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:2013:0003
January 24, 2013

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

Dear Mr. Haugh:

The West Valley Demonstration Project SPDES DMR for the reporting period December 1 through December 31, 2012 including the Net Iron calculation sheet is provided as Attachment A. All results for this report are within the effluent discharge limits specified in the permit.

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

CHBWV is also submitting for your use, analytical results and data for the second semi-annual storm water monitoring period of July 1, 2012 through December 31, 2012, as Attachment B. All storm water sampling results were within applicable limits specified on page 14 of 32 of the SPDES permit for oil & grease.

Storm water samples were collected on September 4, October 23, and November 12, 2012. The on-site pH was measured near the site's rain gauge on each of these dates as 5.7 SU; 6.1 SU; and 7.4 SU respectively.

In addition, semi-annual lead sampling was completed at storm water outfall S-43 located at the Live Fire Range with a reported result of 0.0009 mg/L with an action level of 0.006 mg/L.

Please note that in accordance with the Schedule of Compliance requirements contained on page 30 of 32 for Paraquat Dichloride Herbicide (Gramoxone Extra) Sampling Program, the site has not used any herbicides this past year and therefore, storm water samples were not analyzed for paraquat dichloride.

The storm water outfalls that were collected on October 23, 2012 were only 52 hours from the previous storm event of >0.10 inches of rain that occurred on October 20, 2012. Although this sampling event was performed within less than the 72 hour, protocol for between storm event periods, a decision was made to perform the sampling to fulfill the storm water sampling obligations within the designated sampling period. Winter weather conditions were pending limiting future sampling opportunities. This was consistent with storm water sampling guidance.

Please also note that Whole Effluent Toxicity (WET) testing was completed, as required, at outfall 001 and outfall 007 in November 2012. The appropriate DMR pages are included as part of Attachment A, and the summary result pages have been included as Attachment C. The completed test reports are being sent under separate cover to the NYSDEC Toxicity Testing Unit.

In accordance with the Special Conditions – Industry Best Management Practices (2) Compliance Deadlines, the WVDP has completed the annual review of the BMP/SWPPP as Attachment D, and the revision will be forwarded to the Regional Water Engineer under separate cover.

Finally, as required on page 18 of 32, under Generic WTC Usage Requirements, the site has included Attachment E water treatment chemicals used during 2012. Please note that the site requested the removal of the following WTCs

from the permit in a letter dated December 20, 2011 and were not used in 2012: Spectrus OX103; Continuum 220; Special Respirator Cleaner Plus; Anti-Foam AF-351; and Sodium Silicate.

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; and

2. General Engineering Laboratories: NY Lab No. 11501.

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

If you have any questions, please contact Moira Maloney of the U.S. Department of Energy West Valley Demonstration Project (DOE-WVDP) at (716) 942-4255 or David Klenk of my staff at (716) 942-4061.

Very truly yours,

John D. Rendall, Manager
Regulatory Strategy

JDR:DPK:bnj

Attachments:
A) SPDES DMR for December 1 through December 31, 2012 Monitoring Period
B) Storm Water Discharge Monitoring Results for July 1 through December 31, 2012 Monitoring Period
C) Whole Effluent Toxicity Testing Summary Pages
D) BMP/SWPPP Annual Certification
E) Annual Water Treatment Chemical Usage Report for Calendar Year 2012

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 – DECEMBER 1 THROUGH DECEMBER 31, 2012**
**NET IRON EFFLUENT CONCENTRATION CALCULATION**
**WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973**

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

X1 = 0.000 mg/L

X2 = 0.000 mg/L

V1 = 0.000 L/month

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

---

OUTFALL 007 = $M7 = \frac{(X1 + X2)\ V7}{2}$ = 61534.01 mg/month

X1 = 0.131 mg/L

X2 = 0.0273 mg/L

V7 = 777445.45 L/month

---

RAW WATER = $MRW = \frac{(X1 + X2 + X3 + X4)\ VRW}{4}$ = 730312.73 mg/month

X1 = 0.312 mg/L

X2 = 0.601 mg/L

X3 = 0.290 mg/L

X4 = 0.242 mg/L

VRW = 2021626.94 L/month

IRON DISCHARGE CONCENTRATION = $\frac{M1 + M7 - MRW}{V1 + V7}$ = 0.00 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 | 001-A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 01/01/2012 | TO | 12/31/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Cadmium, total recoverable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.00002 | <0.00002 | mg/L | 0 | 01/YR | 24 |
| 01113 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .002 DAILY MX | mg/L | | Annual | COMP24 |
| Trichlorofluoromethane | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.0005 | <0.0005 | mg/L | 0 | 01/YR | GR |
| 34488 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .01 DAILY MX | mg/L | | Annual | GRAB |
| 3,3'-Dichlorobenzidine | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.0008 | <0.0008 | mg/L | 0 | 01/YR | GR |
| 34631 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | .005 MO AVG | .01 DAILY MX | mg/L | | Annual | GRAB |
| Dichlorodifluoromethane | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.0003 | <0.0003 | mg/L | 0 | 01/YR | GR |
| 34668 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .01 DAILY MX | mg/L | | Annual | GRAB |
| .alpha.-BHC | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.007 | <0.007 | ug/L | 0 | 01/YR | GR |
| 39337 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | .01 MO AVG | Req. Mon. DAILY MX | ug/L | | Annual | GRAB |
| Hexachlorobenzene | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.01 | <0.01 | ug/L | 0 | 01/YR | GR |
| 39700 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | .2 MO AVG | Req. Mon. DAILY MX | ug/L | | Annual | GRAB |
| Tri-n-butyl phosphate | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.0008 | <0.0008 | mg/L | 0 | 01/YR | GR |
| 77819 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .1 DAILY MX | mg/L | | Annual | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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. | | 716-942-4602 | | 01/15/2013 |
| 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 | 001-A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 01/01/2012 | TO | 12/31/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chromium, hexavalent tot recoverable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.0061 | 0.0061 | mg/L | 0 | 01/YR | GR |
| 78247 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .011 DAILY MX | mg/L | | Annual | GRAB |
| 2-Butanone | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.002 | <0.002 | mg/L | 0 | 01/YR | GR |
| 78356 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .5 DAILY MX | mg/L | | Annual | GRAB |
| Xylene (mix of m+o+p) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.001 | <0.001 | mg/L | 0 | 01/YR | GR |
| 81551 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .05 DAILY MX | mg/L | | Annual | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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. | | 716-942-4602 | | 01/15/2013 |
| 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 | 001-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 12/01/2012 | TO | 12/31/2012 |

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

**No Discharge** [X]

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Sulfate (as S) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 00154 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Once Per Batch | COMP24 |
| Oxygen demand, ultimate | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 00181 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 22 DAILY MX | mg/L | | Twice Per Batch | CALCTD |
| Oxygen, dissolved (DO) | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | 3 MINIMUM | ****** | Req. Mon. MAXIMUM | mg/L | | Twice Per Batch | GRAB |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 00310 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 10 DAILY MX | mg/L | | Twice Per Batch | COMP24 |
| pH | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 MINIMUM | ****** | 8.5 MAXIMUM | SU | | Once Per Batch | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 30 MO AVG | 45 DAILY MX | mg/L | | Twice Per Batch | COMP24 |
| Solids, settleable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 00545 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .3 DAILY MX | mL/L | | Twice Per Batch | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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 | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

| NY0000973 | 001-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 12/01/2012 | TO | 12/31/2012 |

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

**No Discharge** X

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

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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 | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

| NY0000973 | 001-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 12/01/2012 | TO | 12/31/2012 |

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

**No Discharge** [X]

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

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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. | | 716-942-4602 | | 01/15/2013 |
| 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 | 001-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 12/01/2012 | TO | 12/31/2012 |

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

**No Discharge** X

| 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 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Batch | GRAB |
| Mercury, total (as Hg) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 71900 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 50 MO AVG | Req. Mon. DAILY MX | ng/L | | Once Per Batch | GRAB |
| Surfactants (linear alkylate sulfonate) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 81646 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Once Per Batch | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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 | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

| NY0000973 | 001-S |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 07/01/2012 | TO | 12/31/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Cyanide, free (amen. to chlorination) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.005 | <0.005 | mg/L | 0 | 02/YR | GR |
| 00722 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .005 DAILY MX | mg/L | | Twice Per Year | GRAB |
| Manganese, total (as Mn) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.20 | 0.20 | mg/L | 0 | 02/YR | 24 |
| 01055 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 2 DAILY MX | mg/L | | Twice Per Year | COMP24 |
| Nickel, total (as Ni) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.0048 | 0.0048 | mg/L | 0 | 02/YR | 24 |
| 01067 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .079 DAILY MX | mg/L | | Twice Per Year | COMP24 |
| Zinc, total recoverable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.0074 | 0.0074 | mg/L | 0 | 02/YR | 24 |
| 01094 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .13 DAILY MX | mg/L | | Twice Per Year | COMP24 |
| Lead, total recoverable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.002 | 0.002 | mg/L | 0 | 02/YR | 24 |
| 01114 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .006 DAILY MX | mg/L | | Twice Per Year | COMP24 |
| Chromium, total recoverable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.0015 | 0.0015 | mg/L | 0 | 02/YR | 24 |
| 01118 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .11 DAILY MX | mg/L | | Twice Per Year | COMP24 |
| Copper, total recoverable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.0043 | 0.0043 | mg/L | 0 | 02/YR | 24 |
| 01119 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .014 DAILY MX | mg/L | | Twice Per Year | COMP24 |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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. | | 716-942-4602 | | 01/15/2013 |
| 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 | 001-S |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 07/01/2012 | TO | 12/31/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Heptachlor | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.007 | <0.007 | ug/L | 0 | 02/YR | GR |
| 39410 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | .01 MO AVG | Req. Mon. DAILY MX | ug/L | | Twice Per Year | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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 | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

| NY0000973 | 001-T |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 10/01/2012 | TO | 12/31/2012 |

**DMR Mailing ZIP CODE:** 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 WET TESTING QUARTERLY
External Outfall
**No Discharge** ☐

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

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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 | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

**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)**

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 |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 01/01/2012 | TO | 12/31/2012 |

**DMR Mailing ZIP CODE:** 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 ACTION LEVELS ANNUAL
External Outfall
**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Barium, total (as Ba) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | 0.01 | mg/L | 0 | 01/YR | 24 |
| 01007 V 0 See Comments | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | .5 DAILY MX | mg/L | | Annual | COMP24 |
| Antimony, total (as Sb) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | <0.0068 | mg/L | 0 | 01/YR | 24 |
| 01097 V 0 See Comments | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 1 DAILY MX | mg/L | | Annual | COMP24 |
| Chloroform | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | <0.0005 | mg/L | 0 | 01/YR | GR |
| 32106 V 0 See Comments | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | .3 DAILY MX | mg/L | | Annual | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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. | | 716-942-4602 | | 01/15/2013 |
| 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)**
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 | 001-V |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 07/01/2012 | TO | 12/31/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Boron, total (as B) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | 0.047 | mg/L | 0 | 02/YR | 24 |
| 01022 V 0 See Comments | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 2 DAILY MX | mg/L | | Twice Per Year | COMP24 |
| Titanium, total (as Ti) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | 0.0063 | mg/L | 0 | 02/YR | 24 |
| 01152 V 0 See Comments | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | .65 DAILY MX | mg/L | | Twice Per Year | COMP24 |
| Bromide (as Br) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | 0.52 | mg/L | 0 | 02/YR | 24 |
| 71870 V 0 See Comments | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 5 DAILY MX | mg/L | | Twice Per Year | COMP24 |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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 | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**
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 | 007-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 12/01/2012 | TO | 12/31/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen demand, ultimate | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 7.25 | 7.25 | mg/L | 0 | 01/30 | CA |
| 00181 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 22 DAILY MX | mg/L | | Monthly | CALCTD |
| Oxygen, dissolved (DO) | SAMPLE MEASUREMENT | ****** | ****** | ****** | 11 | ****** | 12 | mg/L | 0 | 02/30 | GR |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | 3 MINIMUM | ****** | Req. Mon. MAXIMUM | mg/L | | Twice Per Month | GRAB |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 3.3 | 3.4 | mg/L | 0 | 02/30 | 24 |
| 00310 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 10 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| pH | SAMPLE MEASUREMENT | ****** | ****** | ****** | 6.6 | ****** | 6.7 | SU | 0 | 02/30 | GR |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 MINIMUM | ****** | 8.5 MAXIMUM | SU | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <4.0 | <4.0 | mg/L | 0 | 02/30 | 24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 30 MO AVG | 45 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Solids, settleable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.1 | <0.1 | ml/L | 0 | 02/30 | GR |
| 00545 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .3 DAILY MX | mL/L | | Twice Per Month | GRAB |
| Oil & Grease | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <3.4 | 5.4 | mg/L | 0 | 02/30 | GR |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 15 DAILY MX | mg/L | | Twice Per Month | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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 | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

| NY0000973 | 007-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 12/01/2012 | TO | 12/31/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Nitrogen, nitrite total (as N) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.02 | <0.02 | mg/L | 0 | 01/30 | 24 |
| 00615 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .1 DAILY MX | mg/L | | Monthly | COMP24 |
| Nitrogen, Kjeldahl, total (as N) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.47 | 0.47 | mg/L | 0 | 01/30 | 24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Monthly | COMP24 |
| Iron, total (as Fe) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.079 | 0.13 | mg/L | 0 | 02/30 | 24 |
| 01045 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Nitrogen, ammonia, total (as NH3) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.031 | 0.031 | mg/L | 0 | 02/30 | 24 |
| 34726 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 1.49 MO AVG | 2.1 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.010 | 0.019 | MGD | ****** | ****** | ****** | ****** | 0 | 01/30 | CN |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ****** | ****** | ****** | ****** | | Monthly | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.02 | 0.02 | mg/L | 0 | 01/30 | GR |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .1 DAILY MX | mg/L | | Monthly | GRAB |
| Solids, total dissolved | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 443 | 469 | mg/L | 0 | 02/30 | GR |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE |
|---|---|---|---|---|
| John D. Rendall, Manager | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

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.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

| NY0000973 | 007-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 12/01/2012 | TO | 12/31/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Mercury, total (as Hg) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 18.7 | 18.7 | ng/L | 0 | 01/30 | GR |
| 71900 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 200 DAILY MX | ng/L | | Monthly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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. | | 716-942-4602 | | 01/15/2013 |
| 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 | 007-T |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 10/01/2012 | TO | 12/31/2012 |

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

**No Discharge** ☐

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

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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 | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

**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)**

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-V |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 01/01/2012 | TO | 12/31/2012 |

**DMR Mailing ZIP CODE:** 14171-9799
MAJOR
(SUBR 09)
OUTFALL 007 ANNUAL MONITORING
External Outfall
**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chloroform | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | ****** | 0.060 | mg/L | 0 | 01/YR | GR |
| 32106 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | .2 DAILY MX | mg/L | | Annual | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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 | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

| NY0000973 | 01B-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 12/01/2012 | TO | 12/31/2012 |

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

**No Discharge** X

| 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 | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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. | | 716-942-4602 | | 01/15/2013 |
| 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 | 116-M |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 12/01/2012 | TO | 12/31/2012 |

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

**No Discharge** [X]

| 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 | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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 | 716-942-4602 | | 01/15/2013 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**
IF PSUEDO MONITORING POINT REPORT IS NOT REQUIRED DURING THE MONITORING PERIOD, EITHER CHECK THENO DISCHARGE BOX OR ENTER 'NODI A'IN PLACE OF A MEASUREMENT TO INDICATE A GENERAL PERMIT EXEMPTION.

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** |

| | MONITORING PERIOD | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 12/01/2012 | TO | 12/31/2012 |

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

**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 | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| John D. Rendall, Manager | 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. | | 716-942-4602 | | 01/15/2013 |
| 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)**

# Attachment B

# Storm Water Discharge Monitoring Results for July 1 through December 31, 2012 Monitoring Period

# STORM WATER DISCHARGE MONITORING DATA
# FOR OUTFALL GROUP 1, OUTFALL S04
## Monitoring Period: July 1 through December 31, 2012

| Parameter Group | Parameter | Results in mg/L | | Permit No. NY-0000973 Compliance Limit |
|---|---|---|---|---|
| | | First Flush Grab | Flow-weighted Composite | |
| Group A Parameters | pH | 7.1 S.U. | N.R. | Not Specified in Permit |
| | Oil and Grease | < 1.4 / < 1.4 | N.R. | 15 mg/L |
| | BOD-5 | < 2.0 / < 2.0 | 2.2 | Not specified in permit. N.R. = Not Required. |
| | Total Suspended Solids (TSS) | 7.6 / 8.0 | 21 | |
| | Total Dissolved Solids (TDS) | 352 / 354 | 195 | |
| | Phosphorus, Total | 0.098 / 0.033 | 0.022 | |
| Group B Parameters | Aluminum | 0.31 / 0.41 | 0.74 | |
| | Iron | 0.35 / 0.50 | 0.92 | |
| | Copper, Total Recoverable (TR) | 0.0014 / 0.0014 | 0.0023 | |
| | Lead (TR) | 0.0010/0.0012 | 0.0013 | |
| | Zinc (TR) | 0.0058/0.0080 | 0.012 | |
| Group C Parameters | Total Nitrogen (as N) | < 0.30 / < 0.36 | < 0.53 | |
| | TKN | 0.27 / 0.22 | 0.42 | |
| | Nitrate Nitrogen (as N) | < 0.011 / 0.12 | 0.089 | |
| | Nitrite Nitrogen (as N) | <0.020/<0.020 | < 0.020 | |
| | Ammonia Nitrogen (as NH3) | <0.009/<0.009 | < 0.009 | |
| | Cadmium, TR | < 0.000018 / < 0.000027 | 0.000095 | |
| | Chromium, TR | 0.00052 / 0.00057 | 0.00098 | |
| | Hexavalent Chromium, TR | 0.0051/< 0.005 | < 0.005 | |
| | Selenium, TR | < 0.00044 / < 0.00044 | < 0.00044 | |
| | Vanadium, TR | 0.00034 / 0.00035 | 0.0013 | |
| | Surfactant (as LAS) | N.R. | N.R. | |
| | Alpha BHC | N.R. | N.R. | |
| | Settleable Solids | N.R. | N.R. | |
| | Sulfide | N.R. | N.R. | |
| Flow | Total Flow, gallons | N.R. | 1,300,000 | |
| | Maximum Flow rate, gallons per minute | 13,000 | N.R. | |
| | Method of flow measurement | Staff Gauge | | |
| Rainfall Event and Monitoring Summary | Date(s) of event monitored | 10/23/12 | 10/23/12 | |
| | Duration of storm event, in minutes | N.R. | 1300 | Rain started at 0200 EDT on 10/23/12 and ended at 2340 EDT on 10/23/12. |
| | Date and Time of sample collection | 10/23/12 1255 | 10/23/12 1550 | |
| | Sampling Duration (Minutes) | Instantaneous | 180 | |
| | Total rainfall during sampling event, in inches | N.R. | 0.89 | An additional 0.13 inches was recorded after sampling ended for a storm total of 1.02 inches. |
| | Number of hours between event sampled and previous measurable (> 0.1 inch) event | N.R. | 52 | Precipitation of 0.24 inches was recorded on 10/20/12 at 2210 EDT. Slight flow above base flow at outfall. |

# STORM WATER DISCHARGE MONITORING DATA
# FOR OUTFALL GROUP 2, OUTFALL S33
## Monitoring Period: July 1 through December 31, 2012

| Parameter Group | Parameter | Results in mg/L | | Permit No. NY-0000973 Compliance Limit |
|---|---|---|---|---|
| | | First Flush Grab | Flow-weighted Composite | |
| Group A Parameters | pH | 7.1 S.U. | N.R. | Not Specified in Permit. |
| | Oil and Grease | < 1.4 | N.R. | 15 mg/L |
| | BOD-5 | 2.1 | 2.1 | Not specified in permit. N.R. = Not Required. |
| | Total Suspended Solids (TSS) | 14 | 6.0 | |
| | Total Dissolved Solids (TDS) | 313 | 280 | |
| | Phosphorus, Total | 0.14 | 0.047 | |
| Group B Parameters | Aluminum | 0.12 | 0.096 | |
| | Iron | 2.6 | 1.6 | |
| | Copper, Total Recoverable (TR) | 0.00085 | 0.00071 | |
| | Lead (TR) | 0.00023 | 0.00013 | |
| | Zinc (TR) | 0.0052 | 0.0032 | |
| Group C Parameters | Total Nitrogen (as N) | N.R. | N.R. | |
| | TKN | N.R. | N.R. | |
| | Nitrate Nitrogen (as N) | N.R. | N.R. | |
| | Nitrite Nitrogen (as N) | N.R. | N.R. | |
| | Ammonia Nitrogen (as NH3) | N.R. | N.R. | |
| | Cadmium, TR | N.R. | N.R. | |
| | Chromium, TR | N.R. | N.R. | |
| | Hexavalent Chromium, TR | N.R. | N.R. | |
| | Selenium, TR | N.R. | N.R. | |
| | Vanadium, TR | N.R. | N.R. | |
| | Surfactant (as LAS) | 0.031 | < 0.013 | |
| | Alpha BHC | N.R. | N.R. | |
| | Settleable Solids | N.R. | N.R. | |
| | Sulfide | N.R. | N.R. | |
| Flow | Total Flow, gallons | N.R. | 250,000 | |
| | Maximum Flow rate, gallons per minute | 1800 | N.R. | |
| | Method of flow measurement | Staff Gauge | | |
| Rainfall Event and Monitoring Summary | Date(s) of event monitored | 10/23/12 | 10/23/12 | |
| | Duration of storm event, in minutes | N.R. | 1300 | Rain started at 0200 EDT on 10/23/12 and ended at 2340 EDT on 10/23/12. |
| | Date and Time of sample collection | 10/23/12 1315 | 10/23/12 1600 | |
| | Sampling Duration (Minutes) | Instantaneous | 180 | |
| | Total rainfall during sampling event, in inches | N.R. | 0.90 | An additional 0.12 inches was recorded after sampling ended for a storm total of 1.02 inches. |
| | Number of hours between event sampled and previous measurable (> 0.1 inch) event | N.R. | 52 | Precipitation of 0.24 inches was recorded on 10/20/12 at 2210 EDT. Outfall had slight flow upon arrival. |

# STORM WATER DISCHARGE MONITORING DATA
# FOR OUTFALL GROUP 3, OUTFALL S09
## Monitoring Period: July 1 through December 31, 2012

| Parameter Group | Parameter | Results in mg/L | | Permit No. NY-0000973 Compliance Limit |
|---|---|---|---|---|
| | | First Flush Grab | Flow-weighted Composite | |
| Group A Parameters | pH | 8.7 S.U. | N.R. | Not specified in permit. |
| | Oil and Grease | < 1.4 | N.R. | 15 mg/L |
| | BOD-5 | 6.8 | 3.5 | Not specified in permit. N.R. = Not Required. |
| | Total Suspended Solids (TSS) | 163 | 165 | |
| | Total Dissolved Solids (TDS) | 567 | 77 | |
| | Phosphorus, Total | 0.13 | 0.12 | |
| Group B Parameters | Aluminum | 4.9 | 10 | |
| | Iron | 5.5 | 11 | |
| | Copper, Total Recoverable (TR) | 0.015 | 0.015 | |
| | Lead (TR) | 0.0065 | 0.0061 | |
| | Zinc (TR) | 0.18 | 0.094 | |
| Group C Parameters | Total Nitrogen (as N) | < 2.1 | < 1.0 | |
| | TKN | 1.2 | 0.59 | |
| | Nitrate Nitrogen (as N) | 0.84 | 0.40 | |
| | Nitrite Nitrogen (as N) | < 0.020 | < 0.020 | |
| | Ammonia Nitrogen (as NH3) | 0.30 | 0.11 | |
| | Cadmium, TR | N.R. | N.R. | |
| | Chromium, TR | N.R. | N.R. | |
| | Hexavalent Chromium, TR | N.R. | N.R. | |
| | Mercury, T (1631E) | 0.000014 | N.R. | |
| | Selenium, TR | N.R. | N.R. | |
| | Vanadium, TR | N.R. | N.R. | |
| | Surfactant (as LAS) | N.R. | N.R. | |
| | Alpha BHC | < 0.0000067 | < 0.0000067 | |
| | Settleable Solids | N.R. | N.R. | |
| | Sulfide | N.R. | N.R. | |
| Flow | Total Flow, gallons | N.R. | 120,000 | |
| | Maximum Flow rate, gallons per minute | 1,200 | N.R. | |
| | Method of flow measurement | Staff Gauge | | |
| Rainfall Event and Monitoring Summary | Date(s) of event monitored | 11/12/12 | 11/12/12 | |
| | Duration of storm event, in minutes | N.R. | 350 | Rain started at 1720 EST on 11/12/12 and ended at 2310 EST on 11/12/12. |
| | Date and Time of sample collection | 11/12/12 1755 | 11/12/12 2040 | |
| | Sampling Duration (Minutes) | Instantaneous | 180 | |
| | Total rainfall during sampling event, in inches | N.R. | 0.56 | An additional 0.08 inches was recorded after sampling ended for a storm total of 0.64 inches. |
| | Number of hours between event sampled and previous measurable (> 0.1 inch) event | N.R. | 251 | Precipitation of 0.22 inches was recorded on 11/02/12 at 0630 EST. No flow at outfall upon arrival. |

# STORM WATER DISCHARGE MONITORING DATA
# FOR OUTFALL GROUP 4, OUTFALL S34
## Monitoring Period: July 1 through December 31, 2012

| Parameter Group | Parameter | Results in mg/L | | Permit No. NY-0000973 Compliance Limit |
|---|---|---|---|---|
| | | First Flush Grab | Flow-weighted Composite | |
| Group A Parameters | pH | 7.6 S.U. | N.R. | Not specified in permit. |
| | Oil and Grease | < 1.4 | N.R. | 15 mg/L |
| | BOD-5 | < 2.0 | 2.6 | Not specified in permit. N.R. = Nor Required. |
| | Total Suspended Solids (TSS) | 44 | 120 | |
| | Total Dissolved Solids (TDS) | 247 | 134 | |
| | Phosphorus, Total | 0.011 | 0.062 | |
| Group B Parameters | Aluminum | 0.57 | 2.1 | |
| | Iron | 0.93 | 3.2 | |
| | Copper, Total Recoverable (TR) | 0.0032 | 0.0044 | |
| | Lead (TR) | 0.0012 | 0.0027 | |
| | Zinc (TR) | 0.047 | 0.073 | |
| Group C Parameters | Total Nitrogen (as N) | N.R. | N.R. | |
| | TKN | N.R. | N.R. | |
| | Nitrate Nitrogen (as N) | N.R. | N.R. | |
| | Nitrite Nitrogen (as N) | N.R. | N.R. | |
| | Ammonia Nitrogen (as NH3) | N.R. | N.R. | |
| | Cadmium, TR | N.R. | N.R. | |
| | Chromium, TR | N.R. | N.R. | |
| | Hexavalent Chromium, TR | N.R. | N.R. | |
| | Selenium, TR | N.R. | N.R. | |
| | Vanadium, TR | N.R. | N.R. | |
| | Surfactant (as LAS) | 0.043 | 0.033 | |
| | Alpha BHC | N.R. | N.R. | |
| | Settleable Solids | N.R. | N.R. | |
| | Sulfide | N.R. | N.R. | |
| Flow | Total Flow, gallons | N.R. | 990,000 | |
| | Maximum Flow rate, gallons per minute | 8700 | N.R. | |
| | Method of flow measurement | Staff Gauge | | |
| Rainfall Event and Monitoring Summary | Date(s) of event monitored | 10/23/12 | 10/23/12 | |
| | Duration of storm event, in minutes | N.R. | 1300 | Rain started at 0200 EDT on 10/23/12 and ended at 2340 EDT on 10/23/12. |
| | Date and Time of sample collection | 10/23/12 1300 | 10/23/12 1550 | |
| | Sampling Duration (Minutes) | Instantaneous | 180 | |
| | Total rainfall during event, in inches | N.R. | 0.89 | An additional 0.13 inches was recorded after sampling ended for a storm total of 1.02 inches. |
| | Number of hours between event sampled and previous measurable (> 0.1 inch) event | N.R. | 52 | Precipitation of 0.24 inches was recorded on 10/20/12 at 2210 EDT. Outfall was above base flow conditions upon arrival. |

# STORM WATER DISCHARGE MONITORING DATA
# FOR OUTFALL GROUP 5, OUTFALL S28
## Monitoring Period: July 1 through December 31, 2012

| Parameter Group | Parameter | Results in mg/L, mL/L for Settleable Solids | | Permit No. NY-0000973 Compliance Limit |
|---|---|---|---|---|
| | | First Flush Grab | Flow-weighted Composite | |
| Group A Parameters | pH | 6.9 S.U. | N.R. | Not specified in permit. |
| | Oil and Grease | < 1.4 | N.R. | 15 mg/L |
| | BOD-5 | 2.7 | 3.1 | Not specified in permit. N.R. = Not required. |
| | Total Suspended Solids (TSS) | 11 | 32 | |
| | Total Dissolved Solids (TDS) | 267 | 224 | |
| | Phosphorus, Total | 0.033 | 0.015 | |
| Group B Parameters | Aluminum | 0.56 | 1.1 | |
| | Iron | 0.60 | 1.3 | |
| | Copper, Total Recoverable (TR) | 0.0036 | 0.0031 | |
| | Lead (TR) | 0.00071 | 0.0015 | |
| | Zinc (TR) | 0.013 | 0.014 | |
| Group C Parameters | Total Nitrogen (as N) | < 0.75 | < 0.51 | |
| | TKN | 0.68 | 0.40 | |
| | Nitrate Nitrogen (as N) | 0.053 | 0.093 | |
| | Nitrite Nitrogen (as N) | < 0.020 | < 0.020 | |
| | Ammonia Nitrogen (as NH3) | 0.024 | < 0.009 | |
| | Cadmium, TR | N.R. | N.R. | |
| | Chromium, TR | N.R. | N.R. | |
| | Hexavalent Chromium, TR | N.R. | N.R. | |
| | Selenium, TR | N.R. | N.R. | |
| | Vanadium, TR | 0.00098 | 0.0020 | |
| | Surfactant (as LAS) | 0.031 | 0.016 | |
| | Alpha BHC | N.R. | N.R. | |
| | Settleable Solids | < 0.1 | 0.2 | |
| | Sulfide | < 0.052 | < 0.052 | |
| Flow | Total Flow, gallons | N.R. | 260,000 | |
| | Maximum Flow rate, gallons per minute | 2200 | N.R. | |
| | Method of flow measurement | Staff Gauge | | |
| Rainfall Event and Monitoring Summary | Date(s) of event monitored | 10/23/12 | 10/23/12 | |
| | Duration of storm event, in minutes | N.R. | 1300 | Rain started at 0200 EDT on 10/23/12 and ended at 2340 EDT on 10/23/12. |
| | Date and Time of sample collection | 10/23/12 1300 | 10/23/12 1540 | |
| | Sampling Duration (Minutes) | Instantaneous | 180 | |
| | Total rainfall during sampling event, in inches | N.R. | 0.89 | An additional 0.13 inches was recorded after sampling ended for a storm total of 1.02 inches. |
| | Number of hours between event sampled and previous measurable (> 0.1 inch) event | N.R. | 52 | Precipitation of 0.24 inches was recorded on 10/20/12 at 2210 EDT. Slight flow at outfall upon arrival. |

# STORM WATER DISCHARGE MONITORING DATA
# FOR OUTFALL GROUP 6, OUTFALL S38
## Monitoring Period: July 1 through December 31, 2012

| Parameter Group | Parameter | Results in mg/L, mL/L for Settleable Solids | | Permit No. NY-0000973 Compliance Limit |
|---|---|---|---|---|
| | | First Flush Grab | Flow-weighted Composite | |
| Group A Parameters | pH | 7.5 S.U. | N.R. | Not specified in permit. |
| | Oil and Grease | < 1.4 | N.R. | 15 mg/L |
| | BOD-5 | < 2.0 | < 2.0 | Not specified in permit. N.R. = Not required. |
| | Total Suspended Solids (TSS) | 221 | 186 | |
| | Total Dissolved Solids (TDS) | 391 | 371 | |
| | Phosphorus, Total | 0.078 | 0.049 | |
| Group B Parameters | Aluminum | 0.75 | 2.4 | |
| | Iron | 0.83 | 2.3 | |
| | Copper, Total Recoverable (TR) | 0.0070 | 0.0052 | |
| | Lead (TR) | 0.0069 | 0.0045 | |
| | Zinc (TR) | 0.032 | 0.023 | |
| Group C Parameters | Total Nitrogen (as N) | 0.61 | 0.66 | |
| | TKN | 0.28 | 0.35 | |
| | Nitrate Nitrogen (as N) | 0.29 | 0.25 | |
| | Nitrite Nitrogen (as N) | 0.041 | 0.063 | |
| | Ammonia Nitrogen (as NH3) | 0.012 | 0.015 | |
| | Cadmium, TR | N.R. | N.R. | |
| | Chromium, TR | N.R. | N.R. | |
| | Hexavalent Chromium, TR | N.R. | N.R. | |
| | Selenium, TR | N.R. | N.R. | |
| | Vanadium, TR | 0.0065 | 0.0049 | |
| | Surfactant (as LAS) | 0.013 | < 0.013 | |
| | Alpha BHC | N.R. | N.R. | |
| | Settleable Solids | 0.2 | 0.3 | |
| | Sulfide | < 0.052 | < 0.052 | |
| Flow | Total Flow, gallons | N.R. | 140,000 | |
| | Maximum Flow rate, gallons per minute | 950 | N.R. | |
| | Method of flow measurement | Staff Gauge | | |
| Rainfall Event and Monitoring Summary | Date(s) of event monitored | 10/23/12 | 10/23/12 | |
| | Duration of storm event, in minutes | N.R. | 1300 | Rain started at 0200 EDT on 10/23/12 and ended at 2340 EDT on 10/23/12. |
| | Date and Time of sample collection | 10/23/12 1330 | 10/23/12 1610 | |
| | Sampling Duration (Minutes) | Instantaneous | 180 | |
| | Total rainfall during sampling event, in inches | N.R. | 0.91 | An additional 0.11 inches was recorded after sampling ended for a storm total of 1.02 inches. |
| | Number of hours between event sampled and previous measurable (> 0.1 inch) event | N.R. | 52 | Precipitation of 0.24 inches was recorded on 10/20/12 at 2210 EDT. Some flow at outfall upon arrival. |

# STORM WATER DISCHARGE MONITORING DATA
# FOR OUTFALL GROUP 7, OUTFALL S20
## Monitoring Period: July 1 through December 31, 2012

| Parameter Group | Parameter | Results in mg/L | | Permit No. NY-0000973 Compliance Limit |
|---|---|---|---|---|
| | | First Flush Grab | Flow-weighted Composite | |
| Group A Parameters | pH | 7.4 S.U. | N.R. | Not specified in permit. |
| | Oil and Grease | < 1.4 | N.R. | 15 mg/L |
| | BOD-5 | 5.3 | < 2.0 | Not specified in permit. N.R. = Not required. |
| | Total Suspended Solids (TSS) | 16 | 5.2 | |
| | Total Dissolved Solids (TDS) | 10 | 52 | |
| | Phosphorus, Total | 0.054 | 0.0063 | |
| Group B Parameters | Aluminum | 0.97 | 0.58 | |
| | Iron | 0.76 | 0.52 | |
| | Copper, Total Recoverable (TR) | 0.0013 | 0.0014 | |
| | Lead (TR) | 0.00048 | 0.00024 | |
| | Zinc (TR) | 0.0084 | 0.0040 | |
| Group C Parameters | Total Nitrogen (as N) | < 1.2 | < 0.87 | |
| | TKN | 0.68 | 0.47 | |
| | Nitrate Nitrogen (as N) | 0.45 | 0.38 | |
| | Nitrite Nitrogen (as N) | < 0.020 | < 0.020 | |
| | Ammonia Nitrogen (as NH3) | 0.24 | 0.046 | |
| | Cadmium, TR | N.R. | N.R. | |
| | Chromium, TR | N.R. | N.R. | |
| | Hexavalent Chromium, TR | N.R. | N.R. | |
| | Selenium, TR | N.R. | N.R. | |
| | Vanadium, TR | N.R. | N.R. | |
| | Surfactant (as LAS) | < 0.013 | < 0.013 | |
| | Alpha BHC | N.R. | N.R. | |
| | Settleable Solids | N.R. | N.R. | |
| | Sulfide | < 0.052 | < 0.052 | |
| Flow | Total Flow, gallons | N.R. | 67,000 | |
| | Maximum Flow rate, gallons per minute | 660 | N.R. | |
| | Method of flow measurement | Staff Gauge | | |
| Rainfall Event and Monitoring Summary | Date(s) of event monitored | 9/4/12 | 9/4/12 | |
| | Duration of storm event, in minutes | N.R. | 415 | Rain started at 1305 EDT on 9/4/12 and ended at 2000 EDT on 9/4/12. |
| | Date and Time of sample collection | 9/4/12 1320 | 9/4/12 1610 | |
| | Sampling Duration (Minutes) | Instantaneous | 180 | |
| | Total rainfall during event, in inches | N.R. | 0.30 | An additional 0.82 inches was recorded after sampling ended for a storm total of 1.12 inches. |
| | Number of hours between event sampled and previous measurable (> 0.1 inch) event | N.R. | 186 | Precipitation of 0.13 inches was recorded on 8/27/12 at 1905 EDT. Outfall was at base flow conditions upon arrival. |

# STORM WATER DISCHARGE MONITORING DATA
# FOR OUTFALL GROUP 8, OUTFALL S35
## Monitoring Period: July 1 through December 31, 2012

| Parameter Group | Parameter | Results, in mg/L | | Permit No. NY-0000973 Compliance Limit |
|---|---|---|---|---|
| | | First Flush Grab | Flow-weighted Composite | |
| Group A Parameters | pH | 7.6 S.U. | N.R. | Not specified in permit. |
| | Oil and Grease | < 1.4 | N.R. | 15 mg/L |
| | BOD-5 | < 2.0 | 4.6 | Not specified in permit. N.R. = Not Required. |
| | Total Suspended Solids (TSS) | 81 | 56 | |
| | Total Dissolved Solids (TDS) | 303 | 250 | |
| | Phosphorus, Total | 0.022 | 0.020 | |
| Group B Parameters | Aluminum | 1.3 | 1.2 | |
| | Iron | 1.2 | 1.1 | |
| | Copper, Total Recoverable (TR) | 0.0036 | 0.0033 | |
| | Lead (TR) | 0.0064 | 0.0039 | |
| | Zinc (TR) | 0.035 | 0.030 | |
| Group C Parameters | Total Nitrogen (as N) | 0.63 | < 0.65 | |
| | TKN | 0.43 | 0.55 | |
| | Nitrate Nitrogen (as N) | 0.17 | 0.078 | |
| | Nitrite Nitrogen (as N) | 0.033 | < 0.020 | |
| | Ammonia Nitrogen (as NH3) | 0.016 | < 0.009 | |
| | Cadmium, TR | N.R. | N.R. | |
| | Chromium, TR | N.R. | N.R. | |
| | Hexavalent Chromium, TR | N.R. | N.R. | |
| | Selenium, TR | N.R. | N.R. | |
| | Vanadium, TR | N.R. | N.R. | |
| | Surfactant (as LAS) | 0.022 | 0.024 | |
| | Alpha BHC | N.R. | N.R. | |
| | Settleable Solids | N.R. | N.R. | |
| | Sulfide | N.R. | N.R. | |
| Flow | Total Flow, gallons | N.R. | 160,000 | |
| | Maximum Flow rate, gallons per minute | 1100 | N.R. | |
| | Method of flow measurement | Staff Gauge | | |
| Rainfall Event and Monitoring Summary | Date(s) of event monitored | 10/23/12 | 10/23/12 | |
| | Duration of storm event, in minutes | N.R. | 1300 | Rain started at 0200 EDT on 10/23/12 and ended at 2340 EDT on 10/23/12. |
| | Date and Time of sample collection | 10/23/12 1300 | 10/23/12 1550 | |
| | Sampling Duration (Minutes) | Instantaneous | 180 | |
| | Total rainfall during event, in inches | N.R. | 0.89 | An additional 0.13 inches was recorded after sampling ended for a storm total of 1.02 inches. |
| | Number of hours between event sampled and previous measurable (> 0.1 inch) event | N.R. | 52 | Precipitation of 0.24 inches was recorded on 10/20/12 at 2210 EDT. Slight flow at outfall upon arrival. |

# Attachment C

# Whole Effluent Toxicity (WET) Testing
# Summary Pages

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

Facility Name: West Valley Demonstration Project  Test Start Date: 11/14/12
NPDES Permit Number: NY0000973  Pipe Number: 001

| Test Type | Test Species | Sample Type | Sample Method |
|---|---|---|---|
| _ Acute | _ Fathead Minnow | _ Prechlorinated | _ Grab |
| _ Chronic | X Ceriodaphnia | _ Dechlorinated | X Composite |
| X Modified (chronic reporting acute values) | _ Daphnia Pulex | _ Chlorine Spiked in Lab | _ Flowthru |
| | _ Mysid Shrimp | _ Chlorinated on site | _ Other |
| _ 24hr screening | _ Sheepshead | X Unchlorinated | |
| | _ Menidia | | |
| | _ Sea Urchin | | |
| | _ Champia | TRC: 0.020 mg/L | |
| | _ Selenastrum | | |
| | _Other | | |

Dilution Water

X 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): 11/12-13/12 11/15-16/12

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: 11/1/12

Test Acceptability Criteria

Mean Control Survival: 100%  Mean Control Reproduction: 29.8 young/female
Mean Diluent Survival: 100%  Mean Diluent Reproduction: 32.2 young/female

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

Facility Name: West Valley Demonstration Project  Test Start Date: 11/14/12
NPDES Permit Number: NY0000973  Pipe Number: 001

| Test Type | Test Species | Sample Type | Sample Method |
|---|---|---|---|
| _ Acute | X Fathead Minnow | _ Prechlorinated | _ Grab |
| _ Chronic | _ Ceriodaphnia | _ Dechlorinated | X Composite |
| X Modified (chronic reporting acute values) | _ Daphnia Pulex | _ Chlorine Spiked in Lab | _ Flowthru |
| | _ Mysid Shrimp | _ Chlorinated on site | _ Other |
| _ 24hr screening | _ Sheepshead | X Unchlorinated | |
| | _ Menidia | | |
| | _ Sea Urchin | | |
| | _ Champia | TRC: 0.020 mg/L | |
| | _ Selenastrum | | |
| | _ Other | | |

Dilution Water

X 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): 11/12-13/12  11/15-16/12

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: 11/1/12

Test Acceptability Criteria

Mean Control Survival: 95%  Mean Control Weight: 0.587 mg
Mean Diluent Survival: 92.5%  Mean Diluent Weight: 0.605 mg

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

EPA TOXICITY TEST SUMMARY SHEET

Facility Name: West Valley Demonstration Project  Test Start Date: 11/9/2012
NPDES Permit Number: NY0000973  Pipe Number: 007

| Test Type | Test Species | Sample Type | Sample Method |
|---|---|---|---|
| _ Acute | _ Fathead Minnow | _ Prechlorinated | _ Grab |
| _ Chronic | X Ceriodaphnia | X Dechlorinated | X Composite |
| X Modified (chronic reporting acute values) | _ Daphnia Pulex | _ Chlorine Spiked in Lab | _ Flowthru |
| | _ Mysid Shrimp | _ Chlorinated on site | _ Other |
| _ 24hr screening | _ Sheepshead | __ Unchlorinated | |
| | _ Menidia | | |
| | _ Sea Urchin | | |
| | _ Champia | TRC: 0.016 mg/L | |
| | _ Selenastrum | | |
| | _Other | | |

Dilution Water

X receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: ErdmanBrook )

_ 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): 11/7-8/12  11/11-12/12

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
If yes, to what value? N/A ppt
With sea salts? N/A  Hypersaline brine solution? N/A

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

Reference Toxicant test date: 11/1/12

Test Acceptability Criteria

Mean Control Survival: 100%  Mean Control Reproduction: 37.2 young/female
Mean Diluent Survival: 90%  Mean Diluent Reproduction: 33.5 young/female

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

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

Facility Name: West Valley Demonstration Project  Test Start Date: 11/9/2012
NPDES Permit Number: NY0000973  Pipe Number: 007

| Test Type | Test Species | Sample Type | Sample Method |
|---|---|---|---|
| _ Acute | X Fathead Minnow | _ Prechlorinated | _ Grab |
| _ Chronic | _ Ceriodaphnia | X Dechlorinated | X Composite |
| X Modified (chronic reporting acute values) | _ Daphnia Pulex | _ Chlorine Spiked in Lab | _ Flowthru |
| | _ Mysid Shrimp | _ Chlorinated on site | _ Other |
| _ 24hr screening | _ Sheepshead | __Unchlorinated | |
| | _ Menidia | | |
| | _ Sea Urchin | | |
| | _ Champia | TRC: 0.016 mg/L | |
| | _ Selenastrum | | |
| | _Other_____ | | |

Dilution Water

X receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: ErdmanBrook )
_ 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): 11/7-8/12  11/11-12/12

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
If yes, to what value? N/A ppt
With sea salts? N/A  Hypersaline brine solution? N/A

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

Reference Toxicant test date: 11/1/12

Test Acceptability Criteria

Mean Control Survival: 95%  Mean Control Weight: 0.504 mg
Mean Diluent Survival: 85%  Mean Diluent Weight: 0.506 mg

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

# Attachment D

# BMP/SWPPP Annual Certification

## ATTACHMENT D

**WVDP SPDES Permit "Special Conditions – Industry Best Management Practices," Permittee Certification of Annual Review by December**

I certify under penalty of law that the annual review of the Clean Water Act /SPDES BMP and Storm Water Pollution Prevention Plan for the WVDP (WVDP-206) was completed by December 31, 2012, as per the "Special Conditions – Industry Best Practices" section of the SPDES Permit.

Bryan C. Bower, U.S. Department of Energy, Project Director
West Valley Demonstration Project

01-14-2013
Date

# ATTACHMENT E

## Annual Water Treatment Chemical Usage Report
## For Calendar Year 2012

**SPDES ANNUAL WATER TREATMENT CHEMICAL USAGE REPORT**
**FOR CALENDAR YEAR 2012**
**CHBWV, SPDES PERMIT No. NY-0000973**

| Item No. | Chemical Name | Manufacturer | Quantity Used (lbs) | Affected Outfalls |
|---|---|---|---|---|
| 1. | N-45 | The Clean Environment Co. | 0.13 | 001 |
| 2. | Klaraid PC313 | GE Betz | 559 | 007 |
| 3. | Steamate NA701 | GE Betz | 367 | 007 |
| 4. | Cortrol IS104 | GE Betz | 53 | 007 |
| 5. | Optisperse CL362 | GE Betz | 220 | 007 |