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:2012:0016
March 26, 2012

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period February 1 through February 29, 2012, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)

Dear Mr. Haugh:

The West Valley Demonstration Project SPDES DMR for the reporting period February 1 through February 29, 2012, including the Net Iron and Total Dissolved Solids (TDS) concentration sheets, is provided as Attachment A.

All results for this report are within effluent discharge limits specified in the permit.

Please note there was no discharge at internal outfall 01B during this period, and that the Wastewater Treatment Facility was brought back on line during this monitoring period.

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) identification numbers for the laboratories performing analysis for this DMR are as follows:

1. TestAmerica Buffalo: NY Lab No. 10026;

2. URS Corp: NY Lab No. 10474; and

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

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

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

Very truly yours,

J. D. Rendall, Manager
Regulatory Strategy

JDR:DPK:bnj

Attachment: A) SPDES DMR for February 1 through February 29, 2012 Monitoring Period

cc: M. A. Jackson, NYSDEC-Region 9 DOW
E. W. Wohlers, Cattaraugus County Health Department
J. M. Dundas, DOE-WVDP, AC-DOE
M. P. Krentz, DOE-WVDP, AC-DOE
M. N. Maloney, DOE-WVDP, AC-DOE
W. N. Kean, WSMS, AC-URS
D. P. Klenk, CHBWV, AC-EA
J. D. Rendall, CHBWV, AC-EA
R. L. Scharf, CHBWV, WV-PL6
B. N. Jeffery (Letter Log), CHBWV, AC-BUS

* Without attachments

**ATTACHMENT A**

**SPDES DISCHARGE MONITORING REPORT - FEBRUARY 1 THROUGH FEBRUARY 29, 2012**
**NET IRON EFFLUENT CONCENTRATION CALCULATION**
**WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973**

OUTFALL 001 = $M1 = \frac{(X1 + X2)\ V1}{2}$ = 4166944.09 mg/month

X1 = 0.443 mg/L

X2 = 0.517 mg/L

V1 = 8681133.53 L/month

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OUTFALL 007 = $M7 = \frac{(X1 + X2)\ V7}{2}$ = 20712.95 mg/month

X1 = 0.128 mg/L

X2 = 0.123 mg/L

V7 = 165043.44 L/month

---

RAW WATER = $MRW = \frac{(X1 + X2 + X3 + X4 + X5)VRW}{5}$ = 2382701.35 mg/month

X1 = 3.23 mg/L

X2 = 0.579 mg/L

X3 = 0.293 mg/L

X4 = 0.266 mg/L

X5 = 0.397 MG/l

VRW = 2500211.28 L/month

IRON DISCHARGE CONCENTRATION = $\frac{M1 + M7 - MRW}{V1 + V7}$ = 0.20 mg/L

**ATTACHMENT A (Cont'd)**

**SPDES DISCHARGE MONITORING REPORT - FEBRUARY 1 THROUGH FEBRUARY 29, 2012**
**TOTAL DISSOLVED SOLIDS (TDS) CONCENTRATION CALCULATION - MONITORING POINT 116**
**WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT No. NY-0000973**

Date: February 1, 2012

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

= ((0.287 MGD)(879 mg/L)+(1.747 MGD)(224 mg/L)+(0.324 MGD)(88 mg/L))/(2.358 MGD)

= 285 mg/L

---

Date: February 7, 2012

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

= (0.287 MGD)(887 mg/L)+(0.182 MGD)(136 mg/L)+(0.324 MGD)(85 mg/L))/(0.793 MGD)

= 387 mg/L

---

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

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

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

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

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

C3 = TDS concentration in augmentation water, MGD.

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

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

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

Form Approved
OMB No. 2040-0004

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

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

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

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2012 | TO | 02/29/2012 |

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

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Sulfate (as S)<br>00154 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 60 | 60 | mg/L | 0 | 01/BA | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | mg/L | | Once Per Batch | COMP24 |
| Oxygen demand, ultimate<br>00181 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <8.12 | <8.94 | mg/L | 0 | 02/BA | CA |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | 22<br>DAILY MX | mg/L | | Twice Per Batch | CALCTD |
| Oxygen, dissolved (DO)<br>00300 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | 13 | ****** | 13 | mg/L | 0 | 02/BA | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 3<br>MINIMUM | ****** | Req. Mon.<br>MAXIMUM | mg/L | | Twice Per Batch | GRAB |
| BOD, 5-day, 20 deg. C<br>00310 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <2.0 | <2.0 | mg/L | 0 | 02/BA | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | 10<br>DAILY MX | mg/L | | Twice Per Batch | COMP24 |
| pH<br>00400 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | 7.4 | ****** | 7.4 | SU | 0 | 01/BA | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5<br>MINIMUM | ****** | 8.5<br>MAXIMUM | SU | | Once Per Batch | GRAB |
| Solids, total suspended<br>00530 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <4.0 | <4.0 | mg/L | 0 | 02/BA | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 30<br>MO AVG | 45<br>DAILY MX | mg/L | | Twice Per Batch | COMP24 |
| Solids, settleable<br>00545 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.1 | 0.1 | ml/L | 0 | 02/BA | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | 3<br>DAILY MX | mL/L | | Twice Per Batch | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| J. 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 | 03/19/2012 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

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

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2012 | TO | 02/29/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oil & Grease<br>00556 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <1.5 | <1.5 | mg/L | 0 | 01/BA | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | 15<br>DAILY MX | mg/L | | Once Per Batch | GRAB |
| Nitrogen, nitrite total (as N)<br>00615 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.02 | <0.02 | mg/L | 0 | 01/BA | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | 1<br>DAILY MX | mg/L | | Once Per Batch | COMP24 |
| Nitrogen, nitrate total (as N)<br>00620 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.80 | 0.80 | mg/L | 0 | 01/BA | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | mg/L | | Once Per Batch | COMP24 |
| Nitrogen, Kjeldahl, total (as N)<br>00625 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 1.1 | 1.3 | mg/L | 0 | 02/BA | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | mg/L | | Twice Per Batch | COMP24 |
| Sulfide, dissolved, (as S)<br>00746 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.05 | <0.05 | mg/L | 0 | 01/BA | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | .4<br>DAILY MX | mg/L | | Once Per Batch | COMP24 |
| Arsenic, total recoverable<br>00978 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.002 | 0.002 | mg/L | 0 | 01/BA | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | .15<br>DAILY MX | mg/L | | Once Per Batch | COMP24 |
| Cobalt, total recoverable<br>00979 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.0006 | <0.0006 | mg/L | 0 | 01/BA | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon.<br>MO AVG | .005<br>DAILY MX | mg/L | | Once Per Batch | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| J. 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 | 03/19/2012 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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

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

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

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2012 | TO | 02/29/2012 |

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

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Selenium, total recoverable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.0006 | 0.0006 | mg/L | 0 | 01/BA | GR |
| 00981 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 004 DAILY MX | mg/L | | Once Per Batch | GRAB |
| Iron, total (as Fe) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.480 | 0.517 | mg/L | 0 | 02/BA | 24 |
| 01045 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Batch | COMP24 |
| Aluminum, total (as Al) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.32 | 0.32 | mg/L | 0 | 01/BA | 24 |
| 01105 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2 MO AVG | 4 DAILY MX | mg/L | | Once Per Batch | COMP24 |
| Vanadium, total recoverable | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.0011 | 0.0011 | mg/L | 0 | 01/BA | GR |
| 01128 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 014 DAILY MX | mg/L | | Once Per Batch | GRAB |
| Nitrogen, ammonia, total (as NH3) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.34 | 0.36 | mg/L | 0 | 02/BA | 24 |
| 34726 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 1.5 MO AVG | 2.1 DAILY MX | mg/L | | Twice Per Batch | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.287 | 0.363 | MGD | ****** | ****** | ****** | ****** | 0 | 02/BA | CN |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ****** | ****** | ****** | ****** | | Twice Per Batch | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.04 | 0.04 | mg/L | 0 | 01/BA | GR |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | .1 DAILY MX | mg/L | | Once Per Batch | GRAB |

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|---|---|---|---|---|---|
| J. 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 | 03/19/2012 |
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2012 | TO | 02/29/2012 |

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total dissolved<br>70295 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 883 | 887 | mg/L | 0 | 02/BA | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Batch | GRAB |
| Mercury, total (as Hg)<br>71900 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 42 | 42 | ng/L | 0 | 01/BA | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 50 MO AVG | Req. Mon. DAILY MX | ng/L | | Once Per Batch | GRAB |
| Surfactants (linear alkylate sulfonate)<br>81646 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.036 | 0.036 | mg/L | 0 | 01/BA | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Once Per Batch | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE |
|---|---|---|---|---|
| J. D. Rendall, Manager | | 716 | 942-4602 | 03/19/2012 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

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

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

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2012 | TO | 02/29/2012 |

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

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen demand, ultimate<br>00181 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <4.44 | <4.44 | mg/L | 0 | 01/30 | CA |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 22 DAILY MX | mg/L | | Monthly | CALCTD |
| Oxygen, dissolved (DO)<br>00300 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | 12 | ****** | 12 | mg/L | 0 | 02/30 | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 3 MINIMUM | ****** | Req. Mon. MAXIMUM | mg/L | | Twice Per Month | GRAB |
| BOD, 5-day, 20 deg. C<br>00310 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <2.3 | 2.5 | mg/L | 0 | 02/30 | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 10 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| pH<br>00400 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | 6.7 | ****** | 7.7 | SU | 0 | 02/30 | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 MINIMUM | ****** | 8.5 MAXIMUM | SU | | Twice Per Month | GRAB |
| Solids, total suspended<br>00530 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <4.0 | <4.0 | mg/L | 0 | 02/30 | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 30 MO AVG | 45 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Solids, settleable<br>00545 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.1 | <0.1 | ml/L | 0 | 02/30 | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 3 DAILY MX | mL/L | | Twice Per Month | GRAB |
| Oil & Grease<br>00556 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <1.4 | <1.4 | mg/L | 0 | 02/30 | GR |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 15 DAILY MX | mg/L | | Twice Per Month | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | DATE |
|---|---|---|---|
| J. D. Rendall, Manager | | 716 942-4602 | 03/19/2012 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code / NUMBER | MM/DD/YYYY |

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

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

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2012 | TO | 02/29/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Nitrogen, nitrite total (as N) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.04 | 0.04 | mg/L | 0 | 01/30 | 24 |
| 00615 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 1 DAILY MX | mg/L | | Monthly | COMP24 |
| Nitrogen, Kjeldahl, total (as N) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | <0.15 | <0.15 | mg/L | 0 | 01/30 | 24 |
| 00625 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Monthly | COMP24 |
| Iron, total (as Fe) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.126 | 0.128 | mg/L | 0 | 02/30 | 24 |
| 01045 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Nitrogen, ammonia, total (as NH3) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.10 | 0.15 | mg/L | 0 | 02/30 | 24 |
| 34726 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 1.49 MO AVG | 2.1 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.004 | 0.007 | MGD | ****** | ****** | ****** | ****** | 0 | 01/30 | CN |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ****** | ****** | ****** | ****** | | Monthly | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.01 | 0.01 | mg/L | 0 | 01/30 | GR |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 1 DAILY MX | mg/L | | Monthly | GRAB |
| Solids, total dissolved | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 1240 | 1260 | mg/L | 0 | 02/30 | GR |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| J. 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 | 03/19/2012 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved
OMB No. 2040-0004

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

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

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

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2012 | TO | 02/29/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Mercury, total (as Hg) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 74.4 | 74.4 | ng/L | 0 | 01/30 | GR |
| 71900 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 200 DAILY MX | ng/L | | Monthly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| J. 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 | | 03/19/2012 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

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

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2012 | TO | 02/29/2012 |

**DMR Mailing ZIP CODE:** 14171-9799
MAJOR
(SUBR 09)
MERCURY PRETREATMENT
Internal Outfall
**No Discharge** *

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| 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 |

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|---|---|---|---|---|---|
| J. 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 | 03/19/2012 |
| 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 |
| FROM | 02/01/2012 | TO | 02/29/2012 |

**DMR Mailing ZIP CODE:** 14171-9799
MAJOR
(SUBR 09)
PSEUDO MON. POINT @FRANKS CRK
Internal Outfall
**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total dissolved | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 336 | 387 | mg/L | 0 | 02/DS | CA |
| 70295 Z 0 Instream Monitoring | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 500 DAILY MX | mg/L | | Twice Per Discharge | CALCTD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE |
|---|---|---|---|---|
| J. D. Rendall, Manager | | 716 | 942-4602 | 03/19/2012 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

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

| NY0000973 | SUM-N |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 02/01/2012 | TO | 02/29/2012 |

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

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Iron, total (as Fe) | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | 0.20 | 0.20 | mg/L | 0 | 01/30 | CA |
| 01045 2 0 Effluent Net | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | Req. Mon. MO AVG | 1 DAILY MX | mg/L | | Monthly | CALCTD |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| J. D. Rendall, Manager | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | 716 942-4602 | | 03/19/2012 |
| 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)