

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:2016:0009
February 3, 2016

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR)
for the Period January 1 through January 31, 2016, 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 January 1 through January 31, 2016, including the Net Iron concentration sheet, is attached.

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


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

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

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

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

Sincerely,


John D. Rendall, Manager
Regulatory Strategy

JDR:WNK:bnj

Attachment: SPDES DMR for January 1 through January 31, 2016 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 (Letter Log), CHBWV

ATTACHMENT

SPDES DISCHARGE MONITORING REPORT - JANUARY 1 THROUGH JANUARY 31, 2016
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

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

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

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

$$V1 = 0.00 \text{ L/month}$$

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

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

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

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

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

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

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

$$X1 = 0.000 \text{ mg/L}$$

$$X2 = 0.000 \text{ mg/L}$$

$$X3 = 0.000 \text{ mg/L}$$

$$X4 = 0.000 \text{ mg/L}$$

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

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

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

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 | 001- M |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 1/1/2016 | 1/31/2016 |

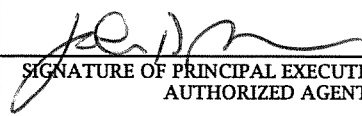
DMR Mailing ZIP CODE: 14171-9799

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 | | | |
| Sulfate [as S] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 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 | ***** | ***** | ***** | ***** | | | | | | |
| 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 | ***** | ***** | ***** | | ***** | | | | | |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 3 MINIMUM | ***** | Req. Mon. MAXIMUM | mg/L | | Twice per Batch | GRAB |
| BOD, 5- day, 20 deg. C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 00310 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | 10 DAILY MX | mg/L | | Twice per Batch | COMP24 |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.5 MAXIMUM | SU | | Once per Batch | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 MO AVG | 45 DAILY MX | mg/L | | Twice per Batch | COMP24 |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 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. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE |
| John D. Rendall, Manager | | | 716-942-4602 | | 02/04/2016 |
| 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 | 001- M |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 1/1/2016 | 1/31/2016 |

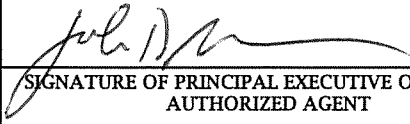
DMR Mailing ZIP CODE: 14171-9799

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 | | | |
| Oil & Grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | 15 DAILY MX | mg/L | | Once per Batch | GRAB |
| Nitrogen, nitrite total [as N] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 00615 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | .1 DAILY MX | mg/L | | Once per Batch | COMP24 |
| Nitrogen, nitrate total [as N] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 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 | ***** | ***** | ***** | ***** | | | | | | |
| 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 | ***** | ***** | ***** | ***** | | | | | | |
| 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 | ***** | ***** | ***** | ***** | | | | | | |
| 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 | ***** | ***** | ***** | ***** | | | | | | |
| 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 | | 02/04/2016 |
| 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

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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 |
| 1/1/2016 | 1/31/2016 |

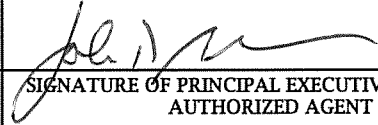
DMR Mailing ZIP CODE: 14171- 9799

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 | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | .004 DAILY MX | mg/L | | Once per Batch | GRAB |
| 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 Batch | COMP24 |
| Aluminum, total [as Al] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 2 MO AVG | 4 DAILY MX | mg/L | | Once per Batch | COMP24 |
| Vanadium, total recoverable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 01128 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | .014 DAILY MX | mg/L | | Once per Batch | GRAB |
| Nitrogen, ammonia, total [as NH3] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 34726 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1.5 MO AVG | 2.1 DAILY MX | mg/L | | Twice per Batch | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Twice per Batch | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | .1 DAILY MX | mg/L | | Once per Batch | GRAB |

| | | | | | |
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ATTN: BRYAN C BOWER, DIRECTOR

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|---------------|------------------|
| NY0000973 | 001- M |
| PERMIT NUMBER | DISCHARGE NUMBER |

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| MM/DD/YYYY | MM/DD/YYYY |
| 1/1/2016 | 1/31/2016 |


DMR Mailing ZIP CODE: 14171- 9799

MAJOR

(SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, S1
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 | ***** | ***** | ***** | ***** | | | | | | |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice per Batch | GRAB |
| Mercury, total [as Hg] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 71900 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 50 MO AVG | Req. Mon. DAILY MX | ng/L | | Once per Batch | GRAB |
| Surfactants [linear alkylate sulfonate] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 81646 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | .04 DAILY MX | mg/L | | Once per Batch | GRAB |

| | | | | | |
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WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

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|---------------|------------------|
| NY0000973 | 007- M |
| PERMIT NUMBER | DISCHARGE NUMBER |

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| MM/DD/YYYY | MM/DD/YYYY |
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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 |

| 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 |
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ATTN: BRYAN C BOWER, DIRECTOR

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| MM/DD/YYYY | MM/DD/YYYY |
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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 | | | |
| 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. | TELEPHONE | | DATE |
| John D. Rendall, Manager | | 716-942-4602 | | 02/04/2016 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

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

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 | 007- M |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 1/1/2016 | 1/31/2016 |


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. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE |
| John D. Rendall, Manager TYPED OR PRINTED | 716-942-4602 AREA Code NUMBER | | 02/04/2016 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 | 01B- M |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 1/1/2016 | 1/31/2016 |

DMR Mailing ZIP CODE: 14171-9799

MAJOR

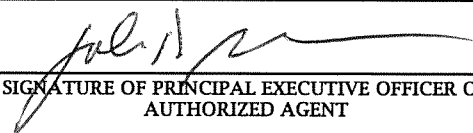
(SUBR 09)

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 | 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. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE |
| John D. Rendall, Manager | | | 716-942-4602 | | 02/04/2016 |
| 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 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 |
| 1/1/2016 | 1/31/2016 |

DMR Mailing ZIP CODE: 14171-9799

MAJOR

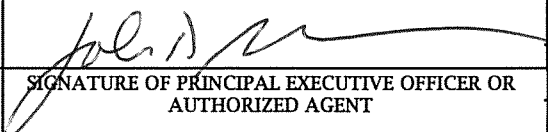
(SUBR 09)

PSEUDO MON. POINT @FRANKS CRK

Internal Outfall

No Discharge ☒

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

| | | | | | |
|--|---|---|--------------|--------|------------|
| 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 | | 02/04/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | 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 'NODI A' IN PLACE OF A MEASUREMENT TO INDICATE A GENERAL PERMIT EXEMPTION.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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 |
| 1/1/2016 | 1/31/2016 |

DMR Mailing ZIP CODE: 14171-9799

MAJOR

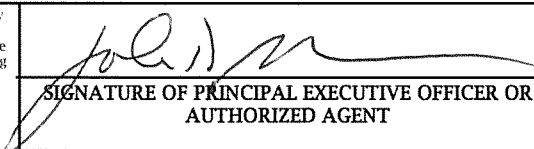
(SUBR 09)

SUM OF OUTFALLS 1 & 7

Internal Outfall

No 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 | ***** | ***** | ***** | ***** | | | | | | |
| 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 | | 02/04/2016 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

CORRESPONDENCE CONTROL SHEET

WD:2016:0066
67
2/3/16

| Correspondence Code | Author's Name & Extension | Date Review Submitted | Date Review Due | File Series Code |
|-----------------------------|---------------------------|-----------------------|-----------------|------------------|
| WR : 2016 : 00087 2/3/16 | William Kean/4865 | 02/01/16 | 02/04/16 | |

Subject State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period January 1 through January 31, 2016, 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.]

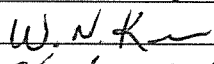
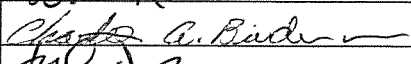
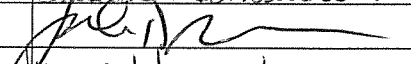
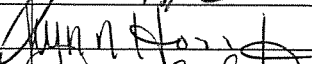
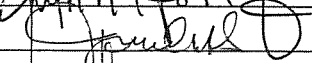
☒ No☐ Yes - If yes, ensure the document(s) is properly stamped and marked as ECI and OUO per requirements of WVDP-402 and Export Technology Control Officer (ETCO) or trained alternate signature & date are obtained on the document(s).OUO Reviewer/ECI Screener or ECI Document Reviewer: Charles A. Biedermann / Charles A. Biedermann
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 |  | 2/1/16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Charles Biedermann |  | 2/1/16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| John Rendall |  | 2-1-16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lynn Hollfelder |  | 2/2/16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jennifer Dundas |  | 2/2/16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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