

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

Mr. C. S. Haugh, P.E.
Chief, Source Surveillance
New York State Department of Environmental Conservation
Division of Water
Bureau of Watershed Programs
625 Broadway, 4th Floor
Albany, New York 12233-3506

AC-EA
WR:2013:0008
February 19, 2013

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR)
for the Period January 1 through January 31, 2013, SPDES Permit No. NY-0000973, West
Valley Demonstration Project (WVDP)

Dear Mr. Haugh:

The West Valley Demonstration Project SPDES DMR for the reporting period January 1 through January 31, 2013, 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 with the exception of total iron recorded on page "Sum N" for outfalls 001 & 007. On December 27, 2012, the site collected lagoon 3 pre-discharge process grab samples that were sent to TestAmerica for analysis. The pre-discharge iron result was 0.160 mg/L.

The outfall 001 discharge was started on January 9, 2013 and was concluded on January 17, 2012 and reported iron results were 1.91 mg/L and 1.75 mg/L respectively, which were significantly above the pre-discharge analytical result. The site requested the contract lab to "confirm" the original results and all results verified. The site's incoming raw water supply iron averaged 0.795 mg/L for the month and ranged from a low of 0.0756 mg/L on January 8, 2013 to a high of 3.24 mg/L on January 31, 2013.

In early February, the net iron concentration was calculated in accordance with the WVDP SPDES permit resulting in a value of <1.2 mg/L. Therefore, on page Sum N, for outfalls 001 & 007, for total iron, the value of <1.2 mg/L was placed in the "Monthly Average" and the "Daily Maximum" boxes as previously directed. The iron calculation in the SPDES permit represents a net effluent average concentration, and does not constitute a maximum value. Therefore, the calculated result of <1.2 mg/L should be placed in the "Monthly Average" box only. As such, exceeding a 30-day average effluent limit would be considered a SPDES permit "non-compliance" and not a SPDES effluent excursion (See page 17 of NYSDEC's DMR Manual dated February 2002). Mr. Mark Jackson, Region 9 Water Quality Engineer, was contacted on February 6, 2013 notifying him of this permit non-compliance. A completed "Report of Non-Compliance Event" form has been included with this submittal.

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

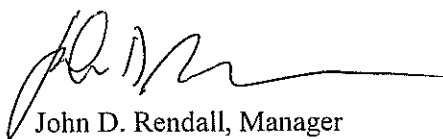
As required in Title 6 of the New York Codes, Rules, and Regulations (6NYCRR) Part 750-2.5(e)(3), the New York Environmental Laboratory Accreditation Program (NYELAP) identification numbers for the laboratories performing analysis for this DMR are as follows:

1. TestAmerica Buffalo: NY Lab No. 10026; and
2. General Engineering Laboratories: NY Lab No. 11501.

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

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

Very truly yours,



John D. Rendall, Manager
Regulatory Strategy

JDR:DPK:bnj

Attachments: A) SPDES DMR for January 1 through January 31, 2013 Monitoring Period
B) Report of Noncompliance Event

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

Attachment A
SPDES DMR for January 1 through January 31, 2013 Monitoring Period

ATTACHMENT A

SPDES DISCHARGE MONITORING REPORT - JANUARY 1 THROUGH JANUARY 31, 2013
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

$$\text{OUTFALL 001} = M1 = \frac{(X1 + X2) V1}{2} = 14246232.52 \text{ mg/month}$$

$$X1 = 1.91 \text{ mg/L}$$

$$X2 = 1.75 \text{ mg/L}$$

$$V1 = 7784826.52 \text{ L/month}$$

$$\text{OUTFALL 007} = M7 = \frac{(X1 + X2) V7}{2} = 56314.25 \text{ mg/month}$$

$$X1 = 0.246 \text{ mg/L}$$

$$X2 = <0.0193 \text{ mg/L}$$

$$V7 = 424532.61 \text{ L/month}$$

$$\text{RAW WATER} = MRW = \frac{(X1 + X2 + X3 + X4 + X5) VRW}{5} = 4387867.32 \text{ mg/month}$$

$$X1 = 0.134 \text{ mg/L}$$

$$X2 = 0.0756 \text{ mg/L}$$

$$X3 = 0.357 \text{ mg/L}$$

$$X4 = 0.168 \text{ mg/L}$$

$$X5 = 3.24 \text{ mg/L}$$

$$VRW = 5519885.42 \text{ L/month}$$

$$\text{IRON DISCHARGE CONCENTRATION} = \frac{M1 + M7 - MRW}{V1 + V7} = <1.2 \text{ mg/L}$$

ATTACHMENT A (Cont'd)

SPDES DISCHARGE MONITORING REPORT - JANUARY 1 THROUGH JANUARY 31, 2013
TOTAL DISSOLVED SOLIDS (TDS) CONCENTRATION CALCULATION - MONITORING POINT 116
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT No. NY-0000973

Date: January 9, 2013

$$\begin{aligned} C4 &= ((Q1)(C1) + (Q2)(C2) + (Q3)(C3)) / Q4 \\ &= ((0.260 \text{ MGD})(870 \text{ mg/L}) + (0.687 \text{ MGD})(208 \text{ mg/L}) + (0.324 \text{ MGD})(111 \text{ mg/L})) / (1.271 \text{ MGD}) \\ &= 319 \text{ mg/L} \end{aligned}$$

Date: January 15, 2013

$$\begin{aligned} C4 &= ((Q1)(C1) + (Q2)(C2) + (Q3)(C3)) / Q4 \\ &= ((0.260 \text{ MGD})(814 \text{ mg/L}) + (0.687 \text{ MGD})(188 \text{ mg/L}) + (0.324 \text{ MGD})(58 \text{ mg/L})) / (1.271 \text{ MGD}) \\ &= 283 \text{ mg/L} \end{aligned}$$

-
- 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

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	01/01/2013	TO	01/31/2013

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	*****	*****	*****	*****	50	50	mg/L	0	01/BA	24
00154 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	COMP24
Oxygen demand, ultimate	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.48	7.52	mg/L	0	02/BA	CA
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Twice Per Batch	CALCTD
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	12	*****	15	mg/L	0	02/BA	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	Req. Mon. MAXIMUM	mg/L		Twice Per Batch	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	<2.0	mg/L	0	02/BA	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Batch	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU	0	01/BA	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.2	11.6	mg/L	0	02/BA	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Twice Per Batch	COMP24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	ml/L	0	02/BA	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.3 DAILY MX	ml/L		Twice Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
John D. Rendall, Manager		716-942-4602	02/14/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
01/01/2013	FROM	01/31/2013	TO

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	*****	*****	*****	*****	<1.4	<1.4	mg/L	0	01/BA	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once Per Batch	GRAB
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.06	0.06	mg/L	0	01/BA	24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once Per Batch	COMP24
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.57	0.57	mg/L	0	01/BA	24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.98	0.99	mg/L	0	02/BA	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Batch	COMP24
Sulfide, dissolved, (as S)	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.05	<0.05	mg/L	0	01/BA	24
00746 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.4 DAILY MX	mg/L		Once Per Batch	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0024	0.0024	mg/L	0	01/BA	24
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once Per Batch	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0006	<0.0006	mg/L	0	01/BA	GR
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Once Per Batch	GRAB

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John D. Rendall, Manager TYPED OR PRINTED		716-942-4602		02/14/2013
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

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

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OMB No. 2040-0004

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ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		TO	MM/DD/YYYY
01/01/2013			01/31/2013

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.0004	<0.0004	mg/L	0	01/BA	GR
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.004 DAILY MX	mg/L		Once Per Batch	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.8	1.9	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	*****	*****	*****	*****	1.8	1.8	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	*****	*****	*****	*****	0.0046	0.0046	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	*****	*****	*****	*****	0.096	0.099	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	0.260	0.307	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	*****	*****	*****	*****	0.02	0.02	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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John D. Rendall, Manager		716-942-4602		02/14/2013	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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

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

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OMB No. 2040-0004

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NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	01/01/2013	TO	01/31/2013

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	*****	*****	*****	*****	842	870	mg/L	0	02/BA	GR
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Batch	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.9	7.9	ng/L	0	01/BA	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 MO AVG	Req. Mon. DAILY MX	ng/L		Once Per Batch	GRAB
Surfactants (linear alkylate sulfonate)	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.004	<0.004	mg/L	0	01/BA	GR
81646 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	GRAB

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John D. Rendall, Manager		716-942-4602		02/14/2013
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

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

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

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	01/01/2013	TO	01/31/2013

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, ultimate	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.3	15.3	mg/L	0	01/30	CA
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Monthly	CALCTD
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	11	*****	12	mg/L	0	02/30	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	Req. Mon. MAXIMUM	mg/L		Twice Per Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.2	5.6	mg/L	0	02/30	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.7	SU	0	02/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4.0	<4.0	mg/L	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Twice Per Month	COMP24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	mL/L	0	02/30	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice Per Month	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.5	3.6	mg/L	0	02/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	15 DAILY MX	mg/L		Twice Per Month	GRAB

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John D. Rendall, Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		716-942-4602	02/14/2013
TYPED OR PRINTED				AREA Code	NUMBER

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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

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

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

ATTN: BRYAN C BOWER, DIRECTOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

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) 00615 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	mg/L	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N) 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.5	1.5	mg/L	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.13	0.25	mg/L	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Nitrogen, ammonia, total (as NH3) 34726 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.23	0.23	mg/L	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.49 MO AVG	2.1 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.010	0.019	MGD	*****	*****	*****	*****	0	01/30	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Monthly	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.04	0.04	mg/L	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	359	418	mg/L	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
John D. Rendall, Manager		716-942-4602		02/14/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

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

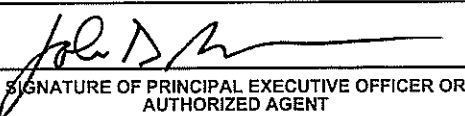
NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	01/01/2013	TO	01/31/2013

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	*****	*****	*****	*****	24.1	24.1	ng/L	0	01/30	GR
71900 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	200 DAILY MX	ng/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John D. Rendall, Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 716-942-4602		DATE 02/14/2013
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		
		AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

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

NY0000973	01B-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY			MM/DD/YYYY
FROM	01/01/2013	TO	01/31/2013

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
John D. Rendall, Manager		716-942-4602		02/14/2013
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

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

NY0000973
PERMIT NUMBER

116-M
DISCHARGE NUMBER

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

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
01/01/2013		01/31/2013

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 70295 Z 0 Instream Monitoring	SAMPLE MEASUREMENT	*****	*****	*****	*****	301	319	mg/L	0	02/DS	CA
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	500 DAILY MX	mg/L		Twice Per Discharge	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John D. Rendall, Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			716-942-4602	02/14/2013
			AREA Code	NUMBER
				MM/DD/YYYY

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

IF PSEUDO MONITORING POINT REPORT IS NOT REQUIRED DURING THE MONITORING PERIOD, EITHER CHECK THE NO 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
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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	SUM-N
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

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) 01045 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.2	<1.2 *	mg/L	1	01/30	CA
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
John D. Rendall, Manager			716-942-4602	02/14/2013
TYPED OR PRINTED			AREA Code	NUMBER

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

* Please see cover letter and Report of Non-Compliance Event Form.

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

Form Approved
OMB No. 2040-0004

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

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

NY0000973	SUM-N
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

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

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

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) 01045 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	01/30	CA
	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	CALCTD

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

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

Attachment B
Report of Noncompliance Event

Appendix B

SECTION 1



New York State Department of Environmental Conservation
Division of Water



Report of Noncompliance Event

To: DEC Water Contact Mr. Mark Jackson DEC Region: 9

Report Type: 5 Day ☒ Permit Violation ☐ Order Violation ☐ Anticipated Noncompliance ☐ Bypass/Overflow ☐ Other

SECTION 2

SPDES #: NY- 0000973 Facility: West Valley Demonstration Project

Date of noncompliance: 01 / 31 / 13 Location (Outfall, Treatment Unit, or Pump Station): Sum of the outfalls 001 & 007

Description of noncompliance(s) and cause(s): The site exceeded the daily maximum limit of 1.0 mg/L for net total iron on the sum of the outfalls 001 & 007 with a result of <1.2 mg/L. The cause of this noncompliance event was due to higher than typical iron results at outfall 001 and lower than typical iron results in our incoming raw water supply.

Has event ceased? ☒ (Yes) (No) If so, when? 01/31/13 Was event due to plant upset? (Yes) ☒ (No) SPDES limits violated? ☒ (Yes) (No)

Start date, time of event: 01 / 09 / 13 , 10:45 ☒ (AM) (PM) End date, time of event: 01 / 17 / 13 , 08:45 ☒ (AM) (PM)

Date, time oral notification made to DEC? 02/06/13 , 09:00 ☒ (AM) (PM) DEC Official contacted: Mr. Mark Jackson

Immediate corrective actions: An internal evaluation of the 001 discharge is being conducted in accordance with the site's Issue Report procedure to determine potential causes and corrective actions. Note: (Due to the nature of the iron calculation, the final average net concentration cannot be calculated until the end of the month when all of the weekly samples have been collected and total monthly flows for each outfall and the incoming raw water have been calculated.

Preventive (long term) corrective actions: Potential long term corrective measures will be identified and considered based on the results of the internal evaluation.

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ Was prior DEC authorization received for this event? (Yes) (No)

DEC Official contacted: _____ Date of DEC approval: ____/____/____

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: John D. Rendall

Title: Regulatory Strategy Manager Date: 02 / 06 / 13

Phone #: (716) 942 - 4602

Fax #: (716) 942 - 4500

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