

JUN 27 1984

United States Department of the Interior
Office of Surface Mining
Mine Site Evaluation Inspection Report

DIVISION OF OIL
GAS & MINING

For Office Use Only

1a	1b	1c
Y Y M M	Batch	Report

2. Name of Permittee
VALLEY CAMP OF UTAH

3. Street Address
SCOFFIELD RT.

4. City
HELPER UTAH

5. State
UT

6. Zip Code
84526

7. Area Code
801

8. Telephone Number
448-9413

9. MSHA Number

10. Date of Inspection (Y Y M M D D)
840301

11. State Permit Number
ACT 007 001

12. Name of Mine
BELINA-UTAH 2

13. County Code
007

14. State Code
UT

15. Strata

16. State Area Office
01

17. OSM Field Office No.
02

18. OSM Area Office No.

19. OSM Sample No.

20. Type of Inspection (Code)
TOF

21. Joint Inspection
Yes No
X

22. Inspector's ID No.
051

23. Status

- A Type of Permit
- B Mine Status (Code)
- C Type of Facility (Code)
- D Number of Permitted Acres
- E Number of Disturbed Acres

24. Type of Activity (check applicable boxes).

- A Steep Slope
- B Mountain Top Removal
- C Prime Farmlands
- D Alluvial Valley Floors
- E Anthracite
- F Federal Lands
- G Indian Lands
- H Other

25. Performance Standards (Codes)

Instructions: Indicate compliance code. For any standard marked 2 or 3 provide narrative to support this determination.

Standards That Limit the Effects to the Permit Area

- A Distance Prohibitions
- B Mining Within Permit Boundaries
- C Signs and Markers
- D Sediment Control Measures
- E Design and Certification Requirements—Sediment Control
- F Effluent Limits
- G Surface Water Monitoring
- H Ground Water Monitoring
- I Blasting Procedures
- J Haul/Access Road Design and Maintenance
- K Refuse Impoundments
- L Other: Specify

Standards That Assure Reclamation Quality and Timeliness

- M Topsoil Handling
- N Backfilling and Grading
- O Following Reclamation Schedule
- P Revegetation Requirements
- Q Disposal of Excess Spoil
- R Handling of Acid or Toxic Materials
- S Highwall Elimination
- T Downslope Spoil Disposal
- U Post Mining Land Use
- V Cessation of Operations: Temporary
- W Other

file
AG/007/001
Folder #7

THIS WAS TOWN FOLLOW ON WATER QUALITY - OTHER BLOCKS NOT CHECKED.

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26. State Permit Number <div style="border: 1px solid black; padding: 2px; display: flex; gap: 5px;"> ACT007001 </div>	27. Date of Inspection (Y M M D D) <div style="border: 1px solid black; padding: 2px; display: flex; gap: 5px;"> 840301 </div>
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28. Yes No Do mining and reclamation activities on the site comply with the plans in the permit?
 If no, provide narrative to support this determination.

29. Indicate number of complete and partial inspections conducted by the State to date for this annual review period:

29a. <input type="text" value="03"/> Number of Completes	29b. <input type="text" value="07"/> Number of Partials
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30. Indicate number of complete and partial inspections required by the State during this annual review period:

30a. <input type="text" value="03"/> Number of Completes	30b. <input type="text" value="07"/> Number of Partials
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31. Has inspection frequency been met?

31a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Completes	31b. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Partials
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32. FEDERAL ENFORCEMENT INFORMATION. [Enter violation number. Check appropriate box(es)]

Ten-Day Notice No.	Notice of Violation No.	Cessation Order No.	Violation Codes
<input type="text" value=" "/>	<input type="text" value=" "/>	<input type="text" value=" "/>	
A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorizations to Operate
B <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs and Markers
C <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backfilling and Grading
D <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highwall Elimination
E <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rills and Gullies
F <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improper Fills
G <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Topsoil Handling
H <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sediment Ponds
I <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effluent Limits
J <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Monitoring
K <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buffer Zones
L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roads
M <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dams
N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blasting
O <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Revegetation
P <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil on the Downslope
Q <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mining Without Permit
R <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exceeding Permit Limits
S <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distance Prohibitions
T <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic Materials
U <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Violations

33. Name of Authorized Representative (print or type)

STEVE A. MARTIN	6-20-84	
Signature of Authorized Representative	Date	0 1 0
Signature of Reviewing Official	Date	0 3 0
[Signature]	6-17-84	0 2 0
[Signature]	6-20-84	0 1 0

Valley Camp of Utah

Belina-Utah #2

Inspection Date 3/1/84
P.N. ACT/007/001

This was a TDN Follow-up inspection (TDN #84-2-242-1 TV-10) for the sole purpose of taking water samples from discharges of the Belina-Utah #2 underground mine.

This particular mine-site has had a history of TSS effluent non-compliance. The TDN was issued as a result of several NPDES reporting violations for TSS as well as DOGM inspector samples. DOGM had originally issued the violations but had vacated them based on one complying sample taken by the operator.

This was the reason OSM issued the TDN. Subsequent to issuance of the TDN, DOGM re-issued the violations which were considered initially appropriate action by OSM.

Conditions during the inspection were inclement as the mine-site was under several feet of snow.

The OSM inspector sampled the sediment pond #4 discharge but could not reach the mine water filter pond because of snow drifts. State inspector Ken Wyatt later sampled the mine water filter pond.

Sample results taken by both inspectors indicated marginal compliance for TSS. OSM sample results for Pond #4 discharge is attached.

Discussions with Mr. Trevor Whiteside (company engineer) revealed that the company is having a very fine mesh filter screen developed in hopes that colloidal size solids can be filtered before discharge.

Discussions also included the possibility that if TSS effluent problems persisted another sediment pond or pond series may have to be constructed below pond #4.

Since TSS sample results did not confirm non-compliance with effluent limitations no state or federal enforcement action was taken.



CERTIFICATE OF ANALYSIS

STANDARD LABORATORIES, INC.

P.O. Box 1140, Huntington, Utah 84528 801-653-2314

Lab. No. 5124

Date Rec'd 3-2-84

Date Sampled 3-1-84

Time Sampled 12 PM

Client: Office of Surface Mining
219 Central Avenue N. W.
Albuquerque, N.M. 87102

Sample ID: SM-004

Acidity _____ mg/l CaCO₃
 Alkalinity, Total _____ mg/l CaCO₃
 Alkalinity, Bicarbonate _____ mg/l CaCO₃
 Alkalinity, Carbonate _____ mg/l CaCO₃
 Chloride _____ mg/l
 Coliform, Fecal _____ MPN/100 ml
 Coliform, Total _____ MPN/100 ml
 Conductivity _____ umhos/cm
 Fluoride _____ mg/l
 Hardness, Total _____ mg/l CaCO₃
 Nitrogen, Ammonia _____ mg/l
 Nitrogen, Nitrate _____ mg/l
 Nitrogen, Nitrite _____ mg/l
 Oil & Grease _____ mg/l
 pH 7.30 Units
 Phosphorus, Ortho _____ mg/l
 Phosphorus, Total _____ mg/l
 Solids, Total Dissolved 303.0 mg/l
 Solids, Total Suspended 46.0 mg/l
 Sulfate _____ mg/l
 Sulfide _____ mg/l
 Turbidity _____ NTU

Aluminum _____ mg/l
 Arsenic _____ mg/l
 Barium _____ mg/l
 Beryllium _____ mg/l
 Boron _____ mg/l
 Cadmium _____ mg/l
 Calcium _____ mg/l
 Chromium _____ mg/l
 Copper _____ mg/l
 Iron 0.17 mg/l
 Lead _____ mg/l
 Magnesium _____ mg/l
 Manganese 0.11 mg/l
 Mercury _____ ug/l
 Nickel _____ mg/l
 Potassium _____ mg/l
 Selenium _____ mg/l
 Silica _____ mg/l
 Sodium _____ mg/l
 Vanadium _____ mg/l
 Zinc _____ mg/l

THE MAX. Daily Limitation per
 VMC 817.42 (a) is 45 ppm TSS. Since
 the margin of error at 46 ppm is + or - 2 ppm
~~prescribes~~ the inspector feels this does
 not warrant enforcement action

Respectfully submitted [Signature] 3/5/84