

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:2013:0032
July 17, 2013

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period June 1 through June 30, 2013, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP) and Storm Water Monitoring Results for January 1, 2013 through June 30, 2013

Dear Mr. Haugh:

The West Valley Demonstration Project SPDES DMR for the reporting period June 1 through June 30, 2013 including the Net Iron calculation sheet is provided as Attachment A. All results for this report are within the effluent discharge limits specified in the permit.

Please note that there was no discharge at outfall 001 and internal outfall 01B during this period. In addition, outfall 007 was collected once per month as opposed to twice per month due to the limited volume discharged.

CHBWV is also submitting, for your use, analytical results and data for the first semi-annual storm water monitoring period of January 1, 2013 through June 30, 2013, as Attachment B. All storm water sampling results were within applicable limits specified on page 14 of 32 of the SPDES permit for oil & grease.

Storm water samples were collected on May 8, May 9, May 23, and May 28, 2013. The on-site pH measured near the site's rain gauge on each of these dates was: 6.9 SU; 7.0 SU; 7.7 SU; and 6.8 SU respectively.

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 0.002 mg/L with an action level of 0.006 mg/L.

Please note that, in accordance with the Schedule of Compliance sampling requirements contained on page 30 of 32 for Paraquat Dichloride Herbicide (Gramoxone Extra), the site has not used any herbicides during this storm water monitoring period of January 1 through June 30, 2013; and therefore, storm water samples were not analyzed for paraquat dichloride.

The storm water outfalls (S-04 and S-27) that were collected on May 9, 2013 were collected 11 hours from the previous storm event of >0.10 inches of rain that occurred on May 8, 2013. However, the storm event that occurred on May 8, 2013 of 0.14 inches did not produce flow at any of the storm water outfalls with the exception of S-20 that was sampled on May 8, 2013. Outfall S-20 collects storm water runoff from the SDA and NDA geo-membrane covers, and flow generally occurs with very little precipitation.

The storm water outfalls (S-34 and S-14) that were collected on May 23, 2013 were collected 35 hours from the previous storm event of >0.10 inches, occurring on May 22, 2013. The storm event occurring on May 22, 2013, of 0.11 inches, did not produce flow at these outfalls. A decision was made to sample the May 23, 2013 storm event when it generated flow at the outfalls.

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

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

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.

Sincerely,



John D. Rendall, Manager
Regulatory Strategy

JDR:DPK:bnj

Attachments: A) SPDES DMR for June 1 through June 30, 2013 Monitoring Period
B) Storm Water Discharge Monitoring Results for January 1 through June 30, 2013 Monitoring Period

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

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

$$X1 = 0.000 \text{ mg/L}$$

$$X2 = 0.000 \text{ mg/L}$$

$$V1 = 0.000 \text{ L/month}$$

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

$$\text{OUTFALL 007} = M7 = \frac{(X1 + X2) V7}{2} = 9709.32 \text{ mg/month}$$

$$X1 = 0.021 \text{ mg/L}$$

$$X2 = 0.000 \text{ mg/L}$$

$$V7 = 462348.76 \text{ L/month}$$

*Note: There was only one discharge sampled at outfall 007 during this monitoring period.

$$\text{RAW WATER} = MRW = \frac{(X1 + X2 + X3 + X4) VRW}{4} = 2402892.28 \text{ mg/month}$$

$$X1 = 0.642 \text{ mg/L}$$

$$X2 = 1.4 \text{ mg/L}$$

$$X3 = 0.649 \text{ mg/L}$$

$$X4 = 0.995 \text{ mg/L}$$

$$VRW = 2607587.93 \text{ L/month}$$

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

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

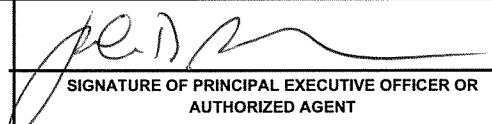
NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

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

No Discharge ☒

ATTN: BRYAN C BOWER, DIRECTOR

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	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	07/16/2013	
TYPED OR PRINTED				AREA Code	NUMBER

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

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

Form Approved
OMB No. 2040-0004

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

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

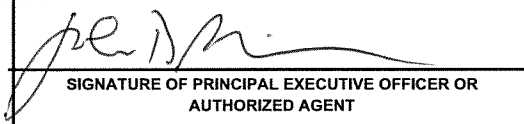
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

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

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		07/16/2013
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code

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

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

Form Approved
OMB No. 2040-0004

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

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

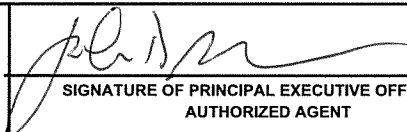
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

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

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	07/16/2013	
TYPED OR PRINTED				AREA Code	NUMBER

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

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

Form Approved
OMB No. 2040-0004

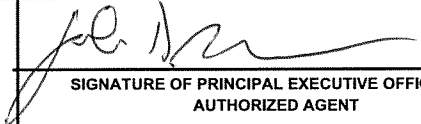
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	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

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	07/16/2013	
TYPED OR PRINTED				AREA Code	NUMBER

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

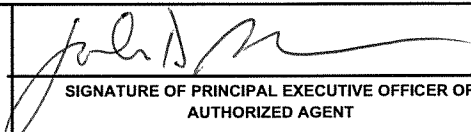
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2013	6/30/2013

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, free (amen. to chlorination)	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.005	<0.005	mg/L	0	02/YR	GR
00722 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Twice Per Year	GRAB
Manganese, total (as Mn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.061	0.061	mg/L	0	02/YR	24
01055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	2 DAILY MX	mg/L		Twice Per Year	COMP24
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0042	0.0042	mg/L	0	02/YR	24
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.079 DAILY MX	mg/L		Twice Per Year	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0099	0.0099	mg/L	0	02/YR	24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.13 DAILY MX	mg/L		Twice Per Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.003	0.003	mg/L	0	02/YR	24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.006 DAILY MX	mg/L		Twice Per Year	COMP24
Chromium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0016	0.0016	mg/L	0	02/YR	24
01118 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.11 DAILY MX	mg/L		Twice Per Year	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0059	0.0059	mg/L	0	02/YR	24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Twice Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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		07/16/2013
			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)

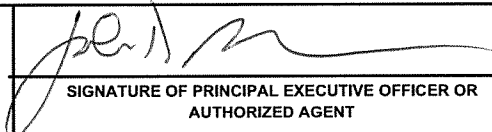
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2013	6/30/2013

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 39410 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.006	<0.006	ug/L	0	02/YR	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.01 MO AVG	Req. Mon. DAILY MX	ug/L		Twice Per Year	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	07/16/2013
TYPED OR PRINTED			AREA Code	NUMBER

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)

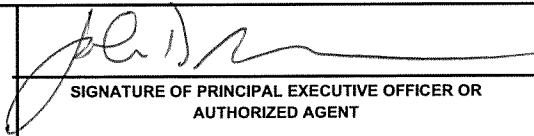
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-V
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2013	6/30/2013

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	*****	*****	*****	*****	*****	0.046	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	*****	*****	*****	*****	*****	0.020	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	*****	*****	*****	*****	*****	<0.073	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	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	07/16/2013
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				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

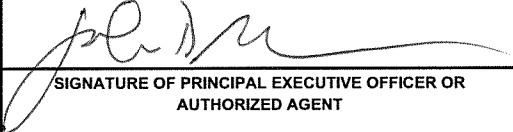
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
SANITARY, NC COOLING WATER, UTILITY WASTE
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	*****	*****	*****	9.5	*****	9.5	mg/L	0	*01/30	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	*****	*****	*****	*****	<2.0	<2.0	mg/L	0	*01/30	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU	0	*01/30	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	*01/30	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	*01/30	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	*01/30	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	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	07/16/2013
TYPED OR PRINTED			AREA Code	NUMBER

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

*Note: Outfall 007 was collected once per month as opposed to twice per month due to the limited volume discharged.

DISCHARGE MONITORING REPORT (DMR)

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
6/1/2013	6/30/2013

DMR Mailing ZIP CODE: 14171-9799

MAJOR

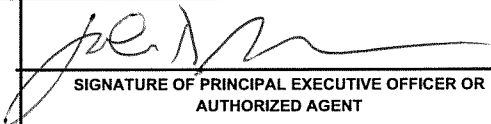
(SUBR 09)

SANITARY, NC COOLING WATER, UTILITY WASTE

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	*****	*****	*****	*****	0.021	0.021	mg/L	0	*01/30	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	*****	*****	*****	*****	<0.009	<0.009	mg/L	0	*01/30	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	0.020	0.035	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	*****	*****	*****	*****	197	197	mg/L	0	*01/30	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	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	07/16/2013
TYPED OR PRINTED			AREA Code	NUMBER

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

*Note: Outfall 007 was collected once per month as opposed to twice per month due to the limited volume discharged.

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)

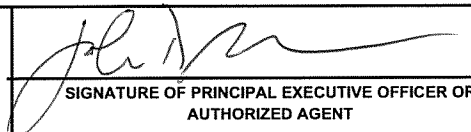
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
SANITARY, NC COOLING WATER, UTILITY WASTE
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	*****	*****	*****	*****	3.40	3.40	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	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	07/16/2013
TYPED OR PRINTED			AREA Code	NUMBER

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

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

Form Approved
OMB No. 2040-0004

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

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

NY0000973	01B-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

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

No Discharge ☒

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

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	07/16/2013
TYPED OR PRINTED			AREA Code	NUMBER

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
6/1/2013	6/30/2013

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

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
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	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		07/16/2013
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)

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)

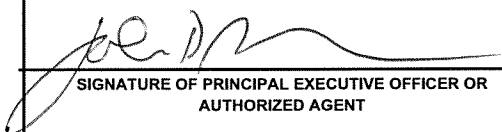
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	SUM-N
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	6/30/2013

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) 01045 2 0 Effluent Net	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	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	07/16/2013
TYPED OR PRINTED			AREA Code	NUMBER

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

Attachment B

**Storm Water Discharge Monitoring Results for
January 1 through June 30, 2013
Monitoring Period**

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 1, OUTFALL S04
Monitoring Period: January 1 through June 30, 2013**

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.6 S.U.	N.R.	Not Specified in Permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	4.9	2.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	160	264	
	Total Dissolved Solids (TDS)	655	437	
	Phosphorus, Total	0.14	0.061	
Group B Parameters	Aluminum	6.1	6.4	
	Iron	8.5	6.9	
	Copper, Total Recoverable (TR)	0.013	0.012	
	Lead (TR)	0.0057	0.0047	
	Zinc (TR)	0.074	0.058	
Group C Parameters	Total Nitrogen (as N)	< 1.3	< 0.95	
	TKN	1.0	0.72	
	Nitrate Nitrogen (as N)	0.23	0.21	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.056	0.037	
	Cadmium, TR	0.00016	0.00010	
	Chromium, TR	0.0045	0.0054	
	Hexavalent Chromium, TR	< 0.0050	< 0.0050	
	Selenium, TR	< 0.00044	< 0.00044	
	Vanadium, TR	0.0056	0.0082	
	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.	370,000	
	Maximum Flow rate, gallons per minute	3,000	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	5/9/13	5/9/13	Rain started at 0345 EDT on 5/9/13 and ended at 1400 EDT on 5/9/13.
	Duration of storm event, in minutes	N.R.	615	
	Date and Time of sample collection	5/9/13 0935	5/9/13 1220	
	Sampling Duration (Minutes)	Instantaneous	180	Precipitation of 0.14 inches was recorded on 5/8/13 at 1645 EDT. Outfall was at base flow conditions.
	Total rainfall during sampling event, in inches	N.R.	0.43	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	11	

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 2, OUTFALL S06
Monitoring Period: January 1 through June 30, 2013**

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.2 S.U.	N.R.	Not Specified in Permit.
	Oil and Grease	< 1.6	N.R.	15 mg/L
	BOD-5	3.4	13	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	1.4	< 2.3	
	Total Dissolved Solids (TDS)	731	756	
	Phosphorus, Total	< 0.017	0.018	
Group B Parameters	Aluminum	< 0.068	< 0.068	
	Iron	0.13	0.13	
	Copper, Total Recoverable (TR)	0.00076	0.00086	
	Lead (TR)	< 0.00050	< 0.00050	
	Zinc (TR)	0.0059	0.0046	
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)	< 0.017	< 0.017	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
Flow	Total Flow, gallons	N.R.	4,700	
	Maximum Flow rate, gallons per minute	35	N.R.	
	Method of flow measurement	ISCO Flow Meter		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	5/28/13	5/28/13	
	Duration of storm event, in minutes	N.R.	1,140	Rain started at 0545 EDT on 5/28/13 and ended at 0045 EDT on 5/29/13.
	Date and Time of sample collection	5/28/13 0935	5/28/13 1220	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.45	An additional 0.55 inches fell after sampling ended for a total of 1.0 inches
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	101	Precipitation of 0.47 inches was recorded on 5/24/13 at 0100 EDT, outfall was at base flow conditions.

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 3, OUTFALL S12/DUPLICATE
Monitoring Period: January 1 through June 30, 2013**

Parameter Group	Parameter	Results in mg/L, Mercury, total in ng/L via method 1631		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.1 / 7.1 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4 / < 1.4	N.R.	15 mg/L
	BOD-5	3.4 / 3.6	11	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	77 / 78	66	
	Total Dissolved Solids (TDS)	293 / 302	342	
	Phosphorus, Total	0.13 / 0.13	0.13	
Group B Parameters	Aluminum	3.8 / 3.2	2.7	
	Iron	5.4 / 4.4	3.6	
	Copper, Total Recoverable (TR)	0.0079 / 0.0075	0.0059	
	Lead (TR)	0.0038 / 0.0032	0.0027	
	Zinc (TR)	0.048 / 0.035	0.031	
Group C Parameters	Total Nitrogen (as N)	< 0.68 / 0.68	0.65	
	TKN	0.58 / 0.60	0.56	
	Nitrate Nitrogen (as N)	0.080 / 0.061	0.058	
	Nitrite Nitrogen (as N)	< 0.020 / 0.020	0.028	
	Ammonia Nitrogen (as NH3)	0.046 / 0.010	0.075	
	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	0.000010 <0.0000062	< 0.0000063	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Mercury, Total (ng/L)	15.5	N.R.	
Flow	Total Flow, gallons	N.R.	48,000	
	Maximum Flow rate, gallons per minute	350	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	5/28/13	5/28/13	
	Duration of storm event, in minutes	N.R.	1,140	Rain started at 0545 EDT on 5/28/13 and ended at 0045 EDT on 5/29/13.
	Date and Time of sample collection	5/28/13 0815	5/28/13 1110	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.44	An additional 0.56 inches fell after sampling ended for a total of 1.00 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	101	Precipitation of 0.47 inches was recorded on 5/24/13 at 0100 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, 2013**

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.6 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	4.7	3.7	Not specified in permit.
	Total Suspended Solids (TSS)	698	832	N.R. = Not Required.
	Total Dissolved Solids (TDS)	513	353	
	Phosphorus, Total	0.33	0.38	
Group B Parameters	Aluminum	22	29	
	Iron	29	39	
	Copper, Total Recoverable (TR)	0.024	0.033	
	Lead (TR)	0.018	0.028	
	Zinc (TR)	0.27	0.30	
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)	0.015	< 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.	32,000	
	Maximum Flow rate, gallons per minute	530	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	5/23/13	5/23/13	
	Duration of storm event, in minutes	N.R.	825	Rain started at 1115 EDT on 5/23/13 and ended at 0100 EDT on 5/24/13.
	Date and Time of sample collection	5/23/13 1345	5/23/13 1625	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.39	An additional 0.08 inches was recorded after sampling ended for a storm event total of 0.47 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	35	Precipitation of 0.11 inches was recorded on 5/22/13 at 0015 EDT. Outfall was at base flow conditions.

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 5, OUTFALL S14
Monitoring Period: January 1 through June 30, 2013**

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	1.5	N.R.	15 mg/L
	BOD-5	10	4.7	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	2700	2400	
	Total Dissolved Solids (TDS)	442	290	
	Phosphorus, Total	0.89	0.73	
Group B Parameters	Aluminum	58	73	
	Iron	75	91	
	Copper, Total Recoverable (TR)	0.071	0.050	
	Lead (TR)	0.13	0.088	
	Zinc (TR)	0.42	0.29	
Group C Parameters	Total Nitrogen (as N)	11	9.4	
	TKN	9.5	8.6	
	Nitrate Nitrogen (as N)	1.1	0.73	
	Nitrite Nitrogen (as N)	0.044	0.032	
	Ammonia Nitrogen (as NH3)	0.26	0.22	
	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	0.048	0.11	
	Surfactant (as LAS)	< 0.013	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	7.0	4.0	
	Sulfide	< 0.052	< 0.052	
Flow	Total Flow, gallons	N.R.	460	
	Maximum Flow rate, gallons per minute	12	N.R.	
	Method of flow measurement	Weir		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	05/23/13	05/23/13	
	Duration of storm event, in minutes	N.R.	825	Rain started at 1115 EDT on 5/23/13 and ended at 0100 EDT on 5/24/13.
	Date and Time of sample collection	05/23/13 1340	05/23/13 1550	
	Sampling Duration (Minutes)	Instantaneous	140	
	Total rainfall during sampling event, in inches	N.R.	0.37	An additional 0.10 inches was recorded after sampling ended for a storm event total of 0.47 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	35	Precipitation of 0.11 inches was recorded on 5/22/13 at 0015 EDT. Slight flow at Outfall.

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 6, OUTFALL S39
Monitoring Period: January 1 through June 30, 2013**

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	7.8 S.U.	N.R.	Not specified in permit.
	Oil and Grease	2.9	N.R.	15 mg/L
	BOD-5	< 2.0	15	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	153	113	
	Total Dissolved Solids (TDS)	249	246	
	Phosphorus, Total	0.060	0.058	
Group B Parameters	Aluminum	4.8	6.4	
	Iron	4.2	5.6	
	Copper, Total Recoverable (TR)	0.0076	0.0061	
	Lead (TR)	0.0036	0.0024	
	Zinc (TR)	0.19	0.11	
Group C Parameters	Total Nitrogen (as N)	< 1.1	< 1.4	
	TKN	0.75	0.70	
	Nitrate Nitrogen (as N)	0.32	0.65	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.067	0.052	
	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	0.0043	0.0040	
	Surfactant (as LAS)	< 0.013	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	0.4	0.2	
	Sulfide	< 0.052	< 0.052	
Flow	Total Flow, gallons	N.R.	76,000	
	Maximum Flow rate, gallons per minute	710	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	05/28/13	05/28/13	
	Duration of storm event, in minutes	N.R.	1,140	Rain started at 0545 EDT on 5/28/13 and ended at 0045 EDT on 5/29/13.
	Date and Time of sample collection	05/28/13 0830	05/28/13 1120	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.44	An additional 0.56 inches was recorded after sampling ended for a storm total of 1.00 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	101	Precipitation of 0.47 inches was recorded on 5/24/13 at 0100 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, 2013**

Parameter Group	Parameter	Results in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.3 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	13	5.3	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	56	21	
	Total Dissolved Solids (TDS)	88	53	
	Phosphorus, Total	0.13	0.056	
Group B Parameters	Aluminum	1.3	0.65	
	Iron	1.8	0.75	
	Copper, Total Recoverable (TR)	0.0058	0.0024	
	Lead (TR)	0.0015	0.00058	
	Zinc (TR)	0.021	0.0078	
Group C Parameters	Total Nitrogen (as N)	2.7	1.0	
	TKN	1.4	0.50	
	Nitrate Nitrogen (as N)	1.2	0.46	
	Nitrite Nitrogen (as N)	0.14	0.038	
	Ammonia Nitrogen (as NH3)	0.19	0.071	
	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)	0.023	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	< 0.052	< 0.052	
Flow	Total Flow, gallons	N.R.	42,000	
	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	5/8/13	5/8/13	
	Duration of storm event, in minutes	N.R.	135	Rain started at 1430 EDT on 5/8/13 and ended at 1645 EDT on 5/8/13.
	Date and Time of sample collection	5/8/13 1455	5/8/13 1735	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.14	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	326	Precipitation of 0.29 inches was recorded on 4/25/13 at 0015 EDT. Outfall was at base flow conditions.

**STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 8, OUTFALL S27
Monitoring Period: January 1 through June 30, 2013**

Parameter Group	Parameter	Results, in mg/L		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.1 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	3.3	2.2	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	202	94	
	Total Dissolved Solids (TDS)	209	254	
	Phosphorus, Total	0.11	0.076	
Group B Parameters	Aluminum	4.5	5.6	
	Iron	3.9	5.2	
	Copper, Total Recoverable (TR)	0.012	0.011	
	Lead (TR)	0.0082	0.0053	
	Zinc (TR)	0.048	0.039	
Group C Parameters	Total Nitrogen (as N)	< 1.2	< 0.64	
	TKN	0.98	0.50	
	Nitrate Nitrogen (as N)	0.17	0.12	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.052	0.034	
	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.	16,000	
	Maximum Flow rate, gallons per minute	120	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	5/9/13	5/9/13	
	Duration of storm event, in minutes	N.R.	615	Rain started at 0345 EDT on 5/9/13 and ended at 1400 EDT on 5/9/13.
	Date and Time of sample collection	5/9/13 0930	5/9/13 1215	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.43	
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	11	Precipitation of 0.14 inches was recorded on 5/8/13 at 1645 EDT. No flow at outfall upon arrival.