

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:2011:0062
November 21, 2011

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period October 1 through October 31, 2011, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)

REFERENCES: 1) WVDP Telephone Notification to M.A. Jackson, New York State Department of Environmental Conservation (NYSDEC) Region 9 – Division of Water (DOW), October 18, 2011, Permit Limit Exceedance.

2) Telephone Notification, W. Smyth, New York State Department of Environmental Conservation (NYSDEC) Region 9 – Division of Water (DOW), November 3, 2011, Unintentional Bypass

3) Letter, DW: 2011:00060, J. D. Rendall to Mark Jackson, State Pollutant Discharge Elimination System (SPDES) Notice of Non-Compliance Event - Five Day Written Notification, dated November 21, 2011

Dear Mr. Haugh:

The West Valley Demonstration Project SPDES DMR for the reporting period October 1 through October 31, 2011 including the Net Iron calculation sheet is provided as Attachment A. All results for this report are within effluent discharge limits specified in the permit with the exception of total mercury at outfall 007 that was collected on October 6, 2011.

As originally reported to Mark Jackson of the NYSDEC – Region 9 DOW (Reference 1) and noted on the attached DMR and Report of Non-Compliance Event (Attachment B), a result of 346 ng/L, for the sample collected for total mercury at outfall 007 on October 6, 2011, was reported by the vendor laboratory. This result exceeds the sites SPDES permit limit of 200 ng/L.

Upon notification of this result from our contract laboratory on October 17, 2011, the discharge from the outfall was immediately terminated and discharges from the Wastewater Treatment Plant were routed to the site's Equalization Basin. Normal discharges from this outfall have not been restarted and will remain suspended until sampling results confirm that permit limits will not be exceeded prior to re-starting the discharge. Due to the suspension, the site was only able to collect one effluent sample from outfall 007 instead of the required 2 per month. This has been noted on the relevant pages of the DMR.

Please note that on November 3, 2011 an unintentional bypass occurred between October 28 and November 3, 2011 that was reported to Mr. Smyth via telephone who requested a 5-day written notification (Reference #3). This was faxed to NYSDEC on November 8, 2011. Samples were collected from November 2-3, 2011 that were used to verify permit limits were not exceeded, and this data will be supplied as part of the November

2011 DMR.

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

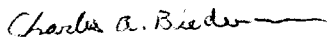
As required in Title 6 of the New York Codes, Rules, and Regulations (6NYCRR) Part 750-2.5(e)(3), the New York Environmental Laboratory Accreditation Program (NYELAP) numbers for the laboratories performing analysis for this DMR are as follows:

1. TestAmerica - Buffalo: NY Lab No. 10026;
2. URS Corp.: NY Lab No. 10474; and
4. General Engineering Laboratory: 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 at (716) 942-4255 or Dave Klenk of my staff at (716) 942-4061.

Very truly yours,


for JDR

John D. Rendall, Manager
Regulatory Strategy

JDR:DPK:bnj

Attachments: A) SPDES DMR for October 1 through October 31, 2011 Monitoring Period
B) Report of Non-Compliance Event for Mercury at Outfall 007 on October 6, 2011

cc: M. Jackson, NYSDEC-Region 9 DOW
E. Wohlers, Cattaraugus County Health Department
J. Dundas, DOE-WVDP, AC-DOE
M. Krentz, DOE-WVDP, AC-DOE
M. Maloney, DOE-WVDP, AC-DOE
L. Bennett, CHBWV, AC-PRES (Public Reading Room)
W. Kean, URS SMS, AC-URS
D. Klenk, CHBWV, AC-EA
J. Rendall, CHBWV, AC-EA
R. Scharf, CHBWV, WV-PL7
Letter Log, CHBWV, AC-ESHQ

ATTACHMENT A
SPDES DISCHARGE MONITORING REPORT - OCTOBER 1 THROUGH OCTOBER 31, 2011
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

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

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

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

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

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

$$\text{OUTFALL 007} = M7 = \frac{(X1 + X2) V7}{2^*} = 5577.69 \text{ mg/month}$$

$$X1 = 0.0241 \text{ mg/L}$$

$$X2 = 0.0000 \text{ mg/L}$$

$$V7 = 231439.36 \text{ L/month}$$

*Note: The discharge from outfall 007 was terminated on October 17, 2011, therefore only one result was used in the equation.

$$\text{RAW WATER} = MRW = \frac{(X1 + X2 + X3 + X4) VRW}{4} = 1917824.20 \text{ mg/month}$$

$$X1 = 0.186 \text{ mg/L}$$

$$X2 = 0.226 \text{ mg/L}$$

$$X3 = 0.429 \text{ mg/L}$$

$$X4 = 3.38 \text{ mg/L}$$

$$VRW = 1817412.18 \text{ L/month}$$

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

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

Form Approved
OMB No. 2040-0004

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

NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585

FACILITY: WEST VALLEY DEMONSTRATION PROJ

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

MAJOR

(SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, STO

External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	10/01/2011	TO	10/31/2011

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	*****	*****	*****	*****						
00154 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Batch	COMP24
Oxygen demand, ultimate	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Twice Per Batch	CALCTD
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	Req. Mon. MAXIMUM	mg/L		Twice Per Batch	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Batch	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Once Per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Twice Per Batch	COMP24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	3 DAILY MX	mL/L		Twice Per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
D. P. Klenk, Env. Eng.		716 942-4061		11/17/2011
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

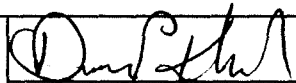
NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	10/01/2011	TO	10/31/2011

No Discharge ☒

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

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D. P. Klenk, Env. Eng. TYPED OR PRINTED			716 942-4061	11/17/2011
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

MAJOR

(SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, STO
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2011	TO 10/31/2011

No Discharge ☒

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

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D. P. Klenk, Env. Eng.		716 942-4061	11/17/2011
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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LOCATION: 10282 ROCK SPRINGS ROAD
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ATTN: BRYAN C BOWER, DIRECTOR

NY0000973
PERMIT NUMBER

001-M
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY	TO	MM/DD/YYYY
10/01/2011		10/31/2011

DMR Mailing ZIP CODE: 14171-9799

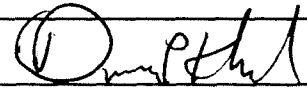
MAJOR

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

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D. P. Klenk, Env. Eng.			716 942-4061	11/17/2011
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)

DISCHARGE MONITORING REPORT (DMR)

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

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

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

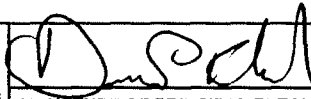
DMR Mailing ZIP CODE: 14171-9799

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	10/01/2011	TO	10/31/2011

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	*****	*****	*****	*****	<4.74	<4.74	mg/L	0	01/30	CA
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	22 DAILY MX	mg/L		Monthly	CALCTD
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	9.5	*****	9.5	mg/L	0	01/30*	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	Req. Mon. MAXIMUM	mg/L		Twice Per Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	<2.0	mg/L	0	01/30*	24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	10 DAILY MX	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU	0	01/30*	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4.0	<4.0	mg/L	0	01/30*	24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX	mg/L		Twice Per Month	COMP24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	ml/L	0	01/30*	GR
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	3 DAILY MX	ml/L		Twice Per Month	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.4	<1.4	mg/L	0	01/30*	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	15 DAILY MX	mg/L		Twice Per Month	GRAB

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D. P. Klenk, Env. Eng.			716 942-4061	11/17/2011	
TYPED OR PRINTED			AREA Code	NUMBER	MMDDYYYY

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

*Please note discharge was terminated on 10/17/11, frequency of analysis requirements not met. Please see cover letter for explanation.

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

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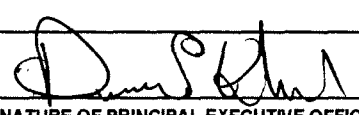
NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	10/01/2011	TO	10/31/2011

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) 00615 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.02	<0.02	mg/L	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	COMP24
Nitrogen, Kjeldahl, total (as N) 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.38	0.38	mg/L	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0241	0.0241	mg/L	0	01/30*	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Nitrogen, ammonia, total (as NH3) 34726 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.009	<0.009	mg/L	0	01/30*	24
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.49 MO AVG	2.1 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.004	0.012	MGD	*****	*****	*****	*****	0	01/30	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	mg/L	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved 70295 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	634	802	mg/L	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
D. P. Klenk, Env. Eng.			716 942-4061		11/17/2011
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)

*Please note discharge was terminated on 10/17/11, frequency of analysis requirements not met. Please see cover letter for explanation.

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

Form Approved
OMB No. 2040-0004

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

NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585

FACILITY: WEST VALLEY DEMONSTRATION PROJ

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

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007-M
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

MAJOR

(SUBR 09)

SANITARY, NC COOLING WATER, UTILITY WA

External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	10/01/2011	TO	10/31/2011

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	*****	*****	*****	*****	346	346 *	ng/L	1	01/30	GR
71900 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	200 DAILY MX	ng/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
D. P. Klenk, Env. Eng.		716 942-4061		11/17/2011
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)

*Note: Please see cover letter for exceedance explanation.

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

Form Approved
OMB No. 2040-0004

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

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

NY0000973	01B-M
PERMIT NUMBER	DISCHARGE NUMBER

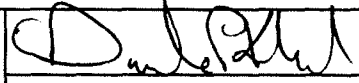
DMR Mailing ZIP CODE: 14171-9799

MAJOR
(SUBR 09)
MERCURY PRETREATMENT
Internal Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	10/01/2011	TO	10/31/2011

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
D. P. Klenk, Env. Eng.			716 942-4061		11/17/2011
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
PERMIT NUMBER

116-M
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

MAJOR

(SUBR 09)

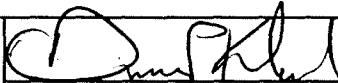
PSEUDO MON. POINT @FRANKS CRK

Internal Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 10/01/2011		TO 10/31/2011	

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
D. P. Klenk, Env. Eng.			716 942-4061	11/17/2011
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

IF PSEUDO MONITORING POINT REPORT IS NOT REQUIRED DURING THE MONITORING PERIOD, EITHER CHECK THE NO DISCHARGE BOX OR ENTER 'NODI A' IN PLACE OF A MEASUREMENT TO INDICATE A GENERAL PERMIT EXEMPTION.

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

Form Approved
OMB No. 2040-0004

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

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

NY0000973	SUM-N
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14171-9799

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 10/01/2011	TO	10/31/2011	

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	mg/L	0	01/30	CA
01045 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	1 DAILY MX	mg/L		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
D. P. Klenk, Env. Eng.		716 942-4061		11/17/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MMDD/YYYY

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

Attachment B
Report of Non-Compliance Event for Mercury at Outfall 007 on October 6, 2011

Appendix B

SECTION 1



New York State Department of Environmental Conservation
Division of Water



Report of Noncompliance Event

To: DEC Water Contact Mark Jackson DEC Region: 9

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

SECTION 2

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

Date of noncompliance: 10/6/2011 Location (Outfall, Treatment Unit, or Pump Station): Outfall 007

Description of noncompliance(s) and cause(s): Analytical results for samples taken on October 6, 2011 were received on October 17, 2011. The results indicated a permit limit exceedance for mercury. The analytical result was reported at 346 ng/L with the SPDES permit limit at 200 ng/L.

Has event ceased? ☒ (Yes) (No) If so, when? 10/17/2011 Was event due to plant upset? (Yes) ☒ (No) SPDES limits violated? ☒ (Yes) (No)

Start date, time of event: 10/6/2011, 8:40 (AM) (PM) End date, time of event: 10/17/2011, 5:00 (AM) (PM)

Date, time oral notification made to DEC: 10/18/2011, 2:30 (AM) (PM) DEC Official contacted: Mark Jackson

Immediate corrective actions: The discharge was ceased and a Level 2 Data Validation review was initiated. Notification to NYSPDES Region 9 DOW was performed. Mr. Jackson indicated this report could be submitted with the October DMR, and the 5-Day written notification was waived.

Preventive (long term) corrective actions: Evaluation of the cause of the mercury in the discharge was initiated. Determine source of mercury, evaluate system operations. Determine when plant conditions are acceptable to re start discharge via pre discharge analysis.

SECTION 3

Complete this section if event was a bypass:

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

DEC Official contacted: _____ Date of DEC approval: 1 / 1 / 1

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

SECTION 4

Facility Representative: David P. Klink Title: Principal Engr. Engineer Date: 10/19/2011

Phone #: (716) 942-4061 Fax #: (716) 942-2247

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.

David P. Klink
Signature of Principal Executive
Officer or Authorized Agent