# CH2MHILL • BWXT West Valley, LLC

West Valley Demonstration Project

Mr. C. S. Haugh, P.E. Chief, Source Surveillance New York State Department of Environmental Conservation Division of Water Bureau of Watershed Programs 625 Broadway, 4<sup>th</sup> Floor Albany, New York 12233-3506

AC-EA WR:2015:0019 May 11, 2015

SUBJECT:State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR)<br/>for the Period April 1 through April 30, 2015, SPDES Permit No. NY-0000973, West Valley<br/>Demonstration Project (WVDP)

Dear Mr. Haugh:

The West Valley Demonstration Project's SPDES DMR for the reporting period April 1 through April 30, 2015, including the Net Iron concentration sheet, is attached.

Please note there was no discharge at outfall 001, 007, 116, Sum-N, or internal outfall 01B during this period.

Please also note that as of September 15, 2014 the site transitioned from withdrawing water from the reservoirs to supply the site's water needs (potable and industrial) to the use of two recently installed groundwater wells. This transition has eliminated several functions within the utility room, (i.e., sand filter backwashes and clarifier blowdowns) thereby significantly reducing, or eliminating entirely, the discharge from outfall 007.

The change to groundwater wells also eliminated the need to collect raw water samples on a weekly basis for the analysis of iron and will alter the iron discharge concentration equation as the mass of raw water entering the system will no longer be calculated.

As required in Title 6 of the New York Codes, Rules, and Regulations (6NYCRR) Part 750-2.5(e)(3), the New York Environmental Laboratory Accreditation Program (NYELAP) identification numbers for the laboratories performing are normally required; however, the WVDP did not have any sample analysis completed for this DMR.

If you have any questions, please contact Moira Maloney of the U.S. Department of Energy West Valley Demonstration Project (DOE-WVDP) at (716) 942-4255 or William Kean of my staff at (716) 942-4865.

Sincerely,

John D. Rendall, Manager Regulatory Strategy

JDR:WNK:bnj

Attachment: SPDES DMR for April 1 through April 30, 2015 Monitoring Period

- cc: M. A. Jackson, NYSDEC-Region 9 DOW
  E. W. Wohlers, Cattaraugus County Health Department
  J. M. Dundas, DOE-WVDP
  M. N. Maloney, DOE-WVDP
  J. J. Baker, CHBWV
  L. E. Bennett, CHBWV (Public Reading Room)
  R. M. Geimer, CHBWV
  W. N. Kean, CHBWV
  W. N. Kean, CHBWV
  J. D. Rendall, CHBWV
  R. L. Scharf, CHBWV
  A. W. Upshaw, CHBWV
  - B. N. Jeffery (Letter Log), CHBWV

### ATTACHMENT

### SPDES DISCHARGE MONITORING REPORT - APRIL 1 THROUGH APRIL 30, 2015 NET IRON EFFLUENT CONCENTRATION CALCULATION WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

OUTFALL	001	=	M1 = (X1 + X2) V1 = 0.00 mg/month
	Xl	-	0.00 mg/L
	X2	-	0.00 mg/L
	· V1	=	0.00 L/month
*Note:	There wa	s no i	Discharge at outfall 001 during this monitoring period.
OUTFALL	007	=	M7 = (X1 + X2) V7 = 0.00 mg/month
	X1	=	0.00 mg/L
	X2		0.00 mg/L
	V7	=	0.00 L/month
*Note: /	There was	no D.	ischarge at outfall 007 during this monitoring period.

RAW WATER	=	MRW =	(X1 + X2 + X3 + X4) VRW = 0.00 mg/month
			4
	X1	=	0.000 mg/L
	X2	=	0.000 mg/L
	X3	=	0.000 mg/L
	X4	=	0.000 mg/L
	VRW	<u> </u>	0.00 L/month

\*Note: Raw water from the reservoir system is no longer used for process water.

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

OMB No. 2040-0004

#### PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:	U.S. DEPT OF ENERGY
ADDRESS:	1000 INDEPENDENCE AVE SW
	WASHINGTON, DC 20585
FACILITY:	WEST VALLEY DEMONSTRATION PROJ

LOCATION: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799

# ATTN: BRYAN C BOWER, DIRECTOR

NY0000973 PERMIT NUMBER	001-M DISCHARGE NUMBER				
MONITO	DRING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
4/1/2015	4/30/2015				

DMR Mailing ZIP CODE:	14171-9799
MAJOR	
(SUBR 09)	
OUTFALL 001 MONTHLY	PROC WW, GW, ST
External Outfall	

÷ 16

No Discharge X

		QUAN	ITITY OR LOADI	NG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	† EX	OF ANALYSIS	TYPE
Sulfate [as S]	SAMPLE MEASUREMENT	****	*****	*****	*****				1		
00154 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Batch	COMP2
Oxygen demand, ultimate	SAMPLE MEASUREMENT	****	*****	*****	*****						
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Twice per Batch	CALCTE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****		*****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	Req. Mon. MAXIMUM	mg/L		Twice per Batch	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice per Batch	COMP24
рН	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Once per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	30 MO AVG	45 DAILY MX	mg/L		Twice per Batch	COMP24
Solids, settleable	SAMPLE MEASUREMENT	****	****	*****	****					201011	
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice per Batch	GRAB
NAME/TITLE PRINCIPAL EXECU	supervision in a evaluate the infe system, or those	ccordance with a system de ormation submitted, Based e persons directly responsit	ment and all attachments we esigned to assure that qualifi on my inquiry of the person o ble for gathering the informat	ed personnel properly g or persons who manage ion, the information sub-	ather and the nitted is,				TEL	EPHONE	DATE
John D. Rendall, M	lanager penatties for sul		e, accurate, and complete. I icluding the possibility of fine		significant nowing SIGNAT			ER OR	716-9	942-4602 <sup>0</sup>	5/05/201

AUTHORIZED AGENT

TYPED OR PRINTED

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

MM/DD/YYYY

NUMBER

AREA Code

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

- NAME: U.S. DEPT OF ENERGY ADDRESS: 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585
- FACILITY: WEST VALLEY DEMONSTRATION PROJ LOCATION: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799
- ATTN: BRYAN C BOWER, DIRECTOR

 NY0000973
 001-M

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY

 4/1/2015

DMR Mailing ZIP CODE: 14171-9799 MAJOR (SUBR 09) OUTFALL 001 MONTHLY PROC WW, GW, ST External Outfall

No Discharge X

		QUAN	ITITY OR LOADIN	۱G	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLI
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	† EX	OF ANALYSIS	TYPE
Dil & Grease	SAMPLE MEASUREMENT	****	****	****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	15 DAILY MX	mg/L		Once per Batch	GRAB
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once per Batch	COMP2
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
0620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Batch	COMP2
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	COMP2
Sulfide, dissolved, [as S]	SAMPLE MEASUREMENT	*****	*****	*****	*****			-			
00746 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	.4 DAILY MX	mg/L		Once per Batch	COMP2
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once per Batch	COMP2
Cobalt, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00979 1 0 Effluent Gross	PERMIT	****	*****	*****	*****	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Once per Batch	GRAB

	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 under the informative substitute.	10	$\lambda$	TELEP	HONE	DATE
	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, Irue, accurate, and complete. I am aware that there are significant		SA			
oomi D. Rendurr, Hanager	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	OF PRINCIPAL EXECUTIVE OFFICER OR	716-94	2-4602	05/05/2015
TYPED OR PRINTED	/		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR) COMP

OMB No. 2040-0004

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

- NAME: U.S. DEPT OF ENERGY
- ADDRESS: 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585
- FACILITY: WEST VALLEY DEMONSTRATION PROJ LOCATION: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799
- ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
4/1/2015	4/30/2015

DMR Mailing ZIP CODE: 14171-9799 MAJOR (SUBR 09) OUTFALL 001 MONTHLY PROC WW, GW, ST External Outfall

No Discharge X

		QUAN	TITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	† EX	OF ANALYSIS	TYPE
Selenium, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****						
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	.004 DAILY MX	mg/L		Once per Batch	GRAB
ron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****			-			
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	COMP24
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	2 MO AVG	4 DAILY MX	mg/L		Once per Batch	COMP24
Vanadium, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****						
01128 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Once per Batch	GRAB
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	****	*****	*****	*****						
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	1.5 MO AVG	2.1 DAILY MX	mg/L		Twice per Batch	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Twice per Batch	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once per Batch	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in a	accordance with a system de	ment and all attachments were esigned to assure that qualifie on my inquiry of the person o	d personnel property ga	ther and 🕴 🕐 🥟				TELI	EPHONE	DATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	supervision in accordance with a system designed to assure that qualified personnel property gather and	$\langle O \rangle$	TELEPH	HONE	DATE	
	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 sionificant,	toulla			ļ	ł
boint D. Rendurr, Hundger	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	716-942	2-4602	05/05/2015	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	1

### PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

- NAME:U.S. DEPT OF ENERGYADDRESS:1000 INDEPENDENCE AVE SW<br/>WASHINGTON, DC 20585FACILITY:WEST VALLEY DEMONSTRATION PROJ
- LOCATION: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799
- ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mai	ling ZIP CODE:	14171-9799
MAJOR		
(SUBR 09	3)	
OUTFALL	001 MONTHLY F	PROC WW, GW, ST
External (	Dutfall	

No Discharge X

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	*****	*****	*****						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	*****	*****	*****						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	50 MO AVG	Req. Mon. DAILY MX	ng/L		Once per Batch	GRAB
Surfactants [linear alkylate sulfonate]	SAMPLE MEASUREMENT	****	*****	*****	*****						
81646 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	.04 DAILY MX	mg/L		Once per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 working the information between the strengther and the system designed to assure that qualified personnel properly gather and any strengther information of the strengther and the system designed to assure that qualified personnel properly gather and any strengther information of the strengther and the system designed to assure that qualified personnel properly gather and any strengther information of the strengther assure that the system designed to assure that qualified personnel properly gather and any strengther assure the strengther assure that the system designed to assure that qualified personnel properly gather and any strengther assure that qualified personnel properly gather and any strengther assure that qualified personnel pers	$\langle 0 \rangle$	TELEPHON	NE	DATE
John D. Rendall, Manager	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, frue, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing		716-942-4	1602	15/05/2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT			MM/DD/YYYY

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

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OMB No. 2040-0004	(n) en	
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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME:	U.S. DEPT OF ENERGY	
ADDDECC.	1000 INDEDENDENCE AVE	

ADDRESS:	1000 INDEPENDENCE AVE SW
	WASHINGTON, DC 20585

FACILITY: WEST VALLEY DEMONSTRATION PROJ LOCATION: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799

# ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITC	DRING PERIOD			
MONITC MM/DD/YYYY				

DMR Mailing ZIP CODE: 14171-9799 MAJOR (SUBR 09) SANITARY, NC COOLING WATER, UTILITY W External Outfall

No Discharge X

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	† EX	OF ANALYSIS	TYPE
Oxygen demand, ultimate	SAMPLE MEASUREMENT	****	****	*****	*****						
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Monthly	CALCTE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****		****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	Req. Mon. MAXIMUM	mg/L		Twice per Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Twice per Month	COMP24
Solids, settleable	SAMPLE MEASUREMENT	****	****	*****	*****						
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice per Month	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	****	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	15 DAILY MX	mg/L		Twice per Month	GRAB
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER I certify under p supervision in a	enalty of law that this docun ccordance with a system de	nent and all attachments wer signed to assure that qualifi	re prepared under my di ed personnel properly g	rection or			1	TELI	EPHONE	DATE

	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 we have a final differentiate when the supervision is set of the system.	10	TELEP	HONE	DATE
	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,	plint			ld
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	716-942	2-4602	05/05/2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)2040-MCH COMMON

#### PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

- NAME: U.S. DEPT OF ENERGY ADDRESS: 1000 INDEPENDENCE AVE SW
- WASHINGTON, DC 20585
- FACILITY: WEST VALLEY DEMONSTRATION PROJ LOCATION: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799
- ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:	1417	1-9799	
MAJOR			
(SUBR 09)			
SANITARY, NC COOLING	WATEF	R, UTILIT	ΥW
External Outfall			

No Discharge X

		QUAI	NTITY OR LOADIN	G	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****						
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	COMP2
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****						
0625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP2
ron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP2
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	****	*****	*****	*****						
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.49 MO AVG	2.1 DAILY MX	mg/L		Twice per Month	COMP2
Flow, in conduit or thru treatment blant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Monthly	CONTI
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	****	****	*****						
0295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Month	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in	accordance with a system d	iment and all attachments were lesigned to assure that qualifie I on my inquiry of the person or	d personnel properly az	ther and /	240-			TEL	EPHONE	DATE

·····	supervision in accordance with a system designed to assure that qualified personnel properly gather and	10	TELEPI	HONE	DATE
	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-		<u> </u>		
John D. Rendall, Manager	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	716-942	2-4602	05/05/2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

OMB No. 2040-0004

## PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

- NAME: U.S. DEPT OF ENERGY ADDRESS: 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585
- FACILITY: WEST VALLEY DEMONSTRATION PROJ LOCATION: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799

- NY0000973
   007-M

   PERMIT NUMBER
   DISCHARGE NUMBER

   MONITORING PERIOD

   MM/DD/YYYY
   MM/DD/YYYY

   4/1/2015
   4/30/2015
- DMR Mailing ZIP CODE: 14171-9799 MAJOR (SUBR 09) SANITARY, NC COOLING WATER, UTILITY W External Outfall

No Discharge X

ATTN: BRYAN C BOWER, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	· · · · · · · · · · · · · · · · · · ·	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	****	*****						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	50 DAILY MX	ng/L		Monthly	GRAB

	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 property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	$(\bigcirc)$	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	716-94;	2-4602	05/05/2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

# PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

- NAME: U.S. DEPT OF ENERGY ADDRESS: 1000 INDEPENDENCE AVE SW
- WASHINGTON, DC 20585
- FACILITY:WEST VALLEY DEMONSTRATION PROJLOCATION:10282 ROCK SPRINGS ROADWEST VALLEY, NY14171-9799
- ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	01B-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MONITO MM/DD/YYYY	

DMR M	ailing ZIP CODE:	14171-9799
MAJOR		
(SUBR	09)	
MERCL	IRY PRETREATM	ENT
Internal	Outfall	
		No Discharge

No Discharge

		QUAN	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	† EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT				****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly	CONTIN
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	*****	*****	*****						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	50 DAILY MX	ng/L		Twice per Batch	GRAB

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 particula the information while a Result of grant and the second secon	TELEPHONE	DATE
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.	716-942-4602 Area Code NUMBER	2 05/05/2015 MM/DD/YYYY
		1

DISCHARGE MONITORING REPORT (DMR)2040-000-

OMB No: 2040-0004

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

- NAME: U.S. DEPT OF ENERGY ADDRESS: 1000 INDEPENDENCE AVE SW
- WASHINGTON, DC 20585
- FACILITY: WEST VALLEY DEMONSTRATION PROJ LOCATION: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799

- NY0000973
   116-M

   PERMIT NUMBER
   DISCHARGE NUMBER

   MONITORING PERIOD

   MM/DD/YYYY
   MM/DD/YYYY

   4/1/2015
   4/30/2015
- DMR Mailing ZIP CODE: 14171-9799 MAJOR (SUBR 09) PSEUDO MON. POINT @FRANKS CRK Internal Outfall

No Discharge

ATTN: BRYAN C BOWER, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	· · · · · · · · · · · · · · · · · · ·	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	*****	****	_					
70295 Z 0 Instream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	500 DAILY MX	mg/L		Twice per Discharge	CALCTD

	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 property gather and curled to the information curbaited fraction and the state of the state of the state.		TELEPH	IONE	DATE
John D. Rendall Manager	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 penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	716-942	-4602	05/05/2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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. DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

- NAME: U.S. DEPT OF ENERGY ADDRESS: 1000 INDEPENDENCE AVE SW
- WASHINGTON, DC 20585
- FACILITY: WEST VALLEY DEMONSTRATION PROJ LOCATION: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799

- NY0000973
   SUM-N

   PERMIT NUMBER
   DISCHARGE NUMBER

   MONITORING PERIOD

   MM/DD/YYYY
   MM/DD/YYYY

   4/1/2015
   4/30/2015
- DMR Mailing ZIP CODE: 14171-9799 MAJOR (SUBR 09) SUM OF OUTFALLS 1 & 7 Internal Outfall

NOT TOURS

No Discharge X

ATTN: BRYAN C BOWER, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ΕX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	****	****	*****						
01045 2 0 Effluent Net	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	supervision in accordance with a system designed to assure that gualified personnel property gather and	$\left( \Omega \right)$	TELEPHONE	DATE
John D. Rendall, Manager	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	716-942-4602	05/05/2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

# CORRESPONDENCE CONTROL SHEET

WD:2015	:0197
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Correspondence Code	Author's Name & Extension	Date Review	Date Review	File		
WR:2015:0019	William Kean/4865	Submitted 04/27/15	<b>Due</b> 05/07/15	Series Code		
		04/27/10	03/07/13			
Subject State Pollutant Dis	charge Elimination System (SPDES) Discharg	e Monitoring Report (	MR) for the Period A	oril 1 through		
April 30, 2015, SPDES Per	mit No. NY-0000973, West Valley Demonstrat	on Project (WVDP)	,			
Does this Correspondence	e Respond to any DOE or Regulator Corres	nondence?				
		pondence				
	[X] No [] Yes – If yes, then identify the following: Correspondence Code:OITS Number:					
Does this correspondenc	e contain Official Use Only (OUO) information	on?				
li.e., information is certain u	nclassified information that may be exempt from pub	ic release under the Free	dom of Information Act (F	-O(A)		
[i.e., information is certain unclassified information that may be exempt from public release under the Freedom of Information Act (FOIA), (Exemptions 3-9) and has the potential to damage governmental, commercial, or private interests if disseminated to persons who do not need to know the information to perform their interest of the POC subtrained estimates and the first of the second second						
know the information to perform their jobs or other DOE authorized activities; refer to WVDP-402 for additional guidance on this determination.]						
[X] No [] Yes - If yes, ensure the document(s) is properly stamped and marked as OUO per requirements of WVDP-402. If Administratively						
Confidential or Pro	prietary, documentation must also be properly	marked as such per re	equirements of WVDP	-402.		
Does this correspondence	e contain ECI (OUO, FOIA Exemption 3)? at would be restricted by statute; refer to WVDP-402	for quidance on this dete	rmination 1			
			minuton.j			
[X] No [ ] Yes - If yes, ensure the o	document(s) is properly stamped and marked a	as ECI and OUO per re	equirements of WVDP	-402		
and Export Techno	blogy Control Officer (ETCO) or trained alterna	te signature & date are	obtained on the docu	iment(s).		
$\sum \left( \frac{1}{10} \right) \left( \frac{1}{10} \right) \left( \frac{1}{10} \right) = \frac{1}{10}$						
OUO Reviewer/ECI Screener or ECI Document Reviewer: John Rendul / Jun Marcon Printed Wame/Signature						
		10				
Funding Commitment						
Does this correspondence of	commit funds?			-		
[X] No [_] Yes - If yes, then obtain Business Manager/CFO and Planning & Integration Manager review.						
REVIEWER APPROVALS (	only used for hard copy process)					
Printed Name	Signature	Date Appro	Approve ove w/Comments	Disense		
William Kean	() (V, K	Date Approx $5/4/15$ [X		Disapprove [ ]		
John Rendall	Charles & Bird Ar SUR	5/5/15 A		[]		
Lynn Hollfelder	MANN Com +	55/5 4	[]	[]		
Jennifer Dundas	Dol a Child	SILLS M	[]	[]		
		[]	[]	[]		
		[]	[]	[]		
Povious initial 8 data ind	icating satisfactory resolution of disapprov	· · · · ·				

Reviewer initial & date indicating satisfactory resolution of disapproved comments: *(only used for hard copy process)*