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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:2016:0003
January 14, 2016

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period December 1 through December 31, 2015, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP) and Storm Water Monitoring Results for July 1, 2015 through December 31, 2015

REFERENCES: 1) Letter WR:2011:0061, J. D. Rendall to C. S. Haugh, "State Pollutant Discharge Elimination System (SPDES) Schedule of Compliance Action for the Water Treatment Chemicals, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)," dated December 11, 2011

2) Letter WR:2013:0033, J. D. Rendall to M. A. Jackson, "Notification of Changes to the West Valley Demonstration Project (WVDP) Wastewater Generation Activities in Accordance with 6 NYCRR 750-2.6(c) , State Pollutant Discharge Elimination System (SPDES) Permit No. NY-0000973, U.S. Department of Energy (DOE), West Valley Demonstration Project (WVDP)," dated August13, 2013

Dear Mr. Haugh:

The West Valley Demonstration Project's SPDES DMR for the reporting period December 1 through December 31, 2015 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, 007, 116, Sum N, or internal outfall 01B during this period.

We are also submitting analytical results and data for the semi-annual storm water monitoring period of July 1, 2015 through December 31, 2015, as Attachment B. All storm water sampling results were within applicable limits specified on page 14 of 31 of the SPDES permit for oil & grease.

The two storm water outfalls (S37 & S28) that were collected on October 28, 2015 were collected 66 hours from the previous storm event of >0.10 inches of rain that occurred on October 25, 2015. Although this sampling event was performed less than the 72 hour protocol for storm event periods, the event that occurred on October 25, 2015 of 0.11 inches did not generate flow at the outfalls, and therefore the decision was made to sample the storm event of October 28, 2015.

Please note that the flow-weighted composite sample result for Hexavalent Chromium at outfall S04 was analyzed outside of the 24-hour holding time and was flagged "R", unreliable in the data validation process, and therefore has not been reported. The first flush grab sample result for Hexavalent Chromium collected at outfall S04 was reported <0.0050 mg/L. The matrix spike result for Surfactants, as LAS for outfall S37 was low and was flagged "R", unreliable in the data validation process, and therefore the result for the flow-weighted composite sample has not been reported.

Grab samples were collected from the equalization basin on October 15, 2015 while accumulated storm water was being pumped out. These samples were collected as batch samples because water from the equalization basin was not discharging at the time storm water samples were collected at outfall S12 on August 20, 2015 (see Outfall 007 table below).

OUTFALL 007 (Equalization Basin)

Parameter Group	Parameter	mg/L Grab Sample
Group A Parameters	pH	7.8 S.U.
	Oil and Grease	1.4
	BOD-5	< 2.0
	Total Suspended Solids (TSS)	16
	Total Dissolved Solids (TDS)	141
	Phosphorus, Total	0.024
Group B Parameters	Aluminum	<0.060
	Iron	< 0.019
	Copper, Total Recoverable (TR)	0.0011
	Lead (TR)	0.00014
	Zinc (TR)	0.012
Group C Parameters	Total Nitrogen (as N)	< 0.35
	TKN	0.22
	Nitrate Nitrogen (as N)	0.11
	Nitrite Nitrogen (as N)	< 0.020
	Ammonia Nitrogen (as NH3)	0.035
	Cadmium, TR	N.R.
	Chromium, TR	N.R.
	Hexavalent Chromium, TR	N.R.
	Selenium, TR	N.R.
	Vanadium, TR	N.R.
	Surfactant (as LAS)	N.R.
	Alpha BHC	< 0.0000067
	Settleable Solids	N.R.
	Sulfide	N.R.

Storm water samples were collected on August 20, September 9, and October 28, 2015. The on-site pH results measured on each of these dates was: 7.5 SU, 8.5 SU, and 7.8 SU respectively.

Semi-annual lead sampling was completed on October 29, 2015 at storm water outfall S-43 located at the Live Fire Range with a reported result of 0.0012 mg/L below the action level of 0.006 mg/L.

In accordance with the Schedule of Compliance sampling requirements contained on page 23 of 31 for Paraquat Dichloride - Herbicide (Gramoxone Extra of Zeneca Ag Products), the site has used herbicides during this storm water monitoring period of July 1 through December 31, 2015, and therefore, storm water outfalls were analyzed for Paraquat Dichloride (composition of Paraquat Dichloride) as follows: S04, S33, S06, S09, S12, S34, S14, S28, S37, S20, S27, S-35 and 001. All Paraquat Dichloride results were reported as non-detections and are tabulated on page 3, Paraquat Dichloride Storm Water Sampling Results.

Gramoxone Extra was sprayed between July 20 and July 23, August 5, and October 7, 2015. Sampling is required to be performed within 60 days of the application. All required storm water samples were collected on August 20, September 9, October 28, 2015, and outfall 001 was sampled on October 13, 2015 during the discharge of lagoon 3.

PARAQUAT DICHLORIDE STORM WATER SAMPLING RESULTS

Outfall	Date	Result (mg/L)
S04/Duplicate	08/20/15	<0.002 / <0.002
S33	08/20/15	< 0.002
S09	08/20/15	< 0.002
S12	08/20/15	< 0.002
S34	08/20/15	< 0.002
S28	08/20/15	< 0.002
S37	08/20/15	< 0.002
S27	08/20/15	< 0.002
S06	09/09/15	< 0.00019
S20	09/09/15	< 0.002
S04	10/28/15	< 0.002
S33	10/28/15	< 0.002
S14	10/28/15	< 0.002
S28	10/28/15	< 0.002
S20	10/28/15	< 0.002
S35	10/28/15	< 0.002
001	10/13/15	< 0.002

As required on page 30 of 31 of the SPDES permit, under generic WTC Usage Requirements, the site has included Attachment C, Annual Water Treatment Chemicals Usage Report for Calendar Year 2015. WVDP did not use any water treatment chemicals in 2015. It should be noted that the Reference 1 and Reference 2 letters requested the removal of WTCs no longer used at the WVDP.

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. The annual review indicated that the document will require a revision. This revision will be forwarded to the regional Water Engineer within 30 days of completion as required on page 18 of 31 of the SPDES Permit, under separate cover.

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.

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 & Engineering

JDR:WNK:bnj

CHBWV 10282 Rock Springs Road West Valley, NY 14171-9799
BNJ7180.WNK

Attachments:
A) State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) - December 1 through December 31, 2015
B) Storm Water Discharge Monitoring Results for July 1 through December 31, 2015 Monitoring Period
C) Annual Water Treatment Chemical Usage Report for Calendar Year 2015
D) WVDP SPDES Permit "Special Conditions – Industry Best Management Practices," Permittee Certification of Annual Review

cc: M. A. Stein, 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
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, 2015
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

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

X1 = 0.000 mg/L

X2 = 0.000 mg/L

V1 = 0.000 L/month

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

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

X1 = 0.000 mg/L

X2 = 0.000 mg/L

V7 = 0.00 L/month

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

RAW WATER = $MRW = \frac{(X1 + X2 + X3 + X4 + X5)\ VRW}{5}$ = 0.00 mg/month

X1 = 0.000 mg/L

X2 = 0.000 mg/L

X3 = 0.000 mg/L

X4 = 0.000 mg/L

X5 = 0.000 mg/L

VRW = 0.00 L/month

*Note: Raw water from the reservoir system is no longer used for process water.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001- A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2015	12/31/2015

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	******	******	******	******	<0.006	<0.006	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	******	******	******	******	<0.018	<0.018	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		01/07/2016
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- A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2015	12/31/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	******	******	******	******	<0.0050	<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

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		01/07/2016
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	001-M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2015	12/31/2015

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

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
John D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602	01/07/2016
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

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WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	001- M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2015	12/31/2015

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

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
John D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602	01/07/2016
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

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	001- M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2015	12/31/2015

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

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
John D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602	01/07/2016
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
12/1/2015	12/31/2015

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

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	50 MO AVG	Req. Mon. DAILY MX	ng/L		Once per Batch	GRAB
Surfactants [linear alkylate sulfonate]	SAMPLE MEASUREMENT	******	******	******	******						
81646 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.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		01/07/2016
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
7/1/2015	12/31/2015

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	******	******	******	******	0.021	0.021	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	******	******	******	******	0.0019	0.0019	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	******	******	******	******	0.0062	0.0062	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	******	******	******	******	0.0004	0.0004	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	******	******	******	******	0.00053	0.00053	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	******	******	******	******	0.0033	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 Year	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
7/1/2015	12/31/2015

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	******	******	******	******	<0.006	<0.006	ug/L	0	02/YR	GR
39410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	Req. Mon. DAILY MX	ug/L		Twice per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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

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WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001- U
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2015	12/31/2015

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

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

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WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001- V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2015	12/31/2015

DMR Mailing ZIP CODE: 14171- 9799
MAJOR
(SUBR 09)
OUTFALL 001 ACTION LEVELS SEMI- ANNU.
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	******	******	******	******	******	0.053	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	******	******	******	******	******	0.0018	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	******	******	******	******	******	0.17	mg/L	0	02/YR	24
71870 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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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
12/1/2015	12/31/2015

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

NY0000973	007- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2015	12/31/2015

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

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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- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2015	12/31/2015

DMR Mailing ZIP CODE: 14171- 9799
MAJOR
(SUBR 09)
SANITARY, NC COOLING WATER, UTILITY \
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
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

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WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171- 9799
ATTN: BRYAN C BOWER, DIRECTOR

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	007- V

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2015	12/31/2015

DMR Mailing ZIP CODE: 14171- 9799
MAJOR
(SUBR 09)
OUTFALL 007 ANNUAL MONITORING
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			
Chloroform	SAMPLE MEASUREMENT	******	******	******	******	******					
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	.2 DAILY MX	mg/L		Annual	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)

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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	01B- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2015	12/31/2015

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		01/07/2016
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	116- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2015	12/31/2015

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

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602		01/07/2016
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
12/1/2015	12/31/2015

DMR Mailing ZIP CODE: 14171- 9799
MAJOR
(SUBR 09)
SUM OF OUTFALLS 1 & 7
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			
Iron, total [as Fe]	SAMPLE MEASUREMENT	******	******	******	******						
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		01/07/2016
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, 2015 Monitoring Period

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 1, OUTFALL S04
Monitoring Period: July 1 through December 31, 2015

Parameter Group	Parameter	Results in mg/L		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	3.3	3.4	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	107	37	
	Total Dissolved Solids (TDS)	399	270	
	Phosphorus, Total	0.25	0.049	
Group B Parameters	Aluminum	2.4	1.9	
	Iron	4.6	2.2	
	Copper, Total Recoverable (TR)	0.0047	0.0050	
	Lead (TR)	0.0052	0.0015	
	Zinc (TR)	0.030	0.021	
Group C Parameters	Total Nitrogen (as N)	< 1.3	< 0.88	
	TKN	1.3	0.77	
	Nitrate Nitrogen (as N)	< 0.020	0.094	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.015	0.017	
	Cadmium, TR	0.00030	< 0.000071	
	Chromium, TR	0.0024	0.0019	
	Hexavalent Chromium, TR	< 0.0050	* N/A	
	Selenium, TR	< 0.00044	< 0.00044	
	Vanadium, TR	< 0.0012	< 0.0012	
	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	< 0.0020	N.R.	
Flow	Total Flow, gallons	N.R.	380,000	
	Maximum Flow rate, gallons per minute	6,100	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	08/20/15	08/20/15	
	Duration of storm event, in minutes	N.R.	70	Rain started at 1315 EDT on 8/20/15 and ended at 1425 EDT on 8/20/15.
	Date and Time of sample collection	08/20/15 1400	08/20/15 1640	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.27	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	125	Precipitation of 0.58 inches was recorded on 8/15/15 at 0755 EDT. Outfall was at base flow conditions.

* Please note that the flow-weighted composite sample result for Hexavalent Chromium at outfall S04 was analyzed outside of the 24-hour holding time and therefore has not been reported.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 2, OUTFALL S33/DUPLICATE
Monitoring Period: July 1 through December 31, 2015

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.3 S.U.	N.R.	Not Specified in Permit.
	Oil and Grease	< 1.5 / < 1.5	N.R.	15 mg/L
	BOD-5	4.8 / 5.0	3.7	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	47 / 180	43	
	Total Dissolved Solids (TDS)	420 / 411	356	
	Phosphorus, Total	0.48 / 0.65	0.20	
Group B Parameters	Aluminum	2.8 / 1.5	0.77	
	Iron	14 / 9.6	4.6	
	Copper, Total Recoverable (TR)	0.0057 / 0.0057	0.0028	
	Lead (TR)	0.0042 / 0.0031	0.0013	
	Zinc (TR)	0.059 / 0.043	0.021	
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)	0.052 / 0.036	0.049	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Paraquat Dichloride	< 0.0020	N.R.	
Flow	Total Flow, gallons	N.R.	13,000	
	Maximum Flow rate, gallons per minute	210	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	08/20/15	08/20/15	
	Duration of storm event, in minutes	N.R.	70	Rain started at 1315 EDT on 8/20/15 and ended at 1425 EDT on 8/20/15.
	Date and Time of sample collection	08/20/15 1405	08/20/15 1545	
	Sampling Duration (Minutes)	Instantaneous	120	
	Total rainfall during sampling event, in inches	N.R.	0.27	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	125	Precipitation of 0.58 inches was recorded on 8/15/15 at 0755 EDT. There was no flow at the outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 3, OUTFALL S12
Monitoring Period: July 1 through December 31, 2015

Parameter Group	Parameter	Results in mg/L, Mercury, total in ng/L via method 1631		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	7.2	3.5	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	460	177	
	Total Dissolved Solids (TDS)	174	226	
	Phosphorus, Total	0.77	0.14	
Group B Parameters	Aluminum	14	5.4	
	Iron	17	6.8	
	Copper, Total Recoverable (TR)	0.026	0.011	
	Lead (TR)	0.017	0.0071	
	Zinc (TR)	0.13	0.054	
Group C Parameters	Total Nitrogen (as N)	< 2.5	< 1.4	
	TKN	2.2	1.2	
	Nitrate Nitrogen (as N)	0.32	0.13	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.044	0.016	
	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)	N.R.	N.R.	
	Alpha BHC	<0.0000064	< 0.0000063	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Mercury, Total (ng/L)	22	N.R.	
	Paraquat Dichloride	< 0.0020	N.R.	
Flow	Total Flow, gallons	N.R.	28,000	
	Maximum Flow rate, gallons per minute	350	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	8/20/15	8/20/15	
	Duration of storm event, in minutes	N.R.	70	Rain started at 1315 EDT on 8/20/15 and ended at 1425 EDT on 8/20/15.
	Date and Time of sample collection	8/20/15 1345	8/20/15 1630	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.27	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	125	Precipitation of 0.58 inches was recorded on 8/15/15 at 0755 EDT. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 4, OUTFALL S34
Monitoring Period: July 1 through December 31, 2015

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.7 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	< 2.0	2.7	Not specified in permit. N.R. = Nor Required.
	Total Suspended Solids (TSS)	47	102	
	Total Dissolved Solids (TDS)	531	316	
	Phosphorus, Total	0.064	0.067	
Group B Parameters	Aluminum	0.60	3.8	
	Iron	1.2	4.5	
	Copper, Total Recoverable (TR)	0.0039	0.0075	
	Lead (TR)	0.0012	0.0038	
	Zinc (TR)	0.029	0.070	
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)	0.058	0.065	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Paraquat Dichloride	< 0.0020	N.R.	
Flow	Total Flow, gallons	N.R.	71,000	
	Maximum Flow Rate, gallons per minute	1,700	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	08/20/15	08/20/15	
	Duration of storm event, in minutes	N.R.	70	Rain started at 1315 EDT on 8/20/15 and ended at 1425 EDT on 8/20/15.
	Date and Time of sample collection	08/20/15 1400	08/20/15 1640	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.27	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	125	Precipitation of 0.58 inches was recorded on 8/15/15 at 0755 EDT. Outfall was at base flow conditions upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 5, OUTFALL S28
Monitoring Period: July 1 through December 31, 2015

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	7.3 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.6	N.R.	15 mg/L
	BOD-5	13	5.3	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	37	70	
	Total Dissolved Solids (TDS)	325	256	
	Phosphorus, Total	0.077	0.066	
Group B Parameters	Aluminum	2.3	2.8	
	Iron	2.7	3.5	
	Copper, Total Recoverable (TR)	0.0051	0.0062	
	Lead (TR)	0.0030	0.0031	
	Zinc (TR)	0.037	0.032	
Group C Parameters	Total Nitrogen (as N)	< 0.57	< 0.23	
	TKN	0.49	0.19	
	Nitrate Nitrogen (as N)	0.056	< 0.020	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.041	0.016	
	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	0.0018	0.0014	
	Surfactant (as LAS)	0.016	0.017	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	< 0.1	< 0.1	
	Sulfide	< 0.052	< 0.052	
	Paraquat Dichloride	< 0.0020	N.R.	
Flow	Total Flow, gallons	N.R.	430,000	
	Maximum Flow rate, gallons per minute	2,400	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	10/28/15	10/28/15	
	Duration of storm event, in minutes	N.R.	1,120	Rain started at 0220 EDT on 10/28/15 and ended at 2100 EDT on 10/28/15.
	Date and Time of sample collection	10/28/15 0805	10/28/15 1045	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.30	An additional 0.47 inches was recorded after sampling ended for a storm total of 0.77 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	66	Precipitation of 0.11 inches was recorded on 10/25/15 at 0840 EDT. No flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 6, OUTFALL S37
Monitoring Period: July 1 through December 31, 2015

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	< 1.6	N.R.	15 mg/L
	BOD-5	4.4	< 2.0	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	310	52	
	Total Dissolved Solids (TDS)	247	340	
	Phosphorus, Total	0.42	0.21	
Group B Parameters	Aluminum	11	4.5	
	Iron	12	4.5	
	Copper, Total Recoverable (TR)	0.014	0.0051	
	Lead (TR)	0.0053	0.0021	
	Zinc (TR)	0.030	0.013	
Group C Parameters	Total Nitrogen (as N)	< 1.1	< 0.34	
	TKN	1.1	0.30	
	Nitrate Nitrogen (as N)	< 0.020	< 0.020	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.036	0.011	
	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	0.0097	0.0031	
	Surfactant (as LAS)	< 0.013	* N/A	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	0.5	< 0.1	
	Sulfide	< 0.052	< 0.052	
	Paraquat Dichloride	< 0.0020	N.R.	
Flow	Total Flow, gallons	N.R.	3,900	
	Maximum Flow rate, gallons per minute	26	N.R.	
	Method of flow measurement	Weir Plate		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	10/28/15	10/28/15	
	Duration of storm event, in minutes	N.R.	1,120	Rain started at 0220 EDT on 10/28/15 and ended at 2100 EDT on 10/28/15.
	Date and Time of sample collection	10/28/15 0800	10/28/15 1040	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.29	An additional 0.48 inches was recorded after sampling ended for a storm total of 0.77 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	66	Precipitation of 0.11 inches was recorded on 10/25/15 at 0840 EDT. Slight flow at outfall upon arrival.

* Please note that the matrix spike result for Surfactants, as LAS for outfall S37 was low and therefore the result for the flow-weighted composite sample has not been reported.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 7, OUTFALL S20
Monitoring Period: July 1 through December 31, 2015

Parameter Group	Parameter	Results in mg/L		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	< 1.5	N.R.	15 mg/L
	BOD-5	17	3.4	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	106	28	
	Total Dissolved Solids (TDS)	40	22	
	Phosphorus, Total	0.26	0.030	
Group B Parameters	Aluminum	4.8	1.4	
	Iron	5.6	1.2	
	Copper, Total Recoverable (TR)	0.0061	0.0017	
	Lead (TR)	0.0033	0.00098	
	Zinc (TR)	0.035	0.0087	
Group C Parameters	Total Nitrogen (as N)	4.3	1.2	
	TKN	2.0	0.51	
	Nitrate Nitrogen (as N)	2.3	0.64	
	Nitrite Nitrogen (as N)	0.026	0.024	
	Ammonia Nitrogen (as NH3)	0.074	0.14	
	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	0.024	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	< 0.052	< 0.052	
	Paraquat Dichloride	< 0.0020	N.R.	
Flow	Total Flow, gallons	N.R.	88,000	
	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	9/09/15	9/09/15	
	Duration of storm event, in minutes	N.R.	25	Rain started at 1150 EDT on 9/9/15 and ended at 1215 EDT on 9/9/15.
	Date and Time of sample collection	9/09/15 1150	9/09/15 1430	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.14	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	477	Precipitation of 0.27 inches was recorded on 8/20/15 at 1425 EDT. No flow above base flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 8, OUTFALL S35
Monitoring Period: July 1 through December 31, 2015

Parameter Group	Parameter	Results, in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	8.1 S.U.	N.R.	Not specified in permit.
	Oil and Grease	2.4	N.R.	15 mg/L
	BOD-5	5.6	4.3	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	2190	1460	
	Total Dissolved Solids (TDS)	446	503	
	Phosphorus, Total	1.9	1.5	
Group B Parameters	Aluminum	23	21	
	Iron	37	33	
	Copper, Total Recoverable (TR)	0.047	0.042	
	Lead (TR)	0.13	0.076	
	Zinc (TR)	0.33	0.25	
Group C Parameters	Total Nitrogen (as N)	4.8	4.0	
	TKN	3.0	2.1	
	Nitrate Nitrogen (as N)	1.8	1.9	
	Nitrite Nitrogen (as N)	0.025	0.022	
	Ammonia Nitrogen (as NH3)	0.17	0.11	
	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.	
	Paraquat Dichloride	< 0.0020	N.R.	
Flow	Total Flow, gallons	N.R.	11,000	
	Maximum Flow rate, gallons per minute	450	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	09/09/15	09/09/15	
	Duration of storm event, in minutes	N.R.	25	Rain started at 1150 EDT on 9/9/15 and ended at 1215 EDT on 9/9/15.
	Date and Time of sample collection	09/09/15 1155	09/09/15 1335	
	Sampling Duration (Minutes)	Instantaneous	120	
	Total rainfall during event, in inches	N.R.	0.14	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	477	Precipitation of 0.27 inches was recorded on 8/20/15 at 1425 EDT. No flow at outfall upon arrival.

Attachment C

Annual Water Treatment Chemical Usage Report for Calendar Year 2015

New York State Department of Environmental Conservation
Division of Water
SPDES Permit - WTC Annual Report Form (June 2014)

A SPDES permittee is required to submit a *WTC Annual Report Form* each year that they use and discharge Water Treatment Chemicals (WTCs). The permittee must attach the completed form to either the December DMR or the annual monitoring report required by the SPDES permit. Additional information is available at the NYSDEC website http://www.dec.ny.gov/permits/93245.html .

SPDES Permit No.	Permittee Name
NY- 0000973	U.S. Department of Energy

Annual Report for Year 2015
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WTC Name	WTC Manufacturer	Date Authorized by NYSDEC	Average Daily Use* (pounds/day)	Maximum Daily Use (pounds/day)	Affected Outfall(s)	Check Box If Use of WTC Has Been Discontinued	Footnotes
Klaraid PC313	GE Betz	07/01/2011	0	0	007	✓	
Steamate NA701	GE Betz	07/01/2011	0	0	007	✓	
Cortrol IS104	GE Betz	07/01/2011	0	0	007	✓	
Optisperse CL362	GE Betz	07/01/2011	0	0	007	✓	

* - Average daily use = (total pounds used during year) divided by (discharge days during year). For continuous discharges, discharge days during year = 365.

Footnotes: *(if applicable)*

Name: William N. Kean	Title: Senior Regulatory Specialist	Phone: (716) 942-4865
Signature: William N. Kean	Date: 01/07/2016	Email: william.kean@chbwv.com

Attachment D

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

ATTACHMENT B

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 Best Management Practices (BMP) and Storm Water Pollution Prevention Plan (SWPPP) for the WVDP (WVDP-206) was completed by December 31, 2015, as per the "Special Conditions – Industry Best Practices" section of the SPDES Permit.

B. C. 2 — 12-17-2015

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