CH2MHILL • B&W West Valley, LLC
West Valley Demonstration Project

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:2015:0004
January 22, 2015

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period December 1 through December 31, 2014, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP) and Storm Water Monitoring Results for July 1, 2014 through December 31, 2014

Dear Mr. Haugh:

The West Valley Demonstration Project's SPDES DMR for the reporting period December 1 through December 31, 2014, including the Net Iron calculation and Total Dissolved Solids (TDS) concentration sheets, is provided as Attachment A. All results for this report are within the effluent discharge limits specified in the permit.

The discharge from lagoon 3 was originally planned to start on Wednesday, November 5, 2014. However, due to a high iron result in our pre-discharge sample of 2.1 mg/L the discharge was postponed until the iron concentration could be brought into permit compliance.

Over the period of November 21 to November 25, 2014, 500,000 gallons of water contained in lagoon 3 was pumped back to lagoon 2 while lagoon 3 was highly agitated. This was done to reduce the inventory in lagoon 3 since we were approaching the administrative control limit of 60% and also to move particulate iron to lagoon 2. It also enabled the WVDP to transfer lagoon 4 into lagoon 3 as the iron concentration in lagoon 4 was much lower, at approximately 0.15 mg/L.

Once the transfer was completed, the air sparger was turned off and water contained in lagoon 3 was allowed to settle. Repeated grab sampling of lagoon 3 showed a steady decrease in the iron concentrations from the original high of 2.1 mg/L to 1.0 mg/L. At that time, it was determined that we were within the SPDES effluent limit for discharging. Additionally, the use of a 5 micron bag on the discharge pipe would lower the iron concentration further. Therefore, the discharge was started on December 17, 2014.

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

CHBWV is also submitting as Attachment B for your use, analytical results and data for the semi-annual storm water monitoring period of July 1, 2014 through December 31, 2014. 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 July 7, October 13, October 15, and November 6, 2014. The on-site pH recorded near the site's rain gauge on each of these dates was: 6.4 SU; 6.9 SU; 8.3 SU; and 7.6 SU, respectively.

The storm water outfalls S-04 and S-33 that were collected on October 15, 2014 were collected 41 hours from the previous storm event that occurred on October 13, 2014. Personnel were mobilized to outfalls S-04 and S-33 on October 13, 2014 during the rain event that was occurring, however flow was not observed during the event. No rain was recorded on October 14, 2014, and since storms were expected on October 15, 2014, the outfalls were inspected first thing that morning and as no flow was detected at either outfall, it was decided to sample the event that occurred on October 15, 2014. All other storm water outfalls were collected well after the 72 hour requirement was met.

In addition, semi-annual lead sampling was completed as required on November 6, 2014 at storm water outfall S-43 located at the Live Fire Range with a reported result of 0.003 mg/L and an action level of 0.006 mg/L.

In accordance with the Schedule of Compliance sampling requirements contained on page 30 of 32 for Paraquat Dichloride Herbicide (Gramoxone Extra), the site applied herbicides during this storm water monitoring period, and therefore storm water outfalls were analyzed for Paraquat Dichloride as follows: S-04; S-06; S-09; S-12; S-14; S-17; S-20; and S-34.

All Paraquat Dichloride results were reported as non-detections at <0.002 mg/L (<0.0002 mg/L for S-06).

In accordance with the Schedule of Compliance Requirements contained on page 30 of 32 in the site's SPDES permit, sampling is required to be performed within 60 days of the application. Paraquat Dichloride was sprayed on October 16 and October 30, 2014. Paraquat dichloride samples were collected during the storm event that occurred on July 7, 2014 at outfalls S-09 and S-20. This sampling was completed to cover the initial herbicide application that was completed in June 2014. The remaining outfalls were collected on November 26, 2014.

As required on page 18 of 32, under generic WTC Usage Requirements, the site has included Attachment C, water treatment chemicals used in 2014.

Finally, 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. A revision is not warranted at this time.

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. GEL Laboratories: NY Lab No. 11501.
3. TestAmerica – Savannah, GA, NY Lab No. 10842

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.

Southwest Research Institute analyzed the paraquat dichloride for storm water sample S-06 with a reported result of <0.0002 mg/L.

If you have any questions, please contact Moira Maloney of the U.S. Department of Energy West Valley Demonstration Project (DOE-WVDP) at (716) 942-4255 or William Kean of my staff at (716) 942-4865.

Sincerely,

John D. Rendall, Manager
Regulatory Strategy

JDR:WNK:bnj

Attachments:
A) SPDES DMR for December 1 through December 31, 2014 Monitoring Period
B) Storm Water Discharge Monitoring Results for July 1 through December 31, 2014 Monitoring Period
C) Annual Water Treatment Chemical Usage Report for Calendar Year 2014
D) BMP/SWPPP Annual Certification

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

ATTACHMENT A

SPDES DISCHARGE MONITORING REPORT – DECEMBER 1 THROUGH DECEMBER 31, 2014
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

OUTFALL 001 = $M1 = \frac{(X1 + X2)\ V1}{2}$ = 4836849.97 mg/month

X1 = 0.954 mg/L

X2 = 0.903 mg/L

V1 = 5209316.06 L/month

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

X1 = 0.00 mg/L

X2 = 0.00 mg/L

V7 = 0.00 L/month

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

RAW WATER = $MRW = \frac{(X1 + X2 + X3 + X4)\ VRW}{4}$ = 0.00 mg/month

X1 = 0.00 mg/L

X2 = 0.00 mg/L

X3 = 0.00 mg/L

X4 = 0.00 mg/L

VRW = 0.00 L/month

Note: Raw water from the reservoirs is no longer used for process water.

IRON DISCHARGE CONCENTRATION = $\frac{M1 + M7 - MRW}{V1 + V7}$ = 0.93 mg/L

ATTACHMENT A (Cont'd)

SPDES DISCHARGE MONITORING REPORT - DECEMBER 1 THROUGH DECEMBER 31, 2014
TOTAL DISSOLVED SOLIDS (TDS) CONCENTRATION CALCULATION - MONITORING POINT 116
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT No. NY-0000973

Date: December 17, 2014

C4 = ((Q1)(C1)+(Q2)(C2)+(Q3)(C3))/Q4

= ((0.196 MGD)(917 mg/L)+(3.070 MGD)(112 mg/L)+(0.288 MGD)(87 mg/L))/(3.554 MGD)

= 154 mg/L

Date: December 22, 2014

C4 = ((Q1)(C1)+(Q2)(C2)+(Q3)(C3))/Q4

= ((0.1964 MGD)(884 mg/L)+(0.6872 MGD)(182 mg/L)+(0.288 MGD)(67 mg/L))/(1.172 MGD)

= 271 mg/L

Q1 = Flow at Outfall 001, million gallons per day (MGD).

C1 = Total Dissolved Solids (TDS) concentration at Outfall 001, mg/L.

Q2 = Flow in Franks Creek, MGD (without Outfall 001), measured at WNSP006 just prior to, and shortly after the discharge event.

C2 = TDS concentration in Franks Creek measured at WNSP006 just prior to, and shortly after the discharge event.

Q3 = Flow of augmentation water, MGD, if required.

C3 = TDS concentration in augmentation water, MGD.

Q4 = Q1 + Q2 + Q3, MGD (Flow in Franks Creek, including Outfall 001).

C4 <= 500 mg/L (calculated TDS concentration at 116 in Franks Creek, which includes Outfall 001).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

NY0000973	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	12/31/2014

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	******	******	******	******	<0.00007	<0.00007	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602	01/15/2015
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)

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1/1/2014	12/31/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR
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OUTFALL 001 ANNUAL
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	******	******	******	******	<0.0050	<0.0050	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

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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		01/15/2015
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NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, ST
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	******	******	******	******	129	129	mg/L	0	01/BA	24
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	******	******	******	******	11.2	11.7	mg/L	0	02/BA	CA
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	******	******	******	13	******	14	mg/L	0	02/BA	GR
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	******	******	******	******	4.2	4.9	mg/L	0	02/BA	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice per Batch	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	7.9	SU	0	01/BA	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Once per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<4.0	<4.0	mg/L	0	02/BA	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 DAILY MX	mg/L		Twice per Batch	COMP24
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	<0.1	<0.1	ml/L	0	02/BA	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice per Batch	GRAB

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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	01/15/2015
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12/1/2014	12/31/2014

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

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	******	******	******	******	<1.6	<1.6	mg/L	0	01/BA	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	15 DAILY MX	mg/L		Once per Batch	GRAB
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	******	******	******	******	<0.02	<0.02	mg/L	0	01/BA	24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once per Batch	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	<0.020	<0.020	mg/L	0	01/BA	24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Batch	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.08	1.20	mg/L	0	02/BA	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	COMP24
Sulfide, dissolved, [as S]	SAMPLE MEASUREMENT	******	******	******	******	<0.05	<0.05	mg/L	0	01/BA	24
00746 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.4 DAILY MX	mg/L		Once per Batch	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.0014	0.0014	mg/L	0	01/BA	24
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once per Batch	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	<0.0006	<0.0006	mg/L	0	01/BA	GR
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Once per Batch	GRAB

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John D. Rendall, Manager	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		01/15/2015
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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
12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, ST
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	******	******	******	******	<0.0004	<0.0004	mg/L	0	01/BA	GR
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.004 DAILY MX	mg/L		Once per Batch	GRAB
Iron, total [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	0.93	0.95	mg/L	0	02/BA	24
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	COMP24
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	******	0.20	0.20	mg/L	0	01/BA	24
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2 MO AVG	4 DAILY MX	mg/L		Once per Batch	COMP24
Vanadium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	<0.0015	<0.0015	mg/L	0	01/BA	GR
01128 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Once per Batch	GRAB
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	******	******	******	******	0.032	0.034	mg/L	0	02/BA	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1.5 MO AVG	2.1 DAILY MX	mg/L		Twice per Batch	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.196	0.209	MGD	******	******	******	******	0	02/BA	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Twice per Batch	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	0.01	0.01	mg/L	0	01/BA	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once per Batch	GRAB

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	01/15/2015
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
12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, ST
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			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	901	917	mg/L	0	02/BA	GR
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	******	******	******	******	2.4	2.4	ng/L	0	01/BA	GR
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	******	******	******	******	<0.013	<0.013	mg/L	0	01/BA	GR
81646 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.04 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		01/15/2015
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

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	001-S

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2014	12/31/2014

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 Yea	GRAB
Manganese, total [as Mn]	SAMPLE MEASUREMENT	******	******	******	******	0.046	0.046	mg/L	0	02/YR	24
01055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	2 DAILY MX	mg/L		Twice per Yea	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	0.0047	0.0047	mg/L	0	02/YR	24
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.079 DAILY MX	mg/L		Twice per Yea	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.014	0.014	mg/L	0	02/YR	24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.13 DAILY MX	mg/L		Twice per Yea	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.0005	0.0005	mg/L	0	02/YR	24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.006 DAILY MX	mg/L		Twice per Yea	COMP24
Chromium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.0005	0.0005	mg/L	0	02/YR	24
01118 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.11 DAILY MX	mg/L		Twice per Yea	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.0033	0.0033	mg/L	0	02/YR	24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Twice per Yea	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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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
7/1/2014	12/31/2014

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 Yea	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		01/15/2015
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-U
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	12/31/2014

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	******	******	******	******	******	0.02	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602		01/15/2015
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	001-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2014	12/31/2014

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	******	******	******	******	******	0.044	mg/L	0	02/YR	24
01022 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	2 DAILY MX	mg/L		Twice per Yea	COMP24
Titanium, total [as Ti]	SAMPLE MEASUREMENT	******	******	******	******	******	<0.0011	mg/L	0	02/YR	24
01152 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	.65 DAILY MX	mg/L		Twice per Yea	COMP24
Bromide [as Br]	SAMPLE MEASUREMENT	******	******	******	******	******	<0.073	mg/L	0	02/YR	24
71870 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Twice per Yea	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	007-M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
SANITARY, NC COOLING WATER, UTILITY W
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			
Oxygen demand, ultimate	SAMPLE MEASUREMENT	******	******	******	******						
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	22 DAILY MX	mg/L		Monthly	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******					
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	******	******	******	******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 DAILY MX	mg/L		Twice per Month	COMP24
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******						
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice per Month	GRAB
Oil & Grease	SAMPLE MEASUREMENT	******	******	******	******						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	15 DAILY MX	mg/L		Twice per Month	GRAB

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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

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	007-M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
SANITARY, NC COOLING WATER, UTILITY W
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			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Monthly	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
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
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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

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	007-M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
SANITARY, NC COOLING WATER, UTILITY W
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			
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	50 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602		01/15/2015
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)*

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ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	12/31/2014

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	******	******	******	******	******	0.0013	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		01/15/2015
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
12/1/2014	12/31/2014

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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602		01/15/2015
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

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	116-M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2014	12/31/2014

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	******	******	******	******	213	271	mg/L	0	02/DS	CA
70295 Z 0 Instream Monitoring	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	500 DAILY MX	mg/L		Twice per Discharge	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			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		01/15/2015
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
12/1/2014	12/31/2014

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	******	******	******	******	0.93	0.93	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602		01/15/2015
TYPED OR PRINTED			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, 2014 Monitoring Period

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 1, OUTFALL S04
Monitoring Period: July 1 through December 31, 2014

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	2.0	N.R.	15 mg/L
	BOD-5	< 2.0	< 2.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	6.4	8.0	
	Total Dissolved Solids (TDS)	240	287	
	Phosphorus, Total	0.0064	0.0082	
Group B Parameters	Aluminum	0.68	0.66	
	Iron	1.0	1.0	
	Copper, Total Recoverable (TR)	0.0030	0.0024	
	Lead (TR)	0.00056	0.00035	
	Zinc (TR)	0.014	0.011	
Group C Parameters	Total Nitrogen (as N)	< 0.19	< 0.19	
	TKN	< 0.15	< 0.15	
	Nitrate Nitrogen (as N)	< 0.02	0.022	
	Nitrite Nitrogen (as N)	0.021	< 0.020	
	Ammonia Nitrogen (as NH3)	< 0.009	0.056	
	Cadmium, TR	0.00018	0.00012	
	Chromium, TR	0.0015	0.0012	
	Hexavalent Chromium, TR	< 0.0050	< 0.0050	
	Selenium, TR	< 0.00044	< 0.00044	
	Vanadium, TR	< 0.00018	< 0.00018	
	Surfactant (as LAS)	N.R.	N.R.	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Paraquat Dichloride (11/6/14)	< 0.002	N.R.	
Flow	Total Flow, gallons	N.R.	200,000	
	Maximum Flow rate, gallons per minute	1,800	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	10/15/14	10/15/14	
	Duration of storm event, in minutes	N.R.	330	Rain started at 0345 EDT on 10/15/14 and ended at 0915 EDT on 10/15/14.
	Date and Time of sample collection	10/15/14 0635	10/15/14 0920	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.25	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	41	Precipitation of 0.19 inches was recorded on 10/13/14 at 1045 EDT. No flow observed during storm event of 10/13/14. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 2, OUTFALL S33
Monitoring Period: July 1 through December 31, 2014

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	2.6	N.R.	15 mg/L
	BOD-5	2.2	< 2.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	21	12	
	Total Dissolved Solids (TDS)	767	434	
	Phosphorus, Total	0.12	0.11	
Group B Parameters	Aluminum	0.28	0.26	
	Iron	3.2	2.5	
	Copper, Total Recoverable (TR)	0.0014	0.0012	
	Lead (TR)	0.00048	0.00034	
	Zinc (TR)	0.023	0.0094	
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)	< 0.013	< 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.	7,400	
	Maximum Flow rate, gallons per minute	95	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	10/15/14	10/15/14	
	Duration of storm event, in minutes	N.R.	330	Rain started at 0345 EDT on 10/15/14 and ended at 0915 EST on 10/15/14.
	Date and Time of sample collection	10/15/14 0650	10/15/14 0945	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.25	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	41	Precipitation of 0.19 inches was recorded on 10/13/14 at 1045 EDT. No flow observed during storm event of 10/13/14. Outfall had slight flow upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 3, OUTFALL S09
Monitoring Period: July 1 through December 31, 2014

Parameter Group	Parameter	Results in mg/L, Mercury, Total in ng/L via method 1631E		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	8.2 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	8.5	4.7	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	253	335	
	Total Dissolved Solids (TDS)	190	65	
	Phosphorus, Total	0.12	0.14	
Group B Parameters	Aluminum	8.5	8.7	
	Iron	12	14	
	Copper, Total Recoverable (TR)	0.025	0.025	
	Lead (TR)	0.0091	0.012	
	Zinc (TR)	0.14	0.16	
Group C Parameters	Total Nitrogen (as N)	< 2.4	< 1.2	
	TKN	1.5	0.74	
	Nitrate Nitrogen (as N)	0.86	0.46	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.22	0.17	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Mercury, T ng/L	20	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	N.R.	N.R.	
	Alpha BHC	< 0.0000063	< 0.0000067	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Paraquat Dichloride	< 0.002	N.R.	
Flow	Total Flow, gallons	N.R.	100,000	
	Maximum Flow rate, gallons per minute	2,700	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	07/07/14	07/07/14	
	Duration of storm event, in minutes	N.R.	590	Rain started at 0635 EDT on 7/7/14 and ended at 1625 EDT on 7/7/14.
	Date and Time of sample collection	07/07/14 0850	07/07/14 1140	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.32	An additional 0.62 inches was recorded after sampling ended for a storm total of 0.94 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	90	Precipitation of 0.22 inches was recorded on 7/3/14 at 1230 EDT. No flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 4, OUTFALL S34 / DUPLICATE
Monitoring Period: July 1 through December 31, 2014

Parameter Group	Parameter	Results in mg/L		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 / < 1.3	N.R.	15 mg/L
	BOD-5	2.0 / 2.5	4.5	Not specified in permit. N.R. = Nor Required.
	Total Suspended Solids (TSS)	139 / 138	84	
	Total Dissolved Solids (TDS)	381 / 372	227	
	Phosphorus, Total	0.057 / 0.099	0.076	
Group B Parameters	Aluminum	4.7 / 4.6	3.9	
	Iron	6.7 / 6.7	4.5	
	Copper, Total Recoverable (TR)	0.013 / 0.013	0.012	
	Lead (TR)	0.0044 / 0.0043	0.0037	
	Zinc (TR)	0.15 / 0.15	0.085	
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)	0.024 / 0.022	0.062	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Paraquat Dichloride	< 0.002	N.R.	
Flow	Total Flow, gallons	N.R.	4,700	
	Maximum Flow Rate, gallons per minute	120	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	10/13/14	10/13/14	
	Duration of storm event, in minutes	N.R.	85	Rain started at 0920 EDT on 10/13/14 and ended at 1045 EDT on 10/13/14.
	Date and Time of sample collection	10/13/14 1010	10/13/14 1140	
	Sampling Duration (Minutes)	Instantaneous	100	
	Total rainfall during event, in inches	N.R.	0.19	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	118	Precipitation of 0.16 inches was recorded on 10/8/14 at 1110 EDT. Outfall was at base flow conditions upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 5, OUTFALL S14
Monitoring Period: July 1 through December 31, 2014

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	7.6 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.3	N.R.	15 mg/L
	BOD-5	4.6	< 2.0	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	4.4	< 4.0	
	Total Dissolved Solids (TDS)	618	694	
	Phosphorus, Total	0.074	< 0.0050	
Group B Parameters	Aluminum	0.33	0.14	
	Iron	1.7	0.77	
	Copper, Total Recoverable (TR)	0.0014	0.0012	
	Lead (TR)	0.00040	0.00023	
	Zinc (TR)	0.0072	0.050	
Group C Parameters	Total Nitrogen (as N)	< 0.74	< 0.69	
	TKN	0.70	0.65	
	Nitrate Nitrogen (as N)	< 0.020	< 0.020	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.030	0.074	
	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	< 0.00018	< 0.00018	
	Surfactant (as LAS)	< 0.013	0.022	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	< 0.1	< 0.1	
	Sulfide	< 0.052	< 0.052	
	Paraquat Dichloride	< 0.002	N.R.	
Flow	Total Flow, gallons	N.R.	160	
	Maximum Flow rate, gallons per minute	1.7	N.R.	
	Method of flow measurement	Weir Plate		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	11/6/14	11/6/14	
	Duration of storm event, in minutes	N.R.	545	Rain started at 0815 EDT on 11/6/14 and ended at 1720 EDT on 11/6/14.
	Date and Time of sample collection	11/6/14 1025	11/6/14 1250	
	Sampling Duration (Minutes)	Instantaneous	160	
	Total rainfall during sampling event, in inches	N.R.	0.17	An additional 0.05 inches was recorded after sampling ended for a storm total of 0.22 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	129	Precipitation of 0.13 inches was recorded on 10/31/13 at 2255 EDT. No flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 6, OUTFALL S36
Monitoring Period: July 1 through December 31, 2014

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	7.2 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	2.6	3.0	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	22	90	
	Total Dissolved Solids (TDS)	270	303	
	Phosphorus, Total	< 0.0050	0.072	
Group B Parameters	Aluminum	2.2	4.3	
	Iron	2.5	6.9	
	Copper, Total Recoverable (TR)	0.0023	0.0067	
	Lead (TR)	0.00092	0.0038	
	Zinc (TR)	0.016	0.040	
Group C Parameters	Total Nitrogen (as N)	< 0.52	< 0.68	
	TKN	0.29	0.48	
	Nitrate Nitrogen (as N)	0.21	0.18	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.019	0.029	
	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	0.00089	0.0036	
	Surfactant (as LAS)	0.026	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	< 0.1	0.2	
	Sulfide	< 0.052	< 0.052	
Flow	Total Flow, gallons	N.R.	3,400	
	Maximum Flow rate, gallons per minute	20	N.R.	
	Method of flow measurement	Bucket Test		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	11/6/14	11/6/14	
	Duration of storm event, in minutes	N.R.	545	Rain started at 0815 EDT on 11/6/14 and ended at 1720 EDT on 11/6/14.
	Date and Time of sample collection	11/6/14 0945	11/6/14 1230	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.16	An additional 0.06 inches was recorded after sampling ended for a storm total of 0.22 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	129	Precipitation of 0.13 inches was recorded on 10/31/14 at 2255 EDT. Slight flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 7, OUTFALL S20
Monitoring Period: July 1 through December 31, 2014

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	6.8	3.6	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	121	16	
	Total Dissolved Solids (TDS)	116	34	
	Phosphorus, Total	0.11	0.017	
Group B Parameters	Aluminum	3.6	0.75	
	Iron	4.9	0.86	
	Copper, Total Recoverable (TR)	0.0050	0.0012	
	Lead (TR)	0.0029	0.00060	
	Zinc (TR)	0.030	0.0067	
Group C Parameters	Total Nitrogen (as N)	< 3.0	< 0.91	
	TKN	1.6	0.33	
	Nitrate Nitrogen (as N)	1.4	0.56	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.41	0.24	
	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	
	Paraquat Dichloride (11/6/14)	< 0.002	N.R.	
Flow	Total Flow, gallons	N.R.	95,000	
	Maximum Flow rate, gallons per minute	630	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	7/7/14	7/7/14	
	Duration of storm event, in minutes	N.R.	590	Rain started at 0635 EDT on 7/7/14 and ended at 1625 EDT on 7/7/14.
	Date and Time of sample collection	7/7/14 0840	7/7/14 1125	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.32	An additional 0.62 inches was recorded after sampling ended for a storm total of 0.94 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	90	Precipitation of 0.22 inches was recorded on 7/3/14 at 1230 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, 2014

Parameter Group	Parameter	Results, in mg/L		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)	207	34	
	Total Dissolved Solids (TDS)	312	328	
	Phosphorus, Total	0.087	0.015	
Group B Parameters	Aluminum	7.8	2.0	
	Iron	8.5	2.0	
	Copper, Total Recoverable (TR)	0.010	0.0033	
	Lead (TR)	0.012	0.0030	
	Zinc (TR)	0.062	0.021	
Group C Parameters	Total Nitrogen (as N)	< 1.1	< 0.65	
	TKN	0.89	0.58	
	Nitrate Nitrogen (as N)	0.16	0.050	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.025	0.023	
	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	0.026	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	12,000	
	Maximum Flow rate, gallons per minute	75	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	11/6/14	11/6/14	
	Duration of storm event, in minutes	N.R.	545	Rain started at 0815 EDT on 11/6/14 and ended at 1720 EDT on 11/6/14.
	Date and Time of sample collection	11/6/14 1030	11/6/14 1310	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.17	An additional 0.05 inches was recorded after sampling ended for a storm total of 0.22 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	129	Precipitation of 0.13 inches was recorded on 10/31/14 at 2255 EDT. No flow at outfall upon arrival.

Attachment C

Annual Water Treatment Chemical Usage Report for Calendar Year 2014

SPDES ANNUAL WATER TREATMENT CHEMICAL USAGE REPORT
FOR CALENDAR YEAR 2014
CHBWV, SPDES PERMIT No. NY-0000973

Item No.	Chemical Name	Manufacturer	Quantity Used (lbs)	Affected Outfalls
1	Klaraid PC313	GE Betz	791	007
2	Steamate NA701	GE Betz	0	007
3	Cortrol IS104	GE Betz	0	007
4	Optisperse CL362	GE Betz	0	007

Attachment D

BMP/SWPPP Annual Certification

ATTACHMENT D

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

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, 2014, as per the "Special Conditions – Industry Best Practices" section of the SPDES Permit.

Clifford J. Eckert for BCB 1/22/15

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