	Conveyance of Cont Contract Number:			Conveyance Number 140-DLVR-081022						
#E RELATION TO TAKE ## ## ## ## RELATION TO TAKE ## ## ## ## ## ## ## ## ## ## ## ## ##				715	of Contract Deliverat by the contractor)	T-38 (1994)	Initial Submittal Resubmittal of No. <u>140-DLVR-072822</u>			
To: Angela	a M. Cooney				From: John D. Rendall					
DLVR # 140	TITLE OF D Permit/License Appli Appli	val Various RO		SCRIPTION AA, SDWA, SPDES and		DISPOSITION REQUESTED:  Concurrence Information Only Other:				
accurate and	l correct, and is submitted ac	cording to contract speci					ontractor Letter Log Number: VD:2022:0656			
Date of Document Conveyed Section 2 — Tracking and Disposition Management (to be 8/10/2022						be completed	by DOE-WVDP)			
Date Received (Stamp)  DOE-WVDP		Document Numbe 386201		/Cogni: ID/JTD	zant Individual:					
8/10	0/2022	Logged by: KF	: Distribution: AMC, BCB, JMD, JTD				Records Schedule: DOE 20.1, ITEM 230			
Action Assigned by DØE Special Instructions or Comments:  Lead/Cognizant Individual										
			•				Response Due Date: 9/10/2022			
Recommer	oval ceipt	to Comments: Signates No	Spa	wall						
Name/Title	e of Action Authority: n C. Bower	Section 3 – Re  Approved □ C  □ Receipt Acknow	Conditionally Ap	prove ncur	d □ Disapproved □ Non-concur		eture of Action	Authority  Date: 09.06-2027		
						1				



## FEDERAL FISH AND WILDLIFE PERMIT APPLICATION FORM

Migratory Bird Depredation
(Migratory Bird Treaty Act, 50 CFR 21.41)
U.S. Fish and Wildlife Service
Division of Migratory Bird Management



	Division of Migratory Bird Management											
No R	New Application  Renewal  Amendment				um Addre: Iresses wh quently As	<u>sses</u> (to ob here this for	otain the rm can b tions and	e email be retu d <u>Instr</u>	l, please access the il/postal mail lurned), and read th <u>ructions.</u> Please ecords.			
If requesting a renewal of	-					<del></del>				_	_	
Complete Sections A or B, as instruction page(s) for info	nd C, D, and mation on the	E of this	s applicate	ion. U ur ap	J.S. addre	ss may be	required and he	d in Se <b>In av</b> o	ection C, see instruid unnecess <b>ary</b> (	uctions for d <b>ielav</b> s.	letails. See	
A.				plete	e if apply	/ing as an						
1.a. Last name					1.b. First name 1.c. Middle name					r Initial	1.d. Suffix	
2. Date of birth (mm/dd/yyyy)	3.a. Telepho	one numi	ber		3.b. Alternate telephone number 3.d. E-mail addre					8		
B. Com	nlete if apr	niving (	on hehai	uf of :	a husine	og corpc	retion	nub	lic agency. Trib	e or Insti	tition.	
1.a. Name of business, agency,			/// DUILL			business, corporation, public agency, Tribe, or Institution  1.b. Doing business as (dba)						
West Valley Demo			ect									
2. Tax identification no.		<b>_</b>		tion of	I of business, agency, or institution							
33-0000033		4			Closure							
4.a. Principal officer Last name				•	ficer First na	ame			rincipal officer Middle	a name/ Initia	I 4.d. Suffix	
Bower		]'	Bryan	,	C.					1		
5. Principal officer title Director - West Va					-	6. Primary Jennife	er Du		as			
7.a. Business telephone number (716) 942-4287 (716) 912-8238					7.c. Business fax number (716) 942-4073  7.d. Business e-mail address Jennifer.Dundas@emcbc.doe					.doe.gov		
C.			All applic	cant	s comple	ete addres	es info	rmat	ion			
1.a. Physical address (Street add	dress; Apartm						JG 11	75 55 55 55	1011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10282 Rock Spring	კs Road	I										
1.b. City		c. State			Zip code/Po		1.e. Cou			1.f. Country		
West Valley		lew Yo			171-97	99	Catt	Cattaraugus		U.S.		
2.a. Mailing Address (include if d			ddress; incl	n ebui	name of cor	itact person	if applica	able)				
2.b. City		2.c. State 2.d		2.d. Z	. Zip code/Postal code:		2.e. Cou	2.e. County/Province		2.f. Country		
D.			Al'	apr	olicants	MUST con	mplete	 				
A nonrefundable processir SERVICE. Federal, Tribal, Stat Please see <i>link for processing</i>	te, and local go	govemme:	process this ent agencies	s perm es, and	nit, please a	attach check	k or mon	ney ord	ancies, are exempt fr	rom the proc	D WILDLIFE sessing fee -	
2. Do you currently have or have Yes 2 No 1 if yes, list	e you ever had the number of t	d any Fed f the most	deral Fish ar t current per	and Wil	ildlife permi ou have he	its? eld or that you	u are app	plying t	to renew/re-Issue: N	MB74759		
3. Certification: I hereby certify the other applicable parts in sub- accurate to the best of my know	chapter B of Cl	Chapter i o	of Title 50, a	and I o	certify that t	the information	ion subm	nitted in	n this application for a	a permit is co	mplete and	

Signature of applicant/Principal Officer (No stamped signatures. Electronic signatures accepted.)

08-22-2022

Date of signature (mm/dd/yyyy)

FWS Form 3-2436 (Rev. 06/2020) U.S. Department of the Interior



## DEPREDATION AND CONTROL ORDERS - ANNUAL REPORT Migratory Bird Permit Office

OMB Control. No. 1018-0146 Expiration Date: 08/31/2023



BEFORE FILLING OUT THIS FORM, please read the <u>Frequently Asked Questions</u> and access the <u>Return Addresses</u> (to obtain the email/postal mail addresses where this form can be returned).

iling Address:	10282 Rock Sp	alley State NY	State NY Zip 14171				
ephone Numbe	er: (716) 942-4	Email Address	ess: Jennifer.I	Oundas@emcb	c.doe.gov Re	port for Calendar Year 202	<u>.                                    </u>
Species (include non- arget species)	Number Taken	Take Method	Month	State	County (HI: Use Island)	Purpose of the Take	Disposition (e.g. left in place, buried trash, rehabilitation, donation)
Canada Goose	2 nests	Eggs Destroyed	June	NY	Cattaraugus	Radiological Contamination	On-site disposal
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-		····					
				\$0.15 \tag{2}			
			L		<u> </u>	1	
ify that the inform	ation in this repo	rt is true and correct to the	e best of my kno	wledge. I unders	stand that any false stateme	ent herein may subject me to the cri	minal penalties of 18 U.S.C. 100
nture:	<u> </u>				Date: 08-22-7	2022	

## Distribution:

S. A. Cherry	CHBWV
C. Chun	CHBWV
L. K. Hollfelder	CHBWV
D. P. Klenk	CHBWV
E. A. Lowes	CHBWV
D. M. Martinet	CHBWV
J. D. Rendall	CHBWV
R. E. Steiner	CHBWV
J. E. Sansone	CHBWV
K. A. Wooley	CHBWV
Open Items	