

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:2016:0709
December 15, 2016

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR)
for the Period November 1 through November 30, 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 November 1 through November 30, 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,



Charles A. Biedermann,
Environmental Regulatory Strategy

CAB:WNK:bnj

Attachment: SPDES DMR for November 1 through November 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
C. A. Biedermann, CHBWV
L. E. Bennett, CHBWV (Public Reading Room)
J. L. Casper, CHBWV
W. N. Kean, CHBWV
C. B. Lee, CHBWV
B. N. Jeffery (Letter Log), CHBWV

ATTACHMENT

SPDES DISCHARGE MONITORING REPORT - NOVEMBER 1 THROUGH NOVEMBER 30, 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
11/1/2016	11/30/2016

DMR Mailing ZIP CODE: 14171-9799
 MAJOR (SUBR 09)
 OUTFALL 001 MONTHLY PROC WW, GW, S1
 External Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Sulfate [as S]	*****	*****	*****	*****					
00154 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Once per Batch	COMP24
Oxygen demand, ultimate	*****	*****	*****	*****					
00181 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Batch	CALCTD
Oxygen, dissolved [DO]	*****	*****	*****	*****					
00300 1 0 Effluent Gross	*****	*****	*****	*****	3 MINIMUM	mg/L		Twice per Batch	GRAB
BOD, 5- day, 20 deg. C	*****	*****	*****	*****					
00310 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Batch	COMP24
pH	*****	*****	*****	*****					
00400 1 0 Effluent Gross	*****	*****	*****	*****	6.5 MINIMUM	SU		Once per Batch	GRAB
Solids, total suspended	*****	*****	*****	*****					
00530 1 0 Effluent Gross	*****	*****	*****	*****	30 MO AVG	mg/L		Twice per Batch	COMP24
Solids, settleable	*****	*****	*****	*****					
00545 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. MO AVG	mL/L		Twice per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
W. N. Kean, Regulatory Specialist	716-942-4865	12/07/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

W. N. Kean
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, ST
External OutfallNo Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	15 DAILY MX		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		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		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		Twice per Batch	COMP24
Sulfide, dissolved, [as S]	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00746 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.4 DAILY MX		Once per Batch	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.15 DAILY MX		Once per Batch	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.005 DAILY MX		Once per Batch	GRAB

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 the information submitted herein is 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
W. N. Kean, Regulatory Specialist
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
W. N. Kean

TELEPHONE
DATE
716-942-4865
12/07/2016
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NY00000973	001-M
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2016	11/30/2016

DMR Mailing ZIP CODE: 14171-9799
 MAJOR
 (SUBR 09)
 OUTFALL 001 MONTHLY PROC WW, GW, ST
 External Outfall
 No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.004 DAILY MX	mg/L		Once per Batch	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	COMP24
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	2 MO AVG	4 DAILY MX	mg/L		Once per Batch	COMP24
Vanadium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01128 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Once per Batch	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.5 MO AVG	2.1 DAILY MX	mg/L		Twice per Batch	COMP24
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
W. N. Kean, Regulatory Specialist	716-942-4865	2/07/2016
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		MM/DD/YYYY

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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

DMR Mailing ZIP CODE: 14171-9799

MAJOR

(SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, ST

External Outfall

No Discharge ☒

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2016	11/30/2016

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, total dissolved 70295 1 0 Effluent Gross	*****	*****	*****	*****					
	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Batch	GRAB
	*****	*****	*****	*****					
Mercury, total [as Hg] 71900 1 0 Effluent Gross	*****	*****	*****	*****	50 MO AVG	ng/L		Once per Batch	GRAB
	*****	*****	*****	*****					
	*****	*****	*****	*****					
Surfactants [linear alkylate sulfonate] 81646 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Once per Batch	GRAB
	*****	*****	*****	*****					
	*****	*****	*****	*****					

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(s) who submitted this information and my review of the information, I believe the information is 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
W. N. Kean, Regulatory Specialist
TYPED OR PRINTED

W. N. Kean
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

TELEPHONE
716-942-4865
AREA Code NUMBER
DATE
2/07/2016
MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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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
11/1/2016	11/30/2016

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

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen demand, ultimate	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Monthly	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	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	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Month	COMP24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	ml/L		Twice per Month	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
W. N. Kean, Regulatory Specialist	716-942-4865	12/07/2016
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 WEST VALLEY, NY 14171-9799
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11/1/2016	11/30/2016

DMR Mailing ZIP CODE: 14171-9799
 MAJOR
 (SUBR 09)
 SANITARY, NC COOLING WATER, UTILITY 1
 External Outfall
 No Discharge ☒

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

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MAJOR (SUBR 09)
SANITARY, NC COOLING WATER, UTILITY
External Outfall
No Discharge ☒

NY0000973	007- M
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MM/DD/YYYY	MM/DD/YYYY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision with a system designed to assure that qualified personnel properly gather and evaluate the information, and that 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.

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11/1/2016	11/30/2016

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	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	*****	*****	*****	*****	50 DAILY MX	ng/L		Twice per Batch	GRAB

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LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

DISCHARGE MONITORING REPORT (DMR)

NY0000973	116-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2016	11/30/2016

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

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, total dissolved		*****	*****	*****	*****					
70295 Z 0	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	500 DAILY MX		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, and on my independent knowledge and belief, true and correct, that the information furnished hereon is true and correct; that there are no omissions or material misstatements; that the information is true and correct; and that there are no significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	716-942-4865 AREA Code NUMBER	12/07/2016 MM/DD/YYYY
W. N. Kean, Regulatory Specialist TYPED OR PRINTED			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DATE	

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

IF PSEUDO 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.

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

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
SUM OF OUTFALLS 1 & 7
Internal Outfall
No Discharge ☒

NY0000973	SUM-N
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2016	11/30/2016

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Iron, total [as Fe]	*****	*****	*****	*****					
01045 2 0 Effluent Net	*****	*****	*****	Req. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE
W. N. Kean, Regulatory Specialist TYPED OR PRINTED				716-942-4865 AREA Code NUMBER	12/07/2016 MM/DD/YYYY

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

CORRESPONDENCE CONTROL SHEET

Correspondence Code <u>WR : 2016 : 0709</u>	Author's Name & Extension William Kean/4865	Date Review Submitted 12/12/16	Date Review Due 12/15/16	File Series Code
Subject State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period November 1 through November 30, 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: C. A. Biedermann

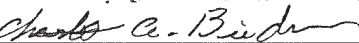
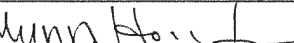
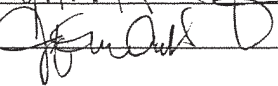
Printed Name/Signature

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		12/12/16	☒	☐	☐
Charles Biedermann		12/13/16	☒	☐	☐
Lynn Hollfelder		12/13/16	☒	☐	☐
Jennifer Dundas		12/15/16	☒	☐	☐
			☐	☐	☐
			☐	☐	☐

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