# CH2MHILL · B&W West Valley, LLC

West Valley Demonstration Project

Mr. C. S. Haugh, P.E. Chief, Source Surveillance New York State Department of Environmental Conservation Division of Water Bureau of Watershed Programs 625 Broadway, 4<sup>th</sup> Floor Albany, New York 12233-3506

AC-EA WR:2013:0051 September 12, 2013

SUBJECT:State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR)<br/>for the Period August 1 through August 31, 2013, SPDES Permit No. NY-0000973, West<br/>Valley Demonstration Project (WVDP)

Dear Mr. Haugh:

The West Valley Demonstration Project SPDES DMR for the reporting period August 1 through August 31, 2013, including the Net Iron concentration sheet, is provided as Attachment A.

All results for this report are within effluent discharge limits specified in the permit.

Please note there was no discharge at outfall 001 and internal outfall 01B during this period.

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

- 1. TestAmerica Buffalo: NY Lab No. 10026; and
- 2. General Engineering Laboratories: NY Lab No. 11501.

Also, 6NYCRR Part 750-2.5(e)(3) requires reporting of Method Detection Limits (MDLs), where monitoring is not performed under ELAP. To that end, the MDLs for Settleable Solids and Total Residual Chlorine analyses, performed by the CHBWV wastewater treatment facility, are 0.1 ml/L and 0.01 mg/L, respectively.

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 David Klenk of my staff at (716) 942-4061.

Sincerely,

/John D. Rendall, Manager Regulatory Strategy

JDR:DPK:bnj

Attachment: SPDES DMR for August 1 through August 31, 2013 Monitoring Period

- cc: M. A. Jackson, NYSDEC-Region 9 DOW
  E. W. Wohlers, Cattaraugus County Health Department
  J. M. Dundas, DOE-WVDP
  M. P. Krentz, DOE-WVDP
  M. N. Maloney, DOE-WVDP
  J. J. Baker, CHBWV
  L. E. Bennett, CHBWV (Public Reading Room)
  W. N. Kean, URS SMS
  D. P. Klenk, CHBWV
  J. D. Rendall, CHBWV
  R. L. Scharf, CHBWV
  P. Troesher, CHBWV
  A. W. Upshaw, CHBWV
  - B. N. Jeffery (Letter Log), CHBWV

## ATTACHMENT

## SPDES DISCHARGE MONITORING REPORT - AUGUST 1 THROUGH AUGUST 31, 2013 NET IRON EFFLUENT CONCENTRATION CALCULATION WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

			M1 = (X1 + X2) V1 = 0.00 mg/month
Σ	X1 :	-	0.00 mg/L
Σ	X2 :	-	0.00 mg/L
ſ	V1 :	-	0.00 L/month
*Note: There	e was i	no Dis	scharge at outfall 001 during this monitoring period.
OUTFALL 007		=	$M7 = \frac{(X1 + X2) V7}{2} = \frac{11023.75 \text{ mg/month}}{2}$
Σ	X1 :	=	<0.0193 mg/L
2	x2 =	-	<0.0193 mg/L
Z	v7 :	=	571179.01 L/month
RAW WATER =		MRW =	$\frac{(X1 + X2 + X3 + X4) VRW}{4} = 1234568.28 mg/month$
Σ	X1 :		0.745 mg/L
Σ	X2 =		0.448 mg/L
Σ	X3		0.615 mg/L
Σ	X4	=	0.641 mg/L
7	VRW		2016444.73 L/month

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

#### 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			
MONIT	ORING PERIOD			
MM/DD/YYYY				

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

No Discharge X

	QUANTITY OR LOADING				QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sulfate [as S]	SAMPLE MEASUREMENT	***	****	*****	****						
00154 1 0 Effluent Gross	PERMIT REQUIREMENT	****	***	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	COMP24
Oxygen demand, ultimate	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Twice Per Batch	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	****		*****					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	***	****	3 MINIMUM	*****	Req. Mon. MAXIMUM	mg/L		Twice Per Batch	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Batch	COMP24
рН	SAMPLE MEASUREMENT	*****	****	****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 MO AVG	45 DAILY MX	mg/L		Twice Per Batch	COMP24
Solids, settleable	SAMPLE MEASUREMENT	****	*****	****	*****						
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and zvaluate the information subwrited. Based on my inquiry of the person or persons who manage the		10.12			HONE
John D. Rendall, Manager	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 penalities for submitting false information, including the possibility of fine and imprisonment for	$\not\vdash$		OF PRINCIPAL EXECUTIVE OFFICER OR	716-942-4602	
TYPED OR PRINTED	knowing violations.		/	AUTHORIZED AGENT	AREA Code	NUMBER
		/				

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

DATE

09/11/2013

MM/DD/YYYY

## 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

WEST VALLEY DEMONSTRATION PROJ FACILITY: LOCATION: 10282 ROCK SPRINGS ROAD

WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CO	DDE: 14171-9799
MAJOR	
(SUBR 09)	
OUTFALL 001 MON	THLY PROC WW, GW, STOR
External Outfall	
	No Discharge X

No Discharge

	QUANTITY OR LOADING QUALITY OR CONCENTRATION							NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	***	*****	****	Req. Mon. MO AVG	15 DAILY MX	mg/L		Once Per Batch	GRAB
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once Per Batch	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	******	*****						
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	******	*****						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Batch	COMP24
Sulfide, dissolved, [as S]	SAMPLE MEASUREMENT	*****	****	******	*****						
00746 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	.4 DAILY MX	mg/L		Once Per Batch	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once Per Batch	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****						
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Once Per Batch	GRAB

NAME/ITTLE 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 myaduate the information subwinted. Based on my inquiry of the person or persons who manage the		to Od
John D. Rendall, Manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for		
TYPED OR PRINTED	knowing violations.	Ľ	/
		1	

TELEPHONE DATE 716-942-4602 09/11/2013 **OF PRINCIPAL EXECUTIVE OFFICER OR** AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

#### **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
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY

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

No Discharge X

	QUANTITY OR LOADING				QUALITY OR CON	NO.	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Selenium, total recoverable	SAMPLE MEASUREMENT	***	***	*****	*****						
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	.004 DAILY MX	mg/L		Once Per Batch	GRAB
iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	* ***	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Batch	COMP24
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	******	*****						
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	2 MO AVG	4 DAILY MX	mg/L		Once Per Batch	COMP24
Vanadium, total recoverable	SAMPLE MEASUREMENT	****	*****	******	******						
01128 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Once Per Batch	GRAB
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	****	*****	*****	*****						
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1.5 MO AVG	2.1 DAILY MX	mg/L		Twice Per Batch	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	*****	******	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Twice Per Batch	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once Per Batch	GRAB

V

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 property gather and revaluate 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.	7	<u>م</u> ر
TYPED OR PRINTED		ľ,	/

TELEPHONE 716-942-4602 09/11/2013 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

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

DATE

**DISCHARGE MONITORING REPORT (DMR)** 

Form Approved	

14171-9799

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS	(Include Facility Name/Location if Different)
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I LIGHTI ILL					DMR Mailing ZIP CODE: 14171-9799
NAME:	U.S. DEPT OF ENERGY	NY0000973		001-M	MAJOR
ADDRESS: 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585		PERMIT NUMBER DISCHARC		CHARGE NUMBER	(SUBR 09)
		MONITO	RING PE	RIOD	OUTFALL 001 MONTHLY PROC WW, GW, STORM
FACILITY:	WEST VALLEY DEMONSTRATION PROJ	MM/DD/YYYY		MM/DD/YYYY	External Outfall
LOCATION:	10282 ROCK SPRINGS ROAD	8/1/2013		8/31/2013	No Discharge X
	WEST VALLEY, NY 14171-9799				3- 11

ATTN: BRYAN C BOWER, DIRECTOR

001-M	DMR Mailing ZIP CODE:
	MAJOR
ISCHARGE NUMBER	(SUBR 09)
ERIOD	OUTFALL 001 MONTHLY
MM/DD/YYYY	External Outfall



		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	****	****	*****	*****						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Batch	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	***	*****	*****	50 MO AVG	Req. Mon. DAILY MX	ng/L		Once Per Batch	GRAB
Surfactants [linear alkylate sulfonate]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
81646 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	.04 DAILY MX	mg/L		Once Per Batch	GRAB

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 property gather and travulate the information submitted. Based on my inquiry of the person or persons who manage the		$40$ $\lambda$ $\alpha$	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted Is, to the best of my knowledge and belief, inue, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	716-942-4602		09/11/2013
TYPED OR PRINTED	knowing violations.		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
		0				

#### 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
MONITO	ORING PERIOD
MONITO MM/DD/YYYY	DRING PERIOD MM/DD/YYYY

DMR Mailing ZIP C	ODE: 14171-9799
MAJOR	
(SUBR 09)	
SANITARY, NC CO	OLING WATER, UTILITY WASTE
External Outfall	

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen demand, ultimate	SAMPLE MEASUREMENT	****	****	*****	*****	<3.69	<3.69	mg/L	0	01/30	CA
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Monthly	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	8.6	*****	9.1	mg/L	0	02/30	GR
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	*****	****	*****	*****	<2.0	<2.0	mg/L	0	02/30	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	COMP24
рН	SAMPLE MEASUREMENT	*****	****	*****	6.9	*****	7.4	SU	0	02/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4.0	<4.0	mg/L	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	30 MO AVG	45 DAILY MX	mg/L		Twice Per Month	COMP24
Solids, settleable	SAMPLE MEASUREMENT	****	*****	*****	*****	<0.1	<0.1	ml/L	0	02/30	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice Per Month	GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	*****	*****	<1.4	<1.4	mg/L	0	02/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	15 DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TILE 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 myaluate the information submitted. Based on my inquiry of the person or persons who manage the
	Tradiate the information submittee. Descent on the endors for the break of the break of the submittee of the set of the set of the break of the information submitted is, to the best of my knowledge and belief, Irue, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.
TYPED OR PRINTED	такити, толанова.

TELEPHONE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code

716-942-4602 09/11/2013 AREA Code NUMBER MM/DD/YYYY

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

DATE

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 PROJLOCATION:10282 ROCK SPRINGS ROAD

WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MONITO MM/DD/YYYY	DRING PERIOD

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

FREQUENCY SAMPLE QUALITY OR CONCENTRATION NO. QUANTITY OR LOADING OF ANALYSIS TYPE EΧ UNITS VALUE VALUE VALUE VALUE VALUE UNITS PARAMETER \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* SAMPLE Nitrogen, nitrite total [as N] MEASUREMENT 01/30 24 < 0.02 <0.02 0 mq/L COMP24 \*\*\*\*\* Monthly \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* Reg. Mon. .1 mg/L PERMIT 0061510 REQUIREMENT MO AVG DAILY MX Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* Nitrogen, Kjeldahl, total [as N] SAMPLE 01/30 24 MEASUREMENT <0.15 <0.15 mq/L 0 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* mg/L Monthly COMP24 Reg. Mon. Reg. Mon. \*\*\*\*\* PERMIT 0062510 REQUIREMENT MO AVG DAILY MX Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Iron, total [as Fe] MEASUREMENT 02/30 <0.019 mq/L 0 24 <0.019 COMP24 \*\*\*\*\*\* \*\*\*\*\* Twice Per \*\*\*\*\* Reg. Mon. Reg. Mon. mg/L PERMIT \*\*\*\*\* 01045 1 0 MO AVG DAILY MX Month REQUIREMENT Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Nitrogen, ammonia, total [as NH3] MEASUREMENT 02/30 24 0 < 0.009<0.009 mg/L COMP24 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* mg/L Twice Per \*\*\*\*\*\* 1.49 2.1 PERMIT 34726 1 0 REQUIREMENT MO AVG DAILY MX Month Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Flow, in conduit or thru treatment plant SAMPLE MEASUREMENT CN MGD 0 01/30 0.012 0.018 \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Monthly CONTIN MGD PERMIT Rea, Mon. Reg. Mon. 50050 1 0 REQUIREMENT MO AVG DAILY MX Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* SAMPLE Chlorine, total residual MEASUREMENT GR 0 01/30 0.01 0.01 ma/L GRAB \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\* Rea. Mon. mg/L Monthly .1 PERMIT 50060 1 0 REQUIREMENT MO AVG DAILY MX Effluent Gross \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\*\* SAMPLE Solids, total dissolved MEASUREMENT 147 0 02/30 GR 130 mq/L Twice Per GRAB \*\*\*\*\* \*\*\*\*\* Req. Mon. mg/L PERMIT \*\*\*\*\* \*\*\*\*\* Reg. Mon. 70295 1 0 Month REQUIREMENT MO AVG DAILY MX Effluent Gross

	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 royaluate the information submitted. Based on my inquiry of the person or persons who manage the	10.20	TELEPH	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, 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 penalities for submitting false information, including the possibility of the and imprisonment for	/SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	716-942	2-4602	09/11/201
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### **DISCHARGE MONITORING REPORT (DMR)**

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:	U.S. DEPT OF ENERGY	NY0000973	007-M
ADDRESS:	1000 INDEPENDENCE AVE SW	PERMIT NUMBER	DISCHARGE NUMBER
	WASHINGTON, DC 20585	MONITO	RING PERIOD
FACILITY:	WEST VALLEY DEMONSTRATION PROJ	MM/DD/YYYY	MM/DD/YYYY
LOCATION:	10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799	8/1/2013	8/31/2013

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

No Discharge

ATTN: BRYAN C BOWER, DIRECTOR

		QUAN	TITY OR LOADING	3	QUALITY OR CONCENTRATION			NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	****	*****	*****	*****	2.0	2.0	ng/L	0	01/30	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	50 DAILY MX	ng/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and ryvaluate the information submitted. Based on my inquiry of the person or persons who manage the	6010-	TELEPHONE	E	DATE
John D. Rendall, Manager	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		716-942-4	1602 <sup>09</sup>	9/11/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code NUI	JMBER	MM/DD/YYYY

#### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS	(Include Facility	Name/Location	if Different,
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WEST VALLEY, NY 14171-9799

NAME:	U.S. DEPT OF ENERGY
ADDRESS:	1000 INDEPENDENCE AVE SW
	WASHINGTON, DC 20585
FACILITY:	WEST VALLEY DEMONSTRATION PROJ
LOCATION:	10282 ROCK SPRINGS ROAD

 NY0000973
 01B-M

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 8/1/2013
 8/31/2013

DMR Mailing ZIP CODE:	14171-9799	Ð
MAJOR		
(SUBR 09)		
MERCURY PRETREATMEN	Т	
Internal Outfall		
	No Discharge	X

ATTN: BRYAN C BOWER, DIRECTOR

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				T I	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	****	****	*****		Weekly	CONTIN
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	50 DAILY MX	ng/L		Twice Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and	1010	TELEPHONE	DATE
	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, fure, accurate, and complete. I am aware that there are significant penalities for submitting failse information, including the possibility of fine and imprisonment for	//	716-942-4602	09/11/201
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

#### 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

ATION: 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799 
 NY0000973
 116-M

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 8/1/2013
 8/31/2013

DMR Mailing ZIP CODE:	14171-9799	÷
MAJOR		
(SUBR 09)		
PSEUDO MON. POINT @FI	RANKS CRK	
Internal Outfall		
	No Discharge	X

ATTN: BRYAN C BOWER, DIRECTOR

······································		QUA	NTITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER	PARAMETER	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	****						
70295 Z 0 Instream Monitoring	PERMIT REQUIREMENT	*****	*****	******	*****	Req. Mon. MO AVG	500 DAILY MX	mg/L		Twice Per Discharge	CALCTD

NAME/ITTLE 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 gualified personnel properly gather and rovaluate the information submitted. Based on my inquiry of the person or persons who manage the	4000	TELEPHONE	DATE
	Tvaluate me insormation submittice. Dased on in y incluir y on the please of pleases and nonset with ensure of the set of		716-942-460	2 09/11/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code NUMBE	R 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.

#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DMR Mailing ZIP CODE: 14171-9799 SUM-N NY0000973 U.S. DEPT OF ENERGY NAME: MAJOR PERMIT NUMBER DISCHARGE NUMBER ADDRESS: 1000 INDEPENDENCE AVE SW (SUBR 09) WASHINGTON, DC 20585 MONITORING PERIOD SUM OF OUTFALLS 1 & 7 WEST VALLEY DEMONSTRATION PROJ FACILITY: MM/DD/YYYY Internal Outfall MM/DD/YYYY LOCATION: 10282 ROCK SPRINGS ROAD No Discharge 8/1/2013 8/31/2013 WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Iron, total [as Fe]	SAMPLE MEASUREMENT	****	*****	*****	****	0.00	0.00	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	ify under penalty of law that this document and all attachments were prepared under my direction or rvision in accordance with a system designed to assure that qualified personnel properly gather and	1010	TELEPHONE		DATE
John D. Rendall, Manager significan	uate the information submitted. Based on my inquiry of the person or persons who manage the m, or those persons directly responsible for gathering the information, the information submitted is, beats of my knowledge and belief, true, accurate, and complete. I am aware that here are licant penalities for submitting false information, including the possibility of fine and imprisonment for		716-942	2-4602	09/11/2013
TYPED OR PRINTED	ing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY