlorinated           | <input type="checkbox"/> Grab                 |
| <input type="checkbox"/> Chronic             | <input type="checkbox"/> Ceriodaphnia              | <input type="checkbox"/> Dechlorinated            | <input checked="" type="checkbox"/> Composite |
| <input checked="" type="checkbox"/> Modified | <input type="checkbox"/> Daphnia Pulex             | <input type="checkbox"/> Chlorine Spiked in Lab   | <input type="checkbox"/> Flowthru             |
| (chronic reporting                           | <input type="checkbox"/> Mysid Shrimp              | <input type="checkbox"/> Chlorinated on site      | <input type="checkbox"/> Other                |
| acute values)                                | <input type="checkbox"/> Sheepshead                | <input checked="" type="checkbox"/> Unchlorinated |                                               |
| <input type="checkbox"/> 24hr screening      | <input type="checkbox"/> Menidia                   |                                                   |                                               |
|                                              | <input type="checkbox"/> Sea Urchin                |                                                   |                                               |
|                                              | <input type="checkbox"/> Champia                   | TRC: <u>0.020 mg/L</u>                            |                                               |
|                                              | <input type="checkbox"/> Selenastrum               |                                                   |                                               |

Dilution Water

- ☐ receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: Erdman Brook)
- ☐ alternate surface water of known quality and a hardness, etc. to generally reflect the characteristics of the receiving water; (Surface water name: \_\_\_\_\_)
- ☒ synthetic water prepared using either Millipore Mill-Q or equivalent deionized water and reagent grade chemicals; or deionized water combined with mineral water;
- ☐ or artificial sea salts mixed with deionized water;
- ☐ deionized water and hypersaline brine; or

Effluent sampling date (s): \_\_\_\_\_

Effluent concentrations tested (in%): 0 6.25 12.5 25 50 100  
 \* Permit limit concentration: TUa ≤ 0.3, TUc ≤ 1.0

Was effluent salinity adjusted? No

Actual effluent concentrations tested after salinity adjustment (%): 0 6.25 12.5 25 50 100

Reference Toxicant test date: 1/3/17

Test Acceptability Criteria

|                                    |                                      |
|------------------------------------|--------------------------------------|
| Mean Control Survival: <u>95%</u>  | Mean Control Weight: <u>0.588 mg</u> |
| Mean Diluent Survival: <u>100%</u> | Mean Diluent Weight: <u>0.531 mg</u> |

|        | <u>Limits</u> |               | <u>Results</u>   |
|--------|---------------|---------------|------------------|
| LC50   | <u>N/A</u>    | LC50          | <u>&gt;100%</u>  |
|        |               | Upper Value   | <u>±∞</u>        |
|        |               | Lower Value   | <u>100%</u>      |
|        |               | Data Analysis |                  |
|        |               | Method Used   | <u>Graphical</u> |
| TUa    | <u>0.3</u>    | TUa           | <u>0.3</u>       |
| A-NOEC | <u>N/A</u>    | A-NOEC        | <u>100%</u>      |
| C-NOEC | <u>N/A</u>    | C-NOEC        | <u>100%</u>      |
|        |               | LOEC          | <u>&gt;100%</u>  |
| TUc    | <u>1.0</u>    | TUc           | <u>1.0</u>       |
| IC25   | <u>N/A</u>    | IC25          | <u>&gt;100%</u>  |
| IC50   | <u>N/A</u>    | IC50          | <u>&gt;100%</u>  |



**Attachment C**  
**Email Confirmation from NYSDEC**

**From:** <netdmr-notification@epa.gov>  
**To:** <Christine.Lee@CHBWV.com>, <DOW.spdesDMR@dec.ny.gov>,  
<ewwohlers@cattco....>  
**Date:** 4/26/2017 12:31 PM  
**Subject:** NetDMR COR Submission Received for: NY0000973  
**Attachments:** NetDMR\_COR\_1536129\_NY0000973\_001\_M\_20170331.zip;  
NetDMR\_COR\_1536130\_NY0000973\_001\_W\_20170331.zip;  
NetDMR\_COR\_1536131\_NY0000973\_007\_M\_20170331.zip;  
NetDMR\_COR\_1536132\_NY0000973\_007\_W\_20170331.zip;  
NetDMR\_COR\_1536133\_NY0000973\_01B\_M\_20170331.zip;  
NetDMR\_COR\_1536134\_NY0000973\_116\_M\_20170331.zip;  
NetDMR\_COR\_1536135\_NY0000973\_SUM\_N\_20170331.zip

NetDMR has received the signed 7 DMR(s) and created the Copies of Record (CORs) for the 7 DMR(s) below. The submission will be forwarded for further processing.

-----  
Permitted Facility Name: WEST VALLEY DEMONSTRATION PROJ  
Permit ID: NY0000973  
Permitted Feature: 001  
Discharge: M - OUTFALL 001 MONTHLY PROC WW, GW, STORM  
Monitoring Period End Date: 03/31/17  
COR Signature:  
13ced3a9d6d000ef29096c26f228077609f97ea7aed492c6c9cd9435bdb875a29fbbec361f684823a71cc6e  
19ef486ec954bf5e1ce4e8a18754a31d0a6d1a237604afc9763406997d0f7ea2213c9ae0877d422d009c21  
e01e9257c59ebef21b94d5b7593c98b467cd1a74b4ea28ab475be7e4182e237034092750fb41d6a8611  
Attachments included in the COR: No

-----  
Permitted Facility Name: WEST VALLEY DEMONSTRATION PROJ  
Permit ID: NY0000973  
Permitted Feature: 001  
Discharge: W - OUTFALL 001 WET TESTING QUARTERLY  
Monitoring Period End Date: 03/31/17  
COR Signature:  
1c99d6ae88dbd77704bbd03524388aa74e049ab4b2157c0cf741c5451093066b3c65eb3b35ee57a49ed60  
1fa5f02173219b6f8260d708099433acebee1e65eb87b19dec86ca11d3788585e3e5522fd5b47f9e242901  
b2e05939a9187f5371388bc29d06ecf08ed41ce9f69ac605b636c632abf2330390135b01eacad3fc6144  
Attachments included in the COR: Yes

09e3f7b6-0eff-4d5a-9cba-c09fe8f03bae.pdf

-----  
Permitted Facility Name: WEST VALLEY DEMONSTRATION PROJ  
Permit ID: NY0000973  
Permitted Feature: 007  
Discharge: M - SANITARY, NC COOLING WATER, UTILITY WASTEWATER, STORMWATER  
Monitoring Period End Date: 03/31/17  
COR Signature:  
67b063524e675be1843d769d39d1ea214718bd20b68cd3c69d78c8f0a6d984965413b36fce3e772fc852af  
77a2ad3fa083c6c4d1647e1b6307423276a94595b08785dbef3d3387e24f1ad3a31f3efdef30bf49dc20fe4  
1f32c64ca9d02eff2044c600f2ede2f01f7207325c9c4c2d9bca0cd5520b6db9a54c7c0d23bef3847d  
Attachments included in the COR: No

-----  
Permitted Facility Name: WEST VALLEY DEMONSTRATION PROJ  
Permit ID: NY0000973  
Permitted Feature: 007

Discharge: W - OUTFALL 007 WET TESTING QUARTERLY

Monitoring Period End Date: 03/31/17

COR Signature:

08abfee69457ed59d82fb22a67bc85322ebb188e9b06389581390d7d2010ffae71f463c7c03a86a09cd3f68  
e2a911d531cfb3b3b62777d71533f447a36a6831d3f8f1da46916abf26db6011f412214a733a161460c28fd  
ebf13b0e0ed6e7a81e7bcab9715f0892f37a71aadd7edf5a201d6771b5b191f42c5d616a51dfd3dad3

Attachments included in the COR: No

-----  
Permitted Facility Name: WEST VALLEY DEMONSTRATION PROJ

Permit ID: NY0000973

Permitted Feature: 01B

Discharge: M - MERCURY PRETREATMENT

Monitoring Period End Date: 03/31/17

COR Signature:

5ab4173618492b7685dc8018a7eaff4f25fbb6c45146b3fe1e23dd2a021d1511f306fc032d44700276a74860  
c19df5098e12dbc7f68a936bc47ec9a44b8d6671ad950864f5b55d1a012af993a1880e284f15255bf45d8fd1  
af53edc085896885cbd87756d41ad489d05d447cf362db57e8d2c4200b0d0b2562dedba3954c778c

Attachments included in the COR: No

-----  
Permitted Facility Name: WEST VALLEY DEMONSTRATION PROJ

Permit ID: NY0000973

Permitted Feature: 116

Discharge: M - PSEUDO MON. POINT @FRANKS CRK

Monitoring Period End Date: 03/31/17

COR Signature:

860a4dd58036defb2084fa6aacfd31d8df78eafde315446f9129353a73da7d8f6d12498d45761ad474357d0  
550ef8d0fca11c3a62ba1109df991338dc09a1450fb26f177b26ea28b6dd65bdcface396a5a056810b9c022  
59c26a86d018d577743f9ab573a40f03e7c0cdb245beffbcb4cd645c16f46ba7af84f5bdf12dd273af

Attachments included in the COR: No

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Permitted Facility Name: WEST VALLEY DEMONSTRATION PROJ

Permit ID: NY0000973

Permitted Feature: SUM

Discharge: N - SUM OF OUTFALLS 1 & 7

Monitoring Period End Date: 03/31/17

COR Signature:

3af65b29328f3a4b17203d3a0c9bd0a24d0268771c8c84846c9968994d820c95bf07ffa98e9c1a2be0b52e6  
354732fdf4a83e3261a8984c2e91e91cb24ed994fb3b4336ca4ebf7df6e449d6af45ce7488be37fb6b951a3b  
74e56c4170d4c84eed07545526cfb10b85bf36eaabc105dfd4bc5e09783bd3a41f4a4626f2663bb27

Attachments included in the COR: No

Thank you.

This is a submission from the LIVE (Production) site.

**Subject:** NetDMR COR Submission Received for: NY0000973  
**Created By:** netdmr-notification@epa.gov  
**Scheduled Date:**  
**Creation Date:** 4/26/2017 12:31 PM  
**From:** <netdmr-notification@epa.gov>

| Recipient                                           | Action | Date & Time | Comment |
|-----------------------------------------------------|--------|-------------|---------|
| To: (R9.NetDMR@dec.ny.gov)                          |        |             |         |
| To: (DOW.spdesDMR@dec.ny.gov)                       |        |             |         |
| To: (ewwohlers@cattco.org)                          |        |             |         |
| To: Amanda Steiner (Amanda.Steiner@emcbc.doe.gov)   |        |             |         |
| To: Bonnie Jeffery (Bonnie.Jeffery@chbwv.com)       |        |             |         |
| To: Christine Lee (Christine.Lee@chbwv.com)         |        |             |         |
| To: James Baker (James.Baker@chbwv.com)             |        |             |         |
| To: Janice Williams (Janice.Williams@chbwv.com)     |        |             |         |
| To: Jason Casper (Jason.Casper@chbwv.com)           |        |             |         |
| To: Jennifer Dundas (Jennifer.Dundas@emcbc.doe.gov) |        |             |         |
| To: Lynette Bennett (Lynette.Bennett@chbwv.com)     |        |             |         |
| To: Moira Maloney (Moira.Maloney@emcbc.doe.gov)     |        |             |         |
| To: William Kean (William.Kean@chbwv.com)           |        |             |         |