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:2012:0045
July 24, 2012

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period June 1 through June 30, 2012, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP) and Storm Water Monitoring Results for January 1, 2012 through June 30, 2012

Dear Mr. Haugh:

The West Valley Demonstration Project SPDES DMR for the reporting period June 1 through June 30, 2012 including the Net Iron calculation sheet is provided as Attachment A.

Please note that there was no discharge at outfall 001 and internal outfall 01B during this period.

CHBWV is also submitting for your use, analytical results and data for the first semi-annual storm water monitoring period of January 1, 2012 through June 30, 2012. All storm water sampling results were within applicable limits specified on page 14 of 32 of the SPDES permit for oil & grease.

In addition, semi-annual lead sampling was completed at storm water outfall S-43 located at the Live Fire Range with a reported result of 0.0015 mg/L with an action level of 0.006 mg/L.

Storm water samples were collected on March 8, May 8, and May 29, 2012. The on-site pH was measured near the site's rain gauge location on each of these dates as 7.0 SU; 7.7 SU; and 4.5 SU respectively.

Please note that in accordance with the Schedule of Compliance requirements contained on page 30 of 32 for Paraquat Dichloride Herbicide (Gramoxone Extra) Sampling Program, the site has not used any herbicides this past year and therefore, storm water samples were not analyzed for paraquat dichloride.

Please be aware, at the end of June, a sub-contractor to the B&P Railroad, DeAngelo Brothers, Inc. (DBI) operating under a maintenance contract applied herbicide along the railroad spur that leads to the site. Summarizing the information obtained from DBI regarding the mixture applied on the WVDP property, CHBWV and DOE notified Mark Jackson, the Region 9 Water Quality Engineer, and John Weidmann of the Division of Water, Albany via e-mail.

Please also note, as required, Whole Effluent Toxicity (WET) testing was completed in May 2012 at outfall 001 and outfall 007. The appropriate DMR pages are included as part of Attachment A, and the summary result pages have been included as Attachment C. The completed test reports will be sent under separate cover to the NYSDEC Toxicity Testing Unit.

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;

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 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 June 1 through June 30, 2012 Monitoring Period

B) Storm Water Discharge Monitoring Results for January 1 through June 30, 2012 Monitoring Period

C) Whole Effluent Toxicity Testing Summary Pages

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
J. J. Baker, CHBWV, WV-PL6
L. E. Bennett, CHBWV, AC-PRES (Public Reading Room)
H. H. Dukes, CHBWV, WV-PL6
D. P. Klenk, CHBWV, AC-EA
J. D. Rendall, CHBWV, AC-EA
R. L. Scharf, CHBWV, WV-PL6
A. W. Upshaw, CHBWV, WV-PL6
W. N. Kean, URS SMS, AC-URS
B. N. Jeffery, CHBWV, AC-BUS, (Letter Log)

ATTACHMENT A

SPDES DISCHARGE MONITORING REPORT - JUNE 1 THROUGH JUNE 30, 2012
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 = $M7 = \frac{(X1 + X2)\ V7}{2}$ = 10923.23 mg/month

X1 = 0.0404 mg/L

X2 = 0.0503 mg/L

V7 = 240865.00 L/month

RAW WATER = $MRW = \frac{(X1 + X2 + X3 + X4)\ VRW}{4}$ = 2511396.87 mg/month

X1 = 0.500 mg/L

X2 = 2.07 mg/L

X3 = 0.874 mg/L

X4 = 1.24 mg/L

VRW = 2144660.01 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

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

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

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716-942-4602		07/12/12
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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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	06/01/2012	TO	06/30/2012

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, STO
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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John D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716-942-4602		07/12/12
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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WASHINGTON, DC 20585
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LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

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

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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WASHINGTON, DC 20585
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LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, STO
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	Req. Mon. DAILY MX	mg/L		Once Per Batch	GRAB

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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	001-S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2012	TO	06/30/2012

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, free (amen. to chlorination) 00722 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	<0.005	<0.005	mg/L	0	02/YR	GR
	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Twice Per Year	GRAB
Manganese, total (as Mn) 01055 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	0.023	0.023	mg/L	0	02/YR	24
	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	2 DAILY MX	mg/L		Twice Per Year	COMP24
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	0.0033	0.0033	mg/L	0	02/YR	24
	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.079 DAILY MX	mg/L		Twice Per Year	COMP24
Zinc, total recoverable 01094 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	0.011	0.011	mg/L	0	02/YR	24
	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.13 DAILY MX	mg/L		Twice Per Year	COMP24
Lead, total recoverable 01114 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	0.003	0.003	mg/L	0	02/YR	24
	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.006 DAILY MX	mg/L		Twice Per Year	COMP24
Chromium, total recoverable 01118 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	0.0015	0.0015	mg/L	0	02/YR	24
	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.11 DAILY MX	mg/L		Twice Per Year	COMP24
Copper, total recoverable 01119 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	******	0.0068	0.0068	mg/L	0	02/YR	24
	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Twice Per Year	COMP24

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-S
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	01/01/2012	**TO**	06/30/2012

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Heptachlor	SAMPLE MEASUREMENT	******	******	******	******	<0.006	<0.006	ug/L	0	02/YR	GR
39410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB

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

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2012	TO	06/30/2012

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 WET TESTING QUARTERLY
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			
Toxicity, ceriodaphnia acute 61425 V 0 See Comments	SAMPLE MEASUREMENT	******	******	******	******	******	0.3	TUa	0	01/90	24
	PERMIT REQUIREMENT	******	******	******	******	******	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity, ceriodaphnia chronic 61426 V 0 See Comments	SAMPLE MEASUREMENT	******	******	******	******	******	1.0	TUc	0	01/90	24
	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	tox chronic		Quarterly	COMP24
Toxicity, pimephales acute 61427 V 0 See Comments	SAMPLE MEASUREMENT	******	******	******	******	******	0.3	TUa	0	01/90	24
	PERMIT REQUIREMENT	******	******	******	******	******	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity, pimephales chronic 61428 V 0 See Comments	SAMPLE MEASUREMENT	******	******	******	******	******	1.0	TUc	0	01/90	24
	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	tox chronic		Quarterly	COMP24

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2012	TO	06/30/2012

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Boron, total (as B)	SAMPLE MEASUREMENT	******	******	******	******	******	0.058	mg/L	0	02/YR	24
01022 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	2 DAILY MX	mg/L		Twice Per Year	COMP24
Titanium, total (as Ti)	SAMPLE MEASUREMENT	******	******	******	******	******	0.0062	mg/L	0	02/YR	24
01152 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	.65 DAILY MX	mg/L		Twice Per Year	COMP24
Bromide (as Br)	SAMPLE MEASUREMENT	******	******	******	******	******	0.28	mg/L	0	02/YR	24
71870 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
John D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602		07/12/12
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
FROM	06/01/2012	TO	06/30/2012

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	SAMPLE MEASUREMENT	******	******	******	******	<3.69	<3.69	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	******	******	******	8.7	******	9.4	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	******	******	******	******	<2.2	2.3	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	******	******	******	7.5	******	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	******	******	******	******	<1.4	<1.4	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

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
FROM	06/01/2012	TO	06/30/2012

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	******	******	******	******	<0.02	<0.02	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	******	******	******	******	0.045	0.050	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	******	******	******	******	0.036	0.040	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	0.010	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	******	******	******	******	989	1220	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
John D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716-942-4602		07/12/12
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

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

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	******	******	******	******	15.5	15.5	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
John D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716-942-4602		07/12/12
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-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2012	TO	06/30/2012

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 007 WET TESTING QUARTERLY
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			
Toxicity, ceriodaphnia acute 61425 V 0 See Comments	SAMPLE MEASUREMENT	******	******	******	******	******	0.3	TUa	0	01/90	24
	PERMIT REQUIREMENT	******	******	******	******	******	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity, ceriodaphnia chronic 61426 V 0 See Comments	SAMPLE MEASUREMENT	******	******	******	******	******	1.0	TUc	0	01/90	24
	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	tox chronic		Quarterly	COMP24
Toxicity, pimephales acute 61427 V 0 See Comments	SAMPLE MEASUREMENT	******	******	******	******	******	0.3	TUa	0	01/90	24
	PERMIT REQUIREMENT	******	******	******	******	******	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity, pimephales chronic 61428 V 0 See Comments	SAMPLE MEASUREMENT	******	******	******	******	******	1.0	TUc	0	01/90	24
	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	tox chronic		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
SEE PERMIT FOOTNOTES FOR WET TESTING 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	01B-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

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

No Discharge [X]

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

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

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2012	TO	06/30/2012

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

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
John D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716-942-4602	07/12/12
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)
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	06/01/2012	TO	06/30/2012

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

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

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

Attachment B

Storm Water Discharge Monitoring Results for January 1 through June 30, 2012 Monitoring Period

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 1, OUTFALL S04
Monitoring Period: January 1 through June 30, 2012

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	8.0 S.U.	N.R.	Not Specified in Permit.
	Oil and Grease	11.5	N.R.	15 mg/L
	BOD-5	< 2.0	< 2.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	120	18	
	Total Dissolved Solids (TDS)	1710	4620	
	Phosphorus, Total	0.11	0.056	
Group B Parameters	Aluminum	1.7	0.49	
	Iron	3.7	0.58	
	Copper, Total Recoverable (TR)	0.011	0.020	
	Lead (TR)	0.0040	0.0017	
	Zinc (TR)	0.039	0.016	
Group C Parameters	Total Nitrogen (as N)	< 0.82	< 1.0	
	TKN	0.33	0.80	
	Nitrate Nitrogen (as N)	0.47	0.22	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	< 0.0090	0.020	
	Cadmium, TR	< 0.000018	< 0.000090	
	Chromium, TR	0.0012	< 0.0010	
	Hexavalent Chromium, TR	< 0.0050	< 0.0050	
	Selenium, TR	< 0.00044	< 0.00044	
	Vanadium, TR	0.0027	< 0.0015	
	Surfactant (as LAS)	N.R.	N.R.	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	220,000	
	Maximum Flow rate, gallons per minute	1,400	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	3/8/12	3/8/12	
	Duration of storm event, in minutes	N.R.	810	Rain started at 0850 EST on 3/8/12 and ended at 2220 EST on 3/8/12.
	Date and Time of sample collection	3/8/12 1130	3/8/12 1420	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.18	An additional 0.49 inches was recorded after sampling ended.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	83	Precipitation of 0.19 inches was recorded on 3/4/12 at 2140 EST. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 2, OUTFALL S06
Monitoring Period: January 1 through June 30, 2012

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	6.8 S.U.	N.R.	Not Specified in Permit.
	Oil and Grease	< 1.5	N.R.	15 mg/L
	BOD-5	9.2	18	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	< 2.3	8.5	
	Total Dissolved Solids (TDS)	451	541	
	Phosphorus, Total	0.062	0.059	
Group B Parameters	Aluminum	< 0.068	0.20	
	Iron	0.15	2.2	
	Copper, Total Recoverable (TR)	0.00056	0.00095	
	Lead (TR)	< 0.00050	< 0.00050	
	Zinc (TR)	0.0058	0.013	
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)	< 0.016	< 0.016	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	20,000	
	Maximum Flow rate, gallons per minute	170	N.R.	
	Method of flow measurement	ISCO Flow Meter		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	5/8/12	5/8/12	
	Duration of storm event, in minutes	N.R.	580	Rain started at 0130 EDT on 5/8/12 and ended at 1110 EDT on 5/8/12.
	Date and Time of sample collection	5/8/12 0940	5/8/12 1230	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.51	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	125	Precipitation of 0.17 inches was recorded on 5/2/12 at 2035 EDT, outfall returned to base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 3, OUTFALL S12/DUPLICATE
Monitoring Period: January 1 through June 30, 2012

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	6.5 / 6.5 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4 / < 1.4	N.R.	15 mg/L
	BOD-5	< 2.0 / < 2.0	< 2.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	124 / 125	140	
	Total Dissolved Solids (TDS)	185 / 201	271	
	Phosphorus, Total	0.31 / 0.26	0.27	
Group B Parameters	Aluminum	3.3 / 3.3	3.9	
	Iron	4.2 / 4.3	5.1	
	Copper, Total Recoverable (TR)	0.013 / 0.011	0.011	
	Lead (TR)	0.0045 / 0.0042	0.0054	
	Zinc (TR)	0.058 / 0.054	0.051	
Group C Parameters	Total Nitrogen (as N)	0.55 / 0.39	0.41	
	TKN	0.36 / 0.18	0.35	
	Nitrate Nitrogen (as N)	0.14 / 0.16	0.012	
	Nitrite Nitrogen (as N)	0.051 / 0.048	0.046	
	Ammonia Nitrogen (as NH3)	0.034 / 0.035	0.030	
	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	< 0.0000067 <0.0000067	< 0.0000067	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Mercury, Total (ng/L)	45.7	N.R.	
Flow	Total Flow, gallons	N.R.	60,000	
	Maximum Flow rate, gallons per minute	660	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	5/8/12	5/8/12	
	Duration of storm event, in minutes	N.R.	580	Rain started at 0130 EDT on 5/8/12 and ended at 1110 EDT on 5/8/12.
	Date and Time of sample collection	5/8/12 0940	5/8/12 1240	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.51	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	125	Precipitation of 0.17 inches was recorded on 5/2/12 at 2035 EDT. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 4, OUTFALL S34
Monitoring Period: January 1 through June 30, 2012

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	5.6	N.R.	15 mg/L
	BOD-5	2.2	< 2.0	Not specified in permit. N.R. = Nor Required.
	Total Suspended Solids (TSS)	76	110	
	Total Dissolved Solids (TDS)	811	1960	
	Phosphorus, Total	0.019	0.017	
Group B Parameters	Aluminum	1.5	0.79	
	Iron	2.0	1.4	
	Copper, Total Recoverable (TR)	0.0064	0.015	
	Lead (TR)	0.0019	0.0041	
	Zinc (TR)	0.038	0.059	
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)	0.095	0.031	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	250,000	
	Maximum Flow rate, gallons per minute	1500	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	3/8/12	3/8/12	
	Duration of storm event, in minutes	N.R.	810	Rain started at 0850 EST on 3/8/12 and ended at 2220 EST on 3/8/12.
	Date and Time of sample collection	3/8/12 1130	3/8/12 1410	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.18	An additional 0.49 inches was recorded after sampling ended.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	83	Precipitation of 0.19 inches was recorded on 3/4/12 at 2140EST. Outfall was at base flow conditions upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 5, OUTFALL S17
Monitoring Period: January 1 through June 30, 2012

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	7.5 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	2.6	< 2.0	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	34	141	
	Total Dissolved Solids (TDS)	389	216	
	Phosphorus, Total	0.54	0.088	
Group B Parameters	Aluminum	2.0	6.8	
	Iron	1.2	4.0	
	Copper, Total Recoverable (TR)	0.0044	0.0057	
	Lead (TR)	0.0023	0.0082	
	Zinc (TR)	0.013	0.026	
Group C Parameters	Total Nitrogen (as N)	< 0.85	< 0.49	
	TKN	0.82	0.41	
	Nitrate Nitrogen (as N)	< 0.011	0.059	
	Nitrite Nitrogen (as N)	0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.025	0.061	
	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	0.0021	0.011	
	Surfactant (as LAS)	< 0.013	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	0.3	0.2	
	Sulfide	< 0.052	0.16	
Flow	Total Flow, gallons	N.R.	140,000	
	Maximum Flow rate, gallons per minute	1,200	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	5/8/12	5/8/12	
	Duration of storm event, in minutes	N.R.	580	Rain started at 0130 EDT on 5/8/12 and ended at 1110 EDT on 5/8/12.
	Date and Time of sample collection	5/8/12 0940	5/8/12 1220	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.51	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	125	Precipitation of 0.17 inches was recorded on 5/2/12 at 2035 EDT. Slight flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 6, OUTFALL S37
Monitoring Period: January 1 through June 30, 2012

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	8.1 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	14.1	5.1	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	123	9.6	
	Total Dissolved Solids (TDS)	307	233	
	Phosphorus, Total	0.088	< 0.0050	
Group B Parameters	Aluminum	1.5	0.32	
	Iron	1.4	0.32	
	Copper, Total Recoverable (TR)	0.0054	0.0025	
	Lead (TR)	0.0013	0.00026	
	Zinc (TR)	0.016	0.0054	
Group C Parameters	Total Nitrogen (as N)	< 2.0	< 0.69	
	TKN	1.7	0.65	
	Nitrate Nitrogen (as N)	0.27	0.023	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.032	< 0.009	
	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	0.0014	0.00032	
	Surfactant (as LAS)	< 0.013	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	0.5	0.1	
	Sulfide	0.10	0.053	
Flow	Total Flow, gallons	N.R.	1,700	
	Maximum Flow rate, gallons per minute	15	N.R.	
	Method of flow measurement	Weir		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	5/29/12	5/29/12	
	Duration of storm event, in minutes	N.R.	110	Rain started at 1230 EDT on 5/29/12 and ended at 1420 EDT on 05/29/12.
	Date and Time of sample collection	5/29/12 1250	5/29/12 1540	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.52	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	505	Precipitation of 0.51inches was recorded on 5/8/12 at 1110 EDT. Slight flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 7, OUTFALL S20
Monitoring Period: January 1 through June 30, 2012

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	3.6	< 2.0	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	76	8.8	
	Total Dissolved Solids (TDS)	39	31	
	Phosphorus, Total	0.049	0.058	
Group B Parameters	Aluminum	0.75	0.27	
	Iron	2.0	0.36	
	Copper, Total Recoverable (TR)	0.0032	0.00088	
	Lead (TR)	0.0025	0.00044	
	Zinc (TR)	0.033	0.0060	
Group C Parameters	Total Nitrogen (as N)	< 0.79	< 0.41	
	TKN	0.35	< 0.15	
	Nitrate Nitrogen (as N)	0.42	0.24	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.15	0.063	
	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)	0.071	0.043	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	< 0.052	< 0.052	
Flow	Total Flow, gallons	N.R.	71,000	
	Maximum Flow rate, gallons per minute	430	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	3/8/12	3/8/12	
	Duration of storm event, in minutes	N.R.	810	Rain started at 0850 EST on 3/8/12 and ended at 2220 EST on 3/8/12.
	Date and Time of sample collection	3/8/12 1050	3/8/12 1330	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.17	An additional 0.50 inches was recorded after sampling ended.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	83	Precipitation of 0.19 inches was recorded on 3/4/12 at 2140 EST. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 8, OUTFALL S27
Monitoring Period: January 1 through June 30, 2012

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	1.9	N.R.	15 mg/L
	BOD-5	< 2.0	< 2.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	124	44	
	Total Dissolved Solids (TDS)	221	162	
	Phosphorus, Total	0.15	0.23	
Group B Parameters	Aluminum	3.7	3.1	
	Iron	2.2	1.8	
	Copper, Total Recoverable (TR)	0.0061	0.0038	
	Lead (TR)	0.0073	0.0029	
	Zinc (TR)	0.024	0.011	
Group C Parameters	Total Nitrogen (as N)	0.57	< 0.73	
	TKN	0.45	0.69	
	Nitrate Nitrogen (as N)	0.064	< 0.011	
	Nitrite Nitrogen (as N)	0.056	0.032	
	Ammonia Nitrogen (as NH3)	0.019	0.031	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	< 0.013	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	35,000	
	Maximum Flow rate, gallons per minute	250	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	5/8/12	5/8/12	
	Duration of storm event, in minutes	N.R.	580	Rain started at 0130 EDT on 5/8/12 and ended at 1110 EDT on 5/8/12.
	Date and Time of sample collection	5/8/12 1010	5/8/12 1250	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.51	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	125	Precipitation of 0.17 inches was recorded on 5/2/12 at 2035 EDT. No flow at outfall upon arrival.

Attachment C

Whole Effluent Toxicity (WET) Testing
Summary Pages

NEW ENGLAND BIOASSAY, A DIVISION OF GZA GEOENVIRONMENTAL, INC.
EPA TOXICITY TEST SUMMARY SHEET

Facility Name: West Valley Demonstration Project Test Start Date: 5/19/12
NPDES Permit Number: NY0000973 Pipe Number: 001

Test Type	Test Species	Sample Type	Sample Method
_ Acute	_ Fathead Minnow	_ Prechlorinated	_ Grab
_ Chronic	X Ceriodaphnia	_ Dechlorinated	X Composite
X Modified (chronic reporting acute values)	_ Daphnia Pulex	_ Chlorine Spiked in Lab	_ Flowthru
	_ Mysid Shrimp	_ Chlorinated on site	_ Other
_ 24hr screening	_ Sheepshead	X Unchlorinated	
	_ Menidia		
	_ Sea Urchin		
	_ Champia	TRC: 0.001 mg/L	
	_ Selenastrum		
	_Other		

Dilution Water

X receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: Erdman Brook)
_ alternate surface water of known quality and a hardness, etc. to generally reflect the characteristics of the receiving water; (Surface water name:_____)
_ synthetic water prepared using either Millipore Mill-Q or equivalent deionized water and reagent grade chemicals; or deionized water combined with mineral water;
_ or artificial sea salts mixed with deionized water;
_ deionized water and hypersaline brine; or
_ other_____

Effluent sampling date (s): 5/17-18/12 5/21-22/12

Effluent concentrations tested (in%): 0 6.25 12.5 25 50 100
* Permit limit concentration: TUa ≤ 0.3, TUc ≤ 1.0

Was effluent salinity adjusted? No

Actual effluent concentrations tested after salinity adjustment (%): 0 6.25 12.5 25 50 100

Reference Toxicant test date: 5/1/12

Test Acceptability Criteria

Mean Control Survival: 100% Mean Control Reproduction: 27.2 young/female
Mean Diluent Survival: 100% Mean Diluent Reproduction: 27.9 young/female

	Limits		Results
LC50	N/A	LC50	>100%
		Upper Value	± ∞
		Lower Value	100%
		Data Analysis Method Used	Graphical
TUa	0.3	TUa	0.3
A-NOEC	N/A	A-NOEC	100%
C-NOEC	N/A	C-NOEC	100%
		LOEC	>100%
TUc	1.0	TUc	1.0
IC25	N/A	IC25	>100%
IC50	N/A	IC50	>100%

NEW ENGLAND BIOASSAY, A DIVISION OF GZA GEOENVIRONMENTAL, INC.
EPA TOXICITY TEST SUMMARY SHEET

Facility Name: West Valley Demonstration Project Test Start Date: 5/19/12
NPDES Permit Number: NY0000973 Pipe Number: 001

Test Type	Test Species	Sample Type	Sample Method
_ Acute	X Fathead Minnow	_ Prechlorinated	_ Grab
_ Chronic	_ Ceriodaphnia	_ Dechlorinated	X Composite
X Modified	_ Daphnia Pulex	_ Chlorine Spiked in Lab	_ Flowthru
(chronic reporting	_ Mysid Shrimp	_ Chlorinated on site	_ Other
acute values)	_ Sheepshead	X Unchlorinated	
_ 24hr screening	_ Menidia		
	_ Sea Urchin		
	_ Champia	TRC: 0.001 mg/L	
	_ Selenastrum		
	_ Other		

Dilution Water

X receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: Erdman Brook)
_ alternate surface water of known quality and a hardness, etc. to generally reflect the characteristics of the receiving water; (Surface water name: _____)
_ synthetic water prepared using either Millipore Mill-Q or equivalent deionized water and reagent grade chemicals; or deionized water combined with mineral water;
_ or artificial sea salts mixed with deionized water;
_ deionized water and hypersaline brine; or
_ other _____

Effluent sampling date (s): 5/17-18/12 5/21-22/12

Effluent concentrations tested (in%): 0 6.25 12.5 25 50 100
* Permit limit concentration: TUa ≤ 0.3, TUc ≤ 1.0

Was effluent salinity adjusted? No

Actual effluent concentrations tested after salinity adjustment (%): 0 6.25 12.5 25 50 100

Reference Toxicant test date: 5/1/12

Test Acceptability Criteria

Mean Control Survival: 93% Mean Control Weight: 0.507 g
Mean Diluent Survival: 73% Mean Diluent Weight: 0.375 g

	Limits		Results
LC50	N/A	LC50	>100%
		Upper Value	± ∞
		Lower Value	100%
		Data Analysis Method Used	Graphical
TUa	0.3	TUa	0.3
A-NOEC	N/A	A-NOEC	100%
C-NOEC	N/A	C-NOEC	100%*
		LOEC	>100%*
TUc	1.0	TUc	1.0*
IC25	N/A	IC25	>100%*
IC50	N/A	IC50	>100%*

EPA TOXICITY TEST SUMMARY SHEET

Facility Name: West Valley Demonstration Project Test Start Date: 5/19/12
NPDES Permit Number: NY0000973 Pipe Number: 007

Test Type	Test Species	Sample Type	Sample Method
_ Acute	_ Fathead Minnow	_ Prechlorinated	_ Grab
_ Chronic	X Ceriodaphnia	X Dechlorinated	X Composite
X Modified (chronic reporting acute values)	_ Daphnia Pulex	_ Chlorine Spiked in Lab	_ Flowthru
	_ Mysid Shrimp	_ Chlorinated on site	_ Other
_ 24hr screening	_ Sheepshead	_ Unchlorinated	
	_ Menidia		
	_ Sea Urchin		
	_ Champia	TRC: < 0.001 mg/L	
	_ Selenastrum		
	_ Other		

Dilution Water

X receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: ErdmanBrook)
_ alternate surface water of known quality and a hardness, etc. to generally reflect the characteristics of the receiving water; (Surface water name:)
_ synthetic water prepared using either Millipore Mill-Q or equivalent deionized water and reagent grade chemicals; or deionized water combined with mineral water;
_ or artificial sea salts mixed with deionized water;
_ deionized water and hypersaline brine; or
_ other

Effluent sampling date (s): 5/17-18/12 5/21-22/12

Effluent concentrations tested (in%): 0 6.25 12.5 25 50 100
* Permit limit concentration: TUa ≤ 0.3, TUc ≤ 1.0

Was effluent salinity adjusted? No
If yes, to what value? N/A ppt
With sea salts? N/A Hypersaline brine solution? N/A

Actual effluent concentrations tested after salinity adjustment (%): 0 6.25 12.5 25 50 100

Reference Toxicant test date: 5/1/12

Test Acceptability Criteria

Mean Control Survival: 100% Mean Control Reproduction: 28.7 young/female
Mean Diluent Survival: 90% Mean Diluent Reproduction: 23.5 young/female

	Limits		Results
LC50	N/A	LC50	>100%
		Upper Value	± ∞
		Lower Value	100%
		Data Analysis Method Used	Graphical
TUa	0.3	TUa	0.3
A-NOEC	N/A	A-NOEC	100%
C-NOEC	N/A	C-NOEC	100%
		LOEC	>100%
TUc	1.0	TUc	1.0
IC25	N/A	IC25	>100%
IC50	N/A	IC50	>100%

NEW ENGLAND BIOASSAY, A DIVISION OF GZA GEOENVIRONMENTAL, INC.
EPA TOXICITY TEST SUMMARY SHEET

Facility Name: West Valley Demonstration Project Test Start Date: 5/19/12
NPDES Permit Number: NY0000973 Pipe Number: 007

Test Type	Test Species	Sample Type	Sample Method
_ Acute	X Fathead Minnow	_ Prechlorinated	_ Grab
_ Chronic	_ Ceriodaphnia	X Dechlorinated	X Composite
X Modified (chronic reporting acute values)	_ Daphnia Pulex	_ Chlorine Spiked in Lab	_ Flowthru
	_ Mysid Shrimp	_ Chlorinated on site	_ Other
_ 24hr screening	_ Sheepshead	_ Unchlorinated	
	_ Menidia		
	_ Sea Urchin		
	_ Champia	TRC: < 0.001 mg/L	
	_ Selenastrum		
	_Other		

Dilution Water

X receiving water collected at a point upstream of or away from the discharge, free from toxicity or other sources of contamination; (Receiving water name: ErdmanBrook)

_ alternate surface water of known quality and a hardness, etc. to generally reflect the characteristics of the receiving water; (Surface water name:_____)

_ synthetic water prepared using either Millipore Mill-Q or equivalent deionized water and reagent grade chemicals; or deionized water combined with mineral water;

_ or artificial sea salts mixed with deionized water;

_ deionized water and hypersaline brine; or

_ other_____

Effluent sampling date (s): 5/17-18/12 5/21-22/12

Effluent concentrations tested (in%): 0 6.25 12.5 25 50 100
* Permit limit concentration: TUa ≤ 0.3, TUc ≤ 1.0

Was effluent salinity adjusted? No
If yes, to what value? N/A ppt
With sea salts? N/A Hypersaline brine solution? N/A

Actual effluent concentrations tested after salinity adjustment (%): 0 6.25 12.5 25 50 100

Reference Toxicant test date: 5/1/12

Test Acceptability Criteria

Mean Control Survival: 95% Mean Control Weight: 0.572 mg
Mean Diluent Survival: 65% Mean Diluent Weight: 0.414 mg

	Limits		Results
LC50	N/A	LC50	>100%
		Upper Value	± ∞
		Lower Value	100%
		Data Analysis Method Used	Graphical
TUa	0.3	TUa	0.3
A-NOEC	N/A	A-NOEC	100%
C-NOEC	N/A	C-NOEC	100%*
		LOEC	>100%*
TUc	1.0	TUc	1.0*
IC25	N/A	IC25	>100%*
IC25		IC50	>100%*