

CH2MHILL • BWXT West Valley, LLC

West Valley Demonstration Project

Ms. Angela M. Cooney, Contracting Officer
U. S. Department of Energy
550 Main St., Room 7-010
Cincinnati, OH 45202

AC-PRES
WD:2021:0854
October 7, 2021

Attention: Moira Maloney

SUBJECT: Contract No. DE-EM0001529, Section J-3, Item 127, State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period September 1 through September 30, 2021

This letter is being submitted for Contracting Officer Representative's approval to inform you that the SPDES DMR for the reporting period September 1 through September 30, 2021 has been submitted electronically. A copy of this submittal is attached as well as a copy of the email confirmation from the New York State Department of Environmental Conservation (NYSDEC).

If you have any questions, please contact William Kean at (716) 946-8825 or Elizabeth Lowes at (716) 481-0429.

Sincerely,

Approval Obtained Electronically

John D. Rendall
President & General Manager

JDR:WNK:bnj

Attachment: A) SPDES DMR for September 1 through September 30, 2021
B) Email Confirmation from NYSDEC

cc: B. C. Bower, DOE-WVDP
C. Chun, CHBWV
L. K. Hollfelder, CHBWV
W. N. Kean, CHBWV
D. P. Klenk, CHBWV
E. A. Lowes, CHBWV
J. K. Mantione, CHBWV
D. Martinet, CHBWV
J. T. Pillittere, CHBWV (Public Reading Room)
T. Stapleton, CHBWV
R. E. Steiner, CHBWV
K. A. Wooley, CHBWV
Letter Log (B. Jeffery), CHBWV
CHBWV OITS #2030425

Attachment A
SPDES DMR

ATTACHMENT

SPDES DISCHARGE MONITORING REPORT - SEPTEMBER 1 THROUGH SEPTEMBER 30, 2021
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

$$\text{OUTFALL 001} = M1 = \frac{(X1 + X2) V1}{2} = 0 \text{ mg/month}$$

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

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

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

Note: There was no discharge from 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 from outfall 007 during this monitoring period.

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

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

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

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

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

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

Note: Raw water from the reservoir system is no longer used for process water since the site installed two groundwater wells. This eliminated the need to collect raw water samples on a weekly basis and altered the iron discharge concentration equation as the mass of iron entering the system is no longer necessary.

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

DMR Copy of Record

| | | | |
|--------------------|---|--------------------|--|
| Permit | | | |
| Permit #: | NY0000973 | Permittee: | U.S. DEPT OF ENERGY |
| Major: | Yes | Permittee Address: | 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 |
| Permitted Feature: | 001 External Outfall | Discharge: | 001-M OUTFALL 001 MONTHLY PROC WW, GW, STORM |
| Facility: | WEST VALLEY DEMONSTRATION PROJ | | |
| Facility Location: | 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799 | | |

| | | | |
|----------------------------------|---------------------------|---------------|----------|
| Report Dates & Status | | | |
| Monitoring Period: | From 09/01/21 to 09/30/21 | DMR Due Date: | 10/28/21 |
| Status: | NetDMR Validated | | |

Considerations for Form Completion

| | | | |
|------------------------------------|----------|------------|----------------------|
| Principal Executive Officer | | | |
| First Name: | Bryan C. | Title: | Director, USDOE-WVDP |
| Last Name: | Bower | Telephone: | 716-942-4368 |

No Data Indicator (NODI)
Form NODI: --

| Code | Parameter Name | Monitoring Location | Season # | Param. NODI | Quantity or Loading | | | | | Quality or Concentration | | | | | | # of Ex. | Frequency of Analysis | Sample Type | | |
|-------|----------------------------------|---------------------|----------|-------------|---------------------|---------|-------------|---------|-------|--------------------------|------------------|-------------|------------------|-----------------|-------------|----------|-----------------------|-------------------------|------------------------|-------------|
| | | | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3 | | | | Units | |
| 00154 | Sulfate [as S] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | 19 - mg/L | 01/BA - Once Per Batch | 24 - COMP24 |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00181 | Oxygen demand, ultimate | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/BA - Twice Per Batch | CA - CALCTD | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 22.0 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00300 | Oxygen, dissolved [DO] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/BA - Twice Per Batch | GR - GRAB | |
| | | | | | Permit Req. | | | | | | >= | 3.0 MINIMUM | | Req Mon MAXIMUM | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00310 | BOD, 5-day, 20 deg. C | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/BA - Twice Per Batch | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 10.0 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00400 | pH | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 12 - SU | 01/BA - Once Per Batch | GR - GRAB | |
| | | | | | Permit Req. | | | | | | >= | 6.5 MINIMUM | | <= | 8.5 MAXIMUM | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00530 | Solids, total suspended | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/BA - Twice Per Batch | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | <= | 30.0 MO AVG | <= | 45.0 DAILY MX | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00545 | Solids, settleable | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 25 - mL/L | 02/BA - Twice Per Batch | GR - GRAB | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 0.3 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00556 | Oil & Grease | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 01/BA - Once Per Batch | GR - GRAB | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 15.0 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00615 | Nitrogen, nitrite total [as N] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 01/BA - Once Per Batch | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 0.1 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00620 | Nitrogen, nitrate total [as N] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 01/BA - Once Per Batch | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00625 | Nitrogen, Kjeldahl, total [as N] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/BA - Twice Per Batch | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00746 | Sulfide, dissolved, [as S] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 01/BA - Once Per Batch | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 0.4 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00978 | Arsenic, total recoverable | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 01/BA - Once Per Batch | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 0.15 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |

DMR Copy of Record

| | | | |
|--------------------|--------------------------------|---|---|
| Permit | | | |
| Permit #: | NY0000973 | Permittee: | U.S. DEPT OF ENERGY |
| Major: | Yes | Permittee Address: | 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 |
| Permitted Feature: | 007 External Outfall | Discharge: | 007-M SANITARY, NC COOLING WATER, UTILITY WASTEWATER, STORMWATER |
| Facility: | WEST VALLEY DEMONSTRATION PROJ | | Facility Location: |
| | | 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799 | |

| | | | |
|----------------------------------|---------------------------|---------------|----------|
| Report Dates & Status | | | |
| Monitoring Period: | From 09/01/21 to 09/30/21 | DMR Due Date: | 10/28/21 |
| Status: | NetDMR Validated | | |

Considerations for Form Completion

| | | | |
|------------------------------------|----------|------------|----------------------|
| Principal Executive Officer | | | |
| First Name: | Bryan C. | Title: | Director, USDOE-WVDP |
| Last Name: | Bower | Telephone: | 716-942-4368 |

No Data Indicator (NODI)
Form NODI: --

| Code | Parameter Name | Monitoring Location | Season # | Param. NODI | Quantity or Loading | | | | | Quality or Concentration | | | | | | # of Ex. | Frequency of Analysis | Sample Type | | |
|-------|--|---------------------|----------|-------------|---------------------|---------|-------------|---------|-------|--------------------------|------------------|-------------|------------------|-----------------|-------------|----------|-----------------------|-------------------------|-----------------|-------------|
| | | | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3 | | | | Units | |
| 00181 | Oxygen demand, ultimate | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | 19 - mg/L | 01/30 - Monthly | CA - CALCTD |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 22.0 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00300 | Oxygen, dissolved [DO] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/30 - Twice Per Month | GR - GRAB | |
| | | | | | Permit Req. | | | | | | >= | 3.0 MINIMUM | | Req Mon MAXIMUM | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00310 | BOD, 5-day, 20 deg. C | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/30 - Twice Per Month | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 10.0 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00400 | pH | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 12 - SU | 02/30 - Twice Per Month | GR - GRAB | |
| | | | | | Permit Req. | | | | | | >= | 6.5 MINIMUM | | <= | 8.5 MAXIMUM | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00530 | Solids, total suspended | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/30 - Twice Per Month | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | <= | 30.0 MO AVG | <= | 45.0 DAILY MX | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00545 | Solids, settleable | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 25 - mL/L | 02/30 - Twice Per Month | GR - GRAB | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 0.3 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00556 | Oil & Grease | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/30 - Twice Per Month | GR - GRAB | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 15.0 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00615 | Nitrogen, nitrite total [as N] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 01/30 - Monthly | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 0.1 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 00625 | Nitrogen, Kjeldahl, total [as N] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 01/30 - Monthly | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 01045 | Iron, total [as Fe] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/30 - Twice Per Month | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 34726 | Nitrogen, ammonia, total [as NH3] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 02/30 - Twice Per Month | 24 - COMP24 | |
| | | | | | Permit Req. | | | | | | <= | 1.49 MO AVG | <= | 2.1 DAILY MX | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 50050 | Flow, in conduit or thru treatment plant | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 03 - MGD | 01/30 - Monthly | CN - CONTIN | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |
| 50060 | Chlorine, total residual | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | 19 - mg/L | 01/30 - Monthly | GR - GRAB | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 0.1 DAILY MX | | | | | | | |
| | | | | | Value NODI | | | | | | C - No Discharge | | C - No Discharge | | | | | | | |

DMR Copy of Record

| Permit | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|---------------------|--|--------------------|---|------------------|-------------|------------------|------------|--------------------------|---------|-------------|------------------|-------------|------------------|-----------------------|-------------|--|-------------------------|-------------|
| Permit #: | NY0000973 | Permittee: | U.S. DEPT OF ENERGY | Facility: | WEST VALLEY DEMONSTRATION PROJ | | | | | | | | | | | | | | | |
| Major: | Yes | Permittee Address: | 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 | Facility Location: | 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799 | | | | | | | | | | | | | | | |
| Permitted Feature: | 01B Internal Outfall | Discharge: | 01B-M MERCURY PRETREATMENT | | | | | | | | | | | | | | | | | |
| Report Dates & Status | | | | | | | | | | | | | | | | | | | | |
| Monitoring Period: | From 09/01/21 to 09/30/21 | DMR Due Date: | 10/28/21 | Status: | NetDMR Validated | | | | | | | | | | | | | | | |
| Considerations for Form Completion | | | | | | | | | | | | | | | | | | | | |
| Principal Executive Officer | | | | | | | | | | | | | | | | | | | | |
| First Name: | Bryan C. | Title: | Director, USDOE-WVDP | Telephone: | 716-942-4368 | | | | | | | | | | | | | | | |
| Last Name: | Bower | | | | | | | | | | | | | | | | | | | |
| No Data Indicator (NODI) | | | | | | | | | | | | | | | | | | | | |
| Form NODI: | -- | | | | | | | | | | | | | | | | | | | |
| Code | Parameter Name | Monitoring Location | Season # | Param. NODI | Quantity or Loading | | | | | Quality or Concentration | | | | | # of Ex. | Frequency of Analysis | Sample Type | | | |
| | | | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3 | Units | | | | |
| 00056 | Flow rate | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | Req Mon MO AVG | | Req Mon DAILY MX | 07 - gal/d | | | | | | | | | | 01/07 - Weekly | CN - CONTIN |
| | | | | | Value NODI | C - No Discharge | | C - No Discharge | | | | | | | | | | | | |
| 71900 | Mercury, total [as Hg] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | Req Mon MO AVG | <= | 50.0 DAILY MX | 3M - ng/L | | | 02/BA - Twice Per Batch | GR - GRAB |
| | | | | | Value NODI | | | | | | | | C - No Discharge | | C - No Discharge | | | | | |
| Submission Note | | | | | | | | | | | | | | | | | | | | |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. | | | | | | | | | | | | | | | | | | | | |
| Edit Check Errors | | | | | | | | | | | | | | | | | | | | |
| No errors. | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Attachments | | | | | | | | | | | | | | | | | | | | |
| No attachments. | | | | | | | | | | | | | | | | | | | | |
| Report Last Saved By | | | | | | | | | | | | | | | | | | | | |
| U.S. DEPT OF ENERGY | | | | | | | | | | | | | | | | | | | | |
| User: | william.kean@chbwv.com | | | | | | | | | | | | | | | | | | | |
| Name: | William Kean | | | | | | | | | | | | | | | | | | | |
| E-Mail: | william.kean@chbwv.com | | | | | | | | | | | | | | | | | | | |
| Date/Time: | 2021-10-04 14:55 (Time Zone: -04:00) | | | | | | | | | | | | | | | | | | | |
| Report Last Signed By | | | | | | | | | | | | | | | | | | | | |
| User: | ELIZABETH.LOWES@CHBWV.COM | | | | | | | | | | | | | | | | | | | |
| Name: | Elizabeth Lowes | | | | | | | | | | | | | | | | | | | |
| E-Mail: | elizabeth.lowes@chbwv.com | | | | | | | | | | | | | | | | | | | |
| Date/Time: | 2021-10-07 07:01 (Time Zone: -04:00) | | | | | | | | | | | | | | | | | | | |

DMR Copy of Record

| Permit | | | | | | | | | | | | | | | | | | |
|--|-------------------------|---|----------|-----------------------------|---------------------|--|-------------|-----------------------------------|-------|--------------------------|---------|---|------------------|-------------|------------------|-----------------------|---|---------|
| Permit #: NY0000973 | | Permittee: U.S. DEPT OF ENERGY | | | | Facility: WEST VALLEY DEMONSTRATION PROJ | | | | | | | | | | | | |
| Major: Yes | | Permittee Address: 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 | | | | Facility Location: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799 | | | | | | | | | | | | |
| Permitted Feature: 116 Internal Outfall | | Discharge: 116-M PSEUDO MON. POINT @FRANKS CRK | | | | | | | | | | | | | | | | |
| Report Dates & Status | | | | | | | | | | | | | | | | | | |
| Monitoring Period: From 09/01/21 to 09/30/21 | | | | DMR Due Date: 10/28/21 | | | | Status: NetDMR Validated | | | | | | | | | | |
| Considerations for Form Completion | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | |
| Principal Executive Officer | | | | | | | | | | | | | | | | | | |
| First Name: Bryan C. | | | | Title: Director, USDOE-WVDP | | | | Telephone: 716-942-4368 | | | | | | | | | | |
| Last Name: Bower | | | | | | | | | | | | | | | | | | |
| No Data Indicator (NODI) | | | | | | | | | | | | | | | | | | |
| Form NODI: -- | | | | | | | | | | | | | | | | | | |
| Code | Parameter Name | Monitoring Location | Season # | Param. NODI | Quantity or Loading | | | | | Quality or Concentration | | | | | # of Ex. | Frequency of Analysis | Sample Type | |
| | | | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | | | | Value 3 |
| 70295 | Solids, total dissolved | Z - Instream Monitoring | 0 | -- | | | | | | | | | | | | | | |
| | | | | | Sample | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | Req Mon MO AVG | <= | 500.0 DAILY MX | 19 - mg/L | 02/DS - Twice Per Discharge CA - CALCTD | |
| | | | | | Value NODI | | | | | | | | C - No Discharge | | C - No Discharge | | | |
| Submission Note | | | | | | | | | | | | | | | | | | |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. | | | | | | | | | | | | | | | | | | |
| Edit Check Errors | | | | | | | | | | | | | | | | | | |
| No errors. | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Attachments | | | | | | | | | | | | | | | | | | |
| No attachments. | | | | | | | | | | | | | | | | | | |
| Report Last Saved By | | | | | | | | | | | | | | | | | | |
| U.S. DEPT OF ENERGY | | | | | | | | | | | | | | | | | | |
| User: william.kean@chbwv.com | | | | Name: William Kean | | | | E-Mail: william.kean@chbwv.com | | | | Date/Time: 2021-10-04 14:56 (Time Zone: -04:00) | | | | | | |
| Report Last Signed By | | | | | | | | | | | | | | | | | | |
| User: ELIZABETH.LOWES@CHBWV.COM | | | | Name: Elizabeth Lowes | | | | E-Mail: elizabeth.lowes@chbwv.com | | | | Date/Time: 2021-10-07 07:01 (Time Zone: -04:00) | | | | | | |

DMR Copy of Record

| Permit | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|------------------|-------------|---------------------|--|-------------|---------|-------|--------------------------|---|-------------|---------|------------------|----------|-----------------------|-------------|-----------------|-------------|
| Permit #: | NY0000973 | | | Permittee: | U.S. DEPT OF ENERGY | | | | Facility: | WEST VALLEY DEMONSTRATION PROJ | | | | | | | | |
| Major: | Yes | | | Permittee Address: | 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 | | | | Facility Location: | 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799 | | | | | | | | |
| Permitted Feature: | SUM Internal Outfall | | | Discharge: | SUM-N SUM OF OUTFALLS 1 & 7 | | | | | | | | | | | | | |
| Report Dates & Status | | | | | | | | | | | | | | | | | | |
| Monitoring Period: | From 09/01/21 to 09/30/21 | | | DMR Due Date: | 10/28/21 | | | | Status: | NetDMR Validated | | | | | | | | |
| Considerations for Form Completion | | | | | | | | | | | | | | | | | | |
| Principal Executive Officer | | | | | | | | | | | | | | | | | | |
| First Name: | Bryan C. | | | Title: | Director, USDOE-WVDP | | | | Telephone: | 716-942-4368 | | | | | | | | |
| Last Name: | Bower | | | | | | | | | | | | | | | | | |
| No Data Indicator (NODI) | | | | | | | | | | | | | | | | | | |
| Form NODI: | -- | | | | | | | | | | | | | | | | | |
| Parameter | Monitoring Location | Season # | Param. NODI | Quantity or Loading | | | | | Quality or Concentration | | | | | # of Ex. | Frequency of Analysis | Sample Type | | |
| Code | Name | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3 | Units | | | |
| 01045 | Iron, total [as Fe] | 2 - Effluent Net | 0 | -- | | | | | | | | | | | | | | |
| | | | | Sample Permit Req. | | | | | | | | | Req Mon MO AVG | <= | 1.0 DAILY MX | 19 - mg/L | 01/30 - Monthly | CA - CALCTD |
| | | | | Value NODI | | | | | | | | | C - No Discharge | | C - No Discharge | | | |
| Submission Note | | | | | | | | | | | | | | | | | | |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. | | | | | | | | | | | | | | | | | | |
| Edit Check Errors | | | | | | | | | | | | | | | | | | |
| No errors. | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Attachments | | | | | | | | | | | | | | | | | | |
| No attachments. | | | | | | | | | | | | | | | | | | |
| Report Last Saved By | | | | | | | | | | | | | | | | | | |
| U.S. DEPT OF ENERGY | | | | | | | | | | | | | | | | | | |
| User: | william.kean@chbwv.com | | | | | | | | | | | | | | | | | |
| Name: | William Kean | | | | | | | | | | | | | | | | | |
| E-Mail: | william.kean@chbwv.com | | | | | | | | | | | | | | | | | |
| Date/Time: | 2021-10-04 14:56 (Time Zone: -04:00) | | | | | | | | | | | | | | | | | |
| Report Last Signed By | | | | | | | | | | | | | | | | | | |
| User: | ELIZABETH.LOWES@CHBWV.COM | | | | | | | | | | | | | | | | | |
| Name: | Elizabeth Lowes | | | | | | | | | | | | | | | | | |
| E-Mail: | elizabeth.lowes@chbwv.com | | | | | | | | | | | | | | | | | |
| Date/Time: | 2021-10-07 07:01 (Time Zone: -04:00) | | | | | | | | | | | | | | | | | |