CH2MHILL • BWXT West Valley, LLC
West Valley Demonstration Project

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

AC-EA
WR:2015:0034
July 27, 2015

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period June 1 through June 30, 2015, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP) and Storm Water Monitoring Results for January 1, 2015 through June 30, 2015

Dear Mr. Haugh:

The West Valley Demonstration Project's SPDES DMR for the reporting period June 1 through June 30, 2015, including the Net Iron calculation and Total Dissolved Solids (TDS) concentration sheets, 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 007 or internal outfall 01B during this period.

CHBWV is also submitting as Attachment B, for your use, analytical results and data for the semi-annual storm water monitoring period of January 1, 2015 through June 30, 2015. All storm water sampling results were within applicable limits specified on page 14 of 32 of the SPDES permit for oil & grease. The sample matrix spike result for Surfactants (as LAS) was reported low, and therefore the outfall S17 first flush sample result was flagged "R" unreliable at <0.013 mg/L.

Storm water samples were collected on June 8 and July 14, 2015. The on-site pH of precipitation, measured near the site's rain gauge was 7.1 SU and 8.2 respectively.

The monitoring period of January 1, 2015 through June 30, 2015 proved to be difficult as precipitation rates were extremely low during the period and the events that did occur were during weekends or at night.

The storm water outfalls collected during this semi-annual monitoring period include S04; S06; S09; S34; and S20. Storm water outfalls S17; S27; and S43 were not collected during this monitoring period but were collected just outside of this monitoring period on July 14, 2015 and have been reported within the pages of Attachment B.

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 applied herbicides during this storm water monitoring period ending June 30, 2015, and therefore, storm water outfalls were not analyzed for Paraquat Dichloride.

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. GEL 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 Total Residual Chlorine analyses, performed by the CHBWV wastewater treatment facility, is 0.01 mg/L.

If you have any questions, please contact Moira Maloney of the U.S. Department of Energy West Valley Demonstration Project (DOE-WVDP) at (716) 942-4255 or William Kean of my staff at (716) 942-4865.

Sincerely,

John D. Rendall, Manager
Regulatory Strategy & Engineering

JDR:WNK:bnj

Attachments: A) SPDES DMR for June 1 through June 30, 2015 Monitoring Period

B) Storm Water Discharge Monitoring Results for January 1 through June 30, 2015 Monitoring Period

cc: M. A. Jackson, NYSDEC-Region 9 DOW
E. W. Wohlers, Cattaraugus County Health Department
J. M. Dundas, DOE-WVDP
M. N. Maloney, DOE-WVDP
J. J. Baker, CHBWV
L. E. Bennett, CHBWV (Public Reading Room)
W. N. Kean, CHBWV
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 30, 2015
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

OUTFALL 001 = $M1 = \frac{(X1 + X2)\ V1}{2}$ = 4176445.14 mg/month

X1 = 0.464 mg/L

X2 = 1.12 mg/L

V1 = 5273289.32 L/month

OUTFALL 007 = $M7 = \frac{(X1 + X2)\ V7}{2}$ = 0.00 mg/month

X1 = 0.00 mg/L

X2 = 0.00 mg/L

V7 = 0.00 L/month

NOTE: There was no discharge from outfall 007 during this monitoring period.

RAW WATER = $MRW = \frac{(X1 + X2 + X3 + X4)\ VRW}{4}$ = 0.00 mg/month

X1 = 0.00 mg/L

X2 = 0.00 mg/L

X3 = 0.00 mg/L

X4 = 0.00 mg/L

VRW = 0.00 L/month

NOTE: Raw water from the reservoir system is no longer used for process water.

IRON DISCHARGE CONCENTRATION = $\frac{M1 + M7 - MRW}{V1 + V7}$ = 0.79 mg/L

ATTACHMENT A (Cont'd)

SPDES DISCHARGE MONITORING REPORT - JUNE 1 THROUGH JUNE 30, 2015
TOTAL DISSOLVED SOLIDS (TDS) CONCENTRATION CALCULATION - MONITORING POINT 116
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT No. NY-0000973

Date: June 11, 2015

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

= ((0.194 MGD)(734 mg/L)+(0.132 MGD)(329 mg/L)+(0.288 MGD)(115 mg/L))/(0.614 MGD)

= 357 mg/L

Date: June 17, 2015

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

= ((0.196 MGD)(884 mg/L)+(3.070 MGD)(182 mg/L)+(0.288 MGD)(67 mg/L))/(3.554 MGD)

= 316 mg/L

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

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

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

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

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

C3 = TDS concentration in augmentation water, MGD.

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sulfate [as S]	SAMPLE MEASUREMENT	******	******	******	******	87	87	mg/L	0	01/BA	24
00154 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Batch	COMP24
Oxygen demand, ultimate	SAMPLE MEASUREMENT	******	******	******	******	8.06	9.23	mg/L	0	02/BA	CA
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	22 DAILY MX	mg/L		Twice per Batch	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	7.4	******	11	mg/L	0	02/BA	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	Req. Mon. MAXIMUM	mg/L		Twice per Batch	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	2.3	2.5	mg/L	0	02/BA	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice per Batch	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU	0	01/BA	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Once per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.8	6.0	mg/L	0	02/BA	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 DAILY MX	mg/L		Twice per Batch	COMP24
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	<0.1	<0.1	ml/L	0	02/BA	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			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		07/16/2015
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)

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NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, ST
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	******	******	******	******	<1.4	<1.4	mg/L	0	01/BA	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	15 DAILY MX	mg/L		Once per Batch	GRAB
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	******	******	******	******	0.02	0.02	mg/L	0	01/BA	24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once per Batch	COMP24
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	<0.02	<0.02	mg/L	0	01/BA	24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Batch	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******	1.0	1.2	mg/L	0	02/BA	24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	COMP24
Sulfide, dissolved, [as S]	SAMPLE MEASUREMENT	******	******	******	******	<0.05	<0.05	mg/L	0	01/BA	24
00746 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.4 DAILY MX	mg/L		Once per Batch	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.00097	0.00097	mg/L	0	01/BA	24
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.15 DAILY MX	mg/L		Once per Batch	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	<0.0006	<0.0006	mg/L	0	01/BA	GR
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.005 DAILY MX	mg/L		Once per Batch	GRAB

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		07/16/2015
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) — Form Approved

DISCHARGE MONITORING REPORT (DMR)

OMB No: 2040-0004

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WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	<0.0004	<0.0004	mg/L	0	01/BA	GR
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.004 DAILY MX	mg/L		Once per Batch	GRAB
Iron, total [as Fe]	SAMPLE MEASUREMENT	******	******	******	******	0.792	1.12	mg/L	0	02/BA	24
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	COMP24
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	******	0.18	0.18	mg/L	0	01/BA	24
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2 MO AVG	4 DAILY MX	mg/L		Once per Batch	COMP24
Vanadium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	<0.0015	<0.0015	mg/L	0	01/BA	GR
01128 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Once per Batch	GRAB
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	******	******	******	******	<0.015	0.021	mg/L	0	02/BA	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1.5 MO AVG	2.1 DAILY MX	mg/L		Twice per Batch	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.194	0.245	MGD	******	******	******	******	0	02/BA	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Twice per Batch	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	0.02	0.02	mg/L	0	01/BA	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Once per Batch	GRAB

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NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, ST
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	******	******	******	******	696	734	mg/L	0	02/BA	GR
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Batch	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	1.3	1.3	ng/L	0	01/BA	GR
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	50 MO AVG	Req. Mon. DAILY MX	ng/L		Once per Batch	GRAB
Surfactants [linear alkylate sulfonate]	SAMPLE MEASUREMENT	******	******	******	******	0.02	0.02	mg/L	0	01/BA	GR
81646 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.04 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602		07/16/2015
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)

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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
1/1/2015	6/30/2015

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 Yea	GRAB
Manganese, total [as Mn]	SAMPLE MEASUREMENT	******	******	******	******	0.23	0.23	mg/L	0	02/YR	24
01055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	2 DAILY MX	mg/L		Twice per Yea	COMP24
Nickel, total [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	0.0031	0.0031	mg/L	0	02/YR	24
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.079 DAILY MX	mg/L		Twice per Yea	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.011	0.011	mg/L	0	02/YR	24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.13 DAILY MX	mg/L		Twice per Yea	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.0004	0.0004	mg/L	0	02/YR	24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.006 DAILY MX	mg/L		Twice per Yea	COMP24
Chromium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.00065	0.00065	mg/L	0	02/YR	24
01118 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.11 DAILY MX	mg/L		Twice per Yea	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	0.0041	0.0041	mg/L	0	02/YR	24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.014 DAILY MX	mg/L		Twice per Yea	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		07/16/2015
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1/1/2015	6/30/2015

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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	uq/L	0	02/YR	GR
39410 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	Req. Mon. DAILY MX	ug/L		Twice per Yea	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716-942-4602		07/16/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-V
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2015	6/30/2015

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	******	******	******	******	******	0.047	mg/L	0	02/YR	24
01022 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	2 DAILY MX	mg/L		Twice per Yea	COMP24
Titanium, total [as Ti]	SAMPLE MEASUREMENT	******	******	******	******	******	0.0055	mg/L	0	02/YR	24
01152 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	.65 DAILY MX	mg/L		Twice per Yea	COMP24
Bromide [as Br]	SAMPLE MEASUREMENT	******	******	******	******	******	1.9	mg/L	0	02/YR	24
71870 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	5 DAILY MX	mg/L		Twice per Yea	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		07/16/2015
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
6/1/2015	6/30/2015

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

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, ultimate	SAMPLE MEASUREMENT	******	******	******	******						
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	22 DAILY MX	mg/L		Monthly	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	Req. Mon. MAXIMUM	mg/L		Twice per Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 DAILY MX	mg/L		Twice per Month	COMP24
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******						
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice per Month	GRAB
Oil & Grease	SAMPLE MEASUREMENT	******	******	******	******						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	15 DAILY MX	mg/L		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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	07/16/2015
TYPED OR PRINTED			AREA Code / NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYS (NPDES) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved

DISCHARGE MONITORING REPORT (DMR) 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
6/1/2015	6/30/2015

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

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Iron, total [as Fe]	SAMPLE MEASUREMENT	******	******	******	******						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Month	COMP24
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	******	******	******	******						
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1.49 MO AVG	2.1 DAILY MX	mg/L		Twice per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Monthly	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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		07/16/2015
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**
6/1/2015	6/30/2015

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

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	50 DAILY MX	ng/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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		07/16/2015
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

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

MONITORING PERIOD	
MM/DD/YYYY	**MM/DD/YYYY**
6/1/2015	6/30/2015

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
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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

PERMIT NUMBER	DISCHARGE NUMBER
NY0000973	116-M

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

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	******	******	******	******	337	357	mg/L	0	02/DS	CA
70295 Z 0 Instream Monitoring	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	500 DAILY MX	mg/L		Twice per Discharge	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

IF PSUEDO MONITORING POINT REPORT IS NOT REQUIRED DURING THE MONITORING PERIOD, EITHER CHECK THENO DISCHARGE BOX OR ENTER 'NODI A'IN PLACE OF A MEASUREMENT TO INDICATE A GENERAL PERMIT EXEMPTION.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	SUM-N
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2015	6/30/2015

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	******	******	******	******	0.79	0.79	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
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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, 2015 Monitoring Period

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 1, OUTFALL S04
Monitoring Period: January 1 through June 30, 2015

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	< 1.4	N.R.	15 mg/L
	BOD-5	5.1	2.9	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	178	269	
	Total Dissolved Solids (TDS)	395	226	
	Phosphorus, Total	0.66	0.56	
Group B Parameters	Aluminum	9.9	6.0	
	Iron	14	16	
	Copper, Total Recoverable (TR)	0.014	0.025	
	Lead (TR)	0.0083	0.011	
	Zinc (TR)	0.12	0.12	
Group C Parameters	Total Nitrogen (as N)	< 1.2	1.1	
	TKN	1.2	0.99	
	Nitrate Nitrogen (as N)	< 0.020	0.098	
	Nitrite Nitrogen (as N)	< 0.020	0.032	
	Ammonia Nitrogen (as NH3)	0.094	0.083	
	Cadmium, TR	0.00040	0.00030	
	Chromium, TR	0.0059	0.0090	
	Hexavalent Chromium, TR	< 0.0050	< 0.0050	
	Selenium, TR	< 0.00044	< 0.00044	
	Vanadium, TR	0.0065	0.0096	
	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.	580,000	
	Maximum Flow rate, gallons per minute	17,000	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/08/15	6/08/15	
	Duration of storm event, in minutes	N.R.	440	Rain started at 0400 EDT on 6/08/15 and ended at 1120 EDT on 6/08/15.
	Date and Time of sample collection	6/08/15 1110	6/08/15 1320	
	Sampling Duration (Minutes)	Instantaneous	140	
	Total rainfall during sampling event, in inches	N.R.	0.47	An additional 0.01 inches was recorded after sampling was completed.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	171	Precipitation of 0.75 inches was recorded on 6/01/15 at 0050 EDT. No flow above base flow upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 2, OUTFALL S06
Monitoring Period: January 1 through June 30, 2015

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	23	6.3	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	9.6	19	
	Total Dissolved Solids (TDS)	661	557	
	Phosphorus, Total	0.041	0.071	
Group B Parameters	Aluminum	0.11	1.1	
	Iron	0.79	2.8	
	Copper, Total Recoverable (TR)	0.00085	0.0026	
	Lead (TR)	< 0.00050	0.0013	
	Zinc (TR)	0.0041	0.017	
Group C Parameters	Total Nitrogen (as N)	N.R.	N.R.	
	TKN	N.R.	N.R.	
	Nitrate Nitrogen (as N)	N.R.	N.R.	
	Nitrite Nitrogen (as N)	N.R.	N.R.	
	Ammonia Nitrogen (as NH3)	N.R.	N.R.	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	< 0.0043	< 0.0043	
	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	200	N.R.	
	Method of flow measurement	ISCO Flow Meter		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/8/15	6/8/15	
	Duration of storm event, in minutes	N.R.	440	Rain started at 0400 EDT on 6/8/15 and ended at 1120 EDT on 6/8/15.
	Date and Time of sample collection	6/8/15 1120	6/8/15 1405	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.47	An additional 0.01 inches was recorded after sampling was completed.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	171	Precipitation of 0.75 inches was recorded on 6/01/15 at 0050 EDT. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 3, OUTFALL S09
Monitoring Period: January 1 through June 30, 2015

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	8.4 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	4.7	2.8	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	1210	661	
	Total Dissolved Solids (TDS)	101	100	
	Phosphorus, Total	2.9	0.92	
Group B Parameters	Aluminum	32	22	
	Iron	61	43	
	Copper, Total Recoverable (TR)	0.12	0.078	
	Lead (TR)	0.064	0.040	
	Zinc (TR)	0.82	0.53	
Group C Parameters	Total Nitrogen (as N)	2.4	2.2	
	TKN	2.2	1.9	
	Nitrate Nitrogen (as N)	0.17	0.24	
	Nitrite Nitrogen (as N)	0.027	0.028	
	Ammonia Nitrogen (as NH3)	0.33	0.25	
	Cadmium, TR	N.R.	N.R.	
	Chromium, TR	N.R.	N.R.	
	Hexavalent Chromium, TR	N.R.	N.R.	
	Selenium, TR	N.R.	N.R.	
	Vanadium, TR	N.R.	N.R.	
	Surfactant (as LAS)	N.R.	N.R.	
	Alpha BHC	< 0.0000064	< 0.0000064	
	Settleable Solids	N.R.	N.R.	
	Sulfide	N.R.	N.R.	
	Mercury, Total (ng/L)	15.6	N.R.	
Flow	Total Flow, gallons	N.R.	380,000	
	Maximum Flow rate, gallons per minute	14,000	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/08/15	6/08/15	
	Duration of storm event, in minutes	N.R.	440	Rain started at 0400 EDT on 6/08/15 and ended at 1120 EDT on 6/08/15.
	Date and Time of sample collection	6/08/15 1110	6/08/15 1350	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.47	An additional 0.01 inches was recorded after sampling was completed.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	171	Precipitation of 0.75 inches was recorded on 6/01/15 at 0050 EDT. No flow was observed at start of sampling.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 4, OUTFALL S34
Monitoring Period: January 1 through June 30, 2015

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	5.1	3.5	Not specified in permit. N.R. = Nor Required.
	Total Suspended Solids (TSS)	865	830	
	Total Dissolved Solids (TDS)	233	199	
	Phosphorus, Total	2.2	1.3	
Group B Parameters	Aluminum	28	21	
	Iron	52	33	
	Copper, Total Recoverable (TR)	0.099	0.053	
	Lead (TR)	0.047	0.032	
	Zinc (TR)	0.67	0.41	
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)	0.025	< 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.	320,000	
	Maximum Flow rate, gallons per minute	7,600	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/08/15	6/08/15	
	Duration of storm event, in minutes	N.R.	440	Rain started at 0400 EDT on 6/08/15 and ended at 1120 EDT on 6/08/15.
	Date and Time of sample collection	6/08/15 1120	6/08/15 1400	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.47	An additional 0.01 inches was recorded after sampling was completed.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	171	Precipitation of 0.75 inches was recorded on 6/01/15 at 0050 EDT. Outfall was at base flow conditions.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 5, OUTFALL S17
Monitoring Period: January 1 through June 30, 2015

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	7.6 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	3.7	< 2.0	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	582	54	
	Total Dissolved Solids (TDS)	212	136	
	Phosphorus, Total	0.46	0.12	
Group B Parameters	Aluminum	9.2	3.7	
	Iron	10	2.8	
	Copper, Total Recoverable (TR)	0.012	0.0048	
	Lead (TR)	0.044	0.0063	
	Zinc (TR)	0.077	0.021	
Group C Parameters	Total Nitrogen (as N)	< 1.6	< 0.67	
	TKN	1.3	0.54	
	Nitrate Nitrogen (as N)	0.30	0.11	
	Nitrite Nitrogen (as N)	< 0.020	< 0.020	
	Ammonia Nitrogen (as NH3)	0.13	0.066	
	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	0.0051	0.0015	
	Surfactant (as LAS)	< 0.013 R	0.024	Please see cover letter.
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	5.0	0.3	
	Sulfide	< 0.26	< 0.052	
Flow	Total Flow, gallons	N.R.	130,000	
	Maximum Flow rate, gallons per minute	1,900	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	07/14/15	07/14/15	
	Duration of storm event, in minutes	N.R.	1,170	Rain started at 0205 EDT on 7/14/15 and ended at 2135 EDT on 7/14/15.
	Date and Time of sample collection	07/14/15 1025	07/14/15 1330	
	Sampling Duration (Minutes)	Instantaneous	200	
	Total rainfall during sampling event, in inches	N.R.	0.40	An additional 2.04 inches was recorded after sampling ended for a storm total of 2.44 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	104	Precipitation of 1.01 inches was recorded on 7/9/15 at 1745 EDT. Slight flow at Outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 6, OUTFALL S43
Monitoring Period: January 1 through June 30, 2015

Parameter Group	Parameter	Results in mg/L, mL/L for Settleable Solids		Permit No. NY-0000973 Compliance Limit
		First Flush Grab	Flow-weighted Composite	
Group A Parameters	pH	7.7 S.U.	N.R.	Not specified in permit.
	Oil and Grease	< 1.4	N.R.	15 mg/L
	BOD-5	7.8	5.7	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	36	34	
	Total Dissolved Solids (TDS)	48	21	
	Phosphorus, Total	0.18	0.15	
Group B Parameters	Aluminum	2.3	3.7	
	Iron	1.6	2.4	
	Copper, Total Recoverable (TR)	0.0024	0.0034	
	Lead (TR)	0.0012	0.0021	
	Zinc (TR)	0.0075	0.0089	
Group C Parameters	Total Nitrogen (as N)	< 1.5	< 1.0	
	TKN	1.5	0.95	
	Nitrate Nitrogen (as N)	0.022	< 0.020	
	Nitrite Nitrogen (as N)	< 0.020	0.025	
	Ammonia Nitrogen (as NH3)	0.076	0.13	
	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	0.00072	0.0014	
	Surfactant (as LAS)	< 0.013	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	< 0.1	< 0.1	
	Sulfide	< 0.052	< 0.052	
Flow	Total Flow, gallons	N.R.	1,200	
	Maximum Flow rate, gallons per minute	10	N.R.	
	Method of flow measurement	Weir Plate		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	07/14/15	07/14/15	
	Duration of storm event, in minutes	N.R.	1,170	Rain started at0205 EDT on 7/14/15 and ended at 2135 EDT on 7/14/15.
	Date and Time of sample collection	07/14/15 1030	07/14/15 1310	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during sampling event, in inches	N.R.	0.40	An additional 2.04 inches was recorded after sampling ended for a storm total of 2.44 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	104	Precipitation of 1.01 inches was recorded on 7/9/15 at 1745 EDT. Slight flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 7, OUTFALL S20/DUPLICATE
Monitoring Period: January 1 through June 30, 2015

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 / <1.4	N.R.	15 mg/L
	BOD-5	4.7 / 5.0	< 2.0	Not specified in permit. N.R. = Not required.
	Total Suspended Solids (TSS)	242 / 208	17	
	Total Dissolved Solids (TDS)	86 / 29	37	
	Phosphorus, Total	0.38 / 2.2	0.051	
Group B Parameters	Aluminum	4.9 / 5.5	1.1	
	Iron	6.7 / 7.6	1.1	
	Copper, Total Recoverable (TR)	0.0096 / 0.010	0.0021	
	Lead (TR)	0.0057/0.0061	0.0011	
	Zinc (TR)	0.055 / 0.057	0.0071	
Group C Parameters	Total Nitrogen (as N)	2.8 / 1.3	0.89	
	TKN	2.4 / 1.0	0.64	
	Nitrate Nitrogen (as N)	0.41 / 0.22	0.22	
	Nitrite Nitrogen (as N)	0.026 / 0.034	0.029	
	Ammonia Nitrogen (as NH3)	0.50 / 0.092	0.23	
	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	< 0.013	
	Alpha BHC	N.R.	N.R.	
	Settleable Solids	N.R.	N.R.	
	Sulfide	<0.052/<0.052	< 0.052	
Flow	Total Flow, gallons	N.R.	76,000	
	Maximum Flow rate, gallons per minute	990	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	6/08/15	6/08/15	
	Duration of storm event, in minutes	N.R.	440	Rain started at 0400 EDT on 6/08/15 and ended at 1120 EDT on 6/08/15.
	Date and Time of sample collection	6/08/15 1100	6/08/15 1400	
	Sampling Duration (Minutes)	Instantaneous	180	
	Total rainfall during event, in inches	N.R.	0.47	An additional 0.01 inches was recorded after sampling was completed.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	171	Precipitation of 0.75 inches was recorded on 6/01/15 at 0050 EDT. Flow just above base flow at outfall upon arrival.

STORM WATER DISCHARGE MONITORING DATA
FOR OUTFALL GROUP 8, OUTFALL S27
Monitoring Period: January 1 through June 30, 2015

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	2.6	< 2.0	Not specified in permit. N.R. = Not Required.
	Total Suspended Solids (TSS)	471	54	
	Total Dissolved Solids (TDS)	192	141	
	Phosphorus, Total	0.70	0.13	
Group B Parameters	Aluminum	9.5	3.5	
	Iron	11	2.6	
	Copper, Total Recoverable (TR)	0.023	0.0045	
	Lead (TR)	0.034	0.0042	
	Zinc (TR)	0.12	0.016	
Group C Parameters	Total Nitrogen (as N)	1.9	< 1.0	
	TKN	1.5	0.88	
	Nitrate Nitrogen (as N)	0.37	0.097	
	Nitrite Nitrogen (as N)	0.022	< 0.020	
	Ammonia Nitrogen (as NH3)	0.11	0.077	
	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.	55,000	
	Maximum Flow rate, gallons per minute	640	N.R.	
	Method of flow measurement	Staff Gauge		
Rainfall Event and Monitoring Summary	Date(s) of event monitored	7/14/15	7/14/15	
	Duration of storm event, in minutes	N.R.	1,170	Rain started at 0205 EDT on 7/14/15 and ended at 2135 EDT on 7/14/15.
	Date and Time of sample collection	7/14/15 1015	7/14/15 1320	
	Sampling Duration (Minutes)	Instantaneous	200	
	Total rainfall during event, in inches	N.R.	0.40	An additional 2.04 inches fell after sampling ended for a total of 2.44 inches.
	Number of hours between event sampled and previous measurable (> 0.1 inch) event	N.R.	104	Precipitation of 1.01 inches was recorded on 7/9/15 at 1745 EDT. Slight flow at outfall upon arrival.