

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:2012:0010
February 27, 2012

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period January 1 through January 31, 2012, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)

REFERENCES: 1) Telephone Notification, W. Smyth, New York State Department of Environmental Conservation (NYSDEC) Region 9 – Division of Water (DOW), U.S. Department of Energy (DOE), November 3, 2011, Unintentional Bypass
2) Letter WR:2011:0060, J. D. Rendall to M. A. Jackson, “State Pollutant Discharge Elimination System (SPDES) Notice of Non-Compliance Event, Five-Day Written Notification,” dated November 21, 2011

Dear Mr. Haugh:

The West Valley Demonstration Project SPDES DMR for the reporting period January 1 through January 31, 2012 including the Net Iron calculation sheet is provided as Attachment A.

Due to the permit exceedance previously reported in the October 2011 DMR for mercury at 007, the discharge from the outfall was immediately terminated on October 17, 2011 and discharges from the Wastewater Treatment Facility (WWTF) were routed to the site’s Equalization Basin. Between October 28 and November 3, an unintentional by-pass occurred. NYSDEC was notified within 24 Hours and a 5-day written notification was transmitted (Reference 1 and 2). Since then, all sewage waste has been collected where it is then pumped into tanker trucks and hauled to the Buffalo Sewer Authority (BSA). No further discharges occurred from outfall 007 until NYSDEC was notified on February 9, 2012 of the pending re-start of the WWTF, which was based on the receipt of laboratory results indicating all monitoring parameters were within SPDES limits. Normal discharges from this outfall have been restarted as of February 14, 2012, and routine permit required monitoring has been initiated.

Mr. Mark Jackson was provided a follow-up to the re-start and current plant status on February 16, 2012 via teleconference. At this time we also discussed a discrepancy with the annual, semi-annual, and quarterly DMR forms that the WVDP received on February 13, 2012. On February 21, 2012 the DMR forms issue was discussed with Mr. Thomas Hoffman of NYSDEC. It was explained that the previous WVDP SPDES permit year was February 1 through January 31, and that our new SPDES permit took effect on July 1, 2011, for a permit year of July 1 through June 30. Mr. Hoffman directed the WVDP to complete the forms that would be required per the requirements of the previous permit and for the current permit. Mr. Hoffman also indicated that he was working to resolve the DMR forms issue and that the WVDP may need to amend this DMR in the future.

In the comments section for each form, we have indicated the appropriate date range for the reported data. In addition, it appears the permit limits indicated are, in some instances, not appropriate for the previous permit, and these differences are marked on the DMR. Also, Copper (Dissolved) and Surfactants (as LAS) do not appear on the forms and results are in the following table for Discharge 001-S and monitoring period of 02/01/11 to 06/30/11.

	Daily Avg.	Daily Max	Units	No. Ex	Freq of Anal.	Sample Type
Cu, dissolved	0.004	0.004	mg/L	0	02/YR	24
Surfactants (as LAS)	0.031	0.031	mg/L	0	02/YR	GR

In the completion of reporting requirements for the new permit, a form labeled as 001-V would be necessary for the reporting of semi-annual action level parameters. These parameters are in the following table for Discharge 001-V and monitoring period of July 1, 2011 to December 31, 2011.

	Daily Avg.	Daily Max.	Units	No. Ex	Freq of Anal.	Sample Type
Boron	0.042	0.042	mg/L	0	02/YR	24
Titanium	0.0035	0.0035	mg/L	0	02/YR	24
Bromide	0.49	0.49	mg/L	0	02/YR	24

Please note that 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) numbers for the laboratories performing analysis for this DMR are as follows:

1. TestAmerica - Buffalo: NY Lab No. 10026;
2. URS Corp.: NY Lab No. 10474; and
3. 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. No analysis was performed by CHBWV wastewater operators during the January 2012 monitoring period since there were no discharges from the facility.

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

Very truly yours,


John D. Rendall, Manager
Regulatory Strategy

JDR:DPK:bnj

Attachment: A) SPDES DMR for January 1 through January 31, 2012 Monitoring Period

cc: M. Jackson, NYSDEC-Region 9 DOW
E. Wohlers, Cattaraugus County Health Department
J. Dundas, DOE-WVDP, AC-DOE
M. Krentz, DOE-WVDP, AC-DOE
M. Maloney, DOE-WVDP, AC-DOE
H. Dukes, CHBWV, AC-PL6
L. Bennett, CHBWV, AC-PRES (Public Reading Room)
W. Kean, URS SMS, AC-URS
D. Klenk, CHBWV, AC-EA
J. Rendall, CHBWV, AC-EA
R. Scharf, CHBWV, WV-PL7
A. Upshaw, CHBWV, WV-PL6
Letter Log (B. Jeffery), CHBWV, AC-BUS

ATTACHMENT A
SPDES DISCHARGE MONITORING REPORT - JANUARY 1 THROUGH JANUARY 31, 2012
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

$$\text{OUTFALL 001} = M1 = \frac{(X1 + X2) V1}{2} = 0.00 \text{ mg/month}$$

$$X1 = 0.000 \text{ mg/L}$$

$$X2 = 0.000 \text{ mg/L}$$

$$V1 = 0.000 \text{ L/month}$$

*Note: There was no discharge at outfall 001 during this monitoring period.

$$\text{OUTFALL 007} = M7 = \frac{(X1 + X2) V7}{2} = 0.00 \text{ mg/month}$$

$$X1 = 0.0000 \text{ mg/L}$$

$$X2 = 0.0000 \text{ mg/L}$$

$$V7 = 0.0000 \text{ L/month}$$

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

$$\text{RAW WATER} = MRW = \frac{(X1 + X2 + X3 + X4) VRW}{4} = 1122044.04 \text{ mg/month}$$

$$X1 = 0.414 \text{ mg/L}$$

$$X2 = 0.254 \text{ mg/L}$$

$$X3 = 0.295 \text{ mg/L}$$

$$X4 = 0.646 \text{ mg/L}$$

$$VRW = 2789419.62 \text{ L/month}$$

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

DISCHARGE MONITORING REPORT (DMR)

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

NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585

NY0000973
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

FACILITY: WEST VALLEY DEMONSTRATION PROJ

LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799


MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2011 TO 01/31/2012

MAJOR (SUBR 09)
OUTFALL 001 ANNUAL
External Outfall

ATTN: BRYAN C BOWER, DIRECTOR

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable 01113 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0003	<0.0003	mg/L	0	01/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	002 DAILY MX	mg/L		Annual	COMP24
Trichlorofluoromethane 34488 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0005	<0.0005	mg/L	0	01/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	01 DAILY MX	mg/L		Annual	GRAB
3,3'-Dichlorobenzidine 34631 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0008	<0.0008	mg/L	0	01/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	005 MO AVG	01 DAILY MX	mg/L		Annual	GRAB
Dichlorodifluoromethane 34668 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0003	<0.0003	mg/L	0	01/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	01 DAILY MX	mg/L		Annual	GRAB
.alpha.-BHC 39337 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.005	<0.005	ug/L	0	01/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	01 MO AVG	Req. Mon. DAILY MX	ug/L		Annual	GRAB
Hexachlorobenzene 39700 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.27	<0.27	ug/L	0	01/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	2 MO AVG *	Req. Mon. DAILY MX	ug/L		Annual	GRAB
Tri-n-butyl phosphate 77819 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0008	<0.0008	mg/L	0	01/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	1 DAILY MX *	mg/L		Annual	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 insure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons 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	
TYPED OR PRINTED			716 942-4602	02/16/2012	
			AREA Code	NUMBER	MMDD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *Note: Forms completed for date range of 02/01/11 to 06/30/11. Permit limits for Alpha-BHC; Tri-n-butyl phosphate and Hexachlorobenzene are not applicable for this date range and are marked with a *. Please see previous permit*

DISCHARGE MONITORING REPORT (DMR)

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-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799
 MAJOR (SUBR 09)
 OUTFALL 001 ANNUAL
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2011	TO 01/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, hexavalent tot recoverable 78247 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.005	<0.005	mg/L	0	01/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.011 DAILY MX	mg/L		Annual	GRAB
2-Butanone 78356 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.002	<0.002	mg/L	0	01/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.5 DAILY MX	mg/L		Annual	GRAB
Xylene (mix of m+o+p) 81551 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.001	<0.001	mg/L	0	01/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.05 DAILY MX	mg/L		Annual	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	
J. D. Rendall, Manager			716 942-4602	02/16/2012	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

*Note: Forms completed for date range of 02/01/11 to 06/30/11. 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
PERMIT NUMBER

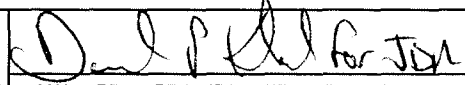
001-M
DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
01/01/2012	FROM	01/31/2012	TO

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	*****	*****	*****	*****						
	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	*****	*****	*****	*****						
	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	*****	*****	*****	*****						
	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	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Batch	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Batch	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Twice Per Batch	COMP24
Solids, settleable 00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	3 DAILY MX	mL/L		Twice Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. D. Rendall, Manager TYPED OR PRINTED	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	
			716 942-4602	02/16/2012	
			AREA Code	NUMBER	MMDD/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
PERMIT NUMBER

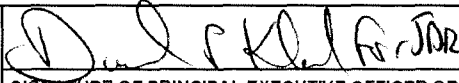
001-M
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 01/01/2012 TO 01/31/2012

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 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once Per Batch	GRAB
Nitrogen, nitrite total (as N) 00615 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once Per Batch	COMP24
Nitrogen, nitrate total (as N) 00620 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	COMP24
Nitrogen, Kjeldahl, total (as N) 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Batch	COMP24
Sulfide, dissolved, (as S) 00746 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.4 DAILY MX	mg/L		Once Per Batch	COMP24
Arsenic, total recoverable 00978 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once Per Batch	COMP24
Cobalt, total recoverable 00979 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.005 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
J. D. Rendall, Manager			716 942-4602	02/16/2012	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MMDD/YYYY	

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

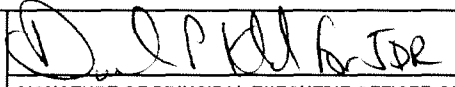
NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 01/01/2012	TO	01/31/2012	

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Selenium, total recoverable 00981 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	004 DAILY MX	mg/L		Once Per Batch	GRAB
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Batch	COMP24
Aluminum, total (as Al) 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	2 MO AVG	4 DAILY MX	mg/L		Once Per Batch	COMP24
Vanadium, total recoverable 01128 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	014 DAILY MX	mg/L		Once Per Batch	GRAB
Nitrogen, ammonia, total (as NH3) 34726 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	21 DAILY MX	mg/L		Twice Per Batch	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Twice Per Batch	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	1 DAILY MX	mg/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. D. Rendall, Manager TYPED OR PRINTED	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	
			716 942-4602	02/16/2012	
			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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


NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2012	TO 01/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Batch	GRAB
Mercury, total (as Hg) 71900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	50 MO AVG	Req. Mon. DAILY MX	ng/L		Once Per Batch	GRAB
Surfactants (linear alkylate sulfonate) 81646 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
TYPED OR PRINTED			716 942-4602	02/16/2012	
			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

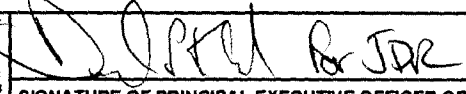
NY0000973	001-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
OUTFALL 001 SEMI-ANNUAL
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2011	TO 01/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, free (amen. to chlorination) 00722 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.005	<0.005	mg/L	0	02/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.005 DAILY MX *	mg/L		Semiannual	GRAB
Manganese, total (as Mn) 01055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.043	0.043	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	2 DAILY MX	mg/L		Semiannual	COMP24
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0032	0.0032	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.079 DAILY MX *	mg/L		Semiannual	COMP24
Zinc, total recoverable 01094 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.011	0.011	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.13 DAILY MX *	mg/L		Semiannual	COMP24
Lead, total recoverable 01114 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0006	0.0006	mg/L	0	01/90 *	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.006 DAILY MX	mg/L		Semiannual	COMP24
Chromium, total recoverable 01118 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00087	<0.00087	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.11 DAILY MX *	mg/L		Semiannual	COMP24
Copper, total recoverable 01119 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.004	0.004	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.014 DAILY MX *	mg/L		Semiannual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. D. Rendall, Manager TYPED OR PRINTED	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 ensure 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	
			716 942-4602	02/16/2012	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *Note: Forms completed for date range of 02/01/11 to 06/30/11. Permit limits for Cyanide, Free; Nickel, Zinc, Chromium, and Copper are not applicable for this date range and are marked with a *. Please see previous permit. Lead, total recoverable monitoring is quarterly for this date range. Please see cover letter.

NON-HAZARDOUS LIQUID WASTE TREATMENT AND DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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

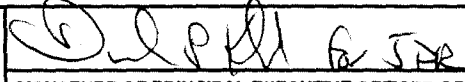
NY0000973	001-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799
 MAJOR (SUBR 09)
 OUTFALL 001 SEMI-ANNUAL
 External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
08/01/2011	FROM	01/31/2012	TO

No Discharge

PARAMETER			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Heptachlor		SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.005	<0.005	ug/L	0	02/yr	GR
39410 1 0 Effluent Gross		PERMIT REQUIREMENT	*****	*****	*****	*****	.01 MO AVG *	Req. Mon. DAILY MX	ug/l		Semiannual	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
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *Note: Forms completed for date range of 02/01/11 to 06/30/11. Permit limit for Heptachlor is not applicable for this date range. This page should include Copper, Dissolved and Surfactants (LAS). Please see cover letter.

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

NY0000973
PERMIT NUMBER

001-S
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799


MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 08/01/2011 TO 01/31/2012

MAJOR (SUBR 09)
OUTFALL 001 SEMI-ANNUAL
External Outfall

ATTN: BRYAN C BOWER, DIRECTOR

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, free (amen. to chlorination) 00722 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.005	<0.005	mg/L	0	02/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Semiannual	GRAB
Manganese, total (as Mn) 01055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.091	0.091	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	2 DAILY MX	mg/L		Semiannual	COMP24
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0023	0.0023	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.079 DAILY MX	mg/L		Semiannual	COMP24
Zinc, total recoverable 01094 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0039	0.0039	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	13 DAILY MX	mg/L		Semiannual	COMP24
Lead, total recoverable 01114 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0003	0.0003	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.006 DAILY MX	mg/L		Semiannual	COMP24
Chromium, total recoverable 01118 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00054	0.00054	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.11 DAILY MX	mg/L		Semiannual	COMP24
Copper, total recoverable 01119 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0034	0.0034	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Semiannual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. D. Rendall, Manager TYPED OR PRINTED	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 ensure 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	
			716 942-4602	02/16/2012	
			AREA Code	NUMBER	MM/DD/YYYY

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

*Note: Forms completed for date range of 07/01/11 to 12/31/11. 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

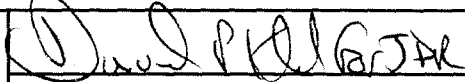
NY0000973	001-S
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
OUTFALL 001 SEMI-ANNUAL
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 08/01/2011	TO	01/31/2012	

No Discharge

PARAMETER			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Heptachlor		SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0067	<0.0067	ug/L	0	02/yr	GR
39410 10 Effluent Gross		PERMIT REQUIREMENT	*****	*****	*****	*****	01 MO AVG	Req. Mon. DAILY MX	ug/L		Semiannual	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	
J. D. Rendall, Manager			716 942-4602	02/16/2012	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

*Note: Forms completed for date range of 07/01/11 to 12/31/11. 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	001-U
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
OUTFALL 001 ACTION LEVELS ANNUAL
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	07/01/2011	TO	01/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Barium, total (as Ba) 01007 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.02	mg/L	0	01/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Annual	COMP24
Antimony, total (as Sb) 01097 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0068	mg/L	0	01/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/L		Annual	COMP24
Chloroform 32106 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0005	mg/L	0	01/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/L		Annual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. D. Rendall, Manager TYPED OR PRINTED	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
			716 942-4602	02/16/2012	AREA Code

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

SEE PERMIT FOR REPORTING REQUIREMENTS

*Note: This form was completed for date range of 02/01/11 to 06/30/11. 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

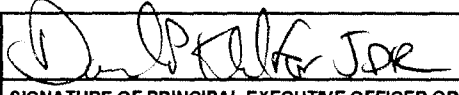
NY0000973	001-V
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
OUTFALL 001 ACTION LEVELS SEMI-ANNUAL
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2011	TO 01/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Boron, total (as B) 01022 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.038	mg/L	0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2 DAILY MX	mg/L		Semiannual	COMP24
Titanium, total (as Ti) 01152 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0024	mg/L	0	02/yr	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	65 DAILY MX	mg/L		Semiannual	COMP24
Bromide (as Br) 71870 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.67	mg/L	0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Semiannual	COMP24

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	
J. D. Rendall, Manager			716 942-4602	02/16/2012	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *Note: Forms completed for date range of 02/01/2011 to 06/30/11 for Titanium and for date range of 05/01/11 to 06/30/11 for Boron and Bromide. Please see cover letter.
SEE PERMIT FOR REPORTING REQUIREMENTS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0000973
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

MAJOR
(SUBR 09)
SANITARY, NC COOLING WATER, UTILITY WA
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 01/01/2012 TO 01/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00181 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Monthly	CALCTD
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM		Req. Mon. MAXIMUM	mg/L		Twice Per Month	GRAB
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	COMP24
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM		8.5 MAXIMUM	SU		Twice Per Month	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Twice Per Month	COMP24
00545 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	3 DAILY MX	mL/L		Twice Per Month	GRAB
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	15 DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. D. Rendall, Manager TYPED OR PRINTED	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
		716 942-4602	02/16/2012	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MMDD/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

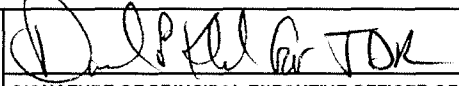
NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 01/01/2012	TO	01/31/2012	

No Discharge

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	*****	*****	*****	*****						
	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	*****	*****	*****	*****						
	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	*****	*****	*****	*****						
	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	*****	*****	*****	*****						
	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				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Monthly	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	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	
TYPED OR PRINTED			716 942-4602	02/16/2012	
			AREA Code	NUMBER	MMDDYYYY

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

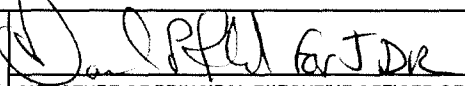
NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 01/01/2012	TO	01/31/2012	

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)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg Mon. MO AVG	200 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 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
J. D. Rendall, Manager			716 942-4602	02/16/2012
TYPED OR PRINTED			AREA Code NUMBER	MMDDYYYY

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
 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-V
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799
 MAJOR (SUBR 09)
 OUTFALL 007 ANNUAL MONITORING
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	01/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.029	mg/L	0	01/yr	GR
32106 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	² DAILY MX	mg/L		Annual	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	
J. D. Rendall, Manager TYPED OR PRINTED			716 942-4602	02/16/2012	
		AREA Code		NUMBER	MM/DD/YYYY

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

*Note: Form completed for date range of 02/01/11 to 06/30/11. 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
PERMIT NUMBER

01B-M
DISCHARGE NUMBER

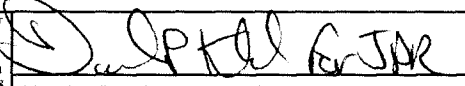
DMR Mailing ZIP CODE: 14171-9799

MAJOR
(SUBR 09)
MERCURY PRETREATMENT
Internal Outfall

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 01/01/2012 TO 01/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly	CONTIN
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req Mon. MO AVG	50 DAILY MX	ng/L		Twice Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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
J. D. Rendall, Manager			716 942-4602
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0000973
PERMIT NUMBER

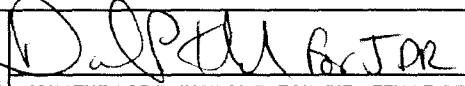
116-M
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 01/01/2012 TO 01/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
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	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 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	
J. D. Rendall, Manager			716 942-4602	02/16/2012	
TYPED OR PRINTED			AREA Code	NUMBER	MMDDYYYY

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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

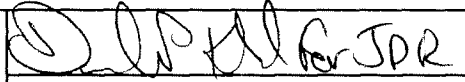
NY0000973	SUM-N
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 01/01/2012	TO	01/31/2012	

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	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	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	
J. D. Rendall, Manager			716 942-4602	02/16/2012	
TYPED OR PRINTED			AREA Code	NUMBER	MMDD/YYYY

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