

CH2MHILL • BWXT West Valley, LLC

West Valley Demonstration Project

Ms. Angela M. Cooney, Contracting Officer
U. S. Department of Energy
550 Main St., Room 7-010
Cincinnati, OH 45202

AC-PRES
WD:2022:1051
December 22, 2022

ATTENTION: Jennifer Dundas

SUBJECT: Contract No. DE-EM0001529, Section J-3, Item 127, State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period November 1 through November 30, 2022

Dear Ms. Cooney:

This letter is submitted for Contracting Officer Representative's approval to inform you that the SPDES DMR for the reporting period November 1 through November 30, 2022 has been submitted electronically. A copy of this submittal is attached as well as a copy of the email confirmation from the New York State Department of Environmental Conservation (NYSDEC).

If you have any questions, please contact William Kean at (716) 946-8825 or Elizabeth Lowes at (716) 481-0429.

Sincerely,

Approval Obtained Electronically

John D. Rendall
President & General Manager

JDR:WNK:bnj

Attachment: A) SPDES DMR for November 1, 2022 through November 30, 2022
B) Email Confirmation from NYSDEC

cc: B. C. Bower, DOE-WVDP
S. A. Cherry, CHBWV
C. Chun, CHBWV
L. K. Hollfelder, CHBWV
W. N. Kean, CHBWV
D. P. Klenk, CHBWV
E. A. Lowes, CHBWV
D. M. Martinet, CHBWV
J. K. Mantione, CHBWV
J. T. Pillittere, CHBWV (Public Reading Room)
R. E. Steiner, CHBWV
K. A. Wooley, CHBWV
Letter Log (B. Jeffery), CHBWV
CHBWV OITS #2130572

**Attachment
SPDES DMR**

ATTACHMENT

**SPDES DISCHARGE MONITORING REPORT - NOVEMBER 1 THROUGH NOVEMBER 30, 2022
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973**

$$\begin{aligned} \text{OUTFALL 001} &= M1 = \frac{(X1 + X2) V1}{2} = 102306.30 \text{ mg/month} \\ X1 &= 0.0193 \text{ mg/L} \\ X2 &= 0.0257 \text{ mg/L} \\ V1 &= 4546946.77 \text{ L/month} \end{aligned}$$

$$\begin{aligned} \text{OUTFALL 007} &= M7 = \frac{(X1 + X2) V7}{2} = 0.00 \text{ mg/month} \\ X1 &= 0.00 \text{ mg/L} \\ X2 &= 0.00 \text{ mg/L} \\ V7 &= 0.00 \text{ L/month} \end{aligned}$$

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

$$\begin{aligned} \text{RAW WATER} &= MRW = \frac{(X1 + X2 + X3 + X4) VRW}{4} = 0.00 \text{ mg/month} \\ X1 &= 0.00 \text{ mg/L} \\ X2 &= 0.00 \text{ mg/L} \\ X3 &= 0.00 \text{ mg/L} \\ X4 &= 0.00 \text{ mg/L} \\ VRW &= 0.00 \text{ L/month} \end{aligned}$$

Note: Raw water from the reservoir system is no longer used for process water since the site installed two groundwater wells. This eliminated the need to collect raw water samples on a weekly basis and altered the iron discharge concentration equation as the mass of iron entering the system is no longer necessary.

$$\text{IRON DISCHARGE CONCENTRATION} = \frac{M1 + M7 - MRW}{V1 + V7} = 0.023 \text{ mg/L}$$

ATTACHMENT (Cont'd)

**SPDES DISCHARGE MONITORING REPORT - NOVEMBER 1 THROUGH NOVEMBER 30, 2022
TOTAL DISSOLVED SOLIDS (TDS) CONCENTRATION CALCULATION - MONITORING POINT 116
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT No. NY-0000973**

Date: November 02, 2022

$$\begin{aligned} C4 &= ((Q1)(C1) + (Q2)(C2) + (Q3)(C3)) / Q4 \\ &= ((0.169 \text{ MGD})(850 \text{ mg/L}) + (0.238 \text{ MGD})(208 \text{ mg/L}) + (0.418 \text{ MGD})(127 \text{ mg/L})) / (0.825 \text{ MGD}) \\ &= 299 \text{ mg/L} \end{aligned}$$

Date: November 07, 2022

$$\begin{aligned} C4 &= ((Q1)(C1) + (Q2)(C2) + (Q3)(C3)) / Q4 \\ &= ((0.169 \text{ MGD})(865 \text{ mg/L}) + (0.238 \text{ MGD})(145 \text{ mg/L}) + (0.418 \text{ MGD})(107 \text{ mg/L})) / (0.825 \text{ MGD}) \\ &= 274 \text{ mg/L} \end{aligned}$$

- 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).

DMR Copy of Record

| | | | |
|--------------------|--------------------------------|---|---|
| Permit | | | |
| Permit #: | NY0000973 | Permittee: | U.S. DEPT OF ENERGY |
| Major: | Yes | Permittee Address: | 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 |
| Permitted Feature: | 007 External Outfall | Discharge: | 007-M SANITARY, NC COOLING WATER, UTILITY WASTEWATER, STORMWATER |
| Facility: | WEST VALLEY DEMONSTRATION PROJ | | Facility Location: |
| | | 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799 | |

| | | | |
|----------------------------------|---------------------------|---------------|----------|
| Report Dates & Status | | | |
| Monitoring Period: | From 11/01/22 to 11/30/22 | DMR Due Date: | 12/28/22 |
| Status: | NetDMR Validated | | |

Considerations for Form Completion

| | | | |
|------------------------------------|----------|------------|----------------------|
| Principal Executive Officer | | | |
| First Name: | Bryan C. | Title: | Director, USDOE-WVDP |
| Last Name: | Bower | Telephone: | 716-942-4368 |

No Data Indicator (NODI)
Form NODI: --

| Code | Parameter Name | Monitoring Location | Season # | Param. NODI | Quantity or Loading | | | | | Quality or Concentration | | | | | | # of Ex. | Frequency of Analysis | Sample Type | | | | | | | | | |
|-------|--|---------------------|----------|-------------|---------------------|---------|-------------|---------|-------|--------------------------|---------|-------------|----------------|-------------|---------------|-----------------|-----------------------|-------------------------|------------------|-----------|-------------------------|------------------|-------------------------|--------------|-------------------------|-------------------------|-------------|
| | | | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3 | | | | Units | | | | | | | | |
| 00181 | Oxygen demand, ultimate | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | Req Mon MO AVG | <= | 22.0 DAILY MX | 19 - mg/L | 01/30 - Monthly | CA - CALCTD | | | | | | | | | |
| | | | | | Value NODI | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | | | | | | |
| 00300 | Oxygen, dissolved [DO] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | >= | 3.0 MINIMUM | | Req Mon MAXIMUM | 19 - mg/L | 02/30 - Twice Per Month | GR - GRAB | | | | | | | | |
| | | | | | Value NODI | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | | | | | | |
| 00310 | BOD, 5-day, 20 deg. C | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | Req Mon MO AVG | <= | 10.0 DAILY MX | 19 - mg/L | 02/30 - Twice Per Month | 24 - COMP24 | | | | | |
| | | | | | Value NODI | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | | | | | |
| 00400 | pH | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | | >= | 6.5 MINIMUM | <= | 8.5 MAXIMUM | 12 - SU | 02/30 - Twice Per Month | GR - GRAB | | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | |
| 00530 | Solids, total suspended | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | | <= | 30.0 MO AVG | <= | 45.0 DAILY MX | 19 - mg/L | 02/30 - Twice Per Month | 24 - COMP24 | | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | |
| 00545 | Solids, settleable | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | | | | | Req Mon MO AVG | <= | 0.3 DAILY MX | 25 - mL/L | 02/30 - Twice Per Month | GR - GRAB | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | |
| 00556 | Oil & Grease | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | | | | | Req Mon MO AVG | <= | 15.0 DAILY MX | 19 - mg/L | 02/30 - Twice Per Month | GR - GRAB | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | |
| 00615 | Nitrogen, nitrite total [as N] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | | | | | Req Mon MO AVG | <= | 0.1 DAILY MX | 19 - mg/L | 01/30 - Monthly | 24 - COMP24 | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | |
| 00625 | Nitrogen, Kjeldahl, total [as N] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | 19 - mg/L | 01/30 - Monthly | 24 - COMP24 | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | |
| 01045 | Iron, total [as Fe] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | | | | | Req Mon MO AVG | | Req Mon DAILY MX | 19 - mg/L | 02/30 - Twice Per Month | 24 - COMP24 | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | |
| 34726 | Nitrogen, ammonia, total [as NH3] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | | | | | <= | 1.49 MO AVG | <= | 2.1 DAILY MX | 19 - mg/L | 02/30 - Twice Per Month | 24 - COMP24 |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | |
| 50050 | Flow, in conduit or thru treatment plant | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | | | | | Req Mon MO AVG | | | | 01/30 - Monthly | CN - CONTIN | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | |
| 50060 | Chlorine, total residual | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Permit Req. | | | | | | | | | | | | | | | | Req Mon MO AVG | <= | 0.1 DAILY MX | 19 - mg/L | 01/30 - Monthly | GR - GRAB | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | C - No Discharge | C - No Discharge | | | | |

DMR Copy of Record

| Permit | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|---------------------|--|--------------------|---|------------------|-------------|------------------|------------|--------------------------|---------|-------------|------------------|-------------|------------------|-----------------------|-------------|-------------------------|-------------|
| Permit #: | NY0000973 | Permittee: | U.S. DEPT OF ENERGY | Facility: | WEST VALLEY DEMONSTRATION PROJ | | | | | | | | | | | | | | |
| Major: | Yes | Permittee Address: | 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 | Facility Location: | 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799 | | | | | | | | | | | | | | |
| Permitted Feature: | 01B Internal Outfall | Discharge: | 01B-M MERCURY PRETREATMENT | | | | | | | | | | | | | | | | |
| Report Dates & Status | | | | | | | | | | | | | | | | | | | |
| Monitoring Period: | From 11/01/22 to 11/30/22 | DMR Due Date: | 12/28/22 | Status: | NetDMR Validated | | | | | | | | | | | | | | |
| Considerations for Form Completion | | | | | | | | | | | | | | | | | | | |
| Principal Executive Officer | | | | | | | | | | | | | | | | | | | |
| First Name: | Bryan C. | Title: | Director, USDOE-WVDP | Telephone: | 716-942-4368 | | | | | | | | | | | | | | |
| Last Name: | Bower | | | | | | | | | | | | | | | | | | |
| No Data Indicator (NODI) | | | | | | | | | | | | | | | | | | | |
| Form NODI: | -- | | | | | | | | | | | | | | | | | | |
| Code | Parameter Name | Monitoring Location | Season # | Param. NODI | Quantity or Loading | | | | | Quality or Concentration | | | | | # of Ex. | Frequency of Analysis | Sample Type | | |
| | | | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3 | Units | | | |
| 00056 | Flow rate | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | 01/07 - Weekly | CN - CONTIN |
| | | | | | Permit Req. | Req Mon MO AVG | | Req Mon DAILY MX | 07 - gal/d | | | | | | | | | | |
| | | | | | Value NODI | C - No Discharge | | C - No Discharge | | | | | | | | | | | |
| 71900 | Mercury, total [as Hg] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | | | | | | | 02/BA - Twice Per Batch | GR - GRAB |
| | | | | | Permit Req. | | | | | | | | Req Mon MO AVG | <= | 50.0 DAILY MX | 3M - ng/L | | | |
| | | | | | Value NODI | | | | | | | | C - No Discharge | | C - No Discharge | | | | |
| Submission Note | | | | | | | | | | | | | | | | | | | |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. | | | | | | | | | | | | | | | | | | | |
| Edit Check Errors | | | | | | | | | | | | | | | | | | | |
| No errors. | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Attachments | | | | | | | | | | | | | | | | | | | |
| No attachments. | | | | | | | | | | | | | | | | | | | |
| Report Last Saved By | | | | | | | | | | | | | | | | | | | |
| U.S. DEPT OF ENERGY | | | | | | | | | | | | | | | | | | | |
| User: | william.kean@chbwv.com | | | | | | | | | | | | | | | | | | |
| Name: | William Kean | | | | | | | | | | | | | | | | | | |
| E-Mail: | william.kean@chbwv.com | | | | | | | | | | | | | | | | | | |
| Date/Time: | 2022-12-19 07:08 (Time Zone: -05:00) | | | | | | | | | | | | | | | | | | |
| Report Last Signed By | | | | | | | | | | | | | | | | | | | |
| User: | ELIZABETH.LOWES@CHBWV.COM | | | | | | | | | | | | | | | | | | |
| Name: | Elizabeth Lowes | | | | | | | | | | | | | | | | | | |
| E-Mail: | elizabeth.lowes@chbwv.com | | | | | | | | | | | | | | | | | | |
| Date/Time: | 2022-12-19 14:09 (Time Zone: -05:00) | | | | | | | | | | | | | | | | | | |

DMR Copy of Record

| Permit | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|-------------------------|-------------------------|--------------------------------------|--------------------|---------------------|---------|---------------|--|-------|--------------------------|--|--------------------|----------------|---|-----------------------------|-----------------------|-----------------------------|-------------|-------|--|--|
| Permit #: | | NY0000973 | | | Permittee: | | | | U.S. DEPT OF ENERGY | | | | Facility: | | WEST VALLEY DEMONSTRATION PROJ | | | | | | | |
| Major: | | Yes | | | Permittee Address: | | | | 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 | | | | Facility Location: | | 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799 | | | | | | | |
| Permitted Feature: | | 116 Internal Outfall | | | Discharge: | | | | 116-M PSEUDO MON. POINT @FRANKS CRK | | | | | | | | | | | | | |
| Report Dates & Status | | | | | | | | | | | | | | | | | | | | | | |
| Monitoring Period: | | | | From 11/01/22 to 11/30/22 | | | | DMR Due Date: | | | | 12/28/22 | | | | Status: | | NetDMR Validated | | | | |
| Considerations for Form Completion | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | |
| Principal Executive Officer | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | Bryan C. | | | | Title: | | | | Director, USDOE-WVDP | | | | Telephone: | | 716-942-4368 | | | | |
| Last Name: | | | | Bower | | | | | | | | | | | | | | | | | | |
| No Data Indicator (NODI) | | | | | | | | | | | | | | | | | | | | | | |
| Form NODI: | | -- | | | | | | | | | | | | | | | | | | | | |
| Table: Monitoring Data | | | | | | | | | | | | | | | | | | | | | | |
| Code | Parameter | | Monitoring Location | Season # | Param. NODI | Quantity or Loading | | | | | Quality or Concentration | | | | | # of Ex. | Frequency of Analysis | Sample Type | | | | |
| | Name | | | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | | | | Value 3 | Units | | |
| 70295 | Solids, total dissolved | | Z - Instream Monitoring | 0 | -- | Sample | | | | | | = | 286.0 | = | 299.0 | 19 - mg/L | 0 | 02/DS - Twice Per Discharge | CA - CALCTD | | | |
| | | | | | | Permit Req. | | | | | | | Req Mon MO AVG <= | 500.0 DAILY MX | 19 - mg/L | 02/DS - Twice Per Discharge | | CA - CALCTD | | | | |
| | | | | | | Value NODI | | | | | | | | | | | | | | | | |
| Submission Note | | | | | | | | | | | | | | | | | | | | | | |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. | | | | | | | | | | | | | | | | | | | | | | |
| Edit Check Errors | | | | | | | | | | | | | | | | | | | | | | |
| No errors. | | | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | |
| As required in Title 6 of the New York State Codes, Rules, and Regulations 6NYCRR, Part 750-2(e)(3), the New York Environmental Laboratory Accreditation Program (NYELAP) identification numbers for Laboratories performing analysis for the WVDP DMR's are as follows: 1) TestAmerica: NY Lab No. 10026; and 2) General Engineering Laboratory: NY Lab No. 11501. Also, NYCRR Part 750-2(e)(3) requires reporting of Method Detection Limits (MDLs) where monitoring is not performed under ELAP. To that end, the MDL for Total Residual Chlorine analysis, performed by the CHBWV wastewater treatment plant operators is 0.01 mg/L. | | | | | | | | | | | | | | | | | | | | | | |
| Attachments | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Name | Type | Size | | | | | | | | |
| | | | | | | | | | | | | WVDP_November_2022_TDS_Calculation.pdf | pdf | 314146.0 | | | | | | | | |
| Report Last Saved By | | | | | | | | | | | | | | | | | | | | | | |
| U.S. DEPT OF ENERGY | | | | | | | | | | | | | | | | | | | | | | |
| User: | | | | william.kean@chbwv.com | | | | | | | | | | | | | | | | | | |
| Name: | | | | William Kean | | | | | | | | | | | | | | | | | | |
| E-Mail: | | | | william.kean@chbwv.com | | | | | | | | | | | | | | | | | | |
| Date/Time: | | | | 2022-12-19 07:08 (Time Zone: -05:00) | | | | | | | | | | | | | | | | | | |
| Report Last Signed By | | | | | | | | | | | | | | | | | | | | | | |
| User: | | | | ELIZABETH.LOWES@CHBWV.COM | | | | | | | | | | | | | | | | | | |
| Name: | | | | Elizabeth Lowes | | | | | | | | | | | | | | | | | | |
| E-Mail: | | | | elizabeth.lowes@chbwv.com | | | | | | | | | | | | | | | | | | |
| Date/Time: | | | | 2022-12-19 14:09 (Time Zone: -05:00) | | | | | | | | | | | | | | | | | | |

DMR Copy of Record

| Permit | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|--------------------|--|----------------------|-------------|-------------|---------|-------|--------------------|---|----------------|---|--------------|-----------|-----------------|----------|-----------------------|-------------|--|--|
| Permit #: | NY0000973 | Permittee: | U.S. DEPT OF ENERGY | | | | | | Facility: | WEST VALLEY DEMONSTRATION PROJ | | | | | | | | | | |
| Major: | Yes | Permittee Address: | 1000 INDEPENDENCE AVE SW WASHINGTON, DC 20585 | | | | | | Facility Location: | 10282 ROCK SPRINGS ROAD WEST VALLEY, NY 14171-9799 | | | | | | | | | | |
| Permitted Feature: | SUM Internal Outfall | Discharge: | SUM-N SUM OF OUTFALLS 1 & 7 | | | | | | | | | | | | | | | | | |
| Report Dates & Status | | | | | | | | | | | | | | | | | | | | |
| Monitoring Period: | From 11/01/22 to 11/30/22 | | DMR Due Date: | 12/28/22 | | | | | Status: | NetDMR Validated | | | | | | | | | | |
| Considerations for Form Completion | | | | | | | | | | | | | | | | | | | | |
| Principal Executive Officer | | | | | | | | | | | | | | | | | | | | |
| First Name: | Bryan C. | | Title: | Director, USDOE-WVDP | | | | | | Telephone: | 716-942-4368 | | | | | | | | | |
| Last Name: | Bower | | | | | | | | | | | | | | | | | | | |
| No Data Indicator (NODI) | | | | | | | | | | | | | | | | | | | | |
| Form NODI: | -- | | | | | | | | | | | | | | | | | | | |
| Parameter | Monitoring Location | Season # | Param. NODI | Quantity or Loading | | | | | | Quality or Concentration | | | | | | # of Ex. | Frequency of Analysis | Sample Type | | |
| Code | Name | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3 | Units | | | | | |
| 01045 | Iron, total [as Fe] | 2 - Effluent Net | 0 | -- | Sample | | | | | | = | 0.023 | = | 0.023 | 19 - mg/L | 0 | 01/30 - Monthly | CA - CALCTD | | |
| | | | | | Permit Req. | | | | | | Req Mon MO AVG | <= | 1.0 DAILY MX | 19 - mg/L | 01/30 - Monthly | | CA - CALCTD | | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| Submission Note | | | | | | | | | | | | | | | | | | | | |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. | | | | | | | | | | | | | | | | | | | | |
| Edit Check Errors | | | | | | | | | | | | | | | | | | | | |
| No errors. | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | |
| As required in Title 6 of the New York State Codes, Rules, and Regulations 6NYCRR, Part 750-2(e)(3), the New York Environmental Laboratory Accreditation Program (NYELAP) identification numbers for Laboratories performing analysis for the WVDP DMR's are as follows: 1) TestAmerica: NY Lab No. 10026; and 2) General Engineering Laboratory: NY Lab No. 11501. Also, NYCRR Part 750-2(e)(3) requires reporting of Method Detection Limits (MDLs) where monitoring is not performed under ELAP. To that end, the MDL for Total Residual Chlorine analysis, performed by the CHBWW wastewater treatment plant operators is 0.01 mg/L. | | | | | | | | | | | | | | | | | | | | |
| Attachments | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Name | Type | Size | | | | | | |
| | | | | | | | | | | | | WVDP_November_2022_Net_Iron_Calculation.pdf | pdf | 284157.0 | | | | | | |
| Report Last Saved By | | | | | | | | | | | | | | | | | | | | |
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| Date/Time: | 2022-12-19 07:09 (Time Zone: -05:00) | | | | | | | | | | | | | | | | | | | |
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| Date/Time: | 2022-12-19 14:09 (Time Zone: -05:00) | | | | | | | | | | | | | | | | | | | |