

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.

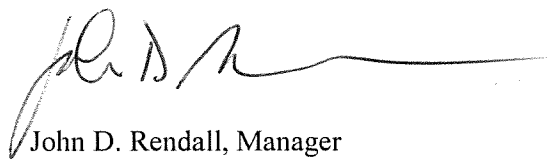
As required in Title 6 of the New York Codes, Rules, and Regulations (6NYCRR) Part 750-2.5(e)(3), the New York Environmental Laboratory Accreditation Program (NYELAP) numbers for the laboratories performing analysis for this DMR are as follows:

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

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

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

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

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

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

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

$$X1 = 0.131 \text{ mg/L}$$

$$X2 = 0.0273 \text{ mg/L}$$

$$V7 = 777445.45 \text{ L/month}$$

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

$$X1 = 0.312 \text{ mg/L}$$

$$X2 = 0.601 \text{ mg/L}$$

$$X3 = 0.290 \text{ mg/L}$$

$$X4 = 0.242 \text{ mg/L}$$

$$VRW = 2021626.94 \text{ L/month}$$

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

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

Form Approved
OMB No. 2040-0004

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

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

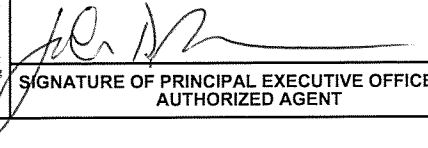
NY0000973	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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 John D. Rendall, Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		716-942-4602 01/15/2013
		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

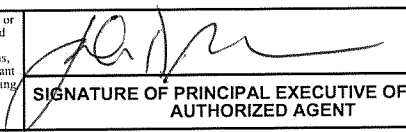
DMR Mailing ZIP CODE: 14171-9799

MAJOR
(SUBR 09)
OUTFALL 001 ANNUAL
External Outfall

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John D. Rendall, Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
				
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
		716	942-4602	01/15/2013

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)

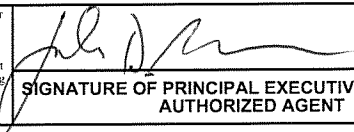
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

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 ☒

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 John D. Rendall, Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			716-942-4602	01/15/2013	
			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)

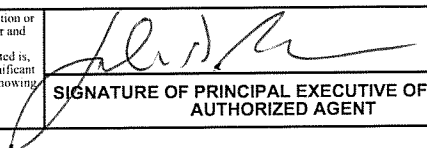
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, STO
External Outfall
No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John D. Rendall, Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE	
			716-942-4602		01/15/2013	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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 ☒

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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
John D. Rendall, Manager		716-942-4602		01/15/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

Form Approved
OMB No. 2040-0004

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

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

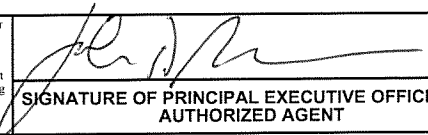
NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
70295 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
John D. Rendall, Manager			716-942-4602		01/15/2013
			TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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

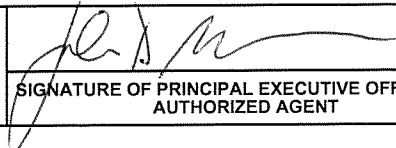
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 07/01/2012	TO	12/31/2012	

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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			TELEPHONE	DATE
John D. Rendall, Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		716-942-4602	01/15/2013
TYPED OR PRINTED				AREA Code	NUMBER

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

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

Form Approved
OMB No. 2040-0004

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

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

NY0000973	001-S
PERMIT NUMBER	DISCHARGE NUMBER

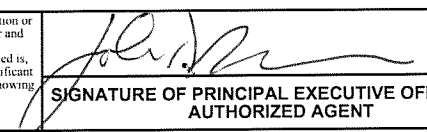
DMR Mailing ZIP CODE: 14171-9799

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Heptachlor	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.007	<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 John D. Rendall, Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 716-942-4602	DATE 01/15/2013
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code NUMBER MM/DD/YYYY

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

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

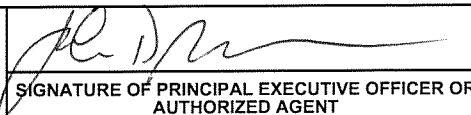
NY0000973	001-T
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John D. Rendall, Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE	
			716-942-4602		01/15/2013	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

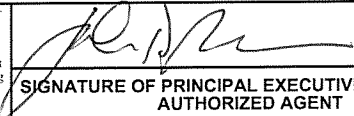
DMR Mailing ZIP CODE: 14171-9799

MAJOR
(SUBR 09)
OUTFALL 001 ACTION LEVELS ANNUAL
External Outfall

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John D. Rendall, Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 716-942-4602	DATE 01/15/2013
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
John D. Rendall, Manager TYPED OR PRINTED		716-942-4602		01/15/2013
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		AREA Code	NUMBER	

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

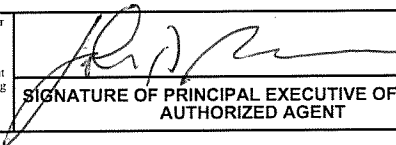
NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
John D. Rendall, Manager			716-942-4602		01/15/2013
			TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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

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

Form Approved
OMB No. 2040-0004

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

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

FACILITY: WEST VALLEY DEMONSTRATION PROJ

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973
PERMIT NUMBER

007-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

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

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total (as N)	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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
John D. Rendall, Manager		716-942-4602		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)

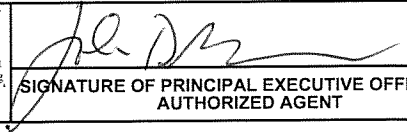
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

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

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

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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			TELEPHONE	DATE
John D. Rendall, Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		716-942-4602	01/15/2013
TYPED OR PRINTED				AREA Code	NUMBER

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

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

Form Approved
OMB No. 2040-0004

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

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

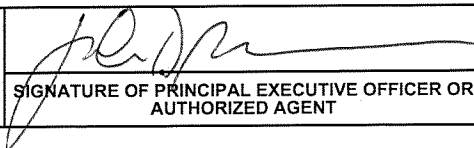
NY0000973	007-T
PERMIT NUMBER	DISCHARGE NUMBER

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 61425 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.3	TUa	0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity (chronic), Ceriodaphnia dupia 61426 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.0	TUc	0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	tox chronic		Quarterly	COMP24
Toxicity (acute), Pimephales promelas (Fathead Minnow) 61427 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.3	TUa	0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity (chronic), Pimephales promelas (Fathead Minnow) 61428 V 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.0	TUc	0	01/90	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 MAXIMUM	tox chronic		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John D. Rendall, Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
				716-942-4602 01/15/2013
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

DMR Mailing ZIP CODE: 14171-9799

MAJOR
(SUBR 09)
OUTFALL 007 ANNUAL MONITORING
External Outfall

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.060	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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
John D. Rendall, Manager		716-942-4602		01/15/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

Form Approved
OMB No. 2040-0004

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

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

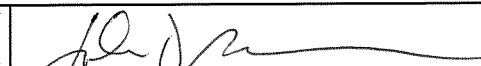
NY0000973	01B-M
PERMIT NUMBER	DISCHARGE NUMBER

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

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

No Discharge ☒

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

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

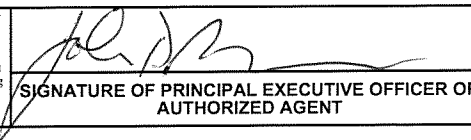
NY0000973	116-M
PERMIT NUMBER	DISCHARGE NUMBER

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 ☒

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	*****	*****	*****	*****	Reg. Mon. MO AVG	500 DAILY MX	mg/L		Twice Per Discharge	CALCTD

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

IF PSEUDO 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

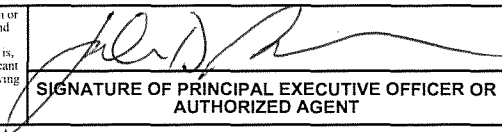
DMR Mailing ZIP CODE: 14171-9799

MAJOR
(SUBR 09)
SUM OF OUTFALLS 1 & 7
Internal Outfall

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

No Discharge ☐

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
John D. Rendall, Manager			716-942-4602	01/15/2013
TYPED OR PRINTED			AREA Code	NUMBER

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

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

Dilution Water

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

Effluent sampling date (s): 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: <u>100%</u>	Mean Control Reproduction: <u>29.8 young/female</u>
Mean Diluent Survival: <u>100%</u>	Mean Diluent Reproduction: <u>32.2 young/female</u>

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

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

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

Dilution Water

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

Effluent sampling date (s): 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: <u>95%</u>	Mean Control Weight: <u>0.587 mg</u>
Mean Diluent Survival: <u>92.5%</u>	Mean Diluent Weight: <u>0.605 mg</u>

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

EPA TOXICITY TEST SUMMARY SHEET

2

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

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

Dilution Water

☒ receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: 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: <u>100%</u>	Mean Control Reproduction: <u>37.2 young/female</u>
Mean Diluent Survival: <u>90%</u>	Mean Diluent Reproduction: <u>33.5 young/female</u>

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

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

2

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

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

Dilution Water

☒ receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: 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: <u>95%</u>	Mean Control Weight: <u>0.504 mg</u>
Mean Diluent Survival: <u>85%</u>	Mean Diluent Weight: <u>0.506 mg</u>

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

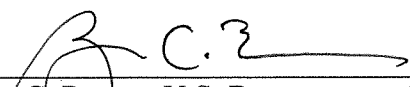
Attachment D

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