

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:2014:0017
March 13, 2014

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Reporting Period February 1 through February 28, 2014, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)

Dear Mr. Haugh:

The WVDP SPDES DMR for the reporting period February 1 through February 28, 2014, including the Net Iron and Total Dissolved Solids (TDS) concentration sheets, is attached. All results for this report are within effluent discharge limits specified in the permit.

However, please note that our second set of TDS sample results collected on February 18, 2014 (for outfall 001 and augmentation water), and on February 20, 2014 (for Franks Creek 2 hours after the discharge) rendered erroneous results. Specifically, TDS results for these dates and locations were originally reported at 1080 mg/L, 380 mg/L and 1020 mg/L, respectively which appeared to be in error as discussed below.

These TDS results were all significantly above pre-discharge samples collected on February 3, 2014 (704 mg/L, 126 mg/L, 259 mg/L respectively), February 10, 2014 (692 mg/L, 84 mg/L, 271 mg/L) and on February 12, 2014 (739 mg/L, 125 mg/L, 283 mg/L). The erroneous results also did not correlate with onsite specific conductivity data which were indicative of much lower TDS levels. Conductivity measurements converted to TDS readings from the augmentation water during the discharge varied between 82 mg/L and 125 mg/L, showing that the augmentation water did not approach the 380 mg/L reported in the original TDS results. Similarly, Franks Creek conductivity measurements converted to TDS readings ranged between 340 mg/L and 399 mg/L, not approaching 1020 mg/L. Therefore, the WVDP asked the contract laboratory to re-analyze these samples. The re-analysis results were reported as 755 mg/L (outfall 001), 150 mg/L (augmentation water) and 1090 mg/L (Franks Creek). It is our belief that the contract laboratory prepared the TDS samples for the original analysis using insufficient sample volumes for the expected TDS concentrations. The re-analysis was performed using 100 mL sample volumes, whereas the original analysis volumes were 5 mL, 10 mL and 50 mL, respectively. The calculated reported TDS result from the re-analysis is 441 mg/L for the second set of grab samples, collected on February 18, 2014. Please note there was no discharge at internal outfall 01B during this period.

In summary, the results of the re-analysis, although out of the 7 day holding time, are those that have been reported in the February DMR for the following reasons: 1) The originally reported results were not representative of pre-discharge data or with the first set of grab samples collected at the start of the discharge; 2) Daily conductivity measurements converted to TDS readings from the dates and locations referenced above indicated significantly lower TDS levels than originally reported; and 3) The site's augmentation water has averaged 116 mg/L for TDS levels over the last three years also significantly lower than the results originally reported.

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. The MDLs for Settleable Solids and Total Residual Chlorine analyses performed by the CHBWV wastewater treatment facility personnel 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 William Kean of my staff at (716) 942-4865.

Sincerely,



John D. Rendall, Manager
Regulatory Strategy

JDR:WNK:bnj

Attachment: SPDES DMR for February 1 through February 28, 2014 Monitoring Period

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

ATTACHMENT

SPDES DISCHARGE MONITORING REPORT - FEBRUARY 1 THROUGH FEBRUARY 28, 2014
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

$$\text{OUTFALL 001} = M1 = \frac{(X1 + X2) V1}{2} = 2880382.63 \text{ mg/month}$$

$$X1 = 0.484 \text{ mg/L}$$

$$X2 = 0.453 \text{ mg/L}$$

$$V1 = 6148095.26 \text{ L/month}$$

$$\text{OUTFALL 007} = M7 = \frac{(X1 + X2) V7}{2} = 12120.00 \text{ mg/month}$$

$$X1 = 0.0206 \text{ mg/L}$$

$$X2 = <0.0193 \text{ mg/L}$$

$$V7 = 607518.85 \text{ L/month}$$

$$\text{RAW WATER} = MRW = \frac{(X1 + X2 + X3 + X4) VRW}{4} = 7323620.26 \text{ mg/month}$$

$$X1 = 0.520 \text{ mg/L}$$

$$X2 = 0.926 \text{ mg/L}$$

$$X3 = 0.525 \text{ mg/L}$$

$$X4 = 0.976 \text{ mg/L}$$

$$VRW = 9940441.47 \text{ L/month}$$

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

ATTACHMENT (Cont'd)

SPDES DISCHARGE MONITORING REPORT - FEBRUARY 1 THROUGH FEBRUARY 28, 2014
TOTAL DISSOLVED SOLIDS (TDS) CONCENTRATION CALCULATION - MONITORING POINT 116
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT No. NY-0000973

Date: February 12, 2014

$$\begin{aligned} C4 &= ((Q1)(C1)+(Q2)(C2)+(Q3)(C3))/Q4 \\ &= ((0.200 \text{ MGD})(739 \text{ mg/L})+(0.687 \text{ MGD})(283 \text{ mg/L})+(0.216 \text{ MGD})(125 \text{ mg/L}))/ (1.103 \text{ MGD}) \\ &= 335 \text{ mg/L} \end{aligned}$$

Date: February 18, 2014

$$\begin{aligned} C4 &= ((Q1)(C1)+(Q2)(C2)+(Q3)(C3))/Q4 \\ &= ((0.200 \text{ MGD})(755 \text{ mg/L})+(0.000^* \text{ MGD})(0^* \text{ mg/L})+(0.216 \text{ MGD})(150 \text{ mg/L}))/ (0.416 \text{ MGD}) \\ &= 441 \text{ mg/L} \end{aligned}$$

*Note: The TDS result for C2 was above 500 mg/L and therefore, the results for C2 and Q2 were not used in the calculation.

-
- 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
2/1/2014	2/28/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, STORM
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] 00154 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	88	88	mg/L	0	01/BA	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	COMP24
Oxygen demand, ultimate 00181 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<6.58	<6.70	mg/L	0	02/BA	CA
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Twice Per Batch	CALCTD
Oxygen, dissolved [DO] 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	11	*****	11	mg/L	0	02/BA	GR
	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	Req. Mon. MAXIMUM	mg/L		Twice Per Batch	GRAB
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.1	2.2	mg/L	0	02/BA	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Batch	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU	0	01/BA	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Batch	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4.0	<4.0	mg/L	0	02/BA	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Twice Per Batch	COMP24
Solids, settleable 00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	mL/L	0	02/BA	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
John D. Rendall, Manager			716-942-4602	03/12/2014	
TYPED OR PRINTED				AREA Code	NUMBER

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-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, STORM
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	mq/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	*****	*****	*****	*****	0.03	0.03	mq/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	*****	*****	*****	*****	0.20	0.20	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	*****	*****	*****	*****	0.75	0.81	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	*****	*****	*****	*****	<0.05	<0.05	mq/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	*****	*****	*****	*****	0.0013	0.0013	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	mq/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

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John D. Rendall, Manager			716-942-4602	03/12/2014
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

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WEST VALLEY, NY 14171-9799

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

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

No Discharge

ATTN: BRYAN C BOWER, DIRECTOR

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	*****	*****	*****	*****	0.469	0.484	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	*****	*****	*****	*****	0.26	0.26	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	*****	*****	*****	*****	0.23	0.27	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	0.200	0.217	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	*****	*****	*****	*****	0.05	0.05	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			716-942-4602	03/12/2014
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

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

NAME: U.S. DEPT OF ENERGY
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 WASHINGTON, DC 20585
 FACILITY: WEST VALLEY DEMONSTRATION PROJ
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 WEST VALLEY, NY 14171-9799

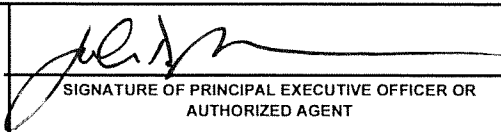
NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

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

No Discharge

ATTN: BRYAN C BOWER, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved 70295 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	747 *	755 *	mg/L	0	02/BA	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Batch	GRAB
Mercury, total [as Hg] 71900 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	14	ng/L	0	01/BA	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	50 MO AVG	Req. Mon. DAILY MX	ng/L		Once Per Batch	GRAB
Surfactants [linear alkylate sulfonate] 81646 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	mg/L	0	01/BA	GR
	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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
John D. Rendall, Manager			716-942-4602	03/12/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

* Please see cover letter.

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)

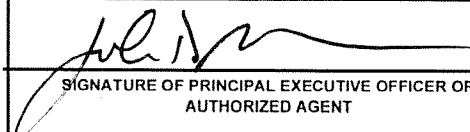
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
SANITARY, NC COOLING WATER, UTILITY WASTE
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			
Oxygen demand, ultimate 00181 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<3.91	<3.91	mg/L	0	01/30	CA
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Monthly	CALCTD
Oxygen, dissolved [DO] 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	10		13	mg/L	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	Req. Mon. MAXIMUM	mg/L		Twice Per Month	GRAB
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	<2.0	mg/L	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.5	SU	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4.0	<4.0	mg/L	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Twice Per Month	COMP24
Solids, settleable 00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	ml/L	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	3 DAILY MX	mL/L		Twice Per Month	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	mg/L	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	15 DAILY MX	mg/L		Twice Per Month	GRAB

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John D. Rendall, Manager			716-942-4602	03/12/2014
TYPED OR PRINTED			AREA Code	NUMBER

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

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

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

No Discharge

ATTN: BRYAN C BOWER, DIRECTOR

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] 00615 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.02	<0.02	mg/L	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total [as N] 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.20	0.20	mg/L	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Iron, total [as Fe] 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.020	0.021	mg/L	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Nitrogen, ammonia, total [as NH3] 34726 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.028	0.046	mg/L	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.49 MO AVG	2.1 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.015	0.028	MGD	*****	*****	*****	*****	0	01/30	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Monthly	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	mg/L	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	134	138	mg/L	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
John D. Rendall, Manager			716-942-4602	03/12/2014
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

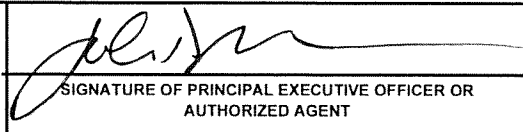
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
SANITARY, NC COOLING WATER, UTILITY WASTE
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			
Mercury, total [as Hg] 71900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.75	0.75	ng/L	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	50 DAILY MX	ng/L		Monthly	GRAB

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John D. Rendall, Manager			716-942-4602	03/12/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

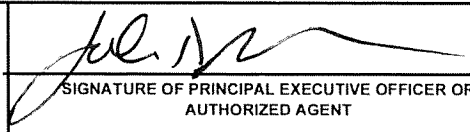
NY0000973	01B-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

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

No Discharge

ATTN: BRYAN C BOWER, DIRECTOR

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

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John D. Rendall, Manager			716-942-4602	03/12/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
 WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
 WEST VALLEY, NY 14171-9799

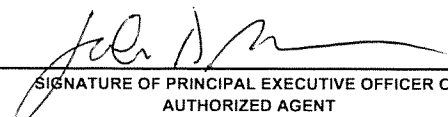
NY0000973	116-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

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

No Discharge

ATTN: BRYAN C BOWER, DIRECTOR

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	*****	*****	*****	*****	388 *	441 *	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	<small>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.</small>	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
John D. Rendall, Manager			716-942-4602	03/12/2014	
TYPED OR PRINTED				AREA Code	NUMBER

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

IF PSEUDO MONITORING POINT REPORT IS NOT REQUIRED DURING THE MONITORING PERIOD, EITHER CHECK THE NO DISCHARGE BOX OR ENTER 'NODI A' IN PLACE OF A MEASUREMENT TO INDICATE A GENERAL PERMIT EXEMPTION. * Please see cover letter.

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

NY0000973	SUM-N
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
SUM OF OUTFALLS 1 & 7
Internal Outfall

No Discharge

ATTN: BRYAN C BOWER, DIRECTOR

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	*****	*****	*****	*****	0.00	0.00	mg/L	0	01/30	CA
0104520 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	CALCTD

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John D. Rendall, Manager			716-942-4602	03/12/2014
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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