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

AC-EA
WR:2012:0025
April 19, 2012

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period March 1 through March 31, 2012, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)

Dear Mr. Haugh:

The West Valley Demonstration Project SPDES DMR for the reporting period March 1 through March 31, 2012, including the Net Iron and Total Dissolved Solids (TDS) concentration sheets, is provided as Attachment A.

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

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

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

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

1. TestAmerica Buffalo: NY Lab No. 10026;

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

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

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

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

Very truly yours,

John D. Rendall, Manager
Regulatory Strategy

JDR:DPK:bnj

Attachment: A) SPDES DMR for March 1 through March 31, 2012 Monitoring Period
B) WET Testing Summary Pages

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

ATTACHMENT A

SPDES DISCHARGE MONITORING REPORT - MARCH 1 THROUGH MARCH 31, 2012
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

OUTFALL 001 = $M1 = \frac{(X1 + X2)\ V1}{2}$ = 1959152.83 mg/month

X1 = 0.309 mg/L

X2 = 0.348 mg/L

V1 = 5963935.55 L/month

OUTFALL 007 = $M7 = \frac{(X1 + X2)\ V7}{2}$ = 44940.32 mg/month

X1 = 0.115 mg/L

X2 = 0.0467 mg/L

V7 = 555848.14 L/month

RAW WATER = $MRW = \frac{(X1 + X2 + X3 + X4)VRW}{4}$ = 1914479.86 mg/month

X1 = 0.259 mg/L

X2 = 0.520 mg/L

X3 = 1.06 mg/L

X4 = 0.467 mg/L

VRW = 3320867.07 L/month

IRON DISCHARGE CONCENTRATION = $\frac{M1 + M7 - MRW}{V1 + V7}$ = 0.01 mg/L

ATTACHMENT A (Cont'd)

SPDES DISCHARGE MONITORING REPORT - MARCH 1 THROUGH MARCH 31, 2012
TOTAL DISSOLVED SOLIDS (TDS) CONCENTRATION CALCULATION - MONITORING POINT 116
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT No. NY-0000973

Date: March 21, 2012

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

= ((0.194 MGD)(846 mg/L)+(0.299 MGD)(261 mg/L)+(0.324 MGD)(100 mg/L))/(0.817 MGD)

= 336 mg/L

Date: March 27, 2012

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

= (0.194 MGD)(786 mg/L)+(0.132 MGD)(171 mg/L)+(0.324 MGD)(55 mg/L))/(0.650 MGD)

= 297 mg/L

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

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

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

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

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

C3 = TDS concentration in augmentation water, MGD.

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2012	TO	03/31/2012

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sulfate (as S)	SAMPLE MEASUREMENT	******	******	******	******	64	64	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	******	******	******	******	<6.40	<6.61	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	******	******	******	11	******	13	mg/L	0	02/BA	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	Req. Mon. MAXIMUM	mg/L		Twice Per Batch	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	<2.0	<2.0	mg/L	0	02/BA	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Batch	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.0	******	7.0	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	******	******	******	******	<4.0	<4.0	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
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716 942-4602		04/16/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2012	TO	03/31/2012

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	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	******	******	******	******	0.96	0.96	mg/L	0	01/BA	24
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******	******	******	0.75	0.79	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	******	******	******	******	0.0016	0.0016	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
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716 942-4602	04/16/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2012	TO	03/31/2012

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	<0.0004	<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	******	******	******	******	0.329	0.348	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	******	******	******	******	0.30	0.30	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	******	******	******	******	0.14	0.14	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	0.236	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	******	******	******	******	0.03	0.03	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716 942-4602	04/16/2012
TYPED OR PRINTED			AREA Code / NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	03/01/2012	**TO**	03/31/2012

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	816	846	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	******	******	******	******	25	25	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	******	******	******	******	0.013	0.013	mg/L	0	01/BA	GR
81646 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716 942-4602		04/16/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-T
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	01/01/2012	**TO**	03/31/2012

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 WET TESTING QUARTERLY
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, ceriodaphnia acute	SAMPLE MEASUREMENT	******	******	******	******	******	0.3	TUa	0	01/90	24
61425 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1.0	TUc	0	01/90	24
61426 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	tox chronic		Quarterly	COMP24
Toxicity, pimephales acute	SAMPLE MEASUREMENT	******	******	******	******	******	0.3	TUa	0	01/90	24
61427 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1.0	TUc	0	01/90	24
61428 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	tox chronic		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716 942-4602		04/16/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	03/01/2012	**TO**	03/31/2012

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, ultimate	SAMPLE MEASUREMENT	******	******	******	******	3.78	3.78	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	******	******	******	12	******	14	mg/L	0	02/30	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	3 MINIMUM	******	Req. Mon. MAXIMUM	mg/L		Twice Per Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	<2.0	2.0	mg/L	0	02/30	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	8.0	SU	0	02/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	<4.0	<4.0	mg/L	0	02/30	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	45 DAILY MX	mg/L		Twice Per Month	COMP24
Solids, settleable	SAMPLE MEASUREMENT	******	******	******	******	<0.1	<0.1	ml/L	0	02/30	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.3 DAILY MX	mL/L		Twice Per Month	GRAB
Oil & Grease	SAMPLE MEASUREMENT	******	******	******	******	<2.9	4.3	mg/L	0	02/30	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	15 DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716	942-4602	04/16/2012
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	03/01/2012	**TO**	03/31/2012

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrite total (as N)	SAMPLE MEASUREMENT	******	******	******	******	<0.02	<0.02	mg/L	0	01/30	24
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	.1 DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******	******	******	0.17	0.17	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	******	******	******	******	0.0809	0.115	mg/L	0	02/30	24
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Nitrogen, ammonia, total (as NH3)	SAMPLE MEASUREMENT	******	******	******	******	0.058	0.073	mg/L	0	02/30	24
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	1.49 MO AVG	2.1 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.011	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	******	******	******	******	959	1210	mg/L	0	02/30	GR
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716 942-4602		04/16/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	03/01/2012	**TO**	03/31/2012

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

No Discharge ☐

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
Mercury, total (as Hg)	**SAMPLE MEASUREMENT**	******	******	******	******	13.6	13.6	ng/L	0	01/30	GR
71900 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	******	Req. Mon. MO AVG	200 DAILY MX	ng/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			**TELEPHONE**	**DATE**
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716 942-4602	04/16/2012
TYPED OR PRINTED		**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**	**AREA Code** / **NUMBER**	**MM/DD/YYYY**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-T
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	01/01/2012	**TO**	03/31/2012

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 007 WET TESTING QUARTERLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, ceriodaphnia acute	SAMPLE MEASUREMENT	******	******	******	******	******	0.3	TUa	0	01/90	24
61425 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1.0	TUc	0	01/90	24
61426 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	tox chronic		Quarterly	COMP24
Toxicity, pimephales acute	SAMPLE MEASUREMENT	******	******	******	******	******	0.3	TUa	0	01/90	24
61427 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	.3 MAXIMUM	tox acute		Quarterly	COMP24
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******	******	******	1.0	TUc	0	01/90	24
61428 V 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	1 MAXIMUM	tox chronic		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	716	942-4602	04/16/2012
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

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

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	03/01/2012	**TO**	03/31/2012

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

No Discharge [X]

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			**TELEPHONE**		**DATE**
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716 942-4602		04/16/2012
TYPED OR PRINTED		**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**	**AREA Code**	**NUMBER**	**MM/DD/YYYY**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	116-M
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		**MM/DD/YYYY**
FROM	03/01/2012	**TO**	03/31/2012

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	317	336	mg/L	0	02/DS	CA
70295 Z 0 Instream Monitoring	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	500 DAILY MX	mg/L		Twice Per Discharge	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
J.D. Rendall, Manager	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	04/16/2012
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**
FROM	03/01/2012	**TO**	03/31/2012

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

No Discharge ☐

PARAMETER		**QUANTITY OR LOADING**			**QUALITY OR CONCENTRATION**				**NO. EX**	**FREQUENCY OF ANALYSIS**	**SAMPLE TYPE**
		VALUE	**VALUE**	**UNITS**	**VALUE**	**VALUE**	**VALUE**	**UNITS**			
Iron, total (as Fe)	**SAMPLE MEASUREMENT**	******	******	******	******	0.01	0.01	mg/L	0	01/30	CA
01045 2 0 Effluent Net	**PERMIT REQUIREMENT**	******	******	******	******	Req. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			**TELEPHONE**	**DATE**
J.D. Rendall, Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		716 942-4602	04/16/2012
TYPED OR PRINTED		**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**	**AREA Code** / **NUMBER**	**MM/DD/YYYY**

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

Attachment B

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

Facility Name: West Valley Demonstration Project Test Start Date: 2/7/12
NPDES Permit Number: NY0000973 Pipe Number: Outfall 001

Test Type	Test Species	Sample Type	Sample Method
_ Acute	_ Fathead Minnow	_ Prechlorinated	_ Grab
_ Chronic	X Ceriodaphnia	_ Dechlorinated	X Composite
X Modified (chronic reporting acute values)	_ Daphnia Pulex	_ Chlorine Spiked in Lab	_ Flowthru
	_ Mysid Shrimp	_ Chlorinated on site	_ Other
_ 24hr screening	_ Sheepshead	X Unchlorinated	
	_ Menidia		
	_ Sea Urchin		
	_ Champia	TRC: 0.019 mg/L	
	_ Selenastrum		
	_Other		

Dilution Water

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

Effluent sampling date (s): 2/5-6/12 2/8-9/12

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

Was effluent salinity adjusted? No

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

Reference Toxicant test date: 2/15/12

Test Acceptability Criteria

Mean Control Survival: 100% Mean Control Reproduction: 10.4 young/female
Mean Diluent Survival: 100% Mean Diluent Reproduction: 7.1 young/female

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

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

Facility Name: West Valley Demonstration Project Test Start Date: 2/7/12
NPDES Permit Number: NY0000973 Pipe Number: Outfall 001

Test Type	Test Species	Sample Type	Sample Method
_ Acute	X Fathead Minnow	_ Prechlorinated	_ Grab
_ Chronic	_ Ceriodaphnia	_ Dechlorinated	X Composite
X Modified (chronic reporting acute values)	_ Daphnia Pulex	_ Chlorine Spiked in Lab	_ Flowthru
	_ Mysid Shrimp	_ Chlorinated on site	_ Other
_ 24hr screening	_ Sheepshead	X Unchlorinated	
	_ Menidia		
	_ Sea Urchin		
	_ Champia	TRC: 0.019 mg/L	
	_ Selenastrum		
	_ Other		

Dilution Water

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

Effluent sampling date (s): 2/5-6/12 2/8-9/12

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

Was effluent salinity adjusted? No

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

Reference Toxicant test date: 2/1/12

Test Acceptability Criteria

Mean Control Survival: 100% Mean Control Weight: 0.516 mg
Mean Diluent Survival: 75% Mean Diluent Weight: 0.431 mg

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

New England Bioassay a division of GZA – EPA Toxicity Test Summary Sheet

Facility Name: West Valley Demonstration Project Test Start Date: 3/10/12
NPDES Permit Number: NY0000973 Pipe Number: Outfall 007

Test Type	Test Species	Sample Type	Sample Method
_ Acute	_ Fathead Minnow	_ Prechlorinated	_ Grab
_ Chronic	X Ceriodaphnia	_ Dechlorinated	X Composite
X Modified	_ Daphnia Pulex	_ Chlorine Spiked in Lab	_ Flowthru
(chronic reporting	_ Mysid Shrimp	_ Chlorinated on site	_ Other
acute values)	_ Sheepshead	X Unchlorinated	
_ 24hr screening	_ Menidia		
	_ Sea Urchin		
	_ Champia	TRC: 0.010 mg/L	
	_ Selenastrum		
	_Other		

Dilution Water

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

Effluent sampling date (s): 3/8-9/12 3/12-13/12

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

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

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

Reference Toxicant test date: 3/1/12

Test Acceptability Criteria

Mean Control Survival: 100% Mean Control Reproduction: 30.4 young/female
Mean Diluent Survival: 90% Mean Diluent Reproduction: 27.2 young/female

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

New England Bioassay a division of GZA – EPA Toxicity Test Summary Sheet

Facility Name: West Valley Demonstration Project Test Start Date: 3/10/12
NPDES Permit Number: NY0000973 Pipe Number: Outfall 007

Test Type	Test Species	Sample Type	Sample Method
_ Acute	X Fathead Minnow	_ Prechlorinated	_ Grab
_ Chronic	_ Ceriodaphnia	_ Dechlorinated	X Composite
X Modified (chronic reporting acute values)	_ Daphnia Pulex	_ Chlorine Spiked in Lab	_ Flowthru
	_ Mysid Shrimp	_ Chlorinated on site	_ Other
_ 24hr screening	_ Sheepshead	X Unchlorinated	
	_ Menidia		
	_ Sea Urchin		
	_ Champia	TRC: 0.010 mg/L	
	_ Selenastrum		
	_Other		

Dilution Water

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

Effluent sampling date (s): 3/8-9/12 3/12-13/12

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

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

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

Reference Toxicant test date: 3/1/12

Test Acceptability Criteria

Mean Control Survival: 100% Mean Control Weight: 0.5970 mg
Mean Diluent Survival: 95% Mean Diluent Weight: 0.5210 mg

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