

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, 4th Floor
Albany, New York 12233-3506

AC-EA
WR:2015:0034
July 27, 2015

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period June 1 through June 30, 2015, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP) and Storm Water Monitoring Results for January 1, 2015 through June 30, 2015

Dear Mr. Haugh:

The West Valley Demonstration Project's SPDES DMR for the reporting period June 1 through June 30, 2015, including the Net Iron calculation and Total Dissolved Solids (TDS) concentration sheets, is provided as Attachment A. All results for this report are within the effluent discharge limits specified in the permit.

Please note that there was no discharge at outfall 007 or internal outfall 01B during this period.

CHBWV is also submitting as Attachment B, for your use, analytical results and data for the semi-annual storm water monitoring period of January 1, 2015 through June 30, 2015. All storm water sampling results were within applicable limits specified on page 14 of 32 of the SPDES permit for oil & grease. The sample matrix spike result for Surfactants (as LAS) was reported low, and therefore the outfall S17 first flush sample result was flagged "R" unreliable at <0.013 mg/L.

Storm water samples were collected on June 8 and July 14, 2015. The on-site pH of precipitation, measured near the site's rain gauge was 7.1 SU and 8.2 respectively.

The monitoring period of January 1, 2015 through June 30, 2015 proved to be difficult as precipitation rates were extremely low during the period and the events that did occur were during weekends or at night.

The storm water outfalls collected during this semi-annual monitoring period include S04; S06; S09; S34; and S20. Storm water outfalls S17; S27; and S43 were not collected during this monitoring period but were collected just outside of this monitoring period on July 14, 2015 and have been reported within the pages of Attachment B.

In accordance with the Schedule of Compliance sampling requirements contained on page 30 of 32 for Paraquat Dichloride Herbicide (Gramoxone Extra), the site has not applied herbicides during this storm water monitoring period ending June 30, 2015, and therefore, storm water outfalls were not analyzed for Paraquat Dichloride.

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) numbers for the laboratories performing analysis for this DMR are as follows:

1. TestAmerica – Buffalo, NY Lab No. 10026; and
2. GEL Laboratories: NY Lab No. 11501.

Also, 6NYCRR Part 750-2.5(e)(3) requires reporting of Method Detection Limits (MDLs) where monitoring is not performed under ELAP. To that end, the MDLs for Total Residual Chlorine analyses, performed by the CHBWV wastewater treatment facility, is 0.01 mg/L.

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 & Engineering

JDR:WNK:bnj

- Attachments:
- A) SPDES DMR for June 1 through June 30, 2015 Monitoring Period
 - B) Storm Water Discharge Monitoring Results for January 1 through June 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)
- W. N. Kean, CHBWV
- D. P. Klenk, CHBWV
- J. D. Rendall, CHBWV
- R. L. Scharf, CHBWV
- A. W. Upshaw, CHBWV
- B. N. Jeffery, CHBWV (Letter Log)

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

OUTFALL 001 = $M1 = \frac{(X1 + X2)}{2} V1$ = 4176445.14 mg/month
X1 = 0.464 mg/L
X2 = 1.12 mg/L
V1 = 5273289.32 L/month

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

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

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

NOTE: Raw water from the reservoir system is no longer used for process water.

$$\text{IRON DISCHARGE CONCENTRATION} = \frac{M1 + M7 - MRW}{V1 + V7} = 0.79 \text{ mg/L}$$

ATTACHMENT A (Cont'd)

SPDES DISCHARGE MONITORING REPORT - JUNE 1 THROUGH JUNE 30, 2015
TOTAL DISSOLVED SOLIDS (TDS) CONCENTRATION CALCULATION - MONITORING POINT 116
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

Date: June 11, 2015

$$\begin{aligned} C4 &= ((Q1)(C1)+(Q2)(C2)+(Q3)(C3))/Q4 \\ &= ((0.194 \text{ MGD})(734 \text{ mg/L})+(0.132 \text{ MGD})(329 \text{ mg/L})+(0.288 \text{ MGD})(115 \text{ mg/L}))/(0.614 \text{ MGD}) \\ &= 357 \text{ mg/L} \end{aligned}$$

Date: June 17, 2015

$$\begin{aligned} C4 &= ((Q1)(C1)+(Q2)(C2)+(Q3)(C3))/Q4 \\ &= ((0.196 \text{ MGD})(884 \text{ mg/L})+(3.070 \text{ MGD})(182 \text{ mg/L})+(0.288 \text{ MGD})(67 \text{ mg/L}))/ (3.554 \text{ MGD}) \\ &= 316 \text{ mg/L} \end{aligned}$$

- Q1 = Flow at Outfall 001, million gallons per day (MGD).
C1 = Total Dissolved Solids (TDS) concentration at Outfall 001, mg/L.
Q2 = Flow in Franks Creek, MGD (without Outfall 001), measured at WNSP006 just prior to, and shortly after the discharge event.
C2 = TDS concentration in Franks Creek measured at WNSP006 just prior to, and shortly after the discharge event.
Q3 = Flow of augmentation water, MGD, if required.
C3 = TDS concentration in augmentation water, MGD.
Q4 = Q1 + Q2 + Q3, MGD (Flow in Franks Creek, including Outfall 001).
C4 <= 500 mg/L (calculated TDS concentration at 116 in Franks Creek, which includes Outfall 001).

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

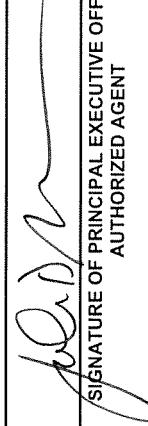
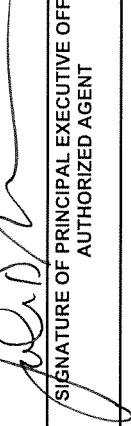
NAME: U.S. DEPT OF ENERGY
 ADDRESS: 1000 INDEPENDENCE AVE SW
 WASHINGTON, DC 20585

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

ATTN: BRYAN C BOWER, DIRECTOR

DISCHARGE MONITORING REPORT (DMR)			
PERMIT NUMBER	NY0000973	DISCHARGE NUMBER	001-M
MONITORING PERIOD	MM/DD/YYYY	OUTFALL	001 MONTHLY PROC WW, GW, ST External Outfall
MM/DD/YYYY	6/1/2015	No Discharge	<input type="checkbox"/>

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Sulfate [as S]	SAMPLE MEASUREMENT	***** *****	*****	***** *****	***** *****	*****	8.7	8.7	mg/L
00154 10 Effluent Gross	PERMIT REQUIREMENT	***** *****	*****	***** *****	***** *****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	0 01 / BA
Oxygen demand, ultimate	SAMPLE MEASUREMENT	***** *****	*****	***** *****	***** *****	*****	8 . 06	9 . 23	mg/L
00181 10 Effluent Gross	PERMIT REQUIREMENT	***** *****	*****	***** *****	***** *****	*****	Req. Mon. MO AVG	DAILY MX	0 02 / BA
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	***** *****	*****	***** *****	***** *****	*****	***** *****	***** *****	mg/L
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	***** *****	*****	***** *****	***** *****	*****	7 . 4	11	mg/L
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	***** *****	*****	***** *****	***** *****	*****	Req. Mon. MAXIMUM	0 02 / BA	GRAB
pH	SAMPLE MEASUREMENT	***** *****	*****	***** *****	***** *****	*****	2 . 3	2 . 5	mg/L
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***** *****	*****	***** *****	***** *****	*****	Req. Mon. MO AVG	DAILY MX	0 02 / BA
Solids, total suspended	SAMPLE MEASUREMENT	***** *****	*****	***** *****	***** *****	*****	7 . 2	7 . 2	mg/L
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	***** *****	*****	***** *****	***** *****	*****	6.5	8.5	mg/L
Solids, settleable	SAMPLE MEASUREMENT	***** *****	*****	***** *****	***** *****	*****	***** *****	***** *****	mg/L
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	***** *****	*****	***** *****	***** *****	*****	<0 . 1	<0 . 1	mg/L

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John D. Rendall, Manager TYPED OR PRINTED	TELEPHONE 	DATE 06/23/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	
	AREA Code 716	NUMBER 942-4602
		MM/DD/YYYY 07/16/2015

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
SUBR 09)	
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

NO Discharge

DISCHARGE MONITORING REPORT (DMR) FORM INPUTS

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE	*****	*****	*****	*****	*****	<1 .4	<1 .4	mg/L
	MEASUREMENT						Req. Mon.	15	mg/L
00556 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO AVG	DAILY MX	
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	0 .02	0 .02	mg/L
Nitrogen, nitrite total [as N]	MEASUREMENT	*****	*****	*****	*****	*****	Reg. Mon.	.1	mg/L
00615 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO AVG	DAILY MX	
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	<0 .02	<0 .02	mg/L
Nitrogen, nitrate total [as N]	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon.	1	mg/L
00620 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO AVG	DAILY MX	
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	<0 .02	<0 .02	mg/L
Nitrogen, Kjeldahl, total [as N]	MEASUREMENT	*****	*****	*****	*****	*****	Req. Mon.	1	mg/L
00625 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MO AVG	DAILY MX	
Effluent Dissolved, [as S]	SAMPLE	*****	*****	*****	*****	*****	Reg. Mon.	1	mg/L
Sulfide, dissolved, [as S]	MEASUREMENT	*****	*****	*****	*****	*****	MO AVG	DAILY MX	
00746 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon.	.4	mg/L
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	MO AVG	DAILY MX	
Arsenic, total recoverable	MEASUREMENT	*****	*****	*****	*****	*****	0 .00097	0 .00097	mg/L
00978 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon.	.15	mg/L
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	MO AVG	DAILY MX	
Cobalt, total recoverable	MEASUREMENT	*****	*****	*****	*****	*****	<0 .0006	<0 .0006	mg/L
00979 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon.	.005	mg/L
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	MO AVG	DAILY MX	

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 evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering this 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.
John D. Rendall, Manager	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
AREA Code	716 - 942 - 4602
NUMBER	MM/DD/YYYY

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

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

PERMIT NUMBER	NY0000973
DISCHARGE NUMBER	001-M
MONITORING PERIOD	MM/DD/YYYY
	6/1/2015

DMR Mailing ZIP CODE:	14171-9799
MAJOR (SUBR 09)	OUTFALL 001 MONTHLY PROC WW, GW, ST External Outfall
No Discharge	<input type="checkbox"/>

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0 .0004	<0 .0004	0	01 /BA	GR
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.004	0	Once per Batch	GRAB
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0 .792	1 .12	0	02 /BA	24
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX	0	Twice per Batch	COMP24
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0 .18	0 .18	0	01 /BA	24
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	2	4	0	mg/L	Once per Batch
Vanadium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	0 .0015	<0 .0015	0	01 /BA	GR
01128 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX	0	Once per Batch	GRAB
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0 .015	0 .021	0	02 /BA	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.5	2.1	0	mg/L	Twice per Batch
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0 .194	0 .245	MGD	MGD	*****	*****	0	02 /BA	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	*****	*****	*****	0	Twice per Batch	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0 .02	0 .02	0	mg/L	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX	0	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 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, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
John D. Randall, Manager TYPED OR PRINTED	<i>John D. Randall</i>	TELEPHONE	DATE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>John D. Randall</i>		
	AREA Code	NUMBER	MM/DD/YYYY
	716-942-4602	07/16/2015	

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

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

NAME: U.S. DEPT OF ENERGY
 ADDRESS: 1000 INDEPENDENCE AVE SW
 WASHINGTON, DC 20585

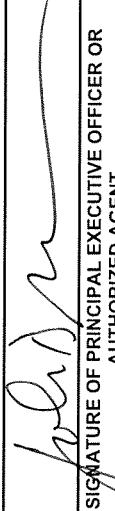
FACILITY: WEST VALLEY DEMONSTRATION PROJ
 LOCATION: 10282 ROCK SPRINGS ROAD
 WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

DMR Mailing ZIP CODE:	14171-9799
MAJOR	(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, ST	
External Outfall	No Discharge <input type="checkbox"/>

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE	*****	*****	*****	*****	*****			
	MEASUREMENT								
70295 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	6 96	7 34	mg/L
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L
Mercury, total [as Hg]	MEASUREMENT	*****	*****	*****	*****	*****			
71900 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 .3	1 .3	ng/L
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	MO AVG	Req. Mon. DAILY MX	GRAB
Surfactants [linear alkylate sulfonate]	MEASUREMENT	*****	*****	*****	*****	*****			
81646 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 .02	0 .02	mg/L
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX	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 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.		
John D. Rendall, Manager TYPED OR PRINTED	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	TELEPHONE	DATE	
	716-942-4602	07/16/2015	
	AREA Code	NUMBER	MM/DD/YYYY

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-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2015	6/30/2015

DMR Mailing ZIP CODE:	14171-9799
MAJOR	(SUBR 09)
OUTFALL 001 SEMI-ANNUAL	
External Outfall	
No Discharge <input type="checkbox"/>	

DISCHARGE MONITORING REPORT (DMR)

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Cyanide, free [amen. to chlorination]	SAMPLE	*****	*****	*****	*****	*****			
00722 10	MEASUREMENT			< 0 .005	< 0 .005	mg/L	0	0 2 / YR	GR
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	DAILY MX	mg/L	Twice per Year	GRAB
Manganese, total [as Mn]	SAMPLE	*****	*****	*****	0 .23	0 .23	mg/L	Twice per Year	COMP24
01055 10	MEASUREMENT	*****	*****	*****	Reg. Mon. MO AVG	DAILY MX	mg/L	Twice per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0 .0031	0 .0031	mg/L	Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE	*****	*****	*****	0 .011	0 .011	mg/L	Twice per Year	COMP24
01067 10	MEASUREMENT	*****	*****	*****	Reg. Mon. MO AVG	DAILY MX	mg/L	Twice per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0 .0004	0 .0004	mg/L	Twice per Year	COMP24
Zinc, total recoverable	SAMPLE	*****	*****	*****	Reg. Mon. MO AVG	DAILY MX	mg/L	Twice per Year	COMP24
01094 10	MEASUREMENT	*****	*****	*****	0 .0065	0 .0065	mg/L	Twice per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	DAILY MX	mg/L	Twice per Year	COMP24
Lead, total recoverable	SAMPLE	*****	*****	*****	0 .0004	0 .0004	mg/L	Twice per Year	COMP24
01114 10	MEASUREMENT	*****	*****	*****	Reg. Mon. MO AVG	DAILY MX	mg/L	Twice per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0 .0041	0 .0041	mg/L	Twice per Year	COMP24
Chromium, total recoverable	SAMPLE	*****	*****	*****	Reg. Mon. MO AVG	DAILY MX	mg/L	Twice per Year	COMP24
01118 10	MEASUREMENT	*****	*****	*****	0 .014	0 .014	mg/L	Twice per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	DAILY MX	mg/L	Twice per Year	COMP24
Copper, total recoverable	SAMPLE	*****	*****	*****	0 .0041	0 .0041	mg/L	Twice per Year	COMP24
01119 10	MEASUREMENT	*****	*****	*****	Reg. Mon. MO AVG	DAILY MX	mg/L	Twice per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****					

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 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, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
John D. Rendall, Manager	<i>John D. Rendall</i>	716-942-4602	07/16/2015
TYPED OR PRINTED		NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			

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

PERMIT NUMBER	NY0000973
DISCHARGE NUMBER	001-S
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	6/30/2015

DMR Mailing ZIP CODE:	14171-9799
MAJOR (SUBR 09)	
OUTFALL 001 SEMI-ANNUAL	
External Outfall	<input type="checkbox"/>
No Discharge	<input type="checkbox"/>

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Hepatichlor	SAMPLE	*****	*****	*****	<0 . 006	ug/L	0	02 / YR	GR
	MEASUREMENT	*****	*****	*****	.01	Req. Mon. DAILY MX	0	Twice per Year	GRAB
39410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	ug/L			

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 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.		
John D. Rendall, Manager			
TYPED OR PRINTED	NUMBER	TELEPHONE	DATE
	MM/DD/YYYY	716 - 942 - 4602	07/16/2015

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

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

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Boron, total [as Br]	SAMPLE ****	*****	*****	*****	*****	*****	0 . 047	mg/L	0 . 02 / YR
01022 V 0 See Comments	MEASUREMENT ****	*****	*****	*****	*****	*****	2	mg/L	Twice per Year COMP24
Titanium, total [as Ti]	SAMPLE ****	*****	*****	*****	*****	*****	0 . 0055	mg/L	0 . 02 / YR
01152 V 0 See Comments	MEASUREMENT ****	*****	*****	*****	*****	*****	.65	mg/L	Twice per Year COMP24
Bromide [as Br]	SAMPLE ****	*****	*****	*****	*****	*****	DAILY MX		
71870 V 0 See Comments	MEASUREMENT ****	*****	*****	*****	*****	*****	1 . 9	mg/L	0 . 02 / YR
	PERMIT ****	*****	*****	*****	*****	*****	5	mg/L	Twice per Year COMP24
	REQUIREMENT ****	*****	*****	*****	*****	*****	DAILY MX		

DISCHARGE MONITORING REPORT (DMR)

NY0000973	001-V
PERMIT NUMBER	DISCHARGE NUMBER
(SUBR 09)	(SUBR 09)
OUTFALL 001 ACTION LEVELS SEMI-ANNUAL	External Outfall
No Discharge <input type="checkbox"/>	

PARAMETER	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Boron, total [as Br]	SAMPLE ****	*****	*****	*****	*****	*****	0 . 047	mg/L	0 . 02 / YR
01022 V 0 See Comments	MEASUREMENT ****	*****	*****	*****	*****	*****	2	mg/L	Twice per Year COMP24
Titanium, total [as Ti]	SAMPLE ****	*****	*****	*****	*****	*****	0 . 0055	mg/L	0 . 02 / YR
01152 V 0 See Comments	MEASUREMENT ****	*****	*****	*****	*****	*****	.65	mg/L	Twice per Year COMP24
Bromide [as Br]	SAMPLE ****	*****	*****	*****	*****	*****	DAILY MX		
71870 V 0 See Comments	MEASUREMENT ****	*****	*****	*****	*****	*****	1 . 9	mg/L	0 . 02 / YR
	PERMIT ****	*****	*****	*****	*****	*****	5	mg/L	Twice per Year COMP24
	REQUIREMENT ****	*****	*****	*****	*****	*****	DAILY MX		

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 evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
John D. Rendall, Manager TYPED OR PRINTED			716 - 942 - 4602	07/16/2015 AREA Code NUMBER MM/DD/YYYY

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

SEE PERMIT FOR REPORTING REQUIREMENTS

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

NAME: U.S. DEPT OF ENERGY
 ADDRESS: 1000 INDEPENDENCE AVE SW
 WASHINGTON, DC 20585

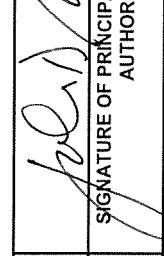
FACILITY: WEST VALLEY DEMONSTRATION PROJ
 LOCATION: 10282 ROCK SPRINGS ROAD
 WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

DMR Mailing ZIP CODE:	14171-9799
MAJOR (SUBR 09)	SANITARY, NC COOLING WATER, UTILITY W External Outfall
No Discharge <input checked="" type="checkbox"/>	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen demand, ultimate	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
0018110 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L	Monthly	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
0030010 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3	*****	Req. Mon. MAXIMUM	mg/L	Twice per Month
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			GRAB
0031010 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX	Twice per Month
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	10	mg/L	Twice per Month
0040010 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX	Twice per Month
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	8.5	SU	Twice per Month
0053010 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MAXIMUM		
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
0054510 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
0055610 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX	mg/L

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 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.	TELEPHONE	DATE
John D. Rendall, Manager TYPED OR PRINTED		716 - 942 - 4602	07/16/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
		MM/DD/YYYY	

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

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

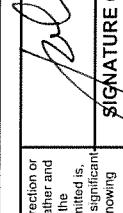
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MONITORING PERIOD
6/1/2015	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 14171-9799
MAJOR
 (SUBR 09)
SANITARY, NC COOLING WATER UTILITY W
 External Outfall
No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1	mg/L	Monthly
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX		COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG			
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX		COMP24
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG			
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX		COMP24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX		Twice per Month
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			*****	*****	*****	1.49	mg/L	Twice per Month
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	MGD	*****	*****	*****	2.1	mg/L	Twice per Month
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			*****
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			*****
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			*****
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	DAILY MX		CONTIN

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 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, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
John D. Randall, Manager TYPED OR PRINTED	 
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716 - 942 - 4602 07/16/2015 AREA Code NUMBER MM/DD/YYYY

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

PARTICIPATING FACILITY 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

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	007-M
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	6/30/2015

DMR Mailing ZIP CODE:	14171-9799
MAJOR	
(SUBR 09)	
SANITARY, NC COOLING WATER, UTILITY W External Outfall	No Discharge <input checked="" type="checkbox"/>

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John D. Randall, Manager TYPED OR PRINTED	TELEPHONE 716 - 942 - 4602 AREA Code NUMBER	DATE 07/16/2015 MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

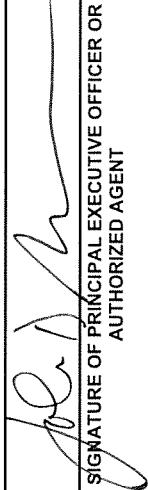
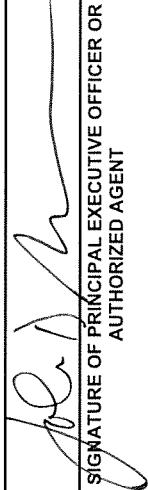
NAME: U.S. DEPT OF ENERGY
 ADDRESS: 1000 INDEPENDENCE AVE SW
 WASHINGTON, DC 20585
 FACILITY: WEST VALLEY DEMONSTRATION PROJ
 LOCATION: 10282 ROCK SPRINGS ROAD
 WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	01B-M
MONITORING PERIOD	MM/DD/YYYY
6/1/2015	6/30/2015

DMR Mailing ZIP CODE: 14171-9799
 MAJOR
 (SUBR 09)
 MERCURY PRETREATMENT
 Internal Outfall
 No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John D. Rendall, Manager TYPED OR PRINTED	TELEPHONE  716-942-4602	DATE 07/16/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code NUMBER MM/DD/YYYY	

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

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

Form Approved
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	116-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	6/30/2015
6/1/2015	

DMR Mailing ZIP CODE: 14171-9799
 MAJOR
 (SUBR 09)
 PSEUDO MON. POINT @FRANKS CRK
 Internal Outfall
 No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
Solids, total dissolved	SAMPLE	*****	*****	*****	*****	3.37	mg/L	02/DS
	MEASUREMENT					Req. Mon.	0	CA
70295 Z 0	PERMIT REQUIREMENT	*****	*****	*****	DAILY MX	500	mg/L	CALCTD
Instream Monitoring								

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 evaluate the information submitted. Based on my inquiry of the person or persons who manage this 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.		TELEPHONE	DATE
John D. Rendall, Manager TYPED OR PRINTED		716 - 942 - 4602 AREA Code NUMBER	07/16/2015 MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 IF PSEUDO MONITORING POINT REPORT IS NOT REQUIRED DURING THE MONITORING PERIOD, EITHER CHECK THE NO DISCHARGE BOX OR ENTER 'NODA' IN PLACE OF A MEASUREMENT TO INDICATE A GENERAL PERMIT EXEMPTION.

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	SUM-N
PERMIT NUMBER	DISCHARGE NUMBER
(SUBR 09)	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

DMR Mailing ZIP CODE:	14171-9799
MAJOR	
(SUBR 09)	
SUM OF OUTFALLS 1 & 7	
Internal Outfall	<input type="checkbox"/>
No Discharge	<input type="checkbox"/>

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Iron, total [as Fe]	SAMPLE	*****	*****	*****	0 .79	0 .79	mg/L	0	0.1 / 3.0	CA
	MEASUREMENT				Req. Mon.	1	mg/L		Monthly	CALCTD
01045-20 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	DAILY AVG					

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 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.		TELEPHONE	DATE
John D. Rendall, Manager				
TYPED OR PRINTED				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716 - 942 - 4602	07/16/2015	AREA Code	MM/DD/YYYY
			NUMBER	

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

ATTACHMENT B
Storm Water Discharge Monitoring Results for
January 1 through June 30, 2015
Monitoring Period

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 1, OUTFALL S04**
Monitoring Period: January 1 through June 30, 2015

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.2	S.U.	N.R.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	5.1	2.9	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	178	269	
	Total Dissolved Solids (TDS)	395	226	
	Phosphorus, Total	0.66	0.56	
Group B Parameters	Aluminum	9.9	6.0	
	Iron	14	16	
	Copper, Total Recoverable (TR)	0.014	0.025	
	Lead (TR)	0.0083	0.011	
	Zinc (TR)	0.12	0.12	
Group C Parameters	Total Nitrogen (as N)	< 1.2	1.1	
	TKN	1.2	0.99	
	Nitrate Nitrogen (as N)	< 0.020	0.098	
	Nitrite Nitrogen (as N)	< 0.020	0.032	
	Ammonia Nitrogen (as NH3)	0.094	0.083	
	Cadmium, TR	0.00040	0.00030	
	Chromium, TR	0.0059	0.0090	
	Hexavalent Chromium, TR	< 0.0050	< 0.0050	
	Selenium, TR	< 0.00044	< 0.00044	
	Vanadium, TR	0.0065	0.0096	
	Surfactant (as LAS)	N.R.	N.R.	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	580,000	
	Maximum Flow rate, gallons per minute	17,000	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/08/15	6/08/15	
	Duration of storm event, in minutes	N.R.	440	Rain started at 0400 EDT on 6/08/15 and ended at 1120 EDT on 6/08/15.
	Date and Time of sample collection	6/08/15 1110	6/08/15 1320	
	Sampling Duration (Minutes)	Instantaneous	140	
	Total rainfall during sampling event, in inches	N.R.	0.47	An additional 0.01 inches was recorded after sampling was completed.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	171	Precipitation of 0.75 inches was recorded on 6/01/15 at 0050 EDT. No flow above base flow upon arrival.

STORM WATER DISCHARGE MONITORING DATA

FOR OUTFALL GROUP 2, OUTFALL S06

Monitoring Period: January 1 through June 30, 2015

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.2	S.U.	N.R.
	Oil and Grease	< 1.6	N.R.	Not Specified in Permit. 15 mg/L
	BOD-5	23	6.3	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	9.6	19	
	Total Dissolved Solids (TDS)	661	557	
	Phosphorus, Total	0.041	0.071	
Group B Parameters	Aluminum	0.11	1.1	
	Iron	0.79	2.8	
	Copper, Total Recoverable (TR)	0.00085	0.0026	
	Lead (TR)	< 0.00050	0.0013	
	Zinc (TR)	0.0041	0.017	
Group C Parameters	Total Nitrogen (as N)	N.R.	N.R.	
	TKN	N.R.	N.R.	
	Nitrate Nitrogen (as N)	N.R.	N.R.	
	Nitrite Nitrogen (as N)	N.R.	N.R.	
	Ammonia Nitrogen (as NH3)	N.R.	N.R.	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	< 0.0043	< 0.0043	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	20,000	
	Maximum Flow rate, gallons per minute	200	N.R.	
	Method of flow measurement	ISCO Flow Meter		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/8/15	6/8/15	
	Duration of storm event, in minutes	N.R.	440	Rain started at 0400 EDT on 6/8/15 and ended at 1120 EDT on 6/8/15.
	Date and Time of sample collection	6/8/15 1120	6/8/15 1405	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.47	An additional 0.01 inches was recorded after sampling was completed.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	171	Precipitation of 0.75 inches was recorded on 6/01/15 at 0050 EDT. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA

FOR OUTFALL GROUP 3, OUTFALL S09

Monitoring Period: January 1 through June 30, 2015

Parameter Group	Parameter	Results in mg/L, Mercury, total in ng/L via method 1631		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	8.4 S.U.	N.R.	Not specified in permit. 15 mg/L
	Oil and Grease	< 1.4	N.R.	
	BOD-5	4.7	2.8	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	1210	661	
	Total Dissolved Solids (TDS)	101	100	
	Phosphorus, Total	2.9	0.92	
Group B Parameters	Aluminum	32	22	
	Iron	61	43	
	Copper, Total Recoverable (TR)	0.12	0.078	
	Lead (TR)	0.064	0.040	
	Zinc (TR)	0.82	0.53	
Group C Parameters	Total Nitrogen (as N)	2.4	2.2	
	TKN	2.2	1.9	
	Nitrate Nitrogen (as N)	0.17	0.24	
	Nitrite Nitrogen (as N)	0.027	0.028	
	Ammonia Nitrogen (as NH3)	0.33	0.25	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	N.R.	N.R.	
	Alpha BHC	< 0.0000064	< 0.0000064	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Mercury, Total (ng/L)	15.6	N.R.	
Flow	Total Flow, gallons	N.R.	380,000	
	Maximum Flow rate, gallons per minute	14,000	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/08/15	6/08/15	
	Duration of storm event, in minutes	N.R.	440	Rain started at 0400 EDT on 6/08/15 and ended at 1120 EDT on 6/08/15.
	Date and Time of sample collection	6/08/15 1110	6/08/15 1350	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.47	An additional 0.01 inches was recorded after sampling was completed.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	171	Precipitation of 0.75 inches was recorded on 6/01/15 at 0050 EDT. No flow was observed at start of sampling.

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 4, OUTFALL S34**

Monitoring Period: January 1 through June 30, 2015

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	8.1	S.U.	N.R.
	Oil and Grease	< 1.4		Not specified in permit. 15 mg/L
	BOD-5	5.1	3.5	
	Total Suspended Solids (TSS)	865	830	
	Total Dissolved Solids (TDS)	233	199	
	Phosphorus, Total	2.2	1.3	
Group B Parameters	Aluminum	28	21	
	Iron	52	33	
	Copper, Total Recoverable (TR)	0.099	0.053	
	Lead (TR)	0.047	0.032	
	Zinc (TR)	0.67	0.41	
Group C Parameters	Total Nitrogen (as N)	N.R.	N.R.	
	TKN	N.R.	N.R.	
	Nitrate Nitrogen (as N)	N.R.	N.R.	
	Nitrite Nitrogen (as N)	N.R.	N.R.	
	Ammonia Nitrogen (as NH3)	N.R.	N.R.	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	0.025	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	320,000	
	Maximum Flow rate, gallons per minute	7,600	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/08/15	6/08/15	
	Duration of storm event, in minutes	N.R.	440	Rain started at 0400 EDT on 6/08/15 and ended at 1120 EDT on 6/08/15.
	Date and Time of sample collection	6/08/15 1120	6/08/15 1400	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.47	An additional 0.01 inches was recorded after sampling was completed.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	171	Precipitation of 0.75 inches was recorded on 6/01/15 at 0050 EDT. Outfall was at base flow conditions.

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 5, OUTFALL S17**

****Monitoring Period: January 1 through June 30, 2015****

Parameter Group	Parameter	Results in mg/L, mL/L for Settleable Solids		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.6 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	3.7	< 2.0	Not specified in permit.
	Total Suspended Solids (TSS)	582	54	N.R. = Not required.
	Total Dissolved Solids (TDS)	212	136	
	Phosphorus, Total	0.46	0.12	
Group B Parameters	Aluminum	9.2	3.7	
	Iron	10	2.8	
	Copper, Total Recoverable (TR)	0.012	0.0048	
	Lead (TR)	0.044	0.0063	
	Zinc (TR)	0.077	0.021	
Group C Parameters	Total Nitrogen (as N)	< 1.6	< 0.67	Please see cover letter.
	TKN	1.3	0.54	
	Nitrate Nitrogen (as N)	0.30	0.11	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.13	0.066	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	0.0051	0.0015	
	Surfactant (as LAS)	< 0.013 R	0.024	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	5.0	0.3	
	Sulfide	< 0.26	< 0.052	
Flow	Total Flow, gallons	N.R.	130,000	
	Maximum Flow rate, gallons per minute	1,900	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	07/14/15	07/14/15	Rain started at 0205 EDT on 7/14/15 and ended at 2135 EDT on 7/14/15.
	Duration of storm event, in minutes	N.R.	1,170	
	Date and Time of sample collection	07/14/15 1025	07/14/15 1330	
	Sampling Duration (Minutes)	Instantaneous	200	
	Total rainfall during sampling event, in inches	N.R.	0.40	An additional 2.04 inches was recorded after sampling ended for a storm total of 2.44 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	104	Precipitation of 1.01 inches was recorded on 7/9/15 at 1745 EDT. Slight flow at Outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA

FOR OUTFALL GROUP 6, OUTFALL S43

****Monitoring Period: January 1 through June 30, 2015****

Parameter Group	Parameter	Results in mg/L, mL/L for Settleable Solids		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.7 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	7.8	5.7	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	36	34	
	Total Dissolved Solids (TDS)	48	21	
	Phosphorus, Total	0.18	0.15	
Group B Parameters	Aluminum	2.3	3.7	
	Iron	1.6	2.4	
	Copper, Total Recoverable (TR)	0.0024	0.0034	
	Lead (TR)	0.0012	0.0021	
	Zinc (TR)	0.0075	0.0089	
Group C Parameters	Total Nitrogen (as N)	< 1.5	< 1.0	
	TKN	1.5	0.95	
	Nitrate Nitrogen (as N)	0.022	< 0.020	
	Nitrite Nitrogen (as N)	< 0.020	0.025	
	Ammonia Nitrogen (as NH3)	0.076	0.13	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	0.00072	0.0014	
	Surfactant (as LAS)	< 0.013	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	< 0.1	< 0.1	
	Sulfide	< 0.052	< 0.052	
Flow	Total Flow, gallons	N.R.	1,200	
	Maximum Flow rate, gallons per minute	10	N.R.	
	Method of flow measurement	Weir Plate		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	07/14/15	07/14/15	
	Duration of storm event, in minutes	N.R.	1,170	Rain started at 0205 EDT on 7/14/15 and ended at 2135 EDT on 7/14/15.
	Date and Time of sample collection	07/14/15 1030	07/14/15 1310	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.40	An additional 2.04 inches was recorded after sampling ended for a storm total of 2.44 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	104	Precipitation of 1.01 inches was recorded on 7/9/15 at 1745 EDT. Slight flow at outfall upon arrival.

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 7, OUTFALL S20/DUPLICATE**
Monitoring Period: January 1 through June 30, 2015

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	Ph	7.6 S.U.	N.R.	Not specified in permit. 15 mg/L
	Oil and Grease	< 1.4 / <1.4	N.R.	
	BOD-5	4.7 / 5.0	< 2.0	
	Total Suspended Solids (TSS)	242 / 208	17	
	Total Dissolved Solids (TDS)	86 / 29	37	
	Phosphorus, Total	0.38 / 2.2	0.051	
Group B Parameters	Aluminum	4.9 / 5.5	1.1	
	Iron	6.7 / 7.6	1.1	
	Copper, Total Recoverable (TR)	0.0096 / 0.010	0.0021	
	Lead (TR)	0.0057/0.0061	0.0011	
	Zinc (TR)	0.055 / 0.057	0.0071	
Group C Parameters	Total Nitrogen (as N)	2.8 / 1.3	0.89	
	TKN	2.4 / 1.0	0.64	
	Nitrate Nitrogen (as N)	0.41 / 0.22	0.22	
	Nitrite Nitrogen (as N)	0.026 / 0.034	0.029	
	Ammonia Nitrogen (as NH3)	0.50 / 0.092	0.23	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	0.013 /< 0.013	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
Flow	Sulfide	<0.052/<0.052	< 0.052	
	Total Flow, gallons	N.R.	76,000	
	Maximum Flow rate, gallons per minute	990	N.R.	
Rainfall Event and Monitoring Summary	Method of flow measurement	Staff Gauge		
	Date(s) of event monitored	6/08/15	6/08/15	
	Duration of storm event, in minutes	N.R.	440	Rain started at 0400 EDT on 6/08/15 and ended at 1120 EDT on 6/08/15.
	Date and Time of sample collection	6/08/15 1100	6/08/15 1400	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.47	An additional 0.01 inches was recorded after sampling was completed.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	171	Precipitation of 0.75 inches was recorded on 6/01/15 at 0050 EDT. Flow just above base flow at outfall upon arrival.

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 8, OUTFALL S27**

****Monitoring Period: January 1 through June 30, 2015****

Parameter Group	Parameter	Results, in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.6 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	2.6	< 2.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	471	54	
	Total Dissolved Solids (TDS)	192	141	
	Phosphorus, Total	0.70	0.13	
Group B Parameters	Aluminum	9.5	3.5	
	Iron	11	2.6	
	Copper, Total Recoverable (TR)	0.023	0.0045	
	Lead (TR)	0.034	0.0042	
	Zinc (TR)	0.12	0.016	
Group C Parameters	Total Nitrogen (as N)	1.9	< 1.0	
	TKN	1.5	0.88	
	Nitrate Nitrogen (as N)	0.37	0.097	
	Nitrite Nitrogen (as N)	0.022	< 0.020	
	Ammonia Nitrogen (as NH3)	0.11	0.077	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	< 0.013	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	55,000	
	Maximum Flow rate, gallons per minute	640	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	7/14/15	7/14/15	
	Duration of storm event, in minutes	N.R.	1,170	Rain started at 0205 EDT on 7/14/15 and ended at 2135 EDT on 7/14/15.
	Date and Time of sample collection	7/14/15 1015	7/14/15 1320	
	Sampling Duration (Minutes)	Instantaneous	200	
	Total rainfall during event, in inches	N.R.	0.40	An additional 2.04 inches fell after sampling ended for a total of 2.44 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	104	Precipitation of 1.01 inches was recorded on 7/9/15 at 1745 EDT. Slight flow at outfall upon arrival.

CORRESPONDENCE CONTROL SHEET

Correspondence Code <u>WR : 2015 : 0034</u>	Author's Name & Extension William Kean/4865	Date Review Submitted 7/7/15	Date Review Due 7/14/15	File Series Code
Subject: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period June 1 through June 30, 2015, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP) and Storm Water Monitoring Results for January 1, 2015 through June 30, 2015.				

Does this Correspondence Respond to any DOE or Regulator Correspondence?

 No Yes - If yes, then identify the following: Correspondence Code: _____ OITS Number: _____

Does this correspondence contain Official Use Only (OUO) information?

[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 jobs or other DOE authorized activities; refer to WVDP-402 for additional guidance on this determination.]

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Does this correspondence contain ECI (OUO, FOIA Exemption 3)?

[i.e., technical information that would be restricted by statute; refer to WVDP-402 for guidance on this determination.]

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Printed Name/Signature

Funding Commitment

Does this correspondence commit funds?

 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	Approve	Approve w/Comments	Disapprove
William Kean	<u>W.J. Kean</u>	7/6/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mike Pendl	<u>Michael P Pendl</u>	7-14-15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Robert Scharf	<u>roy will for Bob Scharf</u>	7/23/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
John Rendall	<u>John Rendall</u>	7/23/15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lynn Hollfelder	<u>Lynn Hollfelder</u>	7/23/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jennifer Dundas	<u>Jennifer Dundas</u>	7/23/15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reviewer initial & date indicating satisfactory resolution of disapproved comments:
(only used for hard copy process)*Comments discussed w/ Bill Kean. Thx, Kean 7/23/15*

* Drop Carts: -Cover letter mod. (see hand written copy);
- Discharge 116 should be "2/DS" not "2/BA".