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:2016:0034
July 20, 2016

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period June 1 through June 30, 2016, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP) and Storm Water Monitoring Results for January 1, 2016 through June 30, 2016

Dear Mr. Haugh:

The West Valley Demonstration Project's SPDES DMR for the reporting period June 1 through June 30, 2016, including the Net Iron calculation and Total Dissolved Solids (TDS) concentration sheets, is provided as Attachment A. All results for this report are within the effluent discharge limits specified in the permit.

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

CHBWV is also submitting as Attachment B analytical results and data for the semi-annual storm water monitoring period of January 1, 2016 through June 30, 2016 for your use. All storm water sampling results were within applicable limits specified on page 14 of 31 of the SPDES permit for oil & grease.

Storm water samples were collected on June 2, 2016. The on-site pH measured near the site's rain gauge on this date was 7.1 SU.

The storm water outfalls collected during this semi-annual monitoring period include S04; S09; S34; and S20. This monitoring period proved to be difficult as precipitation rates were extremely low during the period or the events occurred during weekends or at night. As such, storm water outfalls S06, S14, S38, S27 and S43 (for lead) were not collected during this monitoring period but will be attempted during the second semi-annual period, in addition to the eight storm water outfalls scheduled for collection.

In accordance with the Schedule of Compliance sampling requirements contained on page 23 of 31 for Paraquat Dichloride Herbicide (Gramoxone Extra), the site has not applied herbicides during this storm water monitoring period ending June 30, 2016, and therefore, storm water outfalls were not analyzed for Paraquat Dichloride.

As required in Title 6 of the New York Codes, Rules, and Regulations (6NYCRR) Part 750-2.5(e)(3), the New York Environmental Laboratory Accreditation Program (NYELAP) numbers for the laboratories performing analysis for this DMR are as follows:

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

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

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

Sincerely,

John D. Rendall, Manager
Regulatory Strategy & Engineering

JDR:WNK:bnj

Attachments: A) SPDES DMR for June 1 through June 30, 2016 Monitoring Period

B) Storm Water Discharge Monitoring Results for January 1 through June 30, 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)
C. A. Biedermann, CHBWV
J. A. Casper, CHBWV
W. N. Kean, CHBWV
D. P. Klenk, CHBWV
J. D. Rendall, CHBWV
B. N. Jeffery, CHBWV (Letter Log)

ATTACHMENT A

SPDES DISCHARGE MONITORING REPORT - JUNE 1 THROUGH JUNE 30, 2016
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

OUTFALL 001 = $M1 = \frac{(X1 + X2)\ V1}{2}$ = 2678645.09 mg/month

X1 = 0.494 mg/L

X2 = 0.405 mg/L

V1 = 5959165.95 L/month

OUTFALL 007 = $M7 = \frac{(X1 + X2)\ V7}{2}$ = 0.00 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 = $MRW = \frac{(X1 + X2 + X3 + X4)\ VRW}{4}$ = 0.00 mg/month

X1 = 0.00 mg/L

X2 = 0.00 mg/L

X3 = 0.00 mg/L

X4 = 0.00 mg/L

VRW = 0.00 L/month

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

IRON DISCHARGE CONCENTRATION = $\frac{M1 + M7 - MRW}{V1 + V7}$ = 0.45 mg/L

ATTACHMENT A (Cont'd)

SPDES DISCHARGE MONITORING REPORT - JUNE 1 THROUGH JUNE 30, 2016
TOTAL DISSOLVED SOLIDS (TDS) CONCENTRATION CALCULATION - MONITORING POINT 116
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT No. NY-0000973

Date: June 08, 2016

C4 = ((Q1)(C1)+(Q2)(C2)+(Q3)(C3))/Q4

= ((0.196 MGD)(666 mg/L)+(0.687 MGD)(212 mg/L)+(0.288 MGD)(141 mg/L))/(1.171 MGD)

= 271 mg/L

Date: June 13, 2016

C4 = ((Q1)(C1)+(Q2)(C2)+(Q3)(C3))/Q4

= ((0.196 MGD)(676 mg/L)+(0.132 MGD)(178 mg/L)+(0.288 MGD)(135 mg/L))/(0.616MGD)

= 316 mg/L

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).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2016	6/30/2016

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	******	******	******	******	77	77	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	******	******	******	******	7.90	9.49	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	******	******	******	6.5	******	6.7	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	******	******	******	******	3.4	4.1	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	******	******	******	******	<0.10	<0.10	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			TELEPHONE		DATE
John D. Rendall, Manager	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	716-942-4602		07/13/2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2016	6/30/2016

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			
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	******	******	******	******	<0.020	<0.020	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	******	******	******	******	0.63	0.73	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	******	******	******	******	<0.052	<0.052	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	******	******	******	******	0.0011	0.0011	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John D. Rendall, Manager	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	716-942-4602		07/13/2016
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LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2016	6/30/2016

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			
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	<0.0004	<0.0004	mg/L	0	01/BA	GR
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	******	******	******	******	0.450	0.494	mg/L	0	02/BA	24
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	******	******	******	******	0.15	0.15	mg/L	0	01/BA	24
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2 MO AVG	4 DAILY MX	mg/L		Once per Batch	COMP24
Vanadium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	<0.0015	<0.0015	mg/L	0	01/BA	GR
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	******	******	******	******	<0.019	0.028	mg/L	0	02/BA	24
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	0.196	0.290	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	******	******	******	******	0.04	0.04	mg/L	0	01/BA	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once per Batch	GRAB

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John D. Rendall, Manager	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	716-942-4602		07/13/2016
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ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2016	6/30/2016

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			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	671	676	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	******	******	******	******	2.4	2.4	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	******	******	******	******	0.009	0.009	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John D. Rendall, Manager	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	716-942-4602		07/13/2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: WEST VALLEY DEMONSTRATION PROJ
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WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001- S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2016	6/30/2016

DMR Mailing ZIP CODE: 14171- 9799
MAJOR
(SUBR 09)
OUTFALL 001 SEMI- ANNUAL
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			
Cyanide, free [amen. to chlorination]	SAMPLE MEASUREMENT	******	******	******	******	<0.005	<0.005	mg/L	0	02/YR	GR
00722 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Twice per Year	GRAB
Manganese, total [as Mn]	SAMPLE MEASUREMENT	******	******	******	******	0.0093	0.0093	mg/L	0	02/YR	24
01055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	2 DAILY MX	mg/L		Twice per Year	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	0.0015	0.0015	mg/L	0	02/YR	24
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.079 DAILY MX	mg/L		Twice per Year	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.0063	0.0063	mg/L	0	02/YR	24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.13 DAILY MX	mg/L		Twice per Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.0003	0.0003	mg/L	0	02/YR	24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.006 DAILY MX	mg/L		Twice per Year	COMP24
Chromium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.0013	0.0013	mg/L	0	02/YR	24
01118 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.11 DAILY MX	mg/L		Twice per Year	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.0041	0.0041	mg/L	0	02/YR	24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John D. Rendall, Manager	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	716-942-4602		07/13/2016
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DMR Mailing ZIP CODE: 14171- 9799
MAJOR
(SUBR 09)
OUTFALL 001 SEMI- ANNUAL
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			
Heptachlor	SAMPLE MEASUREMENT	******	******	******	******	<0.006	<0.006	ug/L	0	02/YR	GR
39410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	Req. Mon. DAILY MX	ug/L		Twice per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John D. Rendall, Manager	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	716-942-4602		07/13/2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001- V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2016	6/30/2016

DMR Mailing ZIP CODE: 14171- 9799
MAJOR
(SUBR 09)
OUTFALL 001 ACTION LEVELS SEMI- ANNU.
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			
Boron, total [as B]	SAMPLE MEASUREMENT	******	******	******	******	******	0.062	mg/L	0	02/YR	24
01022 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	2 DAILY MX	mg/L		Twice per Year	COMP24
Titanium, total [as Ti]	SAMPLE MEASUREMENT	******	******	******	******	******	0.0023	mg/L	0	02/YR	24
01152 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	.65 DAILY MX	mg/L		Twice per Year	COMP24
Bromide [as Br]	SAMPLE MEASUREMENT	******	******	******	******	******	<0.073	mg/L	0	02/YR	24
71870 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John D. Rendall, Manager	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	716-942-4602		07/13/2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR REPORTING REQUIREMENTS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2016	6/30/2016

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

No Discharge [X]

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			TELEPHONE		DATE
John D. Rendall, Manager	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	716-942-4602		07/13/2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2016	6/30/2016

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

No Discharge [X]

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			TELEPHONE		DATE
John D. Rendall, Manager	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	716-942-4602		07/13/2016
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2016	6/30/2016

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

No Discharge [X]

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			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
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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
6/1/2016	6/30/2016

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

No Discharge [X]

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			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	116-M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2016	6/30/2016

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	******	******	******	******	294	316	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			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

IF PSUEDO MONITORING POINT REPORT IS NOT REQUIRED DURING THE MONITORING PERIOD, EITHER CHECK THENO DISCHARGE BOX OR ENTER 'NODI A'IN PLACE OF A MEASUREMENT TO INDICATE A GENERAL PERMIT EXEMPTION.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	SUM- N
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2016	6/30/2016

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	******	******	******	******	0.45	0.49	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			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

ATTACHMENT B

Storm Water Discharge Monitoring Results for January 1 through June 30, 2016 Monitoring Period

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 1, OUTFALL S04
Monitoring Period: January 1 through June 30, 2016

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.8 S.U.	N.R.	Not Specified in Permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	5.6	2.7	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	159	22	
	Total Dissolved Solids (TDS)	679	724	
	Phosphorus, Total	0.37	0.085	
Group B Parameters	Aluminum	3.5	2.1	
	Iron	3.8	2.1	
	Copper, Total Recoverable (TR)	0.011	0.0071	
	Lead (TR)	0.0046	0.0016	
	Zinc (TR)	0.059	0.020	
Group C Parameters	Total Nitrogen (as N)	1.7	1.0	
	TKN	1.2	0.71	
	Nitrate Nitrogen (as N)	0.48	0.26	
	Nitrite Nitrogen (as N)	0.021	0.030	
	Ammonia Nitrogen (as NH3)	0.025	< 0.0090	
	Cadmium, TR	< 0.000071	< 0.000071	
	Chromium, TR	0.0031	0.0024	
	Hexavalent Chromium, TR	< 0.0050	< 0.0050	
	Selenium, TR	< 0.00044	< 0.00044	
	Vanadium, TR	0.0013	< 0.0012	
	Surfactant (as LAS)	N.R.	N.R.	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	40,000	
	Maximum Flow rate, gallons per minute	450	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/02/16	6/02/16	
	Duration of storm event, in minutes	N.R.	270	Rain started at 0730 EDT on 6/02/16 and ended at 1200 EDT on 6/02/16.
	Date and Time of sample collection	6/02/16 0900	6/02/16 1045	
	Sampling Duration (Minutes)	Instantaneous	120	
	Total rainfall during sampling event, in inches	N.R.	0.20	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	480	Precipitation of 0.50 inches was recorded on 5/13/16 at 0800 EDT. No flow above base flow upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 3, OUTFALL S09
Monitoring Period: January 1 through June 30, 2016

Parameter Group	Parameter	Results in mg/L, Mercury, total in ng/L via method 1631		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	8.0 S.U.	N.R.	Not specified in permit.
	Oil and Grease	2.0	N.R.	15 mg/L
	BOD-5	> 21	> 21	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	811	606	
	Total Dissolved Solids (TDS)	402	255	
	Phosphorus, Total	1.0	0.96	
Group B Parameters	Aluminum	9.1	9.7	
	Iron	13	13	
	Copper, Total Recoverable (TR)	0.032	0.039	
	Lead (TR)	0.017	0.019	
	Zinc (TR)	0.26	0.33	
Group C Parameters	Total Nitrogen (as N)	5.0	4.0	
	TKN	4.2	3.1	
	Nitrate Nitrogen (as N)	0.77	0.90	
	Nitrite Nitrogen (as N)	0.048	0.036	
	Ammonia Nitrogen (as NH3)	0.40	0.33	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	N.R.	N.R.	
	Alpha BHC	< 0.000013	< 0.000013	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Mercury, Total (ng/L)	11.3	N.R.	
Flow	Total Flow, gallons	N.R.	320,000	
	Maximum Flow rate, gallons per minute	7600	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/02/16	6/02/16	
	Duration of storm event, in minutes	N.R.	270	Rain started at 0730 EDT on 6/02/15 and ended at 1200 EDT on 6/02/15.
	Date and Time of sample collection	6/02/16 0745	6/02/16 1030	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.20	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	480	Precipitation of 0.50 inches was recorded on 5/13/16 at 0800 EDT. No flow was observed upon arrival at outfall.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 4, OUTFALL S34/DUPLICATE
Monitoring Period: January 1 through June 30, 2016

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.7 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4/ < 1.4	N.R.	15 mg/L
	BOD-5	< 2.0 / < 2.0	3.2	Not specified in permit. N.R. = Nor Required.
	Total Suspended Solids (TSS)	26 / 26	45	
	Total Dissolved Solids (TDS)	473 / 465	474	
	Phosphorus, Total	0.045 / 0.017	0.026	
Group B Parameters	Aluminum	0.55 / 0.78	1.3	
	Iron	1.1 / 1.4	1.4	
	Copper, Total Recoverable (TR)	0.0026 / 0.0026	0.0047	
	Lead (TR)	0.0011 / 0.00091	0.0017	
	Zinc (TR)	0.023 / 0.022	0.034	
Group C Parameters	Total Nitrogen (as N)	N.R.	N.R.	
	TKN	N.R.	N.R.	
	Nitrate Nitrogen (as N)	N.R.	N.R.	
	Nitrite Nitrogen (as N)	N.R.	N.R.	
	Ammonia Nitrogen (as NH3)	N.R.	N.R.	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	<0.0043/<0.0043	0.0094	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	300,000	
	Maximum Flow rate, gallons per minute	7,600	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/02/16	6/02/16	
	Duration of storm event, in minutes	N.R.	270	Rain started at 0730 EDT on 6/02/16 and ended at 1200 EDT on 6/02/16.
	Date and Time of sample collection	6/02/16 0820	6/02/16 1020	
	Sampling Duration (Minutes)	Instantaneous	140	
	Total rainfall during event, in inches	N.R.	0.20	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	480	Precipitation of 0.50 inches was recorded on 5/13/16 at 0800 EDT. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 7, OUTFALL S20
Monitoring Period: January 1 through June 30, 2016

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.7 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.5	N.R.	15 mg/L
	BOD-5	> 21	5.3	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	57	13	
	Total Dissolved Solids (TDS)	40	35	
	Phosphorus, Total	0.21	0.043	
Group B Parameters	Aluminum	2.0	0.59	
	Iron	2.5	0.68	
	Copper, Total Recoverable (TR)	0.0043	0.0019	
	Lead (TR)	0.0019	0.00075	
	Zinc (TR)	0.021	0.0077	
Group C Parameters	Total Nitrogen (as N)	3.8	1.6	
	TKN	1.9	0.84	
	Nitrate Nitrogen (as N)	1.9	0.68	
	Nitrite Nitrogen (as N)	0.034	0.032	
	Ammonia Nitrogen (as NH3)	0.62	0.26	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	< 0.0043	0.0043	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	<0.052	< 0.052	
Flow	Total Flow, gallons	N.R.	64,000	
	Maximum Flow rate, gallons per minute	640	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/02/16	6/02/16	
	Duration of storm event, in minutes	N.R.	270	Rain started at 0730 EDT on 6/02/16 and ended at 1200 EDT on 6/02/16.
	Date and Time of sample collection	6/02/16 0735	6/02/16 1020	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.20	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	480	Precipitation of 0.50 inches was recorded on 5/13/16 at 0800 EDT. Base flow at outfall upon arrival.

CORRESPONDENCE CONTROL SHEET

Correspondence Code	Author's Name & Extension	Date Review Submitted	Date Review Due	File Series Code
WR : 2016 : 0034	William Kean/4865	07/07/16	07/12/16	

Subject: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period June 1 through June 30, 2016, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP) and Storm Water Monitoring Results for January 1 through June 30, 2016

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.

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OUO Reviewer/ECI Screener or ECI Document Reviewer: C. A. Biedermann / Charles A. Biedermann
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.

REVIEWER APPROVALS **(only used for hard copy process)**

Printed Name	Signature	Date	Approve	Approve w/Comments	Disapprove
William Kean	W.W. Kean	6/29/16	[X]	[ ]	[ ]
Mike Pendl (Peer)	Mark P. Pendl	7-12-16	[ ]	[X]	[ ]
Charles Biedermann	Charles A. Biedermann	7/13/16	[ ]	[X]	[ ]
John Rendall	John Rendall	7.13.16	[✓]	[ ]	[ ]
Lynn Hollfelder	Lynn Hollfelder	7/13/16	[X]	[ ]	[ ]
Jennifer Dundas	Jennifer Dundas	7/20/16	[X]	[ ]	[ ]

Reviewer initial & date indicating satisfactory resolution of disapproved comments: _____
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