CH2MHILL • BWXT 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

WV-RHWF
WR:2017:0055
January 25, 2017

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period December 1 through December 31, 2016, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP) and Storm Water Monitoring Results for July 1, 2016 through December 31, 2016

REFERENCES: 1) Letter WR:2011:0061, John 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-0000793, West Valley Demonstration Project (WVDP)," dated December 20, 2011

2) Letter WR:2013:0033, John Rendall to Mark 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 August 13, 2013

Dear Mr. Haugh:

The West Valley Demonstration Project's SPDES DMR for the reporting period December 1 through December 31, 2016 including the Net Iron calculation sheet is provided as Attachment A. The WVDP is continuing to make progress towards the completion of the necessary steps to submit future DMRs electronically through the NetDMR reporting program. The WVDP discussed our progress towards this goal via a teleconference call with Mr. Christopher Birr on January 18, 2017. Mr. Birr informed the WVDP that NYSDEC is allowing the submission of paper DMR's into 2017. It is the WVDP's intention to begin submitting DMRs electronically with the January 2017 reporting period.

Please note that there was no discharge at outfall 001, 007, 116, Sum N or internal outfall 01B during this period.

CHBWV is also submitting, for your use, analytical results and data for the semi-annual storm water monitoring period of July 1, 2016 through December 31, 2016 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.

Storm water samples were collected on July 25, August 31, and October 20, 2016. The on-site pH measured near the site's rain gauge on each of these dates was: 7.6 SU; 8.3 SU; and 7.6 SU respectively.

In addition, semi-annual lead sampling was completed on October 20, 2016 and on October 27, 2016 at storm water outfall S-43 located at the Live Fire Range with reported results of 0.0050 mg/L and 0.0014 mg/L respectively with an action level of 0.006 mg/L.

Storm water sampling conducted on July 25, 2016 included outfalls S04; S33; S34, S27; and S35. Outfall S27 was due to be completed during the first semi-annual sampling period, but due to the drought like conditions experienced at the site, and across New York State, that outfall could not be completed within the first period.

Storm water sampling conducted on August 31, 2016 included outfall S20. The total amount of rainfall that occurred during sampling event was less than the criteria value of greater than 0.10 inches, with a total for the event of 0.08 inches. However, outfall S20 collects drainage from two geomembrane capped burial areas and flow at the outfall occurs with the slightest amount of rainfall.

Storm water sampling conducted on October 20, 2016 included outfalls S06; S14; and S38 that were due to be completed during the first semi-annual sampling period but were not for the reasons stated above. Outfalls S12; S17; and S39 were also completed on October 20, 2016 as scheduled. Please note that the duration between storm events was less than the 72 hours as normally required, however each of the outfall's either had no flow prior to the storm event sampled on October 20, 2016, or the flow at the outfall had returned to normal base flow conditions. As the time frame for sampling was coming to a close, there were still a large number of outfalls from the first and second semi-annual periods that required sampling, and the unusual drought like conditions that persisted, the decision was made to sample the October 20, 2016 storm event.

Please note that, in accordance with the Schedule of Compliance sampling requirements contained on page 23 of 31 for Paraquat Dichloride Herbicide (Gramoxone Extra), the site has not used herbicides during this storm water monitoring period of July 1 through December 31, 2016, and therefore, storm water outfalls were not analyzed for Paraquat Dichloride.

As required on page 30 of 31, under General Requirements, J.3, Water Treatment Chemicals (WTCs), the site has included Attachment C, WTC Annual Report Form for 2016. Please note that the WVDP did not use any water treatment chemicals in 2016.

Finally, in accordance with the Special Conditions – Industry Best Management Practices (2) Compliance Deadlines, the WVDP completed the annual review of the BMP/SWPPP as attachment D. The annual review completed in December 2015 indicated that the document required a revision. The revision was completed and has been forwarded to the Regional Water Engineer as indicated on page 18 of 31, 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,

Christine B. Lee, Acting Manager
Environmental Regulatory Strategy

CBL:WNK:bnj

Attachments:
A) SPDES DMR for December 1 through December 31, 2016 Monitoring Period
B) Storm Water Discharge Monitoring Results for July 1 through December 31, 2016 Monitoring Period
C) Annual Water Treatment Chemical Usage Report for Calendar Year 2016
D) WVDP SPDES Permit "Special Conditions – Industry Best Management Practices," Permittee Certification of the 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)
J. L. Casper, CHBWV
W. N. Kean, CHBWV
D. P. Klenk, CHBWV
C. B. Lee, CHBWV
B. N. Jeffery, CHBWV (Letter Log)

ATTACHMENT A

SPDES DISCHARGE MONITORING REPORT - DECEMBER 1 THROUGH DECEMBER 31, 2016

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

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

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2016	12/31/2016

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	******	******	******	******	0.0002	0.0002	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	******	******	******	******	<0.02	<0.02	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
Christine B. Lee, 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	208-569-8984	01/19/2017
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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PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2016	12/31/2016

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

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Christine B. Lee, 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	208-569-8984		01/19/2017
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NY0000973	001- M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2016	12/31/2016

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

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PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	001-M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2016	12/31/2016

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

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PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	001-M

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DMR Mailing ZIP CODE: 14171-9799
MAJOR
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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
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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
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NY0000973	001- M
PERMIT NUMBER	DISCHARGE NUMBER

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DMR Mailing ZIP CODE: 14171- 9799
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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
Christine B. Lee, 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	208-569-8984		01/19/2017
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
7/1/2016	12/31/2016

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 SEMI-ANNUAL
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			
Cyanide, free [amen. to chlorination]	SAMPLE MEASUREMENT	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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	******	******	******	******						
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
Christine B. Lee, 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	208-569-8984	01/19/2017
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
7/1/2016	12/31/2016

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 SEMI-ANNUAL
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			
Heptachlor	SAMPLE MEASUREMENT	******	******	******	******						
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
Christine B. Lee, 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	208-569-8984		01/19/2017
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
1/1/2016	12/31/2016

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	******	******	******	******	******	0.03	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
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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	001- V

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2016	12/31/2016

DMR Mailing ZIP CODE: 14171- 9799
MAJOR
(SUBR 09)
OUTFALL 001 ACTION LEVELS SEMI- ANNU.
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			
Boron, total [as B]	SAMPLE MEASUREMENT	******	******	******	******	******					
01022 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	2 DAILY MX	mg/L		Twice per Year	COMP24
Titanium, total [as Ti]	SAMPLE MEASUREMENT	******	******	******	******	******					
01152 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	.65 DAILY MX	mg/L		Twice per Year	COMP24
Bromide [as Br]	SAMPLE MEASUREMENT	******	******	******	******	******					
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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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2016	12/31/2016

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

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	007-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2016	12/31/2016

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
SANITARY, NC COOLING WATER, UTILITY V
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
Christine B. Lee, 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	208-569-8984	01/19/2017
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
12/1/2016	12/31/2016

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
SANITARY, NC COOLING WATER, UTILITY V
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
Christine B. Lee, 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	208-569-8984	01/19/2017
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-V

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2016	12/31/2016

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

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	01B-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2016	12/31/2016

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
Christine B. Lee, 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	208-569-8984	01/19/2017
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
12/1/2016	12/31/2016

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
Christine B. Lee, 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	208-569-8984		01/19/2017
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

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	SUM-N

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2016	12/31/2016

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
Christine B. Lee, 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.		208-569-8984		01/19/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Attachment B

Storm Water Discharge Monitoring Results for July 1 through December 31, 2016 Monitoring Period

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 1, OUTFALL S04
Monitoring Period: July 1 through December 31, 2016

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.8 S.U.	N.R.	Not Specified in Permit
	Oil and Grease	< 1.6	N.R.	15 mg/L
	BOD-5	4.7	2.1	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	120	82	
	Total Dissolved Solids (TDS)	610	560	
	Phosphorus, Total	0.19	0.12	
Group B Parameters	Aluminum	3.8	3.6	
	Iron	5.2	4.1	
	Copper, Total Recoverable (TR)	0.016	0.011	
	Lead (TR)	0.0062	0.0038	
	Zinc (TR)	0.076	0.043	
Group C Parameters	Total Nitrogen (as N)	< 1.3	< 0.88	
	TKN	0.81	0.57	
	Nitrate Nitrogen (as N)	0.43	0.29	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.022	< 0.0090	
	Cadmium, TR	< 0.000071	< 0.000071	
	Chromium, TR	0.0052	0.0037	
	Hexavalent Chromium, TR	0.022 *R*	0.023 *R*	* Samples were flagged "R" unreliable during the Data Validation process.
	Selenium, TR	< 0.00044	< 0.00044	
	Vanadium, TR	0.0047	0.0025	
	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	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	140,000	
	Maximum Flow rate, gallons per minute	2,200	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	07/25/16	07/25/16	
	Duration of storm event, in minutes	N.R.	360	Rain started at 0830 EDT on 7/25/16 and ended at 1430 EDT on 7/25/16.
	Date and Time of sample collection	07/25/16 0930	07/25/16 1215	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.23	An Additional 0.63 inches was recorded after sampling at this outfall was complete for a storm total of 0.86 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	74	Precipitation of 0.18 inches was recorded on 7/22/16 at 0700 EDT. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 2, OUTFALL S33
Monitoring Period: July 1 through December 31, 2016

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	N.R.	15 mg/L
	BOD-5	3.9	4.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	730	150	
	Total Dissolved Solids (TDS)	190	580	
	Phosphorus, Total	0.88	0.31	
Group B Parameters	Aluminum	8.4	4.5	
	Iron	15	7.2	
	Copper, Total Recoverable (TR)	0.021	0.0086	
	Lead (TR)	0.037	0.0076	
	Zinc (TR)	0.12	0.062	
Group C Parameters	Total Nitrogen (as N)	N.R.	N.R.	
	TKN	N.R.	N.R.	
	Nitrate Nitrogen (as N)	N.R.	N.R.	
	Nitrite Nitrogen (as N)	N.R.	N.R.	
	Ammonia Nitrogen (as NH3)	N.R.	N.R.	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	0.031	0.036	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Paraquat Dichloride	N. R.	N.R.	
Flow	Total Flow, gallons	N.R.	24,000	
	Maximum Flow rate, gallons per minute	800	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	07/25/16	07/25/16	
	Duration of storm event, in minutes	N.R.	360	Rain started at 0830 EDT on 7/25/16 and ended at 1430 EDT on 7/25/16.
	Date and Time of sample collection	07/25/16 1230	07/25/16 1510	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.86	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	74	Precipitation of 0.18 inches was recorded on 7/22/16 at 0700 EDT. There was no flow at the outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 4, OUTFALL S34
Monitoring Period: July 1 through December 31, 2016

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	< 1.5	N.R.	15 mg/L
	BOD-5	3.2	3.9	Not specified in permit. N.R. = Nor Required.
	Total Suspended Solids (TSS)	110	220	
	Total Dissolved Solids (TDS)	510	420	
	Phosphorus, Total	0.24	0.45	
Group B Parameters	Aluminum	3.6	6.2	
	Iron	5.4	9.1	
	Copper, Total Recoverable (TR)	0.0081	0.017	
	Lead (TR)	0.0040	0.0091	
	Zinc (TR)	0.068	0.13	
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)	0.087	0.093	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Paraquat Dichloride	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	320,000	
	Maximum Flow Rate, gallons per minute	7,600	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	07/25/16	07/25/16	
	Duration of storm event, in minutes	N.R.	360	Rain started at 0830 EDT on 7/25/16 and ended at 1430 EDT on 7/25/16.
	Date and Time of sample collection	07/25/16 0920	07/25/16 1200	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.23	An Additional 0.63 inches was recorded after sampling completed for a storm total of 0.86 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	74	Precipitation of 0.18 inches was recorded on 7/22/16 at 0700 EDT. Outfall was at base flow conditions upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 8, OUTFALL S27
Monitoring Period: January 1 through June 30, 2016

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	< 1.5	N.R.	15 mg/L
	BOD-5	2.6	2.4	Not specified in permit. N.R. = Not Required. ** Please note sampling at this outfall was scheduled to be completed during the first semi-annual monitoring period of January 1, 2016 through June 30, 2016. Please see cover letter.
	Total Suspended Solids (TSS)	460	190	
	Total Dissolved Solids (TDS)	160	340	
	Phosphorus, Total	1.1	1.2	
Group B Parameters	Aluminum	15	11	
	Iron	17	8.2	
	Copper, Total Recoverable (TR)	0.036	0.014	
	Lead (TR)	0.039	0.011	
	Zinc (TR)	0.17	0.051	
Group C Parameters	Total Nitrogen (as N)	< 2.5	< 1.3	
	TKN	1.9	1.1	
	Nitrate Nitrogen (as N)	0.54	0.20	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.086	0.038	
	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	0.014	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Paraquat Dichloride	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	1,900	
	Maximum Flow rate, gallons per minute	37	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	7/25/16	7/25/16	
	Duration of storm event, in minutes	N.R.	360	Rain started at 0830 EDT on 7/25/16 and ended at 1430 EDT on 7/25/16.
	Date and Time of sample collection	7/25/16 1245	7/25/16 1525	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.86	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	74	Precipitation of 0.18 inches was recorded on 7/22/16 at 0700 EDT. There was no flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 8, OUTFALL S35
Monitoring Period: July 1 through December 31, 2016

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	1.4	N.R.	15 mg/L
	BOD-5	2.7	< 2.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	2400	320	
	Total Dissolved Solids (TDS)	130	180	
	Phosphorus, Total	11	0.30	
Group B Parameters	Aluminum	21	9.9	
	Iron	32	11	
	Copper, Total Recoverable (TR)	0.049	0.014	
	Lead (TR)	0.068	0.013	
	Zinc (TR)	0.30	0.15	
Group C Parameters	Total Nitrogen (as N)	< 4.0	< 1.6	
	TKN	3.4	1.0	
	Nitrate Nitrogen (as N)	0.55	0.58	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.12	0.049	
	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	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	9,500	
	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	07/25/16	07/25/16	
	Duration of storm event, in minutes	N.R.	360	Rain started at 0830 EDT on 7/25/16 and ended at 1430 EDT on 7/25/16.
	Date and Time of sample collection	07/25/16 1230	07/25/16 1510	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.86	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	74	Precipitation of 0.18 inches was recorded on 7/25/16 at 0700 EDT. There was no flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 7, OUTFALL S20
Monitoring Period: July 1 through December 31, 2016

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	2.2	N.R.	15 mg/L
	BOD-5	7.1	3.2	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	81	42	
	Total Dissolved Solids (TDS)	87	65	
	Phosphorus, Total	0.19	0.11	
Group B Parameters	Aluminum	2.8	2.3	
	Iron	2.9	2.3	
	Copper, Total Recoverable (TR)	0.0027	0.0034	
	Lead (TR)	0.0013	0.0010	
	Zinc (TR)	0.012	0.011	
Group C Parameters	Total Nitrogen (as N)	3.5	1.9	
	TKN	1.5	0.71	
	Nitrate Nitrogen (as N)	1.9	1.1	
	Nitrite Nitrogen (as N)	0.055	0.046	
	Ammonia Nitrogen (as NH3)	0.30	0.15	
	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)	0.033	0.040	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	< 0.052	< 0.052	
	Paraquat Dichloride	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	29,000	
	Maximum Flow rate, gallons per minute	360	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	8/31/16	8/31/16	
	Duration of storm event, in minutes	N.R.	630	Rain started at 0915 EDT on 8/31/16 and ended at 1945 EDT on 8/31/16.
	Date and Time of sample collection	8/31/16 0950	8/31/16 1200	
	Sampling Duration (Minutes)	Instantaneous	140	
	Total rainfall during event, in inches	N.R.	0.08	An additional 0.52 inches of rain fell after sampling was completed for a storm total of 0.60 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	132	Precipitation of 0.81 inches was recorded on 8/25/16 at 2130 EDT. No flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 2, OUTFALL S06
Monitoring Period: January 1 through June 30, 2016

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	< 1.1	N.R.	15 mg/L
	BOD-5	10 *R	4.8 *R	Not specified in permit. N.R. = Not Required. ** Please note sampling at this outfall was scheduled to be completed during the first semi-annual monitoring period of January 1, 2016 through June 30, 2016. Please see cover letter. * Samples were flagged "R" unreliable during the Data Validation process.
	Total Suspended Solids (TSS)	7.2	39	
	Total Dissolved Solids (TDS)	570	300	
	Phosphorus, Total	0.089	0.15	
Group B Parameters	Aluminum	< 0.068	0.49	
	Iron	1.1	2.2	
	Copper, Total Recoverable (TR)	0.00063	0.0037	
	Lead (TR)	< 0.00050	0.0011	
	Zinc (TR)	0.0068	0.023	
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)	< 0.0043	0.0097	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Paraquat Dichloride	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	43,000	
	Maximum Flow rate, gallons per minute	360	N.R.	
	Method of flow measurement	ISCO Flow Meter		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	10/20/16	10/20/16	
	Duration of storm event, in minutes	N.R.	1095	Rain started at 0500 EDT on 10/20/16 and ended at 2315 EDT on 10/20/16.
	Date and Time of sample collection	10/20/16 0820	10/20/16 1100	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.74	An additional 0.30 inches was recorded after sampling was completed for a storm total of 1.04 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	30	Precipitation of 0.29 inches was recorded on 10/18/16 at 2330 EDT. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 3, OUTFALL S12
Monitoring Period: July 1 through December 31, 2016

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	7.3 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	4.8	2.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	140	120	
	Total Dissolved Solids (TDS)	190	150	
	Phosphorus, Total	0.54	0.20	
Group B Parameters	Aluminum	5.3	2.8	
	Iron	7.4	3.1	
	Copper, Total Recoverable (TR)	0.011	0.0058	
	Lead (TR)	0.0064	0.0050	
	Zinc (TR)	0.057	0.033	
Group C Parameters	Total Nitrogen (as N)	< 1.2	< 0.65	
	TKN	0.99	0.51	
	Nitrate Nitrogen (as N)	0.20	0.12	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.019	0.012	
	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	< 0.0000065	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Mercury, Total (ng/L)	6.0	N.R.	
	Paraquat Dichloride	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	180,000	
	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	10/20/16	10/20/16	
	Duration of storm event, in minutes	N.R.	1095	Rain started at 0500 EDT on 10/20/16 and ended at 2315 EDT on 10/20/16.
	Date and Time of sample collection	10/20/16 0750	10/20/16 1030	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.74	An additional 0.30 inches was recorded after sampling ended for a storm total of 1.04 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	30	Precipitation of 0.29 inches was recorded on 10/18/16 at 2330 EDT. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 5, OUTFALL S14
Monitoring Period: January 1 through June 30, 2016

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	7.1 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	2.8	< 2.0	Not specified in permit. N.R. = Not required. ** Please note sampling at this outfall was scheduled to be completed during the first semi-annual monitoring period of January 1, 2016 through June 30, 2016. Please see cover letter.
	Total Suspended Solids (TSS)	17	6.0	
	Total Dissolved Solids (TDS)	470	550	
	Phosphorus, Total	0.13	0.079	
Group B Parameters	Aluminum	0.18	0.12	
	Iron	2.5	0.85	
	Copper, Total Recoverable (TR)	0.0014	0.0014	
	Lead (TR)	0.00050	0.00032	
	Zinc (TR)	0.0035	< 0.0026	
Group C Parameters	Total Nitrogen (as N)	< 1.1	< 1.0	
	TKN	1.0	0.83	
	Nitrate Nitrogen (as N)	0.12	0.16	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.013	0.013	
	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	< 0.0012	< 0.0012	
	Surfactant (as LAS)	0.030	0.015	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	0.2	< 0.1	
	Sulfide	< 0.050	< 0.050	
	Paraquat Dichloride	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	2,000	
	Maximum Flow rate, gallons per minute	18	N.R.	
	Method of flow measurement	Weir		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	10/20/16	10/20/16	
	Duration of storm event, in minutes	N.R.	1,095	Rain started at 0500 EDT on 10/20/16 and ended at 2315 EDT on 10/20/16.
	Date and Time of sample collection	10/20/16 0850	10/20/16 1130	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.74	An additional 0.30 inches was recorded after sampling ended for a storm total of 1.04 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	30	Precipitation of 0.29 inches was recorded on 10/18/16 at 2330 EDT. No flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 5, OUTFALL S17 / DUPLICATE
Monitoring Period: July 1 through December 31, 2016

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	8.2 / 8.2 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4 / < 1.4	N.R.	15 mg/L
	BOD-5	3.0 / 3.0	2.3	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	180 / 93	78	
	Total Dissolved Solids (TDS)	240 / 240	150	
	Phosphorus, Total	0.27 / 0.28	0.15	
Group B Parameters	Aluminum	5.0 / 5.5	3.4	
	Iron	4.7 / 5.1	2.9	
	Copper, Total Recoverable(TR)	0.0075/0.0070	0.0053	
	Lead (TR)	0.022 / 0.019	0.0081	
	Zinc (TR)	0.045 / 0.042	0.025	
Group C Parameters	Total Nitrogen (as N)	<0.86/< 0.67	< 0.61	
	TKN	0.72 / 0.56	0.52	
	Nitrate Nitrogen (as N)	0.12 / 0.11	0.068	
	Nitrite Nitrogen (as N)	<0.020/<0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.010 / 0.011	< 0.0090	
	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	0.0034 / 0.0030	0.0022	
	Surfactant (as LAS)	<0.013/0.020	0.030	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	0.4 / 0.5	< 0.1	
	Sulfide	< 0.050 / < 0.050	< 0.050	
	Paraquat Dichloride	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	78,000	
	Maximum Flow rate, gallons per minute	720	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	10/20/16	10/20/16	
	Duration of storm event, in minutes	N.R.	1,095	Rain started at 0500 EDT on 10/20/16 and ended at 2315 EDT on 10/20/16.
	Date and Time of sample collection	10/20/16 0800	10/20/16 1040	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.74	An additional 0.30 inches was recorded after sampling ended for a storm total of 1.04 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	30	Precipitation of 0.29 inches was recorded on 10/18/16 at 2330 EDT. No flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 6, OUTFALL S38
Monitoring Period: January 1 through June 30, 2016

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	7.7 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	2.2	< 2.0	Not specified in permit. N.R. = Not required. ** Sampling at this outfall was scheduled to be completed during the first semi-annual monitoring period of January 1, 2016 through June 30, 2016. Please see cover letter.
	Total Suspended Solids (TSS)	2900	1300	
	Total Dissolved Solids (TDS)	330	410	
	Phosphorus, Total	4.6	1.9	
Group B Parameters	Aluminum	65	40	
	Iron	95	54	
	Copper, Total Recoverable (TR)	0.087	0.048	
	Lead (TR)	0.046	0.023	
	Zinc (TR)	0.28	0.14	
Group C Parameters	Total Nitrogen (as N)	< 4.3	< 2.3	
	TKN	4.2	2.2	
	Nitrate Nitrogen (as N)	0.062	0.053	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.040	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	0.059	0.041	
	Surfactant (as LAS)	< 0.013	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	7.0	3.0	
	Sulfide	< 0.050	< 0.050	
	Paraquat Dichloride	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	59,000	
	Maximum Flow rate, gallons per minute	650	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	10/20/16	10/20/16	
	Duration of storm event, in minutes	N.R.	1,095	Rain started at 0500 EDT on 10/20/16 and ended at 2315 EDT on 10/20/16.
	Date and Time of sample collection	10/20/16 0755	10/20/16 1035	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.74	An additional 0.30 inches was recorded after sampling ended for a storm total of 1.04 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	30	Precipitation of 0.29 inches was recorded on 10/18/16 at 2330 EDT. No flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 6, OUTFALL S39
Monitoring Period: July 1 through December 31, 2016

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	1.8	N.R.	15 mg/L
	BOD-5	4.3	< 2.0	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	4200	1600	
	Total Dissolved Solids (TDS)	360	290	
	Phosphorus, Total	6.3	2.9	
Group B Parameters	Aluminum	74	40	
	Iron	110	59	
	Copper, Total Recoverable (TR)	0.12	0.053	
	Lead (TR)	0.067	0.027	
	Zinc (TR)	0.40	0.17	
Group C Parameters	Total Nitrogen (as N)	< 5.5	< 2.7	
	TKN	5.4	2.7	
	Nitrate Nitrogen (as N)	0.067	0.021	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.059	0.042	
	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	0.082	0.038	
	Surfactant (as LAS)	< 0.13	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	1.5	0.5	
	Sulfide	< 0.050	< 0.050	
	Paraquat Dichloride	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	41,000	
	Maximum Flow rate, gallons per minute	370	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	10/20/16	10/20/16	
	Duration of storm event, in minutes	N.R.	1,095	Rain started at 0500 EDT on 10/20/16 and ended at 2315 EDT on 10/20/16.
	Date and Time of sample collection	10/20/16 0730	10/20/16 1010	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.73	An additional 0.31 inches was recorded after sampling ended for a storm total of 1.04 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	30	Precipitation of 0.29 inches was recorded on 10/18/16 at 2330 EDT. No flow at outfall upon arrival.

Attachment C

Annual Water Treatment Chemical Usage Report for Calendar Year 2016

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, West Valley, NY

Annual Report for Year 2016
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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	001/007	✓	
Steamate NA701	GE Betz	07/01/2011	0	0	001/007	✓	
Cortrol IS104	GE Betz	07/01/2011	0	0	001/007	✓	
Optisperse CL362	GE Betz	07/01/2011	0	0	001/007	✓	

* - 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: Principal Regulatory Specialist	Phone: (716) 942-4865
Signature: W. N. Kean	Date: 01/10/2017	Email: william.kean@chbwv.com

Attachment D

BMP/SWPPP Annual Certification

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, 2016, as per the "Special Conditions – Industry Best Management Practices" section of the SPDES Permit.

B. C. B

12-28-2016

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

Date