

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:2012:0068  
October 18, 2012

**SUBJECT:** State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period September 1 through September 30, 2012, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)

Dear Mr. Haugh:

The West Valley Demonstration Project's SPDES DMR for the reporting period September 1 through September 30, 2012 including the Net Iron calculation sheet is provided as Attachment A.

Please note, there were no discharges at outfall 001, outfall 007, and internal outfall 01B during this period.

The discharge at outfall 007 was temporarily discontinued on August 22, 2012, due to a rise in Nitrite (as N). These results were observed on our process control samples. Since the discharge was not re-started prior to September (this monitoring period), no samples were collected as required by the WVDP's SPDES Permit. This information was communicated to the NYSDEC Region 9 Water Quality Engineer in a telephone call on August 28th.

The required Whole Effluent Toxicity (WET) testing on Outfall 001 effluent was completed during July 2012. The appropriate DMR pages are included as Attachment A, and summary result pages have been included as Attachment B. The complete test report was sent under separate cover to the NYSDEC Toxicity Testing Unit.

It was not possible to complete the WET testing at Outfall 007 during the July through September monitoring period. This is because the discharges from the Wastewater Treatment Facility (WWTF) were temporarily discontinued through September as noted above. As such, we expect to conduct WET testing twice during the upcoming quarterly period of October 1 through December 31, 2012 once the system is back on-line.

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) number for the laboratory performing analysis for this DMR is as follows:

1. TestAmerica - Buffalo: NY Lab No. 10026.

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 analyses were conducted for Chlorine or Settleable Solids during this monitoring period.

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

Attachments: A) SPDES DMR for September 1 through September 30, 2012 Monitoring Period  
B) WET Testing Summary Pages

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)  
H. H. Dukes, CHBWV  
W. N. Kean, URS SMS  
D. P. Klenk, CHBWV  
J. D. Rendall, CHBWV  
R. L. Scharf, CHBWV  
A. W. Upshaw, CHBWV  
B. N. Jeffery, CHBWV (Letter Log)

ATTACHMENT A  
SPDES DISCHARGE MONITORING REPORT - SEPTEMBER 1 THROUGH SEPTEMBER 30, 2012  
NET IRON EFFLUENT CONCENTRATION CALCULATION  
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

$$\begin{aligned} \text{OUTFALL 001} &= M1 = \frac{(X1 + X2) V1}{2} = 0.00 \text{ mg/month} \\ X1 &= 0.000 \text{ mg/L} \\ X2 &= 0.000 \text{ mg/L} \\ V1 &= 0.000 \text{ L/month} \end{aligned}$$

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

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$$\begin{aligned} \text{OUTFALL 007} &= M7 = \frac{(X1 + X2) V7}{2^*} = 0.00 \text{ mg/month} \\ X1 &= 0.000 \text{ mg/L} \\ X2 &= 0.000 \text{ mg/L} \\ V7 &= 0.000 \text{ L/month} \end{aligned}$$

\*Note: There was no discharge at outfall 007 during this monitoring period as the discharge was temporarily discontinued on August 22, 2012.

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$$\begin{aligned} \text{RAW WATER} &= \text{MRW} = \frac{(X1 + X2 + X3 + X4) \text{VRW}}{4} = 488326.56 \text{ mg/month} \\ X1 &= 0.650 \text{ mg/L} \\ X2 &= 0.473 \text{ mg/L} \\ X3 &= 0.405 \text{ mg/L} \\ X4 &= 0.354 \text{ mg/L} \\ \text{VRW} &= 1037888.54 \text{ L/month} \end{aligned}$$

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

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

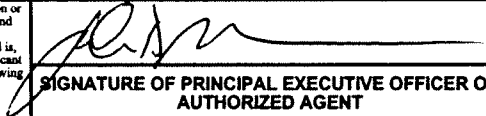
001-M  
DISCHARGE NUMBER

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 09/01/2012 TO 09/30/2012

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 John 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	10/11/2012	AREA Code

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

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

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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  
FROM MM/DD/YYYY TO MM/DD/YYYY  
09/01/2012 TO 09/30/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	15 DAILY MX	mg/L		Once Per Batch	GRAB
00615 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once Per Batch	COMP24
00620 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	COMP24
00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Batch	COMP24
00746 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.4 DAILY MX	mg/L		Once Per Batch	COMP24
00978 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once Per Batch	COMP24
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 John 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
			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  
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WASHINGTON, DC 20585  
**FACILITY:** WEST VALLEY DEMONSTRATION PROJ  
**LOCATION:** 10282 ROCK SPRINGS ROAD  
WEST VALLEY, NY 14171-9799  
**ATTN:** BRYAN C BOWER, DIRECTOR

NY0000973  
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	MM/DD/YYYY
FROM 09/01/2012	TO 09/30/2012

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	*****	*****	*****	*****	1.5 MO AVG	2.1 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

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			AREA Code	NUMBER	MM/DD/YYYY
			716	942-4602	10/11/2012

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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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

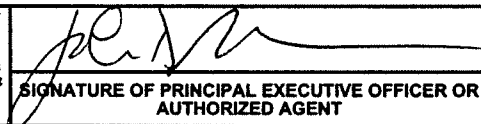
001-M  
DISCHARGE NUMBER

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 09/01/2012 TO 09/30/2012

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

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			716-942-4602	10/11/2012	
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

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

NY0000973  
PERMIT NUMBER

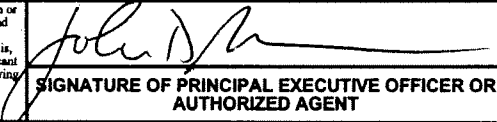
001-T  
DISCHARGE NUMBER

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

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 07/01/2012 TO 09/30/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity (acute), Ceriodaphnia dupia 61425 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.3	TUa	0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity (chronic), Ceriodaphnia dupia 61426 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.0	TUc	0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	tox chronic		Quarterly	COMP24
Toxicity (acute), Pimephales promelas (Fathead Minnow) 61427 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.3	TUa	0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity (chronic), Pimephales promelas (Fathead Minnow) 61428 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.0	TUc	0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	tox chronic		Quarterly	COMP24

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			716-942-4602	10/11/2012	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE PERMIT FOOTNOTES FOR WET TESTING REQUIREMENTS

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

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

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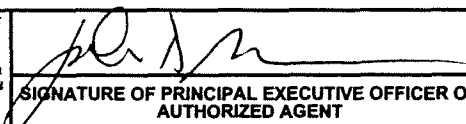
007-M  
DISCHARGE NUMBER

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

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
09/01/2012 TO 09/30/2012

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

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PERMIT NUMBER

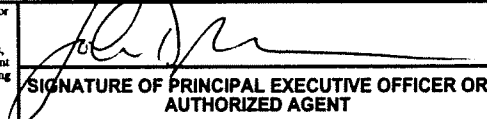
007-M  
DISCHARGE NUMBER

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 09/01/2012 TO 09/30/2012

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 John 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	10/11/2012	AREA Code

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

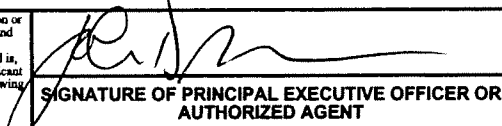
NY0000973	007-M
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**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	
09/01/2012	FROM	09/30/2012	TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total (as Hg)	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
71900 10 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	200 DAILY MX	ng/L		Monthly	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  John D. Rendall, Manager <b>TYPED OR PRINTED</b>	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.		<b>TELEPHONE</b>		<b>DATE</b>
			716-942-4602	10/11/2012	<b>AREA Code</b>

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

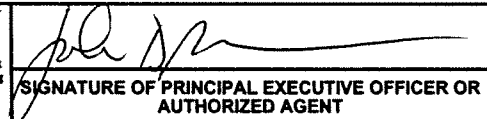
007-T  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799  
MAJOR  
(SUBR 09)  
OUTFALL 007 WET TESTING QUARTERLY  
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2012	TO 09/30/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity (acute), Ceriodaphnia dupia 61425 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity (chronic), Ceriodaphnia dupia 61426 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	tox chronic		Quarterly	COMP24
Toxicity (acute), Pimephales promelas (Fathead Minnow) 61427 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity (chronic), Pimephales promelas (Fathead Minnow) 61428 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	tox chronic		Quarterly	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
John D. Rendall, Manager TYPED OR PRINTED			716-942-4602	10/11/2012
			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE PERMIT FOOTNOTES FOR WET TESTING REQUIREMENTS  
\* 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

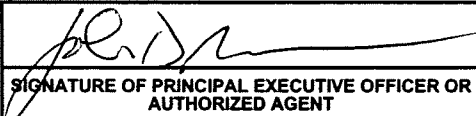
01B-M  
DISCHARGE NUMBER

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

**MONITORING PERIOD**  
FROM **MM/DD/YYYY** TO **MM/DD/YYYY**  
09/01/2012 TO 09/30/2012

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 00056 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>				*****	*****	*****	*****			
	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Weekly	CONTIN
Mercury, total (as Hg) 71900 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****						
	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	50 DAILY MX	ng/L		Twice Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  John 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	10/11/2012	AREA Code

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	116-M
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
09/01/2012	FROM	09/30/2012	TO

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  John 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.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>		<b>DATE</b>
			AREA Code	NUMBER	MM/DD/YYYY
			716-942-4602		10/11/2012

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

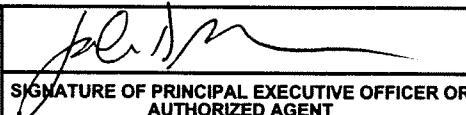
NY0000973	SUM-N
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
09/01/2012	FROM	09/30/2012	TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe) 01045 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	01/30	CA
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  John 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	10/11/2012	
			AREA Code	NUMBER	MM/DD/YYYY

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

**ATTACHMENT B**  
**WET Testing Summary Pages**

NEW ENGLAND BIOASSAY, A DIVISION OF GZA GEOENVIRONMENTAL, INC.  
EPA TOXICITY TEST SUMMARY SHEET

**2**

Facility Name: West Valley Demonstration Project Test Start Date: 7/18/12  
NPDES Permit Number: NY0000973 Pipe Number: 001

<u>Test Type</u>	<u>Test Species</u>	<u>Sample Type</u>	<u>Sample Method</u>
<input type="checkbox"/> Acute	<input type="checkbox"/> Fathead Minnow	<input type="checkbox"/> Prechlorinated	<input type="checkbox"/> Grab
<input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Ceriodaphnia	<input type="checkbox"/> Dechlorinated	<input checked="" type="checkbox"/> Composite
<input checked="" type="checkbox"/> Modified (chronic reporting acute values)	<input type="checkbox"/> Daphnia Pulex	<input type="checkbox"/> Chlorine Spiked in Lab	<input type="checkbox"/> Flowthru
<input type="checkbox"/> 24hr screening	<input type="checkbox"/> Mysid Shrimp	<input type="checkbox"/> Chlorinated on site	<input type="checkbox"/> Other
	<input type="checkbox"/> Sheepshead	<input checked="" type="checkbox"/> Unchlorinated	
	<input type="checkbox"/> Menidia		
	<input type="checkbox"/> Sea Urchin		
	<input type="checkbox"/> Champia	TRC: <u>0.025 mg/L</u>	
	<input type="checkbox"/> Selenastrum		
	<input type="checkbox"/> Other _____		

Dilution Water

receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: Erdman Brook)  
 alternate surface water of known quality and a hardness, etc. to generally reflect the characteristics of the receiving water; (Surface water name: \_\_\_\_\_)  
 synthetic water prepared using either Millipore Mill-Q or equivalent deionized water and reagent grade chemicals; or deionized water combined with mineral water;  
 or artificial sea salts mixed with deionized water;  
 deionized water and hypersaline brine; or  
 other \_\_\_\_\_

Effluent sampling date (s): 7/16-17/12 7/19-20/12

Effluent concentrations tested (in%): 0 6.25 12.5 25 50 100  
 \* Permit limit concentration: TUa < 0.3, TUc < 1.0

Was effluent salinity adjusted? No

Actual effluent concentrations tested after salinity adjustment (%): 0 6.25 12.5 25 50 100

Reference Toxicant test date: 7/2/12

Test Acceptability Criteria

Mean Control Survival: 100% Mean Control Reproduction: 43.3 young/female  
 Mean Diluent Survival: 100% Mean Diluent Reproduction: 37.9 young/female

	<u>Limits</u>		<u>Results</u>
LC50	<u>N/A</u>	LC50	<u>&gt;100%</u>
		Upper Value	<u>± ∞</u>
		Lower Value	<u>100%</u>
		Data Analysis	
		Method Used	<u>Graphical</u>
TUa	<u>0.3</u>	TUa	<u>0.3</u>
A-NOEC	<u>N/A</u>	A-NOEC	<u>100%</u>
C-NOEC	<u>N/A</u>	C-NOEC	<u>100%</u>
		LOEC	<u>&gt;100%</u>
TUc	<u>1.0</u>	TUc	<u>1.0</u>
IC25	<u>N/A</u>	IC25	<u>&gt;100%</u>
IC50	<u>N/A</u>	IC50	<u>-----</u>

Facility Name: West Valley Demonstration Project Test Start Date: 2/7/12  
 NPDES Permit Number: NY0000973 Pipe Number: 001

<u>Test Type</u>	<u>Test Species</u>	<u>Sample Type</u>	<u>Sample Method</u>
<input type="checkbox"/> Acute	<input checked="" type="checkbox"/> Fathead Minnow	<input type="checkbox"/> Prechlorinated	<input type="checkbox"/> Grab
<input type="checkbox"/> Chronic	<input type="checkbox"/> Ceriodaphnia	<input type="checkbox"/> Dechlorinated	<input checked="" type="checkbox"/> Composite
<input checked="" type="checkbox"/> Modified (chronic reporting acute values)	<input type="checkbox"/> Daphnia Pulex	<input type="checkbox"/> Chlorine Spiked in Lab	<input type="checkbox"/> Flowthru
<input type="checkbox"/> 24hr screening	<input type="checkbox"/> Mysid Shrimp	<input type="checkbox"/> Chlorinated on site	<input type="checkbox"/> Other
	<input type="checkbox"/> Sheepshead	<input checked="" type="checkbox"/> Unchlorinated	
	<input type="checkbox"/> Menidia		
	<input type="checkbox"/> Sea Urchin		
	<input type="checkbox"/> Champia	TRC: <u>0.025</u> mg/L	
	<input type="checkbox"/> Selenastrum		
	<input type="checkbox"/> Other _____		

Dilution Water

- receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: Erdman Brook)
- alternate surface water of known quality and a hardness, etc. to generally reflect the characteristics of the receiving water; (Surface water name: \_\_\_\_\_)
- synthetic water prepared using either Millipore Mill-Q or equivalent deionized water and reagent grade chemicals; or deionized water combined with mineral water;
- or artificial sea salts mixed with deionized water;
- deionized water and hypersaline brine; or
- other \_\_\_\_\_

Effluent sampling date (s): 7/16-17/12 7/19-20/12

Effluent concentrations tested (in%): 0 6.25 12.5 25 50 100

\* Permit limit concentration: TUa < 0.3, TUc < 1.0

Was effluent salinity adjusted? No

Actual effluent concentrations tested after salinity adjustment (%): 0 6.25 12.5 25 50 100

Reference Toxicant test date: 7/2/12

Test Acceptability Criteria

Mean Control Survival: 100% Mean Control Weight: 0.678 mg  
 Mean Diluent Survival: 52.5% Mean Diluent Weight: 0.476 mg

	<u>Limits</u>		<u>Results</u>
LC50	<u>N/A</u>	LC50	<u>&gt;100%</u>
		Upper Value	<u>± ∞</u>
		Lower Value	<u>100%</u>
		Data Analysis	
		Method Used	<u>Graphical</u>
TUa	<u>0.3</u>	TUa	<u>0.3</u>
A-NOEC	<u>N/A</u>	A-NOEC	<u>100%</u>
C-NOEC	<u>N/A</u>	C-NOEC	<u>100%*</u>
		LOEC	<u>&gt;100%</u>
TUc	<u>1.0</u>	TUc	<u>1.0</u>
IC25	<u>N/A</u>	IC25	<u>&gt;100%</u>
IC50	<u>N/A</u>	IC50	<u>-----</u>