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:2015:0041 September 8, 2015

SUBJECT:

State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period August 1 through August 31, 2015, SPDES Permit No. NY-0000973, West

Valley Demonstration Project (WVDP)

Dear Mr. Haugh:

The West Valley Demonstration Project's SPDES DMR for the reporting period August 1 through August 31, 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 & Engineering

JDR:WNK:bnj

Attachment: SPDES DMR for August 1 through August 31, 2015 Monitoring Period

cc: M. A. Jackson, NYSDEC-Region 9 DOW

Melanie Stein, 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

R. L. Scharf, CHBWV

A. W. Upshaw, CHBWV

B. N. Jeffery (Letter Log), CHBWV

ATTACHMENT

SPDES DISCHARGE MONITORING REPORT - AUGUST 1 THROUGH AUGUST 31, 2015 NET IRON EFFLUENT CONCENTRATION CALCULATION WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

OUTFALL 001 = M1 =
$$\frac{(X1 + X2) V1}{2}$$
 = 0.00 mg/month

X1 = 0.00 mg/L

X2 = 0.00 mg/L

V1 = 0.00 L/month

*Note: There was no Discharge at outfall 001 during this monitoring period.

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

X1 = 0.00 mg/L

X2 = 0.00 mg/L

V7 = 0.00 L/month

*Note: There was no Discharge at outfall 007 during this monitoring period.

RAW WATER = MRW =
$$(X1 + X2 + X3 + X4)$$
 VRW = 0.00 mg/month

X1 = 0.000 mg/L

X2 = 0.000 mg/L

X3 = 0.000 mg/L

X4 = 0.000 mg/L

VRW = 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

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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 8/1/2015 8/31/2015

DMR Mailing ZIP CODE: 14171-9799

MAJOR (SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, ST

External Outfall

No Discharge X

		QUAN	TITY OR LOAD	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sulfate [as S]	SAMPLE MEASUREMENT	*****	ste ste ste ste ste	ste ste ste ste ste ste	****						
00154 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	******	the the the the the	the site the site site	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Batch	COMP24
Oxygen demand, ultimate	SAMPLE MEASUREMENT	ste ste ste ste ste	****	*****	ste ste ste ste ste						
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	ale ale ale ale ale	ste ste ste ste ste	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Twice per Batch	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	ste ste ste ste ste	de de de de de de	****		te te te te te te					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	3 MINIMUM	ste ste ste ste ste	Req. Mon. MAXIMUM	mg/L		Twice per Batch	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	ste ste ste ste ste ste	*****	*****	ste ste ste ste ste						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice per Batch	COMP24
рН	SAMPLE MEASUREMENT	****	*****	de de de de de de		ste ste ste ste ste					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	the the the the the	*****	the she she she she she	6.5 MINIMUM	de de de de de	8.5 MAXIMUM	SU		Once per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	ste ste ste ste ste ste	ste ste ste ste ste ste	site site site site site	ale ale ale ale ale ale						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	30 MO AVG	45 DAILY MX	mg/L		Twice per Batch	COMP24
Solids, settleable	SAMPLE MEASUREMENT	ste ste ste ste ste ste	वीर वीर वीर वीर वीर वीर	*****	*****						
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	de de de de de de	****	ste ste ste ste ste	****	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice per Batch	GRAB

person or persons who manage the system, or those persons directly responsible for gathering the information, the information, the information, the information, the information submitted is, to the best of my knowledge and belief, true, 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 09/03/2	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	10 10	TELEP	HONE	DATE
	John D. Rendall, Manager	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			09/03/201 MM/DD/YYY

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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 8/1/2015 8/31/2015

DMR Mailing ZIP CODE: 14171-9799 MAJOR

(SUBR 09)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

OUTFALL 001 MONTHLY PROC WW, GW, ST

External Outfall

No Discharge X

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil & Grease	SAMPLE MEASUREMENT	र्वत र्वत वेश वेश वेश वेश	र्शन और और और और और	*****	****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	de de de de de de	****	*****	*****	Req. Mon. MO AVG	15 DAILY MX	mg/L		Once per Batch	GRAB
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	ste ste ste ste ste	ale ale ale ale ale ale	sie sie sie sie sie sie	र्वत त्रीय त्रीय त्रीय त्रीय त्रीय						
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once per Batch	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	抗抗抗抗抗	****	****	*****						
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	de de de de de de	the tile tile the the	*****	र्शन होन होने होने होने होन	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Batch	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	ste ste ste ste ste	de de de de de de	sterate aterate aterate	ste ste ste ste ste ste						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	र्शन और और और और	*****	the the the the the	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	COMP24
Sulfide, dissolved, [as S]	SAMPLE MEASUREMENT	ste ste ste ste ste	****	*****	the tile tile tile tile tile						
00746 1 0 Effluent Gross	PERMIT REQUIREMENT	और और और और और	sie sie sie sie sie	****	****	Req. Mon. MO AVG	.4 DAILY MX	mg/L		Once per Batch	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	ste ste ste ste ste	ate ate ate ate ate	ste ste ste ste ste						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	ste ste ste ste ste	ste ste ste ste ste ste	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once per Batch	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	ale ale ale ale ale ale	ste ste ste ste ste	*****	ple ple ple ple ple ple		**************************************				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	*****	ste ste ste ste ste	to to to to to to	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Once per Batch	GRAB
NAME/TITLE PRINCIPAL EXECUTIV	direction or s	r penalty of law that this of upervision in accordance operly gather and evaluate	vith a system designed to	assure that qualified		Polla			TEL	EPHONE	DATE

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 line and imprisonment for knowing violations.

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

John D. Rendall, Manager

TYPED OR PRINTED

NUMBER

716-942-4602

AREA Code

09/03/2015

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. DEPT OF ENERGY

ADDRESS: 1000 INDEPENDENCE AVE SW

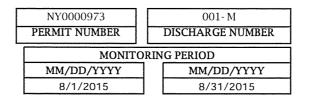
WASHINGTON, DC 20585

FACILITY: WEST VALLEY DEMONSTRATION PROJ

LOCATION: 10282 ROCK SPRINGS ROAD

WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR



DMR Mailing ZIP CODE: 14171-9799

MAJOR (SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, ST

External Outfall

No Discharge X

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Selenium, total recoverable	SAMPLE MEASUREMENT	ste ste ste ste ste ste	वंद वंद वंद वंद वंद वंद वंद	ale ale ale ale ale ale	ste ste ste ste ste ste						
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	र्थन केंद्र केंद्र केंद्र केंद्र केंद्र	10 10 10 10 10 10 10	te to the to the th	ale ale ale ale ale	Req. Mon. MO AVG	.004 DAILY MX	mg/L		Once per Batch	GRAB
Iron, total [as Fe]	SAMPLE MEASUREMENT	र्यंत पीत पीत पीत पीत	ste ste ste ste ste ste	वीर वीर वीर वीर वीर	de de de de de						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	ale ale ale ale ale ale	र्जर क्षेत्र जीन क्षेत्र क्षेत्र क्षेत्र	ate ate ate ate ate	र्शन और और और और	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	COMP24
Aluminum, total [as Al]	SAMPLE MEASUREMENT	<i>te te te te te</i>	त्रंद चंद चंद चंद चंद चंद	存货货货货	ste ste ste ste ste ste						
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	vic vic vic vic vic vic	*****	it it it it it	2 MO AVG	4 DAILY MX	mg/L		Once per Batch	COMP24
Vanadium, total recoverable	SAMPLE MEASUREMENT	ste ste ste ste ste	ofer after after after after	*****	****						
01128 1 0 Effluent Gross	PERMIT REQUIREMENT	वीर कीर चीर कीर चीर कीर	*****	the the the the the	to to to to to to	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Once per Batch	GRAB
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	*****	ste ste ste ste ste	ste ste ste ste ste	ple site site site site						
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	****	जी की की की की की	ste de de de de de	ste ste ste ste ste	1.5 MO AVG	2.1 DAILY MX	mg/L		Twice per Batch	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				ple ple ple ple ple ple	ste ste ste ste ste	वीर और और और और	ste ste ste ste ste			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	the the the the the the	*******	ple ple ple ple ple ple		Twice per Batch	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	te te te te te	to to to to to to	****	水水水水水 水						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	र्थर तथे तथे तथे तथे तथे	*****	ale ale ale ale ale	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once per Batch	GRAB

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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

nformation, including the possibility of fine and imprisonment for knowing violations.

John D. Rendall, Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

716-942-4602

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

09/03/2015

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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

 8/1/2015
 8/31/2015

DMR Mailing ZIP CODE: 14171-9799

MAJOR (SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, ST

External Outfall

No Discharge X

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	ale ale ale ale ale ale	व्यंत व्यंत व्यंत व्यंत व्यंत व्यंत	ste ste ste ste ste	ate ate ate ate ate		3111.				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	de de de de de de	ste ste ste ste ste	ste ste ste ste ste	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	按按按按按	ste ste ste ste ste ste	र्जन जीन जीन जीन जीन जीन	र्गत प्रोत प्रोत प्रोत प्रोत प्रोत						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	र्शन और और और और	de de de de de de	*****	ste ste ste ste ste	50 MO AVG	Req. Mon. DAILY MX	ng/L		Once per Batch	GRAB
Surfactants [linear alkylate sulfonate]	SAMPLE MEASUREMENT	ofer afer afer afer afer	ale ale ale ale ale ale	प्रीत प्रीत प्रीत प्रीत प्रीत प्रीत प्रीत	र्गर र्गर र्गर र्गर र्गर र						
81646 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	****	ste ste ste ste ste ste	ste ste ste ste ste	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 evaluate the information submitted. Based on my inquiry of the	1 1 1 1 1 1	TELEPHONE	DATE
John D. Rendall, Manager TYPED OR PRINTED	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.	10011/10	716-942-4602 AREA Code NUMBER	09/03/2015 MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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 8/1/2015 8/31/2015

DMR Mailing ZIP CODE: 14171-9799

MAJOR (SUBR 09)

SANITARY, NC COOLING WATER, UTILITY V

External Outfall

No Discharge X

		QUAN	TITY OR LOAD!	NG	Qī	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen demand, ultimate	SAMPLE MEASUREMENT	tentetent	ste ste ste ste ste	*****	*****						
0181 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	ste ste ste ste ste	*****	****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Monthly	CALCTI
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	to the tile the tile	****	ste ste ste ste ste		ste ste ste ste ste					
0300 1 0 ffluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	ste ste ste ste ste	*****	3 MINIMUM	*****	Req. Mon. MAXIMUM	mg/L		Twice per Month	GRAB
OD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	ste ste ste ste ste	she she she she she	ste ste ste ste ste	the time the tile tile the						
0310 1 0 ffluent Gross	PERMIT REQUIREMENT	****	मेर और और और और सैंड	ste ste ste ste ste	ste ste ste ste ste	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice per Month	COMP2
H	SAMPLE MEASUREMENT	*****	र्वत संदर्भन संदर्भन संदर्भ	物物物物物	1 0000	*****					
0400 1 0 ffluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	the the the the the	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Twice per Month	GRAB
olids, total suspended	SAMPLE MEASUREMENT	拉拉拉拉拉	र्यंत कींद्र कींद्र कींद्र कींद्र	to to to to to to	वर वरंग वरंग वरंग वरंग वरंग						
0530 1 0 ffluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	*****	of the off the off	sterstersterstersterste	30 MO AVG	45 DAILY MX	mg/L		Twice per Month	COMP2
olids, settleable	SAMPLE MEASUREMENT	जेर जेरे केर केर जेर केर	ste ste ste ste ste	ste ste ste ste ste	ગેંદ ગેંદ ગેંદ ગેંદ ગેંદ ગેંદ ગેંદ		****				
0545 1 0 ffluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	*****	*****	****	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice per Month	GRAB
il & Grease	SAMPLE MEASUREMENT	र्यंत्र के के वेद वेद	*****	*****	जेंद्र जेंद्र जेंद्र जेंद्र जेंद्र जेंद्र						
0556 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	ste ste ste ste ste	Req. Mon. MO AVG	15 DAILY MX	mg/L		Twice per Month	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		TELEPHO	ONE	DATE
John D. Rendall, Manager TYPED OR PRINTED	personnee property gamer ain 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 IV I	716-942-4 AREA Code N	1002	09/03/2019 MM/DD/YYYY

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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

 8/1/2015
 8/31/2015

DMR Mailing ZIP CODE: 14171-9799

MAJOR (SUBR 09)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

SANITARY, NC COOLING WATER, UTILITY ${\it V}$

External Outfall

No Discharge X

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	मेंद्र मेंद्र मेंद्र मेंद्र मेंद्र मेंद्र	ate ate ate ate ate at	*****	कें के के के के के						
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	ste ste ste ste ste ste	*****	र्यंत प्रीत प्रोत प्रोत प्रोत प्रोत	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	ste ste ste ste ste	र्यात त्रीर त्रीर त्रीर त्रीर त्रीर त्रीर	*****	*****						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	#######	*****	ste ste ste ste ste	花物物物物	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
iron, total [as Fe]	SAMPLE MEASUREMENT	र्गत र्गत र्गत र्गत र्गत र्गत र्गत	ste ste ste ste ste	जेन जीन जीन जीन जीन जीन	इस्ते और और और और						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste ste	the trie trie trie trie	ste ste ste ste ste	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	ste de de de de de	*******	the after the title the	ste ste ste ste ste						
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	ale ale ale ale ale	र्शंद प्रीय प्रीय प्रीय प्रीय प्रीय	*****	****	1.49 MO AVG	2.1 DAILY MX	mg/L		Twice per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	र्गर संस्थान संस्थान	ale ale de de de de	ste ste ste ste ste			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	ste ste ste ste ste	*****		Monthly	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	जोर जोर जोर जोर जोर	steraterate ateraterate	क्षेत्र प्रोत प्रोत प्रोत प्रोत प्रोत	ste ste ste ste ste						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	ste ste ste ste ste	****	में में में में में में में	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	ale ale ale ale ale ale	वेद वेद वेद वेद वेद वेद	ste ste ste ste ste	ste ste ste ste ste						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	the site site site site	ste ste ste ste ste	र्शन र्शन र्शन र्शन र्शन र्शन	the the the the the	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Month	GRAB
NAME/TITLE PRINCIPAL EXECUTIV	direction or	supervision in accordance	document and all attachme with a system designed to e the information submitte	assure that qualified	· · · · ·	10.10			TEL	EPHONE	DATE

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.

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

John D. Rendall, Manager

TYPED OR PRINTED

716-942-4602

NUMBER

AREA Code

09/03/2015

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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 8/1/2015 8/31/2015

DMR Mailing ZIP CODE: 14171-9799

MAJOR (SUBR 09)

SANITARY, NC COOLING WATER, UTILITY V

External Outfall

No Discharge X

DADA MEMP		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	ate ate ate ate ate ate	ste ste ste ste ste ste	the tile the the tile the	र्वेट कीर कीर कीर कीर						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	र्शव संब संब संब संब संब	*****	****	*****	Req. Mon. MO AVG	50 DAILY MX	ng/L		Monthly	GRAB

	l 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	10) 2
John D. Rendall. Manager	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
TYPED OR PRINTED	enterminent, merannig tae possionin) of thie and imprisoning it to knowing violations.	AUTHORIZED AGENT

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

NUMBER

TELEPHONE

716-942-4602

AREA Code

DATE

09/03/2015

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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 01B- M PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 8/1/2015 8/31/2015

DMR Mailing ZIP CODE: 14171-9799

MAJOR (SUBR 09)

MERCURY PRETREATMENT

Internal Outfall

No Discharge X

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT				按按按按按	******	र्शन और और और और	ste ste ste ste ste ste			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	र्गर श्रेर श्रेर श्रेर श्रेर श्रेर	****	te te te te te	****		Weekly	CONTIN
Mercury, total [as Hg]	SAMPLE MEASUREMENT	ste ste ste ste ste ste	ste ste ste ste ste	प्रोट परि प्रोट प्रोट प्रोट	****						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	ale ale ale ale ale	*****	to to the the the	Req. Mon. MO AVG	50 DAILY MX	ng/L		Twice per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	1 / () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TELEPHONE	DATE
John D Rendall Manager	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	716-942-4602 AREA Code NUMBER	09/03/2015 MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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 8/1/2015 8/31/2015

DMR Mailing ZIP CODE: 14171-9799

MAJOR (SUBR 09)

PSEUDO MON. POINT @FRANKS CRK

Internal Outfall

No Discharge X

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF A	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	र्थन योग योग योग योग	*****	ste ste ste ste ste	ate ate ate ate ate						
70295 Z 0 Instream Monitoring	PERMIT REQUIREMENT	de de de de de de	****	ste ste ste ste ste ste	*****	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 properly gather and evaluate the information submitted. Based on my inquiry of the	$L()$ $\Lambda \Lambda \Lambda$	TELEP	HONE	DATE
John D. Rendall Manager	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 line and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	716-942	2-4602	09/03/2
TYPED OR PRINTED	The same of the position of the same of th	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YY

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.

Page 1

DISCHARGE MONITORING REPORT (DMR) 913 - 0904

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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 MONITORING PERIOD

MM/DD/YYYY

8/1/2015

MM/DD/YYYY 8/31/2015

DMR Mailing ZIP CODE: 14171-9799

MAJOR (SUBR 09)

SUM OF OUTFALLS 1 & 7

Internal Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE		
		VALUE	VALUE	UNITS	VALUE V	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	****	*****	****						
01045 2 0 Effluent Net	PERMIT REQUIREMENT	***	****	*****	****	Req. Mon. MO AVG	l DAILY MX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my TELEPHONE DATE 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 John D. Rendall, Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR 716-942-4602 09/03/2015 nformation, including the possibility of fine and imprisonment for knowing violations TYPED OR PRINTED AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

CORRESPONDENCE CONTROL SHEET

Correspondence Code	Author's Name & Extension	Date Review	Date Review	File					
WR: 2015:0041	William Kean/4865	Submitted 09/01/15	Due 09/03/15	Series Code					
Subject State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period August 1 through August 31, 2015, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)									
	THE REPORT OF THE PROPERTY OF								
Does this Correspondence	e Respond to any DOE or Regulator Correspon	dence?		11.00 Me 601 1.00					

Does this Correspondence Respond to any DOE or Regulator Correspondence?
[X] 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.]
[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 Proprietary, documentation must also be properly marked as such per requirements of WVDP-402.
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.]
[X] No [] Yes - If yes, ensure the document(s) is properly stamped and marked as ECI and OUO per requirements of WVDP-402 and Export Technology Control Officer (ETCO) or trained alternate signature & date are obtained on the document(s).
OUO Reviewer/ECI Screener or ECI Document Reviewer: John Rend Printed Name/Signature
Funding Commitment
Does this correspondence commit funds?
[X] No [] Yes - If yes, then obtain Business Manager/CFO and Planning & Integration Manager review.

Printed Name	Signature	Date	Approve	Approve w/Comments	Disapprove
William Kean	WN Ke	9/1/15	Approve		
John Rendall	posit /	9.1.15	[4]	[]	[]
Lynn Hollfelder	Marini	011,115	[i]	[]	[]
Jennifer Dundas		9/1/15		M *	[]
Mike Pendl	March. In	9/1/1-	M	[]	[]
			[]	[]	[]

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

Indicate " no discharge " I remove data. Have JDR terior to gulls re-sign the doc. Thx- Jen

WV-1010, Rev. 18 (WV-107) BNJ7015.WNK