C/002/005 Incoming

OK

State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Department of
Environmental Quality

Amanda Smith
Executive Director

DIVISION OF WATER QUALITY
Walter L. Baker, P.E.
Director

OCT 0 4 2012

CERTIFIED MAIL
(Return Receipt Requested)

Austin Belcher, Environmental Engineer
CFC Skyline Mine
HC-35 Box 380
Helper, UT 84526

Dear Mr. Belcher:

Subject: UPDES Permit No. UT0023540, Compliance Evaluation Inspection.

Attached are the results of the Compliance Evaluation Inspection conducted by Mike Herkimer of the Division of Water Quality at CFC Skyline Mine on August 21, 2012. No deficiencies were observed, but several requirements were listed. Please respond within thirty days to the inspection report by addressing each of the requirements listed. If a requirement cannot be completed within thirty days, indicate a date by which it will be completed.

Thank you for your time facilitating the inspection and tour. If you have any questions or comments with regard to this matter, please contact me at (801) 536-4386 or via e-mail at mherkimer@utah.gov.

Sincerely,

Mike Herkimer

Mike Herkimer, Environmental Scientist
UPDES Engineering Section

MH:mc

Enclosures (6)
1. EPA Form 3560 CEI (DWQ-2012-003004_1)
2. EPA Form 3560 SW (DWQ-2012-003004_2)
3. CEI Report (DWQ-2012-003004_3)

4. Inspection Checklist (DWQ-2012-003004_4)
5. Checklist data tables, monthly operating report & DMRs (DWQ-2012-003004_5)
6. SW Industrial Inspection (DWQ-2012-003004_6)

cc: Stephanie Gieck, EPA Region VIII (w/encl)
Brady Bradford, Southeastern Utah District Health Department (w/encl)
Dave Ariotti, District Engineer (wo/encl)
Daron Haddock, DOGM (w/encl)

DWQ-2012-003004

United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding *(i.e., ICIS)*

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac. Type
N (1)	UT0023540 (3–11)	120821 (12–17)	C (18)	S (19)	2 (20)

Remarks (21–66):

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved
3 (67–69)	5 (70)	D (71)	N (72)	(73–74, 75–80)

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*

CANYON FUEL CO. SKYLINE MINE
Up Eccles Canyon on State Hwy 264
~ 5 miles SW of Scofield, UT

Entry Time/ Date	Permit Effective Date
9:00 a.m. 8-21-2012	12-1-2009
Exit Time/ Date	**Permit Expiration Date**
2:00 p.m. 8-21-12	11-30-2014

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

Gregg Galecki, Environmental Coordinator, (435) 448-2636

Other Facility Data *(e.g., SIC NAICS, and other descriptive information)*

Bituminous Coal Underground Mining Facility
SIC Code 1222
NAICS 212112

SEE ATTACHED

Name, Address of Responsible Official/Title/Phone and Fax Number

Wes Sorensen, Mine Manager
Canyon Fuel Company, LLC Skyline Mine
HCR 35 Box 380
Helper, UT 84542
(435) 636-2619

Contacted: ☐ Yes ☒ No

Section C: Areas Evaluated During Inspection *(Check only those areas evaluated)*

☒ Permit	☒ Self Monitoring Program	☐ Pretreatment	☐ MS4
☒ Records/Reports	☐ Compliance Schedule	☐ Pollution Prevention	
☒ Facility Site Review	☐ Laboratory	☐ Storm Water	
☒ Effluent/Receiving Waters	☐ Operations & Maintenance	☐ Combined Sewer Overflow	
☒ Flow Measurement	☐ Sludge Handling/Disposal	☐ Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Number(s)	Date:
Mike Herkimer, Environmental Scientist	DWQ (801) 536-4386	10/2/12
N/A		

Name and Signature of Management QA Reviewer	Agency/Office/Phone and Fax Number(s)	Date:
John Kennington, Manager UPDES Engineering Section	DWQ (801) 536-4380	10/3/12

United States Environmental Protection Agency
Washington, D.C. 20460

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1 2	3 11	12 17	18	19	20

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Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved
3	4	N	N	
67 69	70	71	72	73 74 / 75 80

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Mike Herkimer, Environmental Scientist	DWQ (801) 536-4386	10/2/12
N/A		
Name and Signature of Management QA Reviewer	**Agency/Office/Phone and Fax Number(s)**	**Date:**
John Kennington, Manager UPDES Engineering Section	DWQ (801) 536-4380	10/3/12

INSPECTION PROTOCOL

UPDES Permit #: UT0023540 – Skyline Mine
Inspection Type: Compliance Evaluation Inspection (CEI) + Storm Water Inspection
Inspection Date: August 21, 2012
Weather Conditions: Sunny and warm

Mike Herkimer of the Division of Water Quality (DWQ) met with Austin Belcher and Gregg Galecki, Environmental Engineers for the Canyon Fuel Company's Skyline Mine Facility (Skyline). The purpose and scope of the inspection were explained, the Utah Division of Water Quality UPDES Inspection Checklist was completed, and a brief facility tour was conducted. There were no deficiencies from the previous inspection for follow up (7-28-2009).

FACILITY DESCRIPTION

Location: Up Eccles Canyon on Utah Hwy 264 near Scofield, Utah
Coordinates: Outfall 001 – 39° 41' 05" latitude, -111° 13' 58" longitude
Outfall 002 – 39° 41' 05" latitude, -111° 09' 07" longitude
Outfall 003 – 39° 43' 10" latitude, -111° 09' 15" longitude
Outfall 004 – 39° 36' 40" latitude, -110° 36' 43" longitude

Average Flow: ~ 7 MGD (001)

Receiving water: Eccles Creek → Muddy Creek → Scofield Reservoir → Price River

Process: Skyline Mine is an active underground coal mining operation utilizing long-wall mining technology. Mine water is collected underground at sump locations and continuously pumped to the surface via west mains and north mains which discharge into a bypass culvert going to Eccles Creek. In addition, discharge from the main sedimentation pond goes into the same bypass culvert going to Eccles Creek. Discharge from the north mains, the west mains and the sedimentation pond constitute Outfall 001 into Eccles Creek. Surface water runoff from four disturbed areas is conveyed to above ground settling ponds, each with a permitted discharge point. Outfall 002 is from the rail load out facility near Clear Creek and only discharges seasonally during runoff events. Outfall 003 is from the waste rock storage site in Scofield, which has not discharged to date and Outfall 004 which is composed of surface runoff and mine water, discharges to Winter Quarters Canyon Creek. The primary discharge from the mine is from Outfall 001

INSPECTION SUMMARY

Sampling & Recordkeeping: The DMR for February 2012 was reviewed and compared with the bench sheets and on-site sampling records for that same time period. Effluent flow, pH and dissolved oxygen are instantaneously measured on site. Calibrations checks for pH and dissolved oxygen are performed prior to each measurement and recorded in a sampling log book. Monthly samples for TSS, TDS, total iron, oil & grease, and quarterly samples for total phosphorous are sent to Chemtech – Ford laboratory in Murray, Utah. Quarterly WET samples are collected and sent overnight to AECOM Environment in Ft. Collins, Colorado. Effluent data information provided on the DMRs

was consistent with the data reported on the laboratory bench sheets and on-site sampling log books. No holding times were violated and the appropriate number of samples were taken for each parameter in the permit.

Flow: As mentioned above for Outfall 001, effluent flows from mine water discharge come from two separate areas and are measured by in-line electrical meters located underground in the mine just prior to the final effluent discharge into Eccles Creek. The flow meters meet the requirements of the permit for instantaneous measurements. Flow from the main sedimentation pond is calculated using the following formula:

(Average depth over spillway)$^{1.5}$ X 16924.25 = overflow from main sedimentation pond in gallons per minute

Discharge from west mains (taken from flow meter) + discharge from north mains (taken from flow meter) + overflow from main sedimentation pond = total flow from Outfall 001.

Currently there are no secondary flow measurement capabilities for the mine water discharges. Any effluent flows from Outfalls 002, 003 & 004 are measured by utilizing a bucket and stopwatch to obtain gallons per minute.

Storm Water: A SWPPP has been developed and is on-site. The UPDES Storm Water Industrial Inspection form was completed. In the process of completing the form, it became apparent as to how the storm water program should be implemented at Skyline Mine. Runoff from all of the disturbed areas is routed to sedimentation ponds where it receives treatment before it is discharged. This is basically discharge of process wastewater (water that comes into contact with the product produced or by-products of the process). The storm water program is concerned with runoff in disturbed areas not located within the disturbed areas going to the sedimentation basins. Such areas are known as alternate sediment control areas and are located at pump houses and at conveyor support structures. According to Skyline personnel there are at least 41 areas which fall into this category. All of them have some type of best management practices (BMP's). The goal of the SWPPP is to assure that these BMP's are effective, are maintained, and if discharges do occur, to do the appropriate sampling and reporting. This will involve education of staff and inspections after significant enough rainfall to cause runoff, and inspections on at least a quarterly basis to assure the continued integrity of BMP's. There were some requirements of the SWPPP that had not as yet been completed, these are listed below:

1. Each of the signatures in the SWPPP need to have an associated certification statement.
2. Skyline personnel need to determine what a significant spill is (type of material and amount of material).
3. Identify all alternate sediment control areas and include them on a site map that indicates the type of BMP associated with them.
4. The SWPPP shall identify the pollutant(s) to be controlled by each BMP and if a BMP has not been installed, or will be changed, provide a compliance schedule for completion.
5. Certify that the facility has been tested (this can be a statement or sampling or whatever the permittee chooses to do) for non-storm water discharges (untreated process wastewater) leaving the site.

Site Walk & Tour: A tour of the main coal yard area associated with the west mains, north mains and the sedimentation pond was completed and pictures were taken. There was no discharge from the main sedimentation pond as can be seen in facility pictures below, but there was discharge from the west and north mains. Outfall 002 did not appear to be discharging. Outfalls 003 and 004 were not observed, but were not discharging based on information from facility personnel.

DEFICIENCIES

None

REQUIREMENTS

1. Please explain how the equation determining overflow from the main sedimentation pond at Outfall 001 was developed and give some examples of how it is used.
2. Please complete the following requirements for the SWPPP:
    a. Each of the signatures in the SWPPP need to have an associated certification statement.
    b. Skyline personnel need to determine what a significant spill is (type of material and amount of material).
    c. Identify all alternate sediment control areas, and include them on a site map that indicates the type of BMP associated with them.
    d. The SWPPP shall identify the pollutant to be controlled by each BMP and if a BMP has not been installed, or will be changed, provide a compliance schedule for completion.
    e. Certify that the facility has been tested (this can be a statement or sampling or whatever the permittee chooses to do) for non-storm water discharges (untreated process wastewater) leaving the site.

LIST OF ATTACHEMENTS (appended to this narrative report pictures and 3560-3 form)

- State checklist
- Photo log (last page of state checklist)
- For Outfall 001, data summary sheets, bench sheets and February 2012 DMR
- UPDES Storm Water Industrial Inspection form

Photo #1: West Mains sampling site at Skyline Mine

Photo #2: Some of the drainage area for sedimentation pond associated with Outfall 001.

Photo #3: Outlet from sedimentation pond associated with Outfall 001

UTAH DIVISIOIN OF WATER QUALITY
UPDES INSPECTION CHECKLIST

UPDES PERMIT # UT 0023540 **INSPECTION DATE:** 8/21/12

FACILITY: Skyline Mine CFC. **INSPECTOR:** Mike Herkimer

Permit Effective Date: 12/1/09 **Permit Expires** 11/30/14

PART I. VERIFICATION, RECORDKEEPING, AND REPORTING EVALUATION CHECKLIST

A. PERMIT VERIFICATION

Responsible Official: Wesley K. Sorensen.

Mailing Address: HC-35 Box 380
Helper, UT 84526
Austin Belcher – Environmental Engineer.

Brief Facility Description: Underground coal mine – settling ponds.

Yes No N/A 1. Inspection observations verify information contained in permit.

Yes No N/A 2. Current copy of permit is onsite.

Yes No N/A 3. Name and mailing address of permittee are correct.

Yes No N/A 4. Facility is as described in permit. If not, what is different? _____

Yes No N/A 5. Notification was given to EPA/State of new, different, or increased discharges. There were none.

Yes No N/A 6. Facility maintains accurate records of influent volume, when appropriate

Yes No N/A 7. Number and location of discharge points are as described in permit.

Yes No N/A 8. Name and of receiving waters correct.

Name: Eccles Creek + Winter Quarters Creek.

Yes No N/A 9. All discharges are permitted.

Yes No N/A 10. The facility used Federal/State Construction Grant funds to build the plant.

Notes:

B. RECORDKEEPING AND REPORTING EVALUATION

Yes No N/A 1. Records and reports maintained as required by permit.

Yes No N/A 2. All required information is available, complete, and current.

Yes No N/A 3. Information is maintained for a minimum of 3 years (5 years for sewage sludge).

Yes No N/A 4. If the facility monitors more frequently than required by permit (using approved methods), these are results reported.

Yes No N/A 5. DMR"s submitted as required by the permit.

Yes No N/A 6. Monitoring records are adequate and include:

Yes No N/A a. Flow, pH, DO, etc., as required by permit.

Yes No N/A b. Monitoring charts kept for 3 years (or 5 years for sewage sludge).

Yes No N/A c. Flow meter calibration records kept.

Yes No N/A d. Location data (latitude and longitude) of each outfall.

Yes No N/A 7. Laboratory equipment calibration and maintenance records are adequate.

Yes No N/A 8. Plant records* are adequate and include:

Yes No N/A a. O & M Manual

Yes No N/A b. "As built" Engineering Drawings

Yes No N/A c. Schedules and dates of equipment maintenance repairs

Yes No N/A d. Equipment supplies manual

Yes No N/A e. Equipment data cards?

*Required only for facilities built with Federal/State Construction Grant funds.

Yes No N/A 9. Pretreatment records are adequate and contain inventory of industrial waste contributors, including:

Yes No N/A a. Monitoring Data

Yes No N/A b. Inspection Reports

~~Yes No N/A c. Compliance Status Records~~

Yes No N/A d. Enforcement Actions

C. PERMITTEE SELF-MONITORING EVALUATION

Yes No N/A 1. Samples are taken at the sites requited by the permit.

Yes No N/A 2. Sample type adequate for representative samples. Type: Grab / Composite for WET

Yes No N/A 3. Flow proportioned samples obtained when required by the permit.

Yes No N/A 4. If applicable, automatic sampler used?

Type/Model. _____

Yes No N/A 5. Composite samples refrigerated during collecton.

a. Composite samples refrigerated during collecton.

b. Proper preservation techniques

c. Containers in conformance with *40 CFR 136*

Samples are collected by hand + put on ice for shipment.

Specify any problems: _____

Yes No N/A 6. Analytical results are consistent with data reported on DMRs.

Yes No N/A a. The data moves accurately from the bench sheets to the DMR's.

Yes No N/A b. The calculations are performed properly

Yes No N/A 7. All effluent data collected are summarized on the DMR

Yes No N/A 8. Sampling and analyses data are adequate and include:

Yes No N/A d. Dates, times, and location of sampling

Yes No N/A e. Name of individual performing sampling

Yes No N/A f. Analytical methods and techniques

Yes No N/A g. Results of analyses and calibration

Yes No N/A h. Dates of analyses & time.

Yes No N/A i. Name of person performing analyses

Yes No N/A j. Instantaneous flow at grab sample stations. ⇒ grab samples are taken where flow is determined.

Yes No N/A k. Monthly and weekly averaging is calculated properly and reported on the DMR where required by the permit

Yes No N/A l. Maximum and minimum values are reported properly and on the DMR.

Yes No N/A m. Loading values are calculated using daily loading information.

Yes No N/A n. Bacterial data are summarized as a geometric mean where required by the permit

Yes No N/A o. Number of exceedences completed properly

D. WHOLE EFFLUENT TOXICITY TESTING AND REPORTING

Yes No N/A 1. WET sampling by permittee adequate to meet the conditions of the permit.

Yes No N/A 2. Chain of Custody used.

3. Method of shipment. UPS

Yes No N/A 4. Preservation Adequate (Iced to 4° C)

Yes No N/A 5. Lab reports/Chain of custody sheets indicate temperature of samples at time of receipt by lab.

6. Indicate Temperature 2.8°C + thereabouts

Yes No N/A 7. ~~Permittee has copy of latest edition of testing methods or Region VIII protocol (July 1993)~~

Yes No N/A 8. Permittee reviews WET lab reports for adherence to test protocols.

Yes No N/A 9. Lab has provided quality control data. (*i.e.* Reference toxicant control charts)

Yes No N/A 10. Permittee has asked lab for Q/C data.

Yes No N/A 11. Permittee maintains copies of WET lab reports on site for the required 3 year period and makes them available to review by inspectors.

Yes No N/A 12. Evaluation and review of WET data by permittee adequate such that no follow up at lab is necessary.

NOTES:

PART II. FACILITY SITE REVIEW CHECKLIST

A. OPERATION AND MAINTENANCE EVALUATION

Yes No N/A 1. Facility properly operates and maintains treatment units

Yes No N/A 2. Facility has standby power or other equivalent provision.

Yes No N/A 3. Adequate alarm system for power or equipment failures is available.

4. Sludge disposal procedures are appropriate:

Yes No N/A A: Disposal of sludge according to regulations

Yes No N/A B: State approval for sludge disposal received.

Yes No N/A 5. All treatment units, other than backup units, are in service.

Yes No N/A 6. Facility follows procedures for facility operation and maintenance.

Yes No N/A 7. Sufficient sludge is disposed of to maintain treatment process equilibrium.

Yes No N/A 8. Organizational Plan (chart) for operation and maintenance is provided.

Yes No N/A 9. Plan establishes operating schedules.

Yes No N/A 10. Facility has written emergency plan for treatment control.

11. Maintenance record system exists and includes:

Yes No N/A a. As-built drawings

Yes No N/A b. Shop drawings

Yes No N/A c. Construction specifications

Yes No N/A d. Maintenance history

Yes No N/A e. Maintenance costs

Yes No N/A f. Repair history

Yes No N/A g. Records of equipment repair and timely return to service.

Yes No N/A 12. Adequate number of qualified operators on-hand.

Grade I _____ Grade II _____ Grade III _____ Grade IV _____ Not Required _____

Yes No N/A 13. Facility has established procedures for training new operators.

Yes No N/A 14. Facility maintains adequate spare parts and supplies inventory.

Yes No N/A 15. Facility keeps instruction files for operation and maintenance of each item of major equipment.

Yes No N/A 16. Operation and maintenance manual is available. ↳ pH meter, D.O. Meter.

Yes No N/A 17. Regulatory agency is notified of any bypassing.

(Dates) _____

Yes No N/A 18. a. Hydraulic overflows and/or organic overloads are experienced.

Yes No N/A b. Untreated bypass discharge occurs during power failure.

Yes No N/A c. Untreated overflows occurred since last inspection.

Reason: _____

Yes No N/A d. Flows were observed in overflow or bypass channels.

Yes No N/A e. Checking for overflows is performed routinely.

Yes No N/A f. Overflows are reported to EPA or to the appropriate State agency as specified in the permit.

PART II. FACILITY SITE REVIEW CHECKLIST

B. SAFETY EVALUATION

Yes No N/A 1. Facility uses diked/bermed oil/chemical storage tanks.

Yes No N/A 2. Facility maintains up-to-date equipment repair records.

Yes No N/A 3. Dated tags show out-of-service equipment

Yes No N/A a. facility/unit lock-out and tag-out procedures are being followed.

Yes No N/A 4. Facility schedules/performs routine and preventive maintenance on time.

Yes No N/A 5. Facility provides personal protective clothing (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, SCBA, eyewashes in labs). (Circle all that apply)

Yes No N/A 6. Safety devices are readily available:

Yes No N/A a. Fire extinguishers
Yes No N/A b. Oxygen deficiency/explosive gas indicator
Yes No N/A c. Self-contained breathing apparatus near entrance to chlorine room
Yes No N/A d. Safety harness
Yes No N/A e. First aid kits
Yes No N/A f. Ladders to enter manholes or wet wells
Yes No N/A g. Traffic control cones
Yes No N/A h. Safety buoy at activated sludge plants
Yes No N/A i. Life preservers for lagoons/tanks
Yes No N/A j. Fiberglass or wooden ladders for electrical work
Yes No N/A k. Portable cranes/hoists.

Yes No N/A 7. Plant has general safety structures such as rails around or covers over tanks, pits, or wells.

Yes No N/A 8. Emergency phone numbers are listed, including EPA and State.

Yes No N/A 9. Plant is generally clean, free from open trash areas.

Yes No N/A 10 All plant personnel are immunized for typhoid, tetanus, and hepatitis B.

Yes No N/A 11 No cross connections exist between a potable water supply and nonpotable source.

Yes No N/A 12 Anaerobic Digester Safety adequate

Yes No N/A a. Gas/explosion controls such as pressure-vacuum relief values
Yes No N/A b. No smoking signs
Yes No N/A c. Explosimeters
Yes No N/A d. Drip Traps
Yes No N/A e. Enclosed screening, de-gritting chambers
Yes No N/A f. Enclosed sludge-piping or gas-piping structures.

Yes No N/A 13 Facility has enclosed and identified all electrical circuitry.

Yes No N/A 14 Personnel are trained in electrical work to be performed as well as safety procedures.

Yes	No	N/A	15 Chlorine safety precautions are followed:
Yes	No	N/A	a. NIOSH-approved 30-minute air pack
Yes	No	N/A	b. All standing chlorine cylinders chained in place
Yes	No	N/A	c. All personnel trained in the use of chlorine
Yes	No	N/A	d. Chlorine repair kit available
Yes	No	N/A	e. Chlorine leak detector tied into plant alarm system
Yes	No	N/A	f. Chlorine cylinders stored in adequately ventilated areas?
Yes	No	N/A	g. Ventilation fan with an outside switch
Yes	No	N/A	h. Posted safety precautions
Yes	No	N/A	i. Existing emergency SOP and/or RMP or SPCC?
Yes	No	N/A	17. Emergency Action Plan on file with local fire department and appropriate emergency agency.
Yes	No	N/A	18. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available.
Yes	No	N/A	19. Facility post warning signs (no smoking, high voltage, non potable water, chlorine hazard, watch-your-step, and exit).

Notes:

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

Rating Codes: S = Satisfactory; IN = In Operation; U = Unsatisfactory; Out = Out of Operation; M = Marginal; N/A = Not Applicable

	Condition or Appearance	Rating	Comments
GENERAL	Grounds		
	Buildings		
	Potable water supply protection		
	Safety features		
	By-passes		
PRELIMINARY	Maintenance of collection lines		
	Pump stations		
	Ventilation		
	Bar screen(s)		
	Comminutor		
	Grit chamber		
	Disposal of screenings and grit		
PRIMARY	Settling tanks		
	Scum removal		
	Sludge removal		
	Effluent		
SLUDGE	Digesters		
	Sludge pumps		
	Drying beds		
	Disposal of sludge		
OTHER	Flow meter and recorder		
	Records		
	Lab controls		
	Treatment lagoons		
	Chlorinators		
	Contact tank and contact time		

001 – Flow meters – ultrasonic
– Calculated overflow
002 – bucket & stop watch
003 – bucket & stop watch
004 – bucket & stop watch

PART III. FLOW MEASUREMENT INSPECTION CHECKLIST

A: GENERAL

Type of Primary Flow Measurement Device: Flow Meter – at north mains + west mains

Yes No N/A 1. Primary flow measuring device properly installed and maintained.
Where: Underground

Yes No N/A 2. Flow measured at each outfall? _____
Number of outfalls? 4

Yes No N/A 3. Proper flow tables used by facility personnel

4. Design flow: 10 MGD ⇒ 001 –

Yes No N/A 5. Flow records properly kept. 002 –
Yes No N/A 6. All charts maintained in a file. 003 –
Yes No N/A 7. All calibration data kept. 004 –
Yes No N/A 8. Influent flow measured before all return lines.
Yes No N/A 9. Effluent flow measured after all return lines.
Yes No N/A 10. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained.
Yes No N/A 11. Spare parts stocked.
Yes No N/A 12. Effluent loadings calculated using effluent flow.
13. Frequency of routine inspection of primary flow device by operator.
1 / Day / Week / Month / Year

14. Frequency of routine cleaning of primary flow device by operator. – NA.
_____ / Day / Week / Month / Year

Notes: _____

B. Flumes

Type and Size: NA _____ Influent / Effluent

Yes No N/A 1. Flow entering flume reasonably well-distributed across the channel and free of turbulence, boils, or other disturbances.
Yes No N/A 2. Cross-sectional velocities at entrance relatively uniform.
Yes No N/A 3. Flume clean and free of debris and deposits.
Yes No N/A 4. All dimensions of flume accurate and level.
Yes No N/A 5. Side walls of flume vertical and smooth.
Yes No N/A 6. Sides of flume throat vertical and parallel.
Yes No N/A 7. Flume head being measured at proper location.
Yes No N/A 8. Measurement of flume head zeroed to flume crest.
Yes No N/A 9. Flume properly sized to measure range of existing flow.

001 Flow = North mains + West mains + North mains + West mains ⇒ by Flow meter + calculated pond overflow = 18924.25 = gpm of surface. + North mains + West mains ⇒ 7-65-14 (West mains) pond overflow = (avg depth over spillway)^1.5 x

Yes No N/A 10. Flume operating under free-flow conditions over existing range of flows.
Yes No N/A 11. Flume submerged under certain flow conditions.
Yes No N/A 12. Flume operation invariably free-flow.

C. WEIRS

Type and Size: NA Influent / Effluent

Yes No N/A 1. Weir exactly level
Yes No N/A 2. Weir plate plumb and its top and edges sharp and clean.
Yes No N/A 3. Downstream edge of weir is chamfered at 45°.
Yes No N/A 4. Free access for air below the nappe of the weir.
Yes No N/A 5. Upstream channel of weir straight for at least four times the depth of water level and free from disturbances.
Yes No N/A 6. Distance from sides of weir to side of channel at least 2H.
Yes No N/A 7. Area of approach channel at least (8 × nappe area) for upstream distance of 15H.
Yes No N/A 8. If not, is velocity of approach too high?
Yes No N/A 9. Head measurements properly made by facility personnel.
Yes No N/A 10. Leakage does not occur around weir.
Yes No N/A 11. Use of proper flow tables by facility personnel.
Yes No N/A 12. The stilling basin of the weir is of sufficient size and clear of debris

D. ELECTROMAGNETIC METERS

Type and Size: NA. Influent / Effluent

Yes No N/A 1. Is there a straight length of pipe or channel before and after the flowmeter of at least 6 diameters?
Yes No N/A 2. If a magnetic flowmeter is used, are there sources of electric noise in the near vicinity?
Yes No N/A 3. Magnetic flowmeter is properly grounded.
Yes No N/A 4. Is the full pipe requirement met?

E. VENTURI METERS

Type and Size: _____ Influent / Effluent

Yes No N/A 1. Venturi meter is installed downstream from a straight and uniform section of pipe.

F. OTHER TYPES OF FLOW DEVICES

Type: FLOAT / BUBBLER / ULTRASONIC / ELECTRICAL METERS /

Location: Influent / Effluent

Ultrasonic

Manufacturer : Milltronics ~~Milltronics Fisher~~

Model: Thermal Fisher – Polysonics DCT 1088.

What are the most common problems that the operator has had with the flowmeter?

None

Type: FLOAT / BUBBLER / ULTRASONIC / ELECTRICAL METERS /

Location: Influent / Effluent

Manufacturer : _____

Model: _____

What are the most common problems that the operator has had with the flowmeter?

_____

G. CALIBRATION AND MAINTENANCE OF TOTALIZERS AND SECONDARY FLOW MEASUREMENT DEVICES

Yes No N/A 1. Flow totalizer properly calibrated.

Yes No N/A 2. Flow measurement equipment adequate to handle expected ranges of flow rates.

Yes No N/A 3. Frequency of routine inspection by proper operator:

_____ / Day / Week / Month / Year

NA

Yes No N/A 5. Frequency of maintenance inspections by plant personnel:

_____ / Day / Week / Month / Year

Yes No N/A 5. Flowmeter calibration records kept. calibration: _____/Year

Yes No N/A 6. Calibration frequency adequate.

7. What is the most common problem(s) that the facility has had with the secondary flow measurement device?

_____

_____

NA

Accuracy of Flow Measurement
(Secondary Device against Primary Device)

Size and Type of Primary Device: _____

Reading from Primary Device (Feet / inches): _____

Equivalent to Actual Flow (MGD) : _____

Facility Recorded Flow From Secondary Device: _____

Percent Error: _____ Correction Error: _____

Fill in the above only if the primary device has been correctly installed, or if the correction factor is know.

Notes: _____

PART IV. LABORATORY QUALITY ASSURANCE CHECKLIST

A. LABORATORY INFO

Yes No N/A Commercial laboratory used

Name: Chemtech - Ford

Address: 6100 South Stratler Ave.
Murray, UT 84107

Contact: Dave Gayen

Phone: (801) 262-7299

Parameters: O&G, TDS, TSS, T-Fe & D-Fe.

Laboratory is NELAC certified. Cannot ~~[illegible]~~ be answered these questions by facility Envir. Engineer at Skyline Mine.

B. SAMPLE HANDLING PROCEDURES

Yes No N/A 1. Laboratory has sample custodian and a back-up custodian.

Yes No N/A 2. Access to laboratory area restricted to authorized personnel only.

Yes No N/A 3. Sample security area available within laboratory that is dry, clean, and isolated; has sufficient refrigerated space; and can be locked securely.

Yes No N/A 4. Lab personnel receive and log in all incoming samples.

Yes No N/A 5. Established chain-of-custody procedures followed.

Yes No N/A 6. Checks of proper preservation, container type, and holding times performed by lab personnel with the results fully documented.

Yes No N/A 7. Samples properly stored by lab personnel.

Yes No N/A 8. Samples distributed to analysts only by sample custodian.

Yes No N/A 9. Transfer of samples fully documented.

Yes No N/A 10. Accurate and up-to-date care and custody records for handling samples maintained.

Yes No N/A 11. Documentation and procedures for disposal of test samples and test standards.

C. LABORATORY PROCEDURES

Yes No N/A 1. Written laboratory QA manual available.

Yes No N/A 2. EPA-approved written analytical testing procedures used and protocols are easily accessible by laboratory personnel.

Yes No N/A 3. If alternate analytical procedures used, proper written approval obtained.

Yes No N/A 4. Calibration and maintenance of instruments and equipment satisfactory.

Yes No N/A 5. QA procedures used.

6. Duplicate samples are analyzed _____% of time.

7. Spiked samples are used _____% of time.

8. Samples are analyzed in accordance to *40 CRF 136*.

Yes No N/A Results of last DMR / QA test available. Date:_____

Yes No N/A Facility lab does analyses for other permittees. If yes, list the facilities and permit numbers.

Facility: _____ Permit # _____

D. LABORATORY FACILITIES AND EQUIPMENT

Yes No N/A 1. Proper grade laboratory pure water available for specific analysis.

Yes No N/A 2. Adequate bench, instrumentation, storage, and recordkeeping spaceavailable.

Yes No N/A 3. Clean and orderly work area available to help avoid contamination.

Yes No N/A 4. Dry, uncontaminated compressed air available.

Yes No N/A 5. Sufficiently ventilate fume hood.

Yes No N/A 6. Laboratory sufficiently lighted and ventilated.

Yes No N/A 7. Adequate electrical sources available.

Yes No N/A 8. Instruments/equipment in good condition.

Yes No N/A 9. Use proper safety equipment (lab coats, gloves, safety glasses,goggles, and fume hoods) when necessary.

Yes No N/A 10. Written requirements for daily operation of instruments available.

Yes No N/A 11. Standards and appropriate blanks available to perform daily check procedures.

Yes No N/A 12. Sources of standards documented and where possible traceable to a national standard (e.g., NIST).

Yes No N/A 13. Records of each set of analysis including order in which calibration, QC and samples were analyzed (i.e., analysis run logs or instrument run logs) available.

Yes No N/A 14. Written troubleshooting procedures for instruments available.

Yes No N/A 15. Schedule for required maintenance exists.

Yes No N/A 16. Proper volumetric glassware used.

Yes No N/A 17. Glassware properly cleaned.

Yes No N/A 18. Properly store standard reagents and solvents with the expiration dates clearly displayed on the containers.

Yes No N/A 19. Frequently checked working standards.

Yes No N/A 20. Discard standards after recommended shelf-life has expired.

Yes No N/A 21. Background reagents and solvents run with every series of samples.

Yes No N/A 22. Written procedures exists for cleanup, hazard response methods, and applications of correction methods for reagents and solvents.

Yes No N/A 23. Replace gas cylinders at 100-200 psi.

Notes: _____

_____

_____

E. LABORATORY'S PRECISION, ACCURACY, AND CONTROL PROCEDURES

Yes No N/A 1. Analyzed multiple replicates (blanks, duplicates, spikes, and splits) for each type of control check and information recorded.

Yes No N/A 2. Plotted precision and accuracy control methods used to determine whether valid, questionable, or invalid data are being generated from day to day.

Yes No N/A 3. Generate control samples introduced into the train of actual samples to ensure that valid data..

Yes No N/A 4. Precision and accuracy of the analyses are sufficient.

F. DATA HANDLING AND REPORTING

Yes No N/A 1. Uniformly apply round-off rules.

Yes No N/A 2. Establish significant figures for each analysis.

Yes No N/A 3. Use provision for cross-checking calculation.

Yes No N/A 4. Use correct formulas to calculate final results.

Yes No N/A 5. Control chart approach and statistical calculations for QC and report available and followed.

Yes No N/A 6. Report forms developed to provide complete data documentation and permanent records and to facilitate data processing.

Yes No N/A 7. Data reported in proper form and units.

Yes No N/A 8. Laboratory records readily available to regulatory agency for required time of 3 years.

Yes No N/A 9. Laboratory notebook or pre-printed data forms bound permanently to provide good documentation.

Yes No N/A 10. Computer data backed up with duplicate copies (i.e., electronic and hardcopy).

Yes No N/A 11. Efficient filing system exists, enabling prompt retrieval of information and channeling of report copies.

Yes No N/A 12. Data records allow recalculation of all results reported by the laboratory(ies) from the original unprocessed results (raw data) to the final results sent to EPA and the regulatory authority.

G. LABORATORY PERSONNEL

Yes No N/A 1. Enough analysts present to perform the analyses necessary.

Yes No N/A 2. Analysts have on hand the necessary references for EPA procedures being used.

Yes No N/A 3. Analysts trained in procedures performed through formal or informal training or certification programs.

V. COMPLIANCE SCHEDULE STATUS REVIEW

Yes No N/A 1. The Permittee is meeting the terms of the compliance schedule

Yes No N/A 2. Is the facility subject to a compliance schedule in it's permit or by an Order?

If the facility is subject to an Order, note Docket Number _____

3. What Milestones remain in the schedule?_____

_____

_____

Yes No N/A 4. Facility in compliance with unachieved milestones?

Yes No N/A 5. Facility has missed milestone dates.

Yes No N/A 6. Facility will still meet final compliance date.

Notes:

PART V. WHOLE EFFLUENT TOXICITY (WET)

Yes No N/A 1. Whole Effluent Toxicity (WET) testing is required by the permit.

2. Are species required by permit used? Indicate below

_____ Daphina magna

✓ Ceriodaphnia dubia

✓ Pimephales promelas (fathead minnow)

_____ Other List: _____

Yes No N/A 3. Has approval for alternating species been granted?

4. Test Type: Acute: _____ Chronic: ✓ (Indicate frequency required)

5. Dilution water source: Lab - reconstituted.

Yes No N/A a. Dilution water meets EPA requirements

Yes No N/A b. If reconstituted, is water same hardness as receiving water(s)?

Yes No N/A 6. Any modification authorization?

✓ CO2 Headspace _____ Chronic Sampling Frequency

_____ Dechlorination _____ Zeolite resin (ammonia removal)

Yes No N/A 7. Results indicate an absence of toxicity? If not indicate dates of failures and species:

Dates	Species

Yes No N/A 8. Evidence of accelerated testing if toxicity present?

Yes No N/A 8. TIE/TRE in progress?

Yes No N/A 10. Whole Effluent Toxicity (WET) testing is conducted by the laboratory.

Yes No N/A 11. Commercial laboratory used for WET

Name: AECOM Environment

Address: 4303 West Laporte Ave
Ft Collins, CO 80521

Contact: Amber Potts (Roberts)

Phone: (970) 490-2963

on page 345.

Yes No N/A 12. WET testing protocols are clearly described.

Yes No N/A 13. Whole Effluent Toxicity (WET) culturing procedures are adequately documented for each organism tested. ⇒ I am not sure we need this if following EPA methods as indicated under References page 485.

Yes No N/A 14. Report format meets EPA requirements? (See *Weber et al.* 1988, 1989)

Yes No N/A 15. Does lab report indicate which statistical method was used for chronic tests?

Yes No N/A 16. Does permittee submit complete WET lab report to EPA/State? ⇒ Will in the future

Yes No N/A 17. Is the Lab State Certified? Certification Date Not sure.

G. NOTATIONS BY EVALUATOR

Check each of the following items in terms of their estimated adverse affect on the performance of the plant

Item	Major	Minor	None	Item	Major	Minor	None
Staff complement				Overloads			
Personnel training				Hydraulic			
Operating budget				Periodic			
Laboratory control				Continuous			
Instrumentation				Organic			
Industrial waste				Periodic			
Equipment failure				Continuous			
Treatment process				Overload causes			
Sludge handling				Infiltration			
Equipment maintenance				Combined sewers			
Spare parts inventory				Rapid population growth			
Power failure				Increased service area			
Other				Other			

Describe briefly the major problems indicated above or other pertinent information:

Photo Log

Photo Number	File Name	Description	Date/ Time	Photographer
1		West Mains sampling site at Skyline Mine	11/21 pm	Mike Herkimer
2		Some of the drainage area for sedimentation pond associated with Outfall 001	11/21 pm	Mike Herkimer
3		Outlet from sedimentation pond associated with Outfall 001	11/21 pm	Mike Herkimer

Facility: CFC Skyline Mine | Month of DMR: February 2012 | Outfall: 001

Parameter	Sampling Date	Sampling Time	Analysis Date	Analysis Time	Holding time exceeded	Bench sheet reported value	Reported values (DMR) 30 day avg	Reported values (DMR) 7day avg	Reported values (DMR) Daily max	Calculated values from Insp. 30 day avg	Calculated values from Insp. 7 day avg	Calculated values from Insp. Daily max
TSS	1/31	1325	2/6	1040	No	<4 mg/L						
	2/8	1030	2/10	1604	No	<4 "						
	2/13	1000	2/15	0954	No	<4 "						
	2/20	1135	2/23	1036	No.	<4 "						
	2/29	1135	3/6	1020	No	<4	<4	<4	—	<4	<4	—
TDS	1/31	1325	2/6	0936	No	424 mg/L						
	2/8	1030	2/13	1128	No	424 "						
	2/13	1000	2/15	1102	No	422 "						
	2/20	1135	2/23	1312	No	444 "						
	2/29	1135	3/6	1412	No	420 "	429	—	444	427	—	444
T-Fe	2/8	1030	2/17	1734	No	0.07 mg/L						
	2/20	1135	2/28	1815	No	0.06 "	—	—	0.07	—	—	0.07

Facility: CFC Skyline Mine | Month of DMR: Feb. 2012 | Outfall: 0791

Parameter	Sampling Date	Sampling Time	Analysis Date	Analysis Time	Holding time exceeded	Bench sheet reported value	Reported values (DMR) 30 day avg	Reported values (DMR) 7day avg	Reported values (DMR) Daily max	Calculated values from Insp. 30 day avg	Calculated values from Insp. 7 day avg	Calculated values from Insp. Daily max
pH	1/31	1325	1/31	1325	No	7.6 S.U.						
	2/8	1030	2/8	1030	No	7.35 "						
	2/13	1000	2/13	1000	No	7.39 "						
	2/20	1135	2/20	1135	No	7.6 "	Min		Max	Min		Max
	2/29	1135	2/29	1135	No	7.6 "	7.35		7.6	7.35		7.6
O&G	1/31	1325	2/6	1055	No	<5 mg/L						
	2/8	1030	2/13	0910	No	<5 "						
	2/13	1000	2/16	1020	No	<5 "						
	2/20	1135	2/23	0937	No	<5 "						
	2/29	1135	3/6	1004	No	<5 "	—	—	<5	—	—	<5 mg/L
PO4	⇒ Sampled quarterly ⇒ not sampled in February 2012 – NODI9											
WET	⇒ Holding time met. Sample for February 2012 showed no chronic toxicity. Det. DMR reported no chronic toxicity.											

D.O. ⇒ Sampled quarterly ⇒ not sampled in February of 2012. – NODI9

pH is analyzed on site when final samples are taken ⇒ essentially no holding time

Facility: CFC Skyline Mine | Month of DMR: Feb 2012 | Outfall: SUM A.

Parameter	Sampling Date	Sampling Time	Analysis Date	Analysis Time	Holding time exceeded	Bench sheet reported value	Reported values (DMR) 30 day avg	Reported values (DMR) 7day avg	Reported values (DMR) Daily max	Calculated values from insp. 30 day avg	Calculated values from insp. 7 day avg	Calculated values from insp. Daily max
Flow	1/31					5279 gpm						
	2/8					5126 "						
	2/10					5230 "						
	2/13					5180 "						
	2/20					4876 "						
	2/29					4828 "						
						7.6 MGD						
						7.4 "						
						7.5 "						
						7.5 "						
						7.02 "						
						6.95 "	7.37	—	7.60	7.33	—	7.6
Tons of TDS												
	→					→	13.2		13.4	13.1		13.5

$7.33\ MGD \times 427\ mg/L \times 8.34\ \frac{lbs}{gal} = 26{,}097.5\ lbs/day = 13.1\ tons/day$ 30 day avg.

$7.6\ MGD \times 427\ mg/L \times 8.34\ \frac{lbs}{gal} = 27{,}064.9\ lbs/day = 13.5\ tons/day$ Daily Max.

Facility: CFC Skyline Mine

Month of DMR: Feb. 2012

Outfall: 002, 003 & 004

	Sampling		Analysis		Holding time	Bench sheet reported	Reported values (DMR)			Calculated values from Insp.		
Parameter	Date	Time	Date	Time	exceeded	value	30 day avg	7day avg	Daily max	30 day avg	7 day avg	Daily max
No Discharge from 002, 003 & 004.												

Facility: CFC Skyline Mine

Outfall: 001

Month of DMR: Feb 2012

Parameter	Req. Monitoring Frequency	Actual Monitoring Frequency	Type of Permit Violation
TSS	weekly	weekly	None
TDS	2/30 days	weekly	None
T-Fe	2/30	2/30	None
pH	weekly	weekly	None
O&G	weekly	weekly	None
T-PO4	Quarterly	Quarterly	None
D.O.	Quarterly	Quarterly	None
WET	Quarterly	Quarterly	None
Flow	Continuous Recorder	Continuous Recorder	North Mains, West Mains } O.K.
			The sedimentation pond is a calculated flow
			However this makes up a small fraction
			of the total flow.

CHEMTECH-FORD
LABORATORIES

Certificate of Analysis

Lab Sample No.: 1200834-01

Name:	Canyon Fuel Co., Skyline Mine	*Mine Code:* 21	*Sample Date:* 1/31/2012 1:25 PM
Sample Site:	UPDES-001		*Receipt Date:* 2/2/2012 11:30 AM
Comments:			*Sampler:* Austin Belcher
Sample Type:	Water		*Site No.:* 35
Field pH:	7.6	*Field Temp. Deg. C:*	13.4
Field Flow g/Min.:	5279	*Field Cond. umhos/cm:*	770

Parameter	Sample Result	Minimum Reporting Limit	Units	Analysis Date/Time	Analyst Initials	Analytical Method	Flag
Inorganic							
Oil & Grease (HEM)	ND	5	mg/L	2/6/2012 10:55	PM	EPA 1664A	
Total Dissolved Solids (TDS)	424	10	mg/L	2/6/2012 9:36	JSH	SM 2540 C	
Total Suspended Solids (TSS)	ND	4	mg/L	2/6/2012 10:40	JSH	SM 2540 D	

Abbreviations

ND = Not detected at the corresponding Minimum Reporting Limit
1 mg/L = one milligram per liter or 1 mg/Kg = one milligram per kilogram = 1 part per million.
1 ug/L = one microgram per liter or 1 ug/Kg = one microgram per kilogram = 1 part per billion.
1 ng/L = one nanogram per liter or 1 ng/Kg = one nanogram per kilogram = 1 part per trillion.

Flag Descriptions

CHEMTECH-FORD
LABORATORIES

Certificate of Analysis

Lab Sample No.: 1201061-01

Name:	Canyon Fuel Co. Skyline Mine	*Mine Code:* 21	*Sample Date:* 2/8/2012 10:30 AM
Sample Site:	UPDES-001		*Receipt Date:* 2/9/2012 11:45 AM
Comments:			*Sampler:* Gregg Galecki
Sample Type:	Water		*Site No.:* 35
Field pH:	7.35		*Field Temp. Deg. C:* 12.6
Field Flow g/Min:	5126		*Field Cond. umhos/cm:* 679

Parameter	Sample Result	Minimum Reporting Limit	Units	Analysis Date/Time	Analyst Initials	Analytical Method	Flag
Inorganic							
Oil & Grease (HEM)	ND	5	mg/L	2/13/2012 9:00	PM	EPA 1664A	
Total Dissolved Solids (TDS)	424	10	mg/L	2/13/2012 11:28	JSH	SM 2540 C	
Total Suspended Solids (TSS)	ND	4	mg/L	2/10/2012 16:04	JSH	SM 2540 D	
Metals							
Iron, Dissolved	0.03	0.02	mg/L	2/13/2012 17:38	PNM	EPA 200.7	
Iron, Total	0.07	0.02	mg/L	2/17/2012 17:34	MJB	EPA 200.7	

Abbreviations

ND = Not detected at the corresponding Minimum Reporting Limit.
1 mg/L = one milligram per liter or 1 mg/Kg = one milligram per kilogram = 1 part per million
1 ug/L = one microgram per liter or 1 ug/Kg = one microgram per kilogram = 1 part per billion
1 ng/L = one nanogram per liter or 1 ng/Kg = one nanogram per kilogram = 1 part per trillion.

Flag Descriptions

CHEMTECH-FORD
LABORATORIES

Certificate of Analysis

Lab Sample No.: 1201153-01

Name:	Canyon Fuel Co., Skyline Mine	*Mine Code:* 21	*Sample Date:* 2/13/2012 10:00 AM
Sample Site:	UPDES 001		*Receipt Date:* 2/14/2012 11:30 AM
Comments:			*Sampler:* Gregg Galecki
Sample Type:	Water		*Site No:* 35
Field pH:	7.39		*Field Temp Deg. C:* 12.7
Field Flow g/Min:	5180		*Field Cond. umhos/cm:* 711

Parameter	Sample Result	Minimum Reporting Limit	Units	Analysis Date/Time	Analyst Initials	Analytical Method	Flag
Inorganic							
Oil & Grease (HEM)	ND	5	mg/L	2/16/2012 10:20	FAJ	EPA 1664A	
Total Dissolved Solids (TDS)	422	10	mg/L	2/15/2012 11:02	JSH	SM 2540 C	
Total Suspended Solids (TSS)	ND	4	mg/L	2/15/2012 9:54	JSH	SM 2540 D	

Abbreviations

ND = Not detected at the corresponding Minimum Reporting Limit.
1 mg/L = one milligram per liter or 1 mg/Kg = one milligram per kilogram = 1 part per million.
1 ug/L = one microgram per liter or 1 ug/Kg = one microgram per kilogram = 1 part per billion.
1 ng/L = one nanogram per liter or 1 ng/Kg = one nanogram per kilogram = 1 part per trillion.

Flag Descriptions

CHEMTECH-FORD
LABORATORIES

Certificate of Analysis

Lab Sample No.: 1201364-01

Name: Canyon Fuel Co. Skyline Mine | Mine Code: 21 | Sample Date: 2/20/2012 11:31 AM
Sample Site: UPDES-001 | Receipt Date: 2/22/2012 10:00 AM
Comments: | Sampler: Austin Belcher
Sample Type: Water | Site No.: 35
Field pH: 8.6 | Field Temp. Deg. C: 17.9
Field Flow g/Min: 4876 | Field Cond. umhos/cm: 815

Parameter	Sample Result	Minimum Reporting Limit	Units	Analysis Date/Time	Analyst Initials	Analytical Method	Flag
Inorganic							
Oil & Grease (HEM)	ND	5	mg/L	2/23/2012 9:37	PM	EPA 1664A	
Total Dissolved Solids (TDS)	444	10	mg/L	2/23/2012 13:12	JSH	SM 2540 C	
Total Suspended Solids (TSS)	ND	4	mg/L	2/23/2012 10:36	JSH	SM 2540 D	
Metals							
Iron, Dissolved	0.03	0.02	mg/L	2/28/2012 18:11	PNM	EPA 200.7	
Iron, Total	0.06	0.02	mg/L	2/28/2012 18:15	PNM	EPA 200.7	

Abbreviations

ND = Not detected at the corresponding Minimum Reporting Limit.
1 mg/L = one milligram per liter or 1 mg/Kg = one milligram per kilogram = 1 part per million.
1 ug/L = one microgram per liter or 1 ug/Kg = one microgram per kilogram = 1 part per billion.
1 ng/L = one nanogram per liter or 1 ng/Kg = one nanogram per kilogram = 1 part per trillion.

Flag Descriptions

CHEMTECH-FORD
LABORATORIES

Certificate of Analysis

Lab Sample No.: 1201598-01

Name: Canyon Fuel Co., Skyline Mine | Mine Code: 21 | Sample Date: 2/29/2012 11:35 AM
Sample Site: UPDES-001 | Receipt Date: 3/1/2012 10:15 AM
Comments: | Sampler: Austin Belcher
Sample Type: Water | Site No.: 55
Field pH: 7.6 | Field Temp Deg C: 13.1
Field Flow g/Min: 4828 | Field Cond. umhos/cm: 793

Parameter	Sample Result	Minimum Reporting Limit	Units	Analysis Date/Time	Analyst Initials	Analytical Method	Flag
Inorganic							
Oil & Grease (HEM)	ND	5	mg/L	3/6/2012 10:04	PM	EPA 1664A	
Total Dissolved Solids (TDS)	420	10	mg/L	3/6/2012 14:12	JSH	SM 2540 C	
Total Suspended Solids (TSS)	ND	4	mg/L	3/6/2012 10:20	JSH	SM 2540 D	

Abbreviations

ND = Not detected at the corresponding Minimum Reporting Limit.
1 mg/L = one milligram per liter or 1 mg/Kg = one milligram per kilogram = 1 part per million.
1 ug/L = one microgram per liter or 1 ug/Kg = one microgram per kilogram = 1 part per billion.
1 ng/L = one nanogram per liter or 1 ng/Kg = one nanogram per kilogram = 1 part per trillion.

Flag Descriptions

6100 South Stratler
Murray, UT 84107
801-262-7299 Office

Jan. 17, 2012

UPDES-001

CS-12 N. Mains 824/5140 * 3.78 = 605 ml

CS-14 W. Mains 4260

overflow 54/5140 * 3.78 = 40 ml

5140

	Time	TOC	Cond	pH
CS-12	13:35	15.2	1572	7.6
overflow	13:40	4.4	720	8.5
CS-14	13:50	13.7	650	7.6
001	13:55	12.2	796	7.6

collected TDS, TSS, O&G

UPDES-002	13:25	no flow
UPDES-003	13:20	no flow
UPDES-004	13:00	no flow

Track-g # 1Z8660404 03 1015 1410

Sampler: Art Bell

Jan. 25, 2012

UPDES-001

CS-12 N. Mains 802/5120 * 3.78 = 590 ml

CS-14 W. Mains 4318

overflow 32

5120

	Time	TOC	Cond	pH
CS-12	13:05	15.6	1540	7.8
CS-14	13:15	13.8	629	7.5
001	13:20	13.8	758	7.6

collected TDS, TSS, O&G, T-Fe, D-Fe

UPDES-002	12:30	no flow
UPDES-003	12:35	no flow
UPDES-004	12:45	no flow

Track-g # 1Z8660404 03 1015 1536

Sampler: Art Bell

Jan. 31, 2012

UPDES-001

CS-12 N. Mains 804/5279 * 3.78 = 575 ml

CS-14 W. Mains 4399

overflow 76/5279 * 3.78 = 54 ml

5279

	Time	TOC	Cond	pH
CS-12	13:05	15.7	1572	7.7
overflow	13:10	4.6	769	8.4
CS-14	13:20	13.8	630	7.5
001	13:25	13.4	770	7.6

collected TDS, TSS, O&G

UPDES-002	12:10	no flow
UPDES-003	12:15	no flow
UPDES-004	12:35	no flow

Track-g # 1Z8660404 03 1015 1648

Sampler: Art Bell

UPDES-001 Feb. 6, 2012

WET #1

CS-12 N. Mains 803/5126 * 3.78 = 590 ml

CS-14 W. Mains 4323

overflow 0

5126

	Time	TOC	Cond	pH
CS-12	10:20	14.9°C	1398	7.59
CS-14	10:28	13.3°C	578	7.93
001	10:30	12.6°C	679	7.35

Collected TDS, TSS, O&G, T-Fe, D-Fe

UPDES-002	09:40	No Flow
UPDES-003	09:50	No Flow
UPDES-004	10:00	No Flow

February 10, 2012

WET #2

CS-12 N. Mains 810 / 5230 * 3.78 = 585 ml

CS-14 W. Mains 4404

overflow 16 / 5230 * 3.78 = 11 ml

5230

	Time	T°c	pH	Cond
CS-12	09:30	15.1	7.61	1411
overflow	09:28	4.4	8.06	675
CS-14	09:38	13.2	7.34	577
001	09:40	12.7°c	7.33	675

February 13, 2012

UPDES-001

WET #3

CS-12 N. Mains 815 / 5180 * 3.78 = 595 ml

CS-14 W. Mains 4365

overflow -0-

5180

	Time	T°c	pH	Cond
CS-12	08:50	15.1°c	7.67	1327
CS-14	09:58	13.2°c	7.26	590
001	10:00	12.7°c	7.39	711

Collected TDS, TSS, O&G

UPDES-002 09:40 No Flow

UPDES-003 09:30 No Flow

UPDES-004 11:00 no flow

Feb. 20, 2012

UPDES-001

CS-12 N. Mains 792 / 4876 * 3.78 = 615 ml

CS-14 W. Mains 4027

overflow 849 / 4876 * 3.78 = 45 ml

4876

	Time	T°c	Cond	pH
CS-12	11:10	15.5	1040	7.8
overflow	11:16	4.6	864	8.3
CS-14	11:30	13.7	664	7.4
001	11:35	12.9	815	7.6

Collected TDS, TSS, O&G, T-Fe, D-Fe

UPDES-002 10:20 no flow

UPDES-003 10:30 no flow

UPDES-004 10:40 no flow

Tracking #1286404 031015 2133

Sampler: [illegible]

Feb 29, 2012

UPDES-001

N. Mains CS-12 783 / 4828 * 3.78 = 615 ml

W. Mains CS-14 3997

overflow 831 / 4828 * 3.78 = 40 ml

4828

	Time	T°c	Cond	pH
CS-12	11:15	15.5	1587	7.9
overflow	11:22	4.8	794	8.3
CS-14	11:30	13.7	658	7.5
001	11:35	13.3	793	7.6

Collected TDS, TSS, O&G

UPDES-002 10:45 no flow

UPDES-003 10:55 no flow

UPDES-004 11:05 no flow

Tracking #1286404 031015 2240

Sampler: [illegible]

PERMITEE NAME/ADDRESS
(Include Facility Name/Location if different)

NAME Canyon Fuel Co., LLC
ADDRESS Skyline Mines
HCR 35 Box 380
Helper, Utah 84526

FACILITY
LOCATION

ATTN: ENVIRONMENTAL COORDINATOR

UTAH POLLUTANT DISCHARGE ELIMINATION SYSTEM *(UPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) UT0023540 — PERMIT NUMBER
(17-19) 001 A — DISCHARGE NUMBER

MINOR
F - FINAL
SEDIMENTATION POND
@ MINESITE

Form Approved
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2012	2	1	2012	2	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	7.37	7.60	(03)	******	******	******		0	WEEKLY	MEASRD
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	MEASRD
PH	SAMPLE MEASUREMENT	*****	*****		7.35	******	7.6	(12)	0	WEEKLY	MEASRD
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 DAILY MN	******	9.0 DAILY MX	SU		WEEKLY	MEASRD
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****		NODI9	*****	*****		0	ONCE/QUARTER	MEASRD
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	**** ****	Report	******	******	MG/L		ONCE/QUARTER	MEASRD
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	13.2	13.4		******	429	444	(19)	0*	TWICE/MONTH	GRAB
00525 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	TONS/ DAY	******	30 DA AVG	1200 DAILY MX	MG/L		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		<4	<4	<4	(19)	0	WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	25 30DA AVG	35 MX 7D AVG	70 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV MET	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	0	WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		WEEKLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.07	(19)	0	TWICE/MONTH	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1 DAILY MX	MG/L		TWICE/ MONTH	GRAB
Phosphorous, Total	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI9	(19)	0	NA	NA
00665 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	Report	MG/L		ONCE/ QUARTER	GRAB

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER		TELEPHONE		DATE		
Wess Sorensen Mine Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMAITON I BELIEVE THE SUBMITTED INFORMATIONS IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE, AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statues may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 435	NUMBER 448-2619	YR 12	MO 03	DA 15
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*IF PERMITTEE CANNOT MEET 500 MG/L 30-DAY AVG. OR 7.1 TONS PER DAY LOADING, THEY ARE REQUIRED TO PARTICIPATE IN A SALANITY OFFSET PROGRAM FOR COMPLIANCE WITH UPDES PERMIT PROVISIONS. THE SALINITY OFFSET PARTICIPATION PLAN WAS APPROVED IN JANUARY 2005. A COMPLIANCE PAYMENT SCHEDULE IS INCLUDED IN THE PLAN. A COPY OF THE SALINITY FUNDS TRACKNG CHART IS ATTACHED.

3/20/12

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

NAME: Canyon Fuel Co., LLC
ADDRESS: Skyline Mines
HCR 35 Box 380
Helper, Utah 84526

FACILITY
LOCATION

ATTN: ENVIRONMENTAL COORDINATOR

UTAH POLLUTANT DISCHARGE ELIMINATION SYSTEM *(UPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
UT0023540	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2012	2	1	2012	2	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR
F - FINAL
SEDIMENTATION POND/STORAGE
@ Rail Loadout

Form Approved
OMB No. 2040-0004

*** NO DISCHARGE [XX] ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS 0	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(03)	******	******	******		0	WEEKLY	MEASRD
00056 1 0 0 EFFLUENT GROSS VALUE		REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	**** ****		WEEKLY	MEASRD
PH	SAMPLE MEASUREMENT	*****	*****			******		(12)	0	WEEKLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**** ****	6.5 DAILY MN	*****	9.0 DAILY MX	SU		WEEKLY	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	ONCE/QUARTER	MEASRD
00300 1 0 Effluent Gross		*****	*****	**** ****	*****	*****	Report	MG/L		ONCE/QUARTER	MEASRD
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	*****			******			(19)	0	TWICE/MONTH	GRAB
00525 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	TONS/ DAY	*****	30DA AVG	1310 DAILY MX	MG/L		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****					(19)	0	WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**** ****	23 30DA AVG	35 30DA AVG	70 DAILY MX	MG/L		WEEKLY	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	NA	GRAB
00545 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**** ****	*****	*****	0.5 DAILY MX	ML/L		NA	GRAB
OIL AND GREASE - VISUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****		(94) YES=1 NO=0	0	TWICE/MONTH	VISUAL
84066 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**** ****	*****	*****	0 DAILY MX			TWICE/MONTH	VISUAL
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)	0	TWICE/MONTH	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE		*****	*****	**** ****	*****	*****	10 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL AND GREASE TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)	0	TWICE/MONTH	GRAB
70030 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	10 DAILY MX	MG/L		TWICE/MONTH	GRAB
Phosphorus, Total	*****	*****	*****		*****	*****		(19)	0	ONCE/QUARTERLY	GRAB
		*****	*****	**** ****	*****	*****	Report	MG/L		QUARTERLY	GRAB

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER		TELEPHONE		DATE
Wess Sorensen Mine Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMAITON. I BELIEVE THE SUBMITTED INFORMATIONS IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE, AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statuses may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE: 435	NUMBER: 448-2619	YR 12 MO 03 DA 15
TYPED OR PRINTED				

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

*IF PERMITTEE CANNOT MEET 500 MG/L 30-DAY AVG. OR 7.1 TONS PER DAY LOADING, THEY ARE REQUIRED TO PARTICIPATE IN A SALANITY OFFSET PROGRAM.
THE SALINITY OFFSET PARTICIPATION PLAN WAS APPROVED IN JANUARY 2005. A COMPLIANCE PAYMENT SCHEDULE IS INCLUDED IN THE PLAN.
A COPY OF THE SALINITY FUNDS TRACKNG CHART IS ATTACHED. The pond discharged only one(1) day during the month.

PERMITEE NAME/ADDRESS
(Include Facility Name/Location if different)

NAME: Canyon Fuel Co., LLC
ADDRESS: Skyline Mines
HCR 35 Box 380
Helper, Utah 84526
FACILITY LOCATION:

ATTN: ENVIRONMENTAL COORDINATOR

UTAH POLLUTANT DISCHARGE ELIMINATION SYSTEM *(UPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
UT0023540	003 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2012	2	1	2012	2	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR

F - FINAL
SEDIMENTATION POND ASSOC.
WITH Waste Rock Site

Form Approved
OMB No. 2040-0004

*** NO DISCHARGE [XX] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS 0	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	*****		(03)	******	******	******		0	WEEKLY	MEASRD
00056 1 0 0 EFFLUENT GROSS VALUE			REPORT DAILY MX	MGD				**** ****		WEEKLY	MEASRD
PH	SAMPLE MEASUREMENT	*****	*****					(12)	0	WEEKLY	MEASRD
00400 1 0 0 EFFLUENT GROSS VALUE				**** ****	6.5 DAILY MN		9.0 DAILY MX	SU		WEEKLY	MEASRD
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****		*****	*****			0	ONCE/QUARTER	MEASRD
00300 1 0 Effluent Gross				**** ****			Report	MG/L		ONCE/QUARTER	MEASRD
SOLIDS, FIXED DISSOLVED	SAMPLE MEASUREMENT	*****	*****		******			(19)	0	TWICE/MONTH	GRAB
00525 1 0 0 EFFLUENT GROSS VALUE				**** ****		30 DA AVG	1310 DAILY MX	MG/L		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****					(19)	0	WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE				**** ****	25 30DA AVG	33 MX 30DAVG	70 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****		(94) YES=1 NO=0	0	TWICE/MONTH	GRAB
84066 1 0 0 EFFLUENT GROSS VALUE				**** ****			0 DAILY MX			TWICE/MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)	0	TWICE/MONTH	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE				**** ****			3.0 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL AND GREASE TOTAL RECOVERABLE		*****	*****		*****	*****		(19)	0	TWICE/MONTH	GRAB
75030 1 0 0 EFFLUENT GROSS VALUE							10 DAILY MX	MG/L		TWICE/MONTH	GRAB
Phosphorous, Total	****	****	****		****	****		(19)	0	ONCE/QUARTER	GRAB
				**** ****			Report	MG/L		ONCE/QUARTER	GRAB

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER		TELEPHONE		DATE		
Wess Sorensen Mine Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMAITON. I BELIEVE THE SUBMITTED INFORMATIONS IS TRUE. ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE, AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435	448-2619	12	03	13
TYPED OR PRINTED			AREA CODE	NUMBER	YR	MO	DA

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

*IF PERMITTEE CANNOT MEET 500 MG/L 30-DAY AVG. OR 7.1 TONS PER DAY LOADING, THEY ARE REQUIRED TO PARTICIPATE IN A SALANITY OFFSET PROGRAM.
THIS SHALL INCLUDE A COMLI/ THE SALINITY OFFSET PARTICIPATION PLAN WAS APPROVED IN JANUARY 2005. A COMPLIANCE PAYMENT SCHEDULE IS INCLUDED IN THE PLAN.
A COPY OF THE SALINITY FUNDS TRACKNG CHART IS ATTACHED.

PERMITTEE NAME/ADDRESS

(Include Facility Name/Location if different)

NAME: Canyon Fuel Co., LLC

ADDRESS: Skyline Mines
HCR 35 Box 380
Helper, Utah 84526

FACILITY LOCATION

ATTN: ENVIRONMENTAL COORDINATOR

UTAH POLLUTANT DISCHARGE ELIMINATION SYSTEM *(UPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) UT0023540 — PERMIT NUMBER

(17-19) 004 (X) — 004 A — DISCHARGE NUMBER

MINOR

F - FINAL

SEDIMENTATION POND ASSOC.
WITH Winter Quarters Ventilation Site

Form Approved
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2012	2	1	2012	2	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

*** NO DISCHARGE XX ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	0	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	*****		(03)		******	******	******		0	WEEKLY	MEASRD
00056 1 0 0 EFFLUENT GROSS VALUE			REPORT DAILY MX	MGD					**** ****		WEEKLY	MEASRD
PH	SAMPLE MEASUREMENT	*****	*****						(12)	0	WEEKLY	MEASRD
00400 1 0 0 EFFLUENT GROSS VALUE				**** ****		6.5 DAILY MIN		9.0 DAILY MX	SU		WEEKLY	MEASRD
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****			*****	*****			0	ONCE/QUARTER	MEASRD
00300 1 0 Effluent Gross				**** ****				Report	MG/L		ONCE/ QUARTER	MEASRD
SOLIDS, FIXED DISSOLVED	SAMPLE MEASUREMENT	*****	*****			******			(19)	0	TWICE/MONTH	GRAB
00523 1 0 0 EFFLUENT GROSS VALUE				**** ****			30 DAY AVG	1310 DAILY MX	MG/L		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****						(19)	0	WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE				**** ****		25 30DA AVG	35 30DA AVG	70 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	*****			*****	*****		(94) YES=1 NO=0	0	TWICE/MONTH	GRAB
84066 1 0 0 EFFLUENT GROSS VALUE				**** ****				0 DAILY MX			AWRGE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****			*****	*****		(19)	0	TWICE/MONTH	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE				**** ****				10 DAILY MX	MG/L		TWICE/ MONTH	GRAB
OIL AND GREASE TOTAL RECOVERABLE		*****	*****			*****	*****		(19)	0	TWICE/MONTH	GRAB
75030 1 0 0 EFFLUENT GROSS VALUE								10 DAILY MX	MG/L		TWICE/ MONTH	GRAB
Phosphorus, Total	****	****	****			****	****		(19)	0	ONCE/QUARTER	GRAB
				**** ****				Report	MG/L		ONCE/ QUARTER	GRAB

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER

Wess Sorensen
Mine Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMAITON. I BELIEVE THE SUBMITTED INFORMATIONS IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE, AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statues may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
435	448-2619	12	03	15
AREA CODE	NUMBER	YR	MO	DA

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

*IF PERMITTEE CANNOT MEET 500 MG/L 30-DAY AVG. OR 7.1 TONS PER DAY LOADING, THEY ARE REQUIRED TO PARTICIPATE IN A SALANITY OFFSET PROGRAM.
THIS SHALL INCLUDE A COMLL THE SALINITY OFFSET PARTICIPATION PLAN WAS APPROVED IN JANUARY 2005. A COMPLIANCE PAYMENT SCHEDULE IS INCLUDED IN THE PLAN.
A COPY OF THE SALINITY FUNDS TRACKNG CHART IS ATTACHED.

EPA form 3320-1 (Rev.9-88) Previous editions may be used. REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 00000/941025-1257

PERMITEE NAME/ADDRESS
(Include Facility Name/Location if different)

NAME: Canyon Fuel Co., LLC - Skyline
ADDRESS: Skyline Mines
HCR 35 Box 380
Helper, Utah 84526

FACILITY LOCATION

ATTN: ENVIRONMENTAL COORDINATOR

UTAH POLLUTANT DISCHARGE ELIMINATION SYSTEM *(UPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
UT0023540	SUM A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR

F - FINAL
POUNDAGE SUM OF ALL
TDS VALUES

Form Approved
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2012	2	1	2012	2	29
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SOLIDS, Total DISSOLVED 70295 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	13.2	13.4	(2N) TONS / DAY	******	******	******		0*	TWICE/MONTH	CALCTD
	PERMIT REQUIREMENT	REPORT 30DAYAVG	7.1 DAILY MAX		******	******	******	**** ****		TWICE / MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER		TELEPHONE		DATE		
Wess Sorensen Mine Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMAITON. I BELIEVE THE SUBMITTED INFORMATIONS IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE, AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statues may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435	448-2619	12	03	15
TYPED OR PRINTED			AREA CODE	NUMBER	YR	MO	DA

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

*IF PERMITTEE CANNOT MEET 500 MG/L 30-DAY AVG. OR 7.1 TONS PER DAY LOADING, THEY ARE REQUIRED TO PARTICIPATE IN A SALANITY OFFSET PROGRAM.
THE SALINITY OFFSET PARTICIPATION PLAN WAS APPROVED IN JANUARY 2005. A COMPLIANCE PAYMENT SCHEDULE IS INCLUDED IN THE PLAN.
A COPY OF THE SALINITY FUNDS TRACKNG CHART IS ATTACHED.

PERMITEE NAME/ADDRESS
(Include Facility Name/Location if different)

NAME Canyon Fuel Co., LLC
ADDRESS Skyline Mines
HCR 35 Box 380
Helper, Utah 84526

FACILITY LOCATION

ATTN: ENVIRONMENTAL COORDINATOR

UTAH POLLUTANT DISCHARGE ELIMINATION SYSTEM *(UPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) UT0023540 — PERMIT NUMBER
(17-19) 001 W — DISCHARGE NUMBER

MINOR
F - FINAL
SEDIMENTATION POND
@ MINESITE

Form Approved
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2012	01	01	2012	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS 0	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
*P / F STATRE 96HR ACU PIMEPHALES PROMELAS TGN6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******	****** NA	(9A)			
		******	******	**** ****	******	******	0 DAILY MX	PASS =0 FAIL = 1		QUARTERLY	GRAB
*P / F STATRE 48HR ACU CERIODAPHNIA TGM3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******	****** 0	(9A)			
		******	******	**** ****	******	******	0 DAILY MX	PASS =0 FAIL = 1		QUARTERLY	
**P / F STATRE 7 DAY CHR CERIODAPHNIA TGP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******	****** 0	(9A)	0	QUARTERLY	GRAB
		******	******	**** ****	******	******	0 DAILY MX	PASS =0 FAIL = 1		QUARTERLY	GRAB
**P / F STATRE 7 DAY CHR PIMEPHALES PROMELAS TGP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******	****** NA	(9A)	0	QUARTERLY	GRAB
		******	******	**** ****	******	******	0 DAILY MX	PASS =0 FAIL = 1		QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPLE EXECUTIVE OFFICER			TELEPHONE		DATE		
Wess Sorensen Mine Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMAITON. I BELIEVE THE SUBMITTED INFORMATIONS IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE, AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statues may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.	W K Sorensen	435	448-2619	12	03	15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YR	MO	DA

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

SKYLINE AND DUGOUT CANYON MINES
SALINITY FUNDS TRACKING CHART

Month/Year	30-Day Average Tons of TDS *Skyline Mine*	UPDES Daily Limit of Tons of TDS w/o Salinity Reduction Plan Participation *Skyline Mine*	Total TDS Tons Discharged/day *Skyline Mine*	30-Day Average Tons of TDS *Dugout Canyon Mine*	UPDES Daily Limit of Tons of TDS w/o Salinity Reduction Plan Participation *Dugout Canyon Mine*	Total TDS Tons Discharged/day *Dugout Canyon Mine*	Total CFC Tons of TDS Produced and Subtracted from Fund on Monthly Basis	Tons Remaining in Fund (Initial 99,650 tons)	Percentage of Fund Remaining
Feb-09	13.65	7.1	6.55	0	1.0	0.00	183.4	76,450	76.7%
Mar-09	13.72	7.1	6.62	2.07	1.0	1.07	238.4	76,212	76.5%
Apr-09	13.16	7.1	6.06	1.31	1.0	0.31	191.1	76,021	76.3%
May-09	13.57	7.1	6.47	1.61	1.0	0.61	219.5	75,801	76.1%
Jun-09	13.17	7.1	6.07	1.51	1.0	0.51	197.4	75,604	75.9%
Jul-09	14.50	7.1	7.40	0.9	1.0	0.00	229.4	75,374	75.6%
Aug-09	12.80	7.1	5.70	0.88	1.0	0.00	176.7	75,198	75.5%
Sep-09	12.50	7.1	5.40	1.51	1.0	0.51	177.3	75,020	75.3%
Oct-09	13.50	7.1	6.40	1.24	1.0	0.24	205.8	74,814	75.1%
Nov-09	13.20	7.1	6.10	1.9	1.0	0.90	210.0	74,604	74.9%
Dec-09	12.30	7.1	5.20	3.49	1.0	2.49	238.4	74,366	74.6%
Jan-10	12.10	7.1	5.00	5.3	1.0	4.30	288.3	74,078	74.3%
Feb-10	12.90	7.1	5.80	6.72	1.0	5.72	322.6	73,755	74.0%
Mar-10	10.10	7.1	3.00	7.72	1.0	6.72	301.3	73,454	73.7%
Apr-10	12.70	7.1	5.60	6.62	1.0	5.62	336.6	73,117	73.4%
May-10	10.30	7.1	3.20	0	1.0	0.00	99.2	73,018	73.3%
Jun-10	9.00	7.1	1.90	1.23	1.0	0.23	63.9	72,954	73.2%
Jul-10	10.00	7.1	2.90	0.14	1.0	0.00	89.9	72,864	73.1%
Aug-10	11.40	7.1	4.30	1.58	1.0	0.58	151.3	72,713	73.0%
Sep-10	12.00	7.1	4.90	0.74	1.0	0.00	147.0	72,566	72.8%
Oct-10	11.70	7.1	4.60	1.12	1.0	0.12	146.3	72,420	72.7%
Nov-10	14.20	7.1	7.10	12.02	1.0	11.02	543.6	71,876	72.1%
Dec-10	12.90	7.1	5.80	21.86	1.0	20.86	826.5	71,050	71.3%
Jan-11	0.00	7.1	0.00	21.63	1.0	20.63	639.5	70,410	70.7%
Feb-11	0.00	7.1	0.00	0.66	1.0	0.00	0.0	70,410	70.7%
Mar-11	0.00	7.1	0.00	0.10	1.0	0.00	0.0	70,410	70.7%
Apr-11	0.00	7.1	0.00	0.009	1.0	0.00	0.0	70,410	70.7%
May-11	0.00	7.1	0.00	0.123	1.0	0.00	0.0	70,410	70.7%
Jun-11	0.00	7.1	0.00	0.00	1.0	0.00	0.0	70,410	70.7%
Jul-11	14.60	7.1	7.50	0.08	1.0	0.00	232.5	70,178	70.4%
Aug-11	0.00	7.1	0.00	0.00	1.0	0.00	0.0	70,178	70.4%
Sep-11	0.00	7.1	0.00	3.99	1.0	2.99	89.7	70,088	70.3%
Oct-11	0.00	7.1	0.00	0.05	1.0	0.00	0.0	70,088	70.3%
Nov-11	0.00	7.1	0.00	1.31	1.0	0.31	9.3	70,079	70.3%
Dec-11	0.00	7.1	0.00	0.00	1.0	0.00	0.0	70,079	70.3%
Jan-12	0.00	7.1	0.00	0.00	1.0	0.00	0.0	70,079	70.3%
Feb-12	0.00	7.1	0.00	0.00	1.0	0.00	0.0	70,079	70.3%

*** Dugout Canyon Mine UPDES Permit did not allow for participation in Salinity Reduction Program until December 1, 2004.

UPDES Storm Water
Industrial Inspection

Background Information

National Database Information	
Inspection Type	W
UPDES ID Number	UTG0 2354D
Inspection Date	8/21/12
Inspector Type	EPA State EPA Oversight

General	
Inspector Name	Mike Herkimer
Telephone	(801) 536-4386
Entry Time	0940
Exit Time	

Facility Location Information				
Name/Location/ Mailing Address	HC-35 Box 380 Helper UT 84526			
GPS Coordinates	Latitude	39° 41' 05"	Longitude	111° 13' 58"
Receiving Water(s)				
MS4's				

Contact Information		
	Name	Telephone
Owner/Permittee	Canyon Fuel Co.	
Operator	Skyline Mine	
Co-Permittee	—	
Facility Contact & Title	Austin Belcher - Envir Engineer	435-448-2668
Authorized Official(s)	Wes Sorenson	435-448-2619.

Site Information:	
Industrial Activity	Coal Mining
SIC Code(s)	1222

NAICS 212112

Basic Permit Information *(circle one)*		
Permit Coverage	Y	N
Permit Type	General	Individual

Basic SWPPP Information		
SWPPP on site	Y	N
SWPPP Satisfactory*	Y	N

UPDES Storm Water
Industrial Inspection

Copy of NOI on site?	Y	N
NOI Date	NA	

SWPPP Implementation Satisfactory	Y	N
*A Satisfactory SWPPP must be both current and complete (see pages 4, 5, and 6 of this checklist).		

General	
Industrial Activity	*(describe principal product, production rate, potential pollutants, areas exposed to precipitation, direction of storm water flow)* Bituminous coal – 3×10^6 tons/year, TSS, O+G, TDS Fe, pH + DO + PO_4 + Al. Storm water flows go to the bed ponds.
	(describe age and size of facility, number of employees, hours of operation) 1981 to present, 150 employees, 24/7 operation

SWPPP Implementation *(complete in field)*

Storm Water Controls	
List the structural and non-structural controls employed by the facility.	*(provide a brief description of each)* **STRUCTURAL:** – ponds, salt tops, coverall containments for burial fuel, silt fences, swales, ~~[illegible]~~ armored ditches, enclosed belt structure (conveyance) **NON:** Training - quarterly spill kits ~~[illegible]~~ Given chart reports – non exceed design limits, recycling, plans, inspections, paper, ~~storage & disposal~~, CMS
Are the controls reasonable and installed correctly and maintained?	*(indicate "yes" or "no", or if not appropriate, explain)* yes

SWPPP Implementation *(continued)*

Storm Water Controls (continued)

UPDES Storm Water
Industrial Inspection

Provide a brief description of other controls that manage/prevent/ minimize storm water runoff.	*(e.g., erosion and sediment controls, exposure minimization, diversion structures, pollution prevention, inlet protection/control at storm drains)* None additional.

Miscellaneous	
Any evidence of discharge to receiving waters?	*(e.g., storm water runoff, dry weather discharge, co-mingling of process waste water* No
Do the storm water outfalls on site correspond with those listed on the site map and in SWPPP?	*(indicate "yes" or "no", or if not appropriate, explain)*

SWPPP Review *(can be completed in office)*

General			**Notes:**
Is a copy of the SWPPP on site?	Y	N	
Did all "operators" and co-permittees sign the SWPPP?	Y	N	
Did the signatures include the certification statement?	Y	N	
Were the signatories authorized to sign?	Y	N	
Is an individual/team responsible for developing/implementing SWPPP identified (e.g., pollution prevention team)?	Y	N	A group of people – inclusive of Environmental Engineer (Austin Belcher).

UPDES Storm Water Industrial Inspection

Training in another document

Are employee training records regarding storm water pollution prevention topics included in SWPPP?	Y	N	~~Training in another document~~ SWPPP needs to ~~refer~~ reference that document

Site Map			Notes:
Is there a site map?	Y	N	
Drainage patterns/ outfalls?	Y	N	No discharge points listed
Identification of types of pollutants?	Y	N	
Location of major structural controls used to reduce pollutants in runoff?	Y	N	None of ~~[illegible]~~ main ~~[illegible]~~ area. ASCA's at pump houses, ~~& conveyor support structures~~ } All areas & they will determine which one discharge.
Name of receiving water(s) or MS4's listed?	Y	N	cannot answer yet
Is receiving water a tributary to waters of the U.S. (if "yes" indicate name of tributary)?	Y	N	~~[illegible]~~ Probably Eccles Creek?
Location of significant materials exposed to storm water?	Y	N	None
Locations of major spills occurring within 3 years from date of NOI?	Y	N	None
Location of fueling, maintenance, loading and unloading, material storage, waste disposal?	Y	N	

None inside distributed area – main area – all runoff reports to detention pond. ASCA's at pump houses and at conveyor support structures (there will be two discharges) and the company will determine which one discharge if any.

SWPPP Review *(continued)*

Summary of Potential Pollutant Sources			Notes:
Description of activities, materials, features of site with potential to contribute significant amounts of pollutants to storm water?	Y	N	None

Significant Spills & Leaks			Notes:
List of significant spills and leaks over 3 year time period, description of response taken, and actions to prevent similar spills in the future?	Y	N	~~Refer~~ Refer to SBCC for definition of significant spills.

None – no significant spills have occurred.

UPDES Storm Water
Industrial Inspection

Storm Water Controls			Notes:
Does the SWPPP describe the *non-structural* controls and structural controls that will be used to prevent/reduce discharge of pollutants in storm water runoff?	Y	N	
Does the SWPPP describe other controls that will be used to prevent/reduce off-site tracking or blowing of sediment, dust and raw, final or waste materials, or other solid materials and floating debris?	Y	N	
Does the SWPPP incorporate the 8 baseline controls (good housekeeping, minimizing exposure, PM, spill prevention/response procedures, routine inspections and comprehensive site evaluations, employee training, sediment and erosion control, runoff management)?	Y	N	
Does the SWPPP contain completed routine inspection reports/logs regarding reportable implementation of 8 baseline controls?	Y	N	need to reference site inspections in the SWPPP.
Does the SWPPP describe the pollutant or activity to be controlled by each selected control and provide an implementation schedule?	Y	N	will include this

SWPPP Review (*continued*)

Non-Storm Water Discharges			Notes:
Certification that facility has been tested for non-storm water discharges from the site?	Y	N	Will do this.
Description of testing method, drainage points, observed results, and date of test?	Y	N	

Monitoring			Notes:
Are samples collected within 30 minutes of measurable weather events occurring 72 hours after previous measurable weather event?	Y	N	⇒ So far no discharges detected. So no sampling could be done. The company personnel know now where to look for discharges and are to do so during and after precip. events at reasonable hours of day.

UPDES Storm Water Industrial Inspection

Included at end of UPDES main inspection checklist

Photograph Log
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