

# 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:2015:0051  
November 17, 2015

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR)  
for the Reporting Period October 1 through October 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 October 1 through October 31, 2015, including the Net Iron and Total Dissolved Solids (TDS) concentration sheets, is attached. All results for this report are within effluent discharge limits specified in the permit.

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

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 analysis for this DMR are as follows:

1. TestAmerica Buffalo: NY Lab No. 10026; and
2. General Engineering 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 MDL for Total Residual Chlorine analysis performed by the CHBWV wastewater treatment facility personnel 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

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

cc: M. A. 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  
D. P. Klenk, CHBWV  
J. D. Rendall, CHBWV  
R. L. Scharf, CHBWV  
A. W. Upshaw, CHBWV  
B. N. Jeffery, CHBWV (Letter Log)

ATTACHMENT

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

$$\text{OUTFALL 001} = M1 = \frac{(X1 + X2) V1}{2} = 178379.31 \text{ mg/month}$$

$$X1 = 0.204 \text{ mg/L}$$

$$X2 = 0.212 \text{ mg/L}$$

$$V1 = 857592.83 \text{ L/month}$$

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

$$X1 = 0.00 \text{ mg/L}$$

$$X2 = 0.00 \text{ mg/L}$$

$$V7 = 0.00 \text{ L/month}$$

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

$$X1 = 0.00 \text{ mg/L}$$

$$X2 = 0.00 \text{ mg/L}$$

$$X3 = 0.00 \text{ mg/L}$$

$$X4 = 0.00 \text{ mg/L}$$

$$VRW = 0.00 \text{ L/month}$$

$$\text{IRON DISCHARGE CONCENTRATION} = \frac{M1 + M7 - MRW}{V1 + V7} = 0.21 \text{ mg/L}$$

ATTACHMENT (Cont'd)

SPDES DISCHARGE MONITORING REPORT - OCTOBER 1 THROUGH OCTOBER 31, 2015  
TOTAL DISSOLVED SOLIDS (TDS) CONCENTRATION CALCULATION - MONITORING POINT 116  
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT No. NY-0000973

Date: October 7, 2015

$$\begin{aligned} C4 &= ((Q1)(C1) + (Q2)(C2) + (Q3)(C3)) / Q4 \\ &= ((0.227 \text{ MGD})(722 \text{ mg/L}) + (0.087 \text{ MGD})(374 \text{ mg/L}) + (0.288 \text{ MGD})(118 \text{ mg/L})) / (0.602 \text{ MGD}) \\ &= 382 \text{ mg/L} \end{aligned}$$

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Date: October 13, 2015

$$\begin{aligned} C4 &= ((Q1)(C1) + (Q2)(C2) + (Q3)(C3)) / Q4 \\ &= ((0.227 \text{ MGD})(720 \text{ mg/L}) + (1.10 \text{ MGD})(186 \text{ mg/L}) + (0.288 \text{ MGD})(97 \text{ mg/L})) / (1.615 \text{ MGD}) \\ &= 245 \text{ mg/L} \end{aligned}$$

- 
- 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).

## DISCHARGE MONITORING REPORT (DMR)

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
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 14171- 9799

MAJOR

(SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, ST

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sulfate [as S]	SAMPLE MEASUREMENT	*****	*****	*****	*****	72	72	mg/L	0	01/BA	24
00154 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Batch	COMP24
Oxygen demand, ultimate	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.22	8.40	mg/L	0	02/BA	CA
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Twice per Batch	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.5	11.5	mg/L	0	02/BA	GR
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	*****	*****	*****	*****	<2.4	2.8	mg/L	0	02/BA	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice per Batch	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.5	7.5	SU	0	01/BA	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 MINIMUM	8.5 MAXIMUM	SU		Once per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4.0	4.0	mg/L	0	02/BA	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Twice per Batch	COMP24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	mL/L	0	02/BA	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice 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, 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		716-942-4602		11/04/2015
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

## DISCHARGE MONITORING REPORT (DMR)

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
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 14171- 9799

MAJOR

(SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, SI  
External OutfallNo Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	mg/L	0	01/BA	GR
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	*****	*****	*****	*****	<0.02	<0.02	mg/L	0	01/BA	24
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	*****	*****	*****	*****	<0.02	<0.02	mg/L	0	01/BA	24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Batch	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.0	1.1	mg/L	0	02/BA	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	COMP24
Sulfide, dissolved, [as S]	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.05	<0.05	mg/L	0	01/BA	24
00746 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.4 DAILY MX	mg/L		Once per Batch	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0018	0.0018	mg/L	0	01/BA	24
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once per Batch	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0006	<0.0006	mg/L	0	01/BA	GR
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Once per Batch	GRAB

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John D. Rendall, Manager		716-942-4602		11/04/2015
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NAME: U.S. DEPT OF ENERGY

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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
10/1/2015	10/31/2015

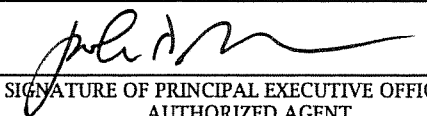
DMR Mailing ZIP CODE: 14171-9799

MAJOR

(SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, ST  
External OutfallNo Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	<0.0004 Req. Mon. MO AVG	<0.0004 .004 DAILY MX	mg/L	0	01/BA	GR
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0.208 Req. Mon. MO AVG	0.212 Req. Mon. DAILY MX	mg/L	0	02/BA	24
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0.17 2 MO AVG	0.17 4 DAILY MX	mg/L	0	01/BA	24
Vanadium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01128 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	<0.0015 Req. Mon. MO AVG	<0.0015 .014 DAILY MX	mg/L	0	01/BA	GR
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0.024 1.5 MO AVG	0.038 2.1 DAILY MX	mg/L	0	02/BA	24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.227	0.309	MGD	*****	*****	*****	*****	0	02/BA	CN
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	*****	*****	*****	*****	0.09 Req. Mon. MO AVG	0.09 .1 DAILY MX	mg/L	0	01/BA	GR

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John D. Rendall, Manager			716-942-4602		11/04/2015
TYPED OR PRINTED				AREA Code	NUMBER

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

## DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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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
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 14171-9799

MAJOR

(SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, ST  
External OutfallNo Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	721	722	mg/L	0	02/BA	GR
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	*****	*****	*****	*****	3.0	3.0	ng/L	0	01/BA	GR
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	*****	*****	*****	*****	0.04	0.04	mg/L	0	01/BA	GR
81646 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.04 DAILY MX	mg/L		Once per Batch	GRAB

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John D. Rendall, Manager		716-942-4602		11/04/2015
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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



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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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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	007- M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 14171-9799  
MAJOR  
(SUBR 09)  
SANITARY, NC COOLING WATER, UTILITY &  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, ultimate	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Monthly	CALCTD
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

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John D. Rendall, Manager			716-942-4602		11/04/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

## DISCHARGE MONITORING REPORT (DMR)

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
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 14171- 9799  
MAJOR  
(SUBR 09)  
SANITARY, NC COOLING WATER, UTILITY V  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Iron, 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	COMP24
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	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	*****	*****	*****	*****		Monthly	CONTIN
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	*****	*****	*****	*****						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. 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 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			716-942-4602		11/04/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

## DISCHARGE MONITORING REPORT (DMR)

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
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 14171- 9799  
MAJOR  
(SUBR 09)  
SANITARY, NC COOLING WATER, UTILITY V  
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	50 DAILY MX	ng/L		Monthly	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.	TELEPHONE		DATE
John D. Rendall, Manager		716-942-4602		11/04/2015
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

## DISCHARGE MONITORING REPORT (DMR)

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
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 14171-9799  
MAJOR  
(SUBR 09)  
MERCURY PRETREATMENT  
Internal OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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

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		716-942-4602		11/04/2015
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

## DISCHARGE MONITORING REPORT (DMR)

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

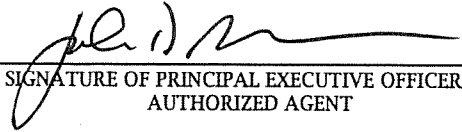
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	116- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 14171-9799  
MAJOR  
(SUBR 09)  
PSEUDO MON. POINT @FRANKS CRK  
Internal OutfallNo Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	314	382	mg/L	0	02/DS	CA
70295 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	500 DAILY MX	mg/L		Twice per Discharge	CALCTD

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			716-942-4602	11/04/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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 'NODI A' IN PLACE OF A MEASUREMENT TO INDICATE A GENERAL PERMIT EXEMPTION.

## DISCHARGE MONITORING REPORT (DMR)

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	MM/DD/YYYY
10/1/2015	10/31/2015

DMR Mailing ZIP CODE: 14171-9799  
MAJOR  
(SUBR 09)  
SUM OF OUTFALLS 1 & 7  
Internal OutfallNo Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.21	0.21	mg/L	0	01/30	CA
01045 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	1 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 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		716-942-4602		11/04/2015
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

## CORRESPONDENCE CONTROL SHEET

Correspondence Code <u>WR : 2015 : 0051</u>	Author's Name & Extension William Kean/4865	Date Review Submitted 11/2/15	Date Review Due 11/4/15	File Series Code
Subject State Pollutant Discharge Monitoring System (SPDES) Discharge Monitoring Report (DMR) for the Reporting Period October 1 through October 31, 2015 SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)				

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.]*

☒ 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.]*

☒ 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: \_\_\_\_\_

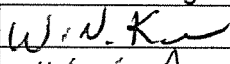
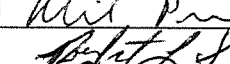
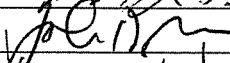
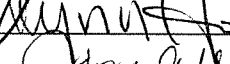
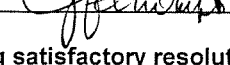

Printed Name/Signature

## 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		11/2/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michael Pendl <i>Peer</i>		11-9-15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Robert Scharf		11/9/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
John Rendall		11/10/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lynn Hollfelder		11/10/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jennifer Dundas		11/16/15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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