NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 158-R0075

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: U. S. Steel
ADDRESS: P. O. Box 807
East Carbon, Utah 84520
FACILITY: Geneva Mine
LOCATION: Horse Canyon, Utah

(2-16) PERMIT NUMBER: UT-0022926

(17-19) DISCHARGE NUMBER: 002

SH 6/6

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 80 | 04 | 01 | TO | 80 | 07 | 01 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| pH 00400 | SAMPLE MEASUREMENT | | | | 7.60 | | 8.00 | SU | | 2/30 | Grab |
| | PERMIT REQUIREMENT | | | | 6.5 | | 9.0 | | | 2/30 | Grab |
| | 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 PRINCIPAL EXECUTIVE OFFICER
Paul E. Watson- Gen. Supt.
TYPED OR PRINTED

THIS DOCUMENT IS SIGNED WITH RECOGNITION THAT KNOWINGLY MAKING A FALSE CERTIFICATION ON THIS REPORT OR SUPPORTING DOCUMENTS OR INTENTIONALLY TAMPERING WITH ANY MONITORING DEVICE OR METHOD ARE CRIMINAL OFFENSES. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may be fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Paul E. Watson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 801 | NUMBER 888-4431

DATE: YEAR 80 | MO 07 | DAY 09

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

# DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

U.S. Steel
Geneva Mine
East Carbon, Utah 84520

OC cw 6/12

6/16/16

| ST | PERMIT NUMBER | OIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| Ut | U-0022926 | 002 | | 39°17'15" | 110°21'30" |

REPORTING PERIOD: FROM 80 01 01 (YEAR MO DAY) TO 80 04 01 (YEAR MO DAY)

## INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum *(and/or minimum as appropriate)* permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify *frequency* of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

| PARAMETER | | QUANTITY (3 card only) MINIMUM | QUANTITY AVERAGE | QUANTITY MAXIMUM | UNITS | NO. EX | CONCENTRATION (4 card only) MINIMUM | CONCENTRATION AVERAGE | CONCENTRATION MAXIMUM | UNITS | NO EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow 50050 | REPORTED | Not Available | | | Mg/D | | | | | | | 2/30 | |
| | PERMIT CONDITION | | | | | | | | | | | 2/30 | |
| Total Suspended Solids 00530 | REPORTED | | | | | | 1.0 | 5.75 | 8.5 | mg/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | 25.0 | 30.0 | | | 2/30 | GR |
| Total Iron 01045 | REPORTED | | | | | | 0.138 | 0.147 | 0.159 | mg/l | | 2/30 | Comp |
| | PERMIT CONDITION | | | | | | | 3.5 | 7.0 | | | 2/30 | Comp |
| Alkalinity 00410 | REPORTED | | | | | | 384.00 | | 420.00 | mg/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 2/30 | GR |
| Acidity 00435 | REPORTED | | | | | | 6.0 | | 20.0 | mg/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 2/30 | GR |
| Total Dissolved Solids 10530 | REPORTED | | | | | | 1260 | | 1388 | mg/l | | 2/30 | Comp |
| | PERMIT CONDITION | | | | | | | | 3300 | | | 2/30 | Comp |
| pH 00400 | REPORTED | 7.40 | | 7.80 | SU | | | | | | | 2/30 | GR |
| | PERMIT CONDITION | 6.5 | | 9.0 | | | | | | | | 2/30 | GR |
| Oil & Grease 00500 | REPORTED | | | | | | 1.20 | | 4.0 | mg/l | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | 10.0 | | | 1/30 | GR |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE | |
|---|---|---|---|
| Watson Paul E | General Supt. | 80 04 15 | |
| LAST FIRST MI | TITLE | YEAR MO DAY | |

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E. Watson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

T-40 (6-74)

ORIGINAL

PAGE OF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

**DISCHARGE MONITORING REPORT**

*Form Approved*
*OMB NO. 158-R0073*

U.S. Steel
Geneva Mine
East Carbon, Utah 84520

| ST | PERMIT NUMBER | DIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| Ut | U-0022926 | 002 | | 39°27'15" | 110°21'30" |

REPORTING PERIOD FROM 8 0 0 1 01 (YEAR MO DAY) TO 8 0 0 4 01 (YEAR MO DAY)

## INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. *Do not enter* values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum *and/or minimum as appropriate)* permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type *("grab" or "__ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

| PARAMETER | | QUANTITY (if card only) MINIMUM | QUANTITY AVERAGE | QUANTITY MAXIMUM | QUANTITY UNITS | NO EX | CONCENTRATION (if card only) MINIMUM | CONCENTRATION AVERAGE | CONCENTRATION MAXIMUM | CONCENTRATION UNITS | NO EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Arsenic 01000 | REPORTED | | | | | | < 0.001 | | < 0.001 | mg/1 | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 1/30 | GR |
| Total Selenium 01145 | REPORTED | | | | | | < 0.001 | | 0.002 | mg/1 | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 1/30 | GR |
| $BOD_5$ 00310 | REPORTED | | | | | | | | 2.3 | mg/1 | | 1/120 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 1/120 | GR |
| Fecal Coliform 100 ml 31614 | REPORTED | | | | | | | | < 2.0 | n/100 ml | | 1/120 | GR |
| | PERMIT CONDITION | | | | | | | 200 | 400 | | | 1/120 | GR |
| Total Coliform/ 100 ml 31505 | REPORTED | | | | | | | | 30 | n/100 ml | | 1/120 | GR |
| | PERMIT CONDITION | | | | | | | 2000 | 4000 | | | 1/120 | GR |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE |
|---|---|---|
| Watson Paul E | General Supt. | 8 0 0 4 1 5 |
| LAST FIRST MI | TITLE | YEAR MO DAY |

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E. Watson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

T-40 (4-74)

ORIGINAL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

# DISCHARGE MONITORING REPORT

*Form Approved*
*OMB NO. 158-R0073*

U.S. Steel
Geneva Mine
East Carbon, Utah 84520

SH 6/6
QC 6/12

## INSTRUCTIONS

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3. Specify the number of analyzed samples that exceed the maximum *(and/or minimum as appropriate)* permit conditions in the columns labeled "No. Ex." If none, enter "O".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

| (2-3) ST | (4-16) PERMIT NUMBER | (17-19) DIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| Ut | &-0022926 | 002 | | 39°27'15" | 105°21'30" |

REPORTING PERIOD: FROM (20-21) YEAR 79 (22-23) MO 10 (24-25) DAY 01 TO (26-27) YEAR 80 (28-29) MO 01 (30-31) DAY 01

| (32-37) PARAMETER | | QUANTITY (3 card only) (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | CONCENTRATION (4 card only) (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow 50050 | REPORTED | Not Available | | | Mg/D | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | 2/30 | |
| Total Suspended Solids 00530 | REPORTED | | | | | | 1.0 | 3.8 | 7.0 | mg/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | 25.0 | 30.0 | | | 2/30 | GR |
| Total Iron 01045 | REPORTED | | | | | | 0.10 | | 0.230 | | | 2/30 | Comp |
| | PERMIT CONDITION | | | | | | | 3.5 | 7.0 | | | 2/30 | Comp. |
| Alkalinity 00410 | REPORTED | | | | | | 202 | 333 | 400 | mg/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 2/30 | GR |
| Acidity 00435 | REPORTED | | | | | | 12 | 20 | 28 | m g/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 2/30 | GR |
| Total Dissolved Solids 10530 | REPORTED | | | | | | 1600 | 1725 | 1800 | mg/l | | 2/30 | Comp |
| | PERMIT CONDITION | | | | | | | | 3300 | | | 2/30 | Comp |
| pH 00400 | REPORTED | 7.20 | 7.78 | 8.1 | | | | | | | | 2/30 | GR |
| | PERMIT CONDITION | 6.5 | | 9.0 | | | | | | | | 2/30 | GR |
| Oil & Grease 00550 | REPORTED | | | | | | .2 | 1.6 | 2.4 | mg/l | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | 10.0 | | | 1/30 | GR |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE |
|---|---|---|
| Watson Paul E (LAST FIRST MI) | General Supt. (TITLE) | 80 01 18 (YEAR MO DAY) |

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E. Watson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

T-40 (4-74)

ORIGINAL

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

# DISCHARGE MONITORING REPORT

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*OMB NO. 158-R0073*

U.S. Steel
Geneva Mine
East Carbon, Utah 84520

## INSTRUCTIONS

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5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
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| (2-3) ST | (4-16) PERMIT NUMBER | (17-19) DIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| Ut | U-0022926 | 002 | | 39°27'15" | 110°21'30" |

REPORTING PERIOD: FROM (20-21) YEAR 79 (22-23) MO 10 (24-25) DAY 01 TO (26-27) YEAR 80 (28-29) MO 01 (30-31) DAY 01

| (32-37) PARAMETER | | (3 card only) QUANTITY (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (4 card only) CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Arsenic 01000 | REPORTED | | | | | | <.001 | <.001 | <.001 | mg1 | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 1/30 | GR |
| Total Selenium 01145 | REPORTED | | | | | | <.001 | <.001 | <.001 | mg/1 | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 1/30 | GR |
| $BOD_5$ 00310 | REPORTED | | | | | | | | 1.1 | mg/1 | | 1/120 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 1/120 | GR |
| Fecal Coliform 100 ml 31614 | REPORTED | | | | | | | | <2.0 | n/100ml | | 1/120 | |
| | PERMIT CONDITION | | | | | | | 200 | 400 | | | 1/120 | GR |
| Total Coliform/ 60 ml 31505 | REPORTED | | | | | | | | 8 | n/100ml | | 1/120 | |
| | PERMIT CONDITION | | | | | | | 2000 | 4000 | | | 1/120 | GR |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE |
|---|---|---|
| Watson Paul E | General Supt. | 80 01 18 |
| LAST FIRST MI | TITLE | YEAR MO DAY |

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E. Watson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

T-40 (4-74)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

# DISCHARGE MONITORING REPORT

*Form Approved*
*OMB NO. 158-R0073*

U.S. Steel
Geneva Mine
East Carbon, Utah 84520

QC cw 6/12 S# 6/6

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|---|---|---|---|---|---|
| Ut | U-0022926 | 002 | | 39°27'15" | 110°21'30" |

REPORTING PERIOD: FROM (20-21) YEAR 79 (22-23) MO 07 (24-25) DAY 01 TO (26-27) YEAR 79 (28-29) MO 10 (30-31) DAY 01

| (32-37) PARAMETER | | (3 card only) QUANTITY (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (4 card only) CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow 50050 | REPORTED | | .423 | | Mg/D | | | | | | | Cont | |
| | PERMIT CONDITION | | | | | | | | | | | 2/30 | |
| Total Suspended Solids 00530 | REPORTED | | | | | | 2.0 | 5.0 | 9.0 | mg/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | 25.0 | 30.0 | | | 2/30 | GR |
| Total Iron 01045 | REPORTED | | | | | | 0.236 | 0.719 | 1.560 | mg/l | | 2/30 | Comp |
| | PERMIT CONDITION | | | | | | | 3.5 | 7.0 | | | 2/30 | Comp. |
| Alkalinity 00410 | REPORTED | | | | | | 410.00 | 426.66 | 436.00 | mg/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 2/30 | GR |
| Acidity 00435 | REPORTED | | | | | | 16.0 | 36.7 | 66.0 | mg/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 2/30 | GR |
| Total Dissolved Solids 10530 | REPORTED | | | | | | 1,800 | 2,183 | 2,800 | mg/l | | 2/30 | Comp |
| | PERMIT CONDITION | | | | | | | | 3,300 | | | 2/30 | Comp |
| pH 00400 | REPORTED | 7.20 | 7.45 | 7.59 | SU | | | | | | | 2/30 | GR |
| | PERMIT CONDITION | 6.5 | | 9.0 | | | | | | | | 2/30 | GR |
| Oil & Grease 00550 | REPORTED | | | | | | < 1.0 | 1.5 | 2.0 | mg/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | 10.0 | | | 2/30 | GR |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE |
|---|---|---|
| Watson Paul E (LAST FIRST MI) | General Supt. (TITLE) | 79 10 25 (YEAR MO DAY) |

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Paul E. Watson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EPA 3320-1 (4-74)

ORIGINAL

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# DISCHARGE MONITORING REPORT

*Form Approved*
*OMB NO. 158-R0073*

U.S. Steel
Geneva Mine
East Carbon, Utah 84520

## INSTRUCTIONS

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5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

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|---|---|---|---|---|---|
| Ut | U-0022926 | 002 | | 39°27'15" | 110°21'30" |

REPORTING PERIOD: FROM (20-21) YEAR 79 (22-23) MO 07 (24-25) DAY 01 TO (26-27) YEAR 79 (28-29) MO 10 (30-31) DAY 01

| (32-37) PARAMETER | | (3 card only) QUANTITY (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (4 card only) CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Arsenic 01000 | REPORTED | | | | | | < 0.001 | < 0.001 | < 0.001 | mg/l | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 1/30 | GR |
| Total Selenium 01145 | REPORTED | | | | | | < 0.001 | 0.003 | 0.005 | mg/l | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | | | 1/30 | GR |
| $BOD_5$ 00310 | REPORTED | | | | | | | | 3.5 | mg/l | | 1/120 | GR |
| | PERMIT CONDITION | | | | | | | | | | | | |
| Fecal Coliform 100 ml 31614 | REPORTED | | | | | | No Discharge | | | n/100ml | | | |
| | PERMIT CONDITION | | | | | | | 200 | 400 | | | | |
| Total Coliform/ 60 ml 31505 | REPORTED | | | | | | No Discharge | | | n/100 ml | | | |
| | PERMIT CONDITION | | | | | | | 2000 | 4000 | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE |
|---|---|---|
| Watson Paul E (LAST FIRST MI) | General Supt. (TITLE) | 79 11 02 15 (YEAR MO DAY) |

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E. Watson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

1*40 (4-74)

ORIGINAL

PAGE OF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

**DISCHARGE MONITORING REPORT**

*Form Approved*
*OMB NO. 158-R0073*

C# 6/6
QC cw 6/12

U. S. STEEL
GENEVA MINE
EAST CARBON, UTAH 84520

| (2-3) ST | (4-16) PERMIT NUMBER | (17-19) DIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| Ut | Ut 0022926 | 002 | | 39°27'15" | 110°21'30" |

REPORTING PERIOD: FROM (20-21) YEAR 79 (22-23) MO 04 (24-25) DAY 01 TO (26-27) YEAR 79 (28-29) MO 07 (30-31) DAY 01

## INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum *(and/or minimum as appropriate)* permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

| (32-37) PARAMETER | | QUANTITY (3 card only) (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | CONCENTRATION (4 card only) (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 50050 Flow | REPORTED | | .375 | | Mg/d | | | | | | | | Meas. |
| | PERMIT CONDITION | | | | Mg/d | | | | | | | 2/30 | " |
| 00530 Total Suspended Solids | REPORTED | | | | | | 4.0 | 11.6 | 26.0 | mg/l | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | 25.0 | 30.0 | " | | 2/30 | " |
| 01045 Total Iron | REPORTED | | | | | | | 0.656 | 0.950 | " | | 2/30 | Comp. |
| | PERMIT CONDITION | | | | | | | 3.5 | 7.0 | " | | 2/30 | " |
| 00410 Alkalinity | REPORTED | | | | | | 402.00 | 424.40 | 442.00 | " | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | " | | 2/30 | " |
| 00435 Acidity | REPORTED | | | | | | 12.0 | 41.6 | 92.0 | " | | 2/30 | " |
| | PERMIT CONDITION | | | | | | | | | " | | 2/30 | " |
| 10530 Total Dissolved Solids | REPORTED | | | | | | 1800 | 1854 | 2033 | " | | 2/30 | " |
| | PERMIT CONDITION | | | | | | | | 3300 | " | | 2/30 | Comp. |
| 00400 pH | REPORTED | 7.23 | 7.32 | 7.50 | | | | | | | | 2/30 | GR |
| | PERMIT CONDITION | 6.5 | | 9.0 | | | | | | | | 2/30 | " |
| 00550 Oil & Grease | REPORTED | | | | | | <1.0 | <1.0 | 1.0 | " | | 1/30 | " |
| | PERMIT CONDITION | | | | | | | | 10 | " | | 1/30 | " |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE |
|---|---|---|
| WATSON Paul E. | General Superintendent | 79 07 13 |
| LAST FIRST MI | TITLE | YEAR MO DAY |

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E. Watson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

T-40 (4-74)

ORIGINAL

PAGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

# DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

U. S. STEEL
GENEVA MINE
EAST CARBON, UTAH 84520

| (2-3) ST | (4-16) PERMIT NUMBER | (17-19) DIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| Ut | Ut 0022926 | 002 | | 39°27'15" | 110°21'30" |

REPORTING PERIOD: FROM (20-21) YEAR 79 (22-23) MO 04 (24-25) DAY 01 TO (26-27) YEAR 79 (28-29) MO 07 (30-31) DAY 01

## INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

| (32-37) PARAMETER | | QUANTITY (3 card only) (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | CONCENTRATION (4 card only) (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01000 Total Arsenic | REPORTED | | | | | | .002 | .002 | .002 | mg/l | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | " | | 1/30 | " |
| 01145 Total Selenium | REPORTED | | | | | | .004 | .005 | .006 | " | | 1/30 | " |
| | PERMIT CONDITION | | | | | | | | | " | | 1/30 | " |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| 00310 $BOD_5$ | REPORTED | | | | | | | | 2.0 | " | | 1/120 | " |
| | PERMIT CONDITION | | | | | | | | | " | | | |
| 31614 Fecal Coliform 100ml | REPORTED | | | | | | | | 7.0 | n/100ml | | 1/120 | " |
| | PERMIT CONDITION | | | | | | | 200 | 400 | " | | | |
| 31505 Total Coliform 100ml | REPORTED | | | | | | | | 1300 | " | | 1/120 | " |
| | PERMIT CONDITION | | | | | | | 2000 | 4000 | " | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE |
|---|---|---|
| WATSON Paul E. | General Superintendent | 79 07 13 |
| LAST FIRST MI | TITLE | YEAR MO DAY |

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E. Watson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PAGE OF

ORIGINAL

T-40 (4-74)

East Carbon, Utah 84520

QCw 6/12

| (2-3) ST | (4-16) PERMIT NUMBER | (17-19) DIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| Ut | Ut 0022926 | 002 | | 39° 27' 15" | 110° 21' 30" |

REPORTING PERIOD: FROM (20-21) YEAR 79 (22-23) MO 01 (24-25) DAY 01 TO (26-27) YEAR 79 (28-29) MO 04 (30-31) DAY 01

SK 6/16

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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4. Specify frequency of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
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| (32-37) PARAMETER | | QUANTITY (3 card only) (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | CONCENTRATION (4 card only) (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow 50050 | REPORTED | | Not Available | | MG/D | | | | | | | | |
| | PERMIT CONDITION | | | | MG/D | | | | | | | 2/30 | Measured |
| Total Suspended Solids 00530 | REPORTED | | | | | | 14.0 | 15.5 | 17.0 | MG/L | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | 25.0 | 30.0 | MG/L | | 2/30 | GR |
| Total Iron 01045 | REPORTED | | | | | | 0.248 | 0.325 | 0.401 | MG/L | | 2/30 | Comp. |
| | PERMIT CONDITION | | | | | | | 3.5 | 7.0 | MG/L | | 2/30 | Comp. |
| Alkalinity 00410 | REPORTED | | | | | | 404.0 | 420.0 | 436.0 | MG/L | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 2/30 | GR |
| Acidity 00435 | REPORTED | | | | | | 20.0 | 23.0 | 26.0 | MG/L | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 2/30 | GR |
| Total Dissolved Solids 10530 | REPORTED | | | | | | 1720 | 1740 | 1760 | MG/L | | 2/30 | Comp. |
| | PERMIT CONDITION | | | | | | | | 3300 | MG/L | | 2/30 | Comp. |
| pH 00400 | REPORTED | 7.22 | 7.44 | 7.65 | SU | | | | | | | 2/30 | GR |
| | PERMIT CONDITION | 6.5 | | 9.0 | SU | | | | | | | 2/30 | GR |
| Oil & Grease 00550 | REPORTED | | | | | | | | 1.6 | MG/L | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | 10 | MG/L | | 1/30 | GR |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE |
|---|---|---|
| Watson (LAST) Paul (FIRST) E (MI) | General Superintendent (TITLE) | 79 (YEAR) 04 (MO) 19 (DAY) |

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E Watson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

East Carbon, Utah 84520

| (2-3) ST | (4-16) PERMIT NUMBER | (17-19) DIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| Ut | Ut 0022926 | 002 | | 39° 27' 15" | 110° 21' 30" |

REPORTING PERIOD: FROM (20-21) YEAR 79 (22-23) MO 01 (24-25) DAY 01 TO (26-27) YEAR 79 (28-29) MO 04 (30-31) DAY 01

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
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| (32-37) PARAMETER | | (3 card only) QUANTITY (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (4 card only) CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Arsenic 01000 | REPORTED | | | | | | | | L0.001 | MG/L | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/30 | GR |
| Total Selenium 01145 | REPORTED | | | | | | | | L0.001 | MG/L | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/30 | GR |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| $BOD_5$ 00310 | REPORTED | | | | | | Not Available No Discharge | | | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | | |
| Fecal Coliform 100 ML 31614 | REPORTED | | | | | | Not Available No Discharge | | | N/100 ML | | | |
| | PERMIT CONDITION | | | | | | | 200 | 400 | N/100ML | | | |
| Total Coliform 100 ML 31505 | REPORTED | | | | | | Not Available No Discharge | | | N/100ML | | | |
| | PERMIT CONDITION | | | | | | | 2000 | 4000 | N/100ML | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE | |
|---|---|---|---|
| Watson Paul E | General Superintendent | 79 04 19 | |
| LAST FIRST MI | TITLE | YEAR MO DAY | |

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E. Watson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(1-3) ST: Ut

(4-16) PERMIT NUMBER: Ut 0022926

(17-19) DIS: 002

SIC:

| LATITUDE | LONGITUDE |
|---|---|
| 39° 27' 15" | 110° 21' 30" |

REPORTING PERIOD: FROM (20-21) YEAR 78 (22-23) MO 10 (24-25) DAY 01 TO (26-27) YEAR 79 (28-29) MO 01 (30-31) DAY 01

1. Enter reported minimum, average and maximum values in boxes containing in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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5. Appropriate signature is required on bottom of this form.
6. Remove carbon and retain copy for your records.
7. Fold along dotted lines, staple and mail Original to office specified in permit.

| PARAMETER | | QUANTITY (3 card only) MINIMUM (38-45) | QUANTITY AVERAGE (46-53) | QUANTITY MAXIMUM (54-61) | UNITS (52-53) | NO. EX (62-63) | CONCENTRATION (4 card only) MINIMUM (38-45) | CONCENTRATION AVERAGE (46-53) | CONCENTRATION MAXIMUM (54-61) | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow 50050 | REPORTED | | Not Available | | MG/D | | | | | | | 2/30 | Measured |
| | PERMIT CONDITION | | | | MG/D | | | | | | | | |
| Total Suspended Solids 00530 | REPORTED | | | | | | | 8.2 | 17.0 | MG/L | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | 25.0 | 30.0 | MG/L | | 2/30 | GR |
| Total Iron 01045 | REPORTED | | | | | | | .202 | .276 | MG/L | | 2/30 | Comp |
| | PERMIT CONDITION | | | | | | | 3.5 | 7.0 | MG/L | | 2/30 | Comp |
| Alkalinity 00410 | REPORTED | | | | | | | 419.4 | 512.4 | MG/L | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 2/30 | GR |
| Acidity 00435 | REPORTED | | | | | | | 31.3 | 38.0 | MG/L | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 2/30 | GR |
| Total Dissolved Solids 10530 | REPORTED | | | | | | | 1685.5 | 1718 | MG/L | | 2/30 | Comp |
| | PERMIT CONDITION | | | | | | | | 3300 | MG/L | | 2/30 | Comp |
| PH 00400 | REPORTED | 6.97 | 7.37 | 7.63 | SU | | | | | | | 2/30 | GR |
| | PERMIT CONDITION | 6.5 | | 9.0 | SU | | | | | | | 2/30 | GR |
| Oil & Grease 00550 | REPORTED | | | | | | | 1.6 | 2.2 | MG/L | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | 10 | MG/L | | 1/30 | GR |

NAME OF PRINCIPAL EXECUTIVE OFFICER: Watson Paul E

TITLE OF THE OFFICER: General Superintende (TITLE)

DATE: YEAR 79 MO 01 DAY 15

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Paul E Watson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PAGE OF

ORIGINAL

(2-3) Ut ST

(4-16) PERMIT NUMBER: Ut 0022926

(17-19) DIS: 002

SIC:

| LATITUDE | LONGITUDE |
|---|---|
| 39° 27' 15" | 110° 21' 30" |

REPORTING PERIOD: FROM (20-21) YEAR 78 (22-23) MO 10 (24-25) DAY 01 TO (26-27) YEAR 79 (28-29) MO 01 (30-31) DAY 01

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Arsenic 01000 | REPORTED | | | | | | | Less than 0.001 | Less than 0.001 | MG/L | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/30 | GR |
| Total Selenium 01145 | REPORTED | | | | | | | Less than 0.001 | Less than 0.001 | MG.L | | 1/30 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/30 | GR |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| $BOD_5$ 00310 | REPORTED | | | | | | | Not Available | | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/90 | |
| Fecal Coliform 100 ML 31614 | REPORTED | | | | | | | 2 | 2 | N/100ML | | 1/90 | |
| | PERMIT CONDITION | | | | | | | 200 | 400 | N/100ML | | 1/90 | |
| Total Coliform 100 ML 31505 | REPORTED | | | | | | | 49 | 49 | N/100ML | | 1/90 | |
| | PERMIT CONDITION | | | | | | | 2000 | 4000 | N/100ML | | 1/90 | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | | | TITLE OF THE OFFICER | DATE | |
|---|---|---|---|---|---|
| Wats | Paul | E | General Superintende | 79 01 15 | |
| LAST | FIRST | MI | TITLE | YEAR MO DAY | |

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Paul E. Watson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

ORIGINAL

PAGE OF

## INSTRUCTIONS

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7. Remove carbon and retain copy for your records.
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| (2-3) ST | (4-16) PERMIT NUMBER | (17-19) DIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| Ut | Ut 002926 | 002 | | 39° 27' 15" | 110° 21' 30" |

REPORTING PERIOD: FROM (20-21) YEAR 78, (22-23) MO 07, (24-25) DAY 01 TO (26-27) YEAR 78, (28-29) MO 10, (30-31) DAY 01

| (32-37) PARAMETER | | (3 card only) QUANTITY (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-65) NO. EX | (4 card only) CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-65) NO. EX | (66-68) FREQUENCY OF ANALYSIS | (69-72) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | REPORTED | | .290 | | MG/D | | | | | | | 2/30 | Measured |
| | PERMIT CONDITION | | | | | | | | | | | | |
| Total Suspended Solids | REPORTED | | | | | | | 8.67 | 12.0 | MG/L | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | 25.0 | 30.0 | MG/L | | 2/30 | GR |
| Total Iron | REPORTED | | | | | | | 0.279 | 0.828 | MG/L | | 2/30 | Comp |
| | PERMIT CONDITION | | | | | | | 3.5 | 7.0 | MG/L | | 2/30 | Comp. |
| Alkalinity | REPORTED | | | | | | | 402 | 414 | MG/L | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 2/30 | GR |
| Acidity | REPORTED | | | | | | | 44 | 50 | MG/L | | 2/30 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 2/30 | GR |
| Total Dissolved Solids | REPORTED | | | | | | | 1759 | 1822 | MG/L | | 2/30 | Comp. |
| | PERMIT CONDITION | | | | | | | | 3300 | MG/L | | 2/30 | Comp. |
| PH | REPORTED | | 7.59 | | SU | | | | | | | 2/30 | GR |
| | PERMIT CONDITION | 6.5 | | 9.0 | SU | | | | | | | 2/30 | GR |
| Oil & Grease | REPORTED | | | | | | | | 3.2 | MG/L | | 1/30 | |
| | PERMIT CONDITION | | | | | | | | 10 | MG/L | | 1/30 | GR |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE | I certify that I am familiar with the information contained in this |
|---|---|---|---|
| | | | [illegible] |

## INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum *(and/or minimum as appropriate)* permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(2-3) ST: Ut

(4-16) PERMIT NUMBER: Ut 0022926

(17-19) DIS: 002

SIC:

LATITUDE: 39° 27' 15"

LONGITUDE: 110° 21' 30"

REPORTING PERIOD: FROM (20-21) YEAR 78 (22-23) MO 07 (24-25) DAY 01 TO (26-27) YEAR 78 (28-29) MO 10 (30-31) DAY 01

| (32-37) PARAMETER | | (3 card only) QUANTITY (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (4 card only) CONCENTRATION (39-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Arsenic | REPORTED | | | | | | | | less than .001 | MG/L | | 1/30 | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/30 | GR |
| Total Selenium | REPORTED | | | | | | | | less than .001 | MG/L | | 1/30 | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/30 | GR |
| $BOD_5$ | REPORTED | | | | | | | 4.7 | 8.0 | MG/L | | 1/90 | GR |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/90 | GR |
| Fecal Coliform 100 ML | REPORTED | | | | | | | 3.0 | 4.0 | N/100ML | | 1/90 | GR |
| | PERMIT CONDITION | | | | | | | 200 | 400 | N/100ML | | 1/90 | GR |
| Total Coliform 100 ML | REPORTED | | | | | | | 123 | 220 | N/100ML | | 1/90 | GR |
| | PERMIT CONDITION | | | | | | | 2000 | 4000 | N/100ML | | 1/90 | GR |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |

NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE

I certify that I am familiar with the information contained in this

R. E. [illegible]

(2-3) ST: UT

(4-16) PERMIT NUMBER: UT 0022926

(17-19) DIS: 002

SIC:

LATITUDE: 39° 27' 15" LONGITUDE: 110° 21' 30"

REPORTING PERIOD: FROM (20-21) YEAR 78 (22-23) MO 06 (24-25) DAY 01 TO (26-27) YEAR 78 (28-29) MO 07 (30-31) DAY 01

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum *(and/or minimum as appropriate)* permit conditions in the columns labeled "No. Ex." If none, enter "O".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

| (32-37) PARAMETER | | (3 card only) QUANTITY (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (4 card only) CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FLOW | REPORTED | | .258 | | MG/D | | | | | | | | |
| | PERMIT CONDITION | | | | MG/D | | | | | | | 2/30 | Meas. |
| Total Suspended Solids | REPORTED | | | | | | | | 18.0 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | 25.0 | 30.0 | MG/L | | 2/30 | GR. |
| Total Iron | REPORTED | | | | | | | | .245 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | 3.5 | 7.0 | MG/L | | 2/30 | Comp |
| Alkalinity | REPORTED | | | | | | | | 374 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 2/30 | GR. |
| Acidity | REPORTED | | | | | | | | < .01 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 2/30 | GR |
| Total Dissolved Solids | REPORTED | | | | | | | | 1780 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | 3300 | MG/L | | 2/30 | Comp. |
| pH | REPORTED | | 7.59 | | SU | | | | | | | | |
| | PERMIT CONDITION | 6.5 | | 9.0 | SU | | | | | | | 2/30 | GR. |
| Oil and Grease | REPORTED | | | | | | | | 1.2 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | 10 | MG/L | | 1/30 | GR |

NAME OF PRINCIPAL EXECUTIVE OFFICER: WATSON (LAST) PAUL (FIRST) E. (MI)

TITLE OF THE OFFICER: GEN. SUP'T (TITLE)

DATE: YEAR 78 MO 07 DAY 20

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E Watson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PAGE OF

6-12

| (2-3) ST | (4-16) PERMIT NUMBER | (17-19) DIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| UT | UT 0022926 | 002 | | 39° 27' 15" | 110° 21' 30" |

REPORTING PERIOD: FROM (20-21) YEAR 78 (22-23) MO 06 (24-25) DAY 01 TO (26-27) YEAR 78 (28-29) MO 07 (30-31) DAY 01

## INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum *(and/or minimum as appropriate)* permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

| (32-37) PARAMETER | | (3 card only) QUANTITY (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (4 card only) CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Arsenic | REPORTED | | | | | | | | < .001 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/30 | GR |
| Total Selenium | REPORTED | | | | | | | | < .001 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/30 | GR |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| $BOD_5$ | REPORTED | | | | | | | | 4.8 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | | |
| Fecal Coliform 100 ML | REPORTED | | | | | | | | 2 | N/100ML | | | |
| | PERMIT CONDITION | | | | | | | 200 | 400 | N/100ML | | | |
| Total Coliform 100 ML | REPORTED | | | | | | | | 70 | N/100ML | | | |
| | PERMIT CONDITION | | | | | | | 2000 | 4000 | N/100ML | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICER | DATE | |
|---|---|---|---|
| Watson Paul E | General Superintendent | 78 07 20 | I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate. |
| LAST FIRST MI | TITLE | YEAR MO DAY | Paul E Watson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum *(and/or minimum as appropriate)* permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. *(e.g., "3/7" is equivalent to 3 analyses performed every 7 days.)* If continuous enter "CONT."
5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

(2-3) ST: Ut

(4-16) PERMIT NUMBER: Ut 0022926

(17-19) DIS: 002

SIC:

LATITUDE: 39° 27' 15"

LONGITUDE: 110° 21' 30"

REPORTING PERIOD: FROM (20-21) YEAR 78 (22-23) MO 06 (24-25) DAY 01 TO (26-27) YEAR 78 (28-29) MO 07 (30-31) DAY 01

C-21

| PARAMETER | | (3 card only) QUANTITY (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (4 card only) CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Flow | REPORTED | | .258 | | MG/D | | | | | | | | |
| | PERMIT CONDITION | | | | MG/D | | | | | | | 2/30 | Measured |
| Total Suspended Solids | REPORTED | | | | | | | | 20.0 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | 25.0 | 30.0 | MG/L | | 2/30 | GR |
| Total Iron | REPORTED | | | | | | | | 0.399 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | 3.5 | 7.0 | MG/L | | 2/30 | Comp. |
| Alkalinity | REPORTED | | | | | | | | N/A | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 2/30 | GR |
| Acidity | REPORTED | | | | | | | | N/A | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 2/30 | GR |
| Total Dissolved Solids | REPORTED | | | | | | | | 1700 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | 3300 | MG/L | | 2/30 | Comp |
| pH | REPORTED | | N/A | | SU | | | | | | | | |
| | PERMIT CONDITION | 6.5 | | 9.0 | SU | | | | | | | 2/30 | GR |
| Oil & Grease | REPORTED | | | | | | | | N/R | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | 10 | MG/L | | 1/30 | GR |

NAME OF PRINCIPAL EXECUTIVE OFFICER: Watson Paul E

TITLE OF THE OFFICER: General Superintendent

DATE: 78 07 20

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Paul E. Watson

SIGNATURE OF PRINCIPAL EXECUTIVE

6-12

| (2-3) ST | (4-16) PERMIT NUMBER | (17-19) DIS | SIC | LATITUDE | LONGITUDE |
|---|---|---|---|---|---|
| UT | UT 0022926 | 002 | | 39° 27' 15" | 110° 21' 30" |

REPORTING PERIOD: FROM (20-21) YEAR 78 (22-23) MO 06 (24-25) DAY 01 TO (26-27) YEAR 78 (28-29) MO 07 (30-31) DAY 01

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5. Specify sample type *("grab" or "___ hr. composite")* as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

| (32-37) PARAMETER | | (3 card only) QUANTITY (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (4 card only) CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (62-63) NO. EX | (64-68) FREQUENCY OF ANALYSIS | (69-70) SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Arsenic | REPORTED | | | | | | | | < .001 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/30 | GR |
| Total Selenium | REPORTED | | | | | | | | < .001 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | 1/30 | GR |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| $BOD_5$ | REPORTED | | | | | | | | 4.8 | MG/L | | | |
| | PERMIT CONDITION | | | | | | | | | MG/L | | | |
| Fecal Coliform 100 ML | REPORTED | | | | | | | | 2 | N/100ML | | | |
| | PERMIT CONDITION | | | | | | | 200 | 400 | N/100ML | | | |
| Total Coliform 100 ML | REPORTED | | | | | | | | 70 | N/100ML | | | |
| | PERMIT CONDITION | | | | | | | 2000 | 4000 | N/100ML | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |
| | REPORTED | | | | | | | | | | | | |
| | PERMIT CONDITION | | | | | | | | | | | | |

| NAME OF PRINCIPAL EXECUTIVE OFFICER | TITLE OF THE OFFICIAL | DATE |
|---|---|---|
| Watson Paul E | General Superintendent | 78 07 20 |

*I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.*

Paul E. Watson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX 607

EAST CARBON UT 84520

FACILITY HORSE CANYON MINE

LOCATION SUNNYSIDE, UTAH 84539

ATTN: PAUL E WATSON ATTN. DOUGLAS C PEARCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved. OMB No. 2060-0016.

RECEIVED

APR 28 1986

DIVISION OF OIL GAS & MINING

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

F = FINAL LIMITS

STP EFFLUENT

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 86 | 03 | 01 | TO | 86 | 03 | 31 |

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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | 0 | 0/30* | — |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 15 | 20 | MG/L | | ONCE/ MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | 0 | 0/30* | GRAB |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE * | | | | 0 | 0/30* | ~~GRAB~~ |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 10 | 12 | MG/L | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE, (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | 0 | 0/30* | G |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY VISUAL | |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | 0 | 0/30* | GRAB |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | 0 | 0/30* | GRAB |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 20 | 23 | 100ML | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| CHARLES MC GLOTHLIN 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | Douglas C Pearce | 801 888-4421 | 86 | 4 | 24 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

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

IF NO DISCHARGE DURING REPORT PD.

* NO DISCHARGE

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

NAME [illegible]

ADDRESS [illegible]

KAISER STEEL CORP., HORSE CANYON MINE

FACILITY P.O. BOX D

LOCATION SUNNYSIDE, UTAH 84539

[illegible] ATTN. DOUGLAS C. PEARCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT** (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) UT0022926 — PERMIT NUMBER

(17-19) 003 A — DISCHARGE NUMBER

F = FINAL LIMITS
STP EFFLUENT

RECEIVED
MAR 17 1986
DIVISION OF
OIL, GAS & MINING

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 86 | 02 | 01 | TO | 86 | 02 | 28 |

**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 | EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 15 | 20 | MG/L | | ONCE/ MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE * | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 10 | 12 | MG/L | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 20 | 25 | 100ML | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | DATE |
|---|---|---|---|
| CHARLES MC GLOTHLIN<br>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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 | AREA CODE 801 NUMBER 888-4421 | YEAR 86 MO 02 DAY 14 |
| TYPED OR PRINTED | | | |

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

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

NAME: US STEEL COAL-GENEVA COAL MINE

ADDRESS: P O BOX 3007

EAST CARBON UT 84520

KAISER STEEL CORP., HORSE CANYON MINE

FACILITY: P.O. BOX D

LOCATION: SUNNYSIDE, UTAH 84539

ATTN: PAUL E. JAVEGUA ATTN. DOUGLAS C PEARCE

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

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER: UT0022926

(17-19) DISCHARGE NUMBER: 003 A

F - FINAL LIMITS

STP EFFLUENT

RECEIVED
MAR 17 1986

DIVISION OF OIL, GAS & MINING

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 86 | 01 | 01 | TO | 86 | 01 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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. (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 15 | 20 | MG/L | | ONCE/MONTH | COMPOS |
| [redacted] 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE * | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 10 | 12 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 20 | 25 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| CHARLES MC GLOTHLIN<br>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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | Douglas Pearce<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 801 | 888-4421 | 86 | 02 | 14 |
| TYPED OR PRINTED | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

IN ACCIDENTAL DISCHARGE REPORT SENT

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

NAME: US STEEL CORP-GENEVA COAL MINE

ADDRESS: P O BOX 80
EAST CARBON UT 84520

FACILITY: KAISER STEEL CORP., HORSE CANYON MINE
P.O. BOX D
SUNNYSIDE, UTAH 84539

LOCATION: ATTN: PAUL E WATSON ATTN. DOUGLAS C PEARCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER: UT0022926

(17-19) DISCHARGE NUMBER: 003 A

F - FINAL LIMITS
STP EFFLUENT

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 85 | 12 | 01 | TO | 85 | 12 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 15 | 20 | MG/L | | ONCE/ MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE * | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 10 | 12 | MG/L | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 20 | 25 | 100ML | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/ MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

CHARLES MC GLOTHLIN
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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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

TELEPHONE: AREA CODE 801, NUMBER 888-4421

DATE: YEAR 86, MO 1, DAY 28

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

IF NO DISCHARGE OCCURS REPORT NO.

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

NAME: U.S. STEEL CORP-GENEVA COAL MINE

ADDRESS: P.O. BOX 801 SALT LAKE CITY UT 84520

FACILITY: KAISER STEEL CORP., HORSE CANYON MINE

LOCATION: P.O. BOX 10 SUNNYSIDE, UTAH 84539

ATTN: PAUL E. CALISTO ATTN. DOUGLAS C. PEARCE

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

Form Approved
OMB No. 2000-0015

F - FINAL LIMITS
STP EFFLUENT

RECEIVED
DEC 13 1985
DIVISION OF OIL GAS & MINING

NOTE: Read instructions before completing this form.

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 85 | 11 | 01 | TO | 85 | 11 | 30 |

| 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 15 | 20 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE * | | | | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 10 | 12 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | GRAB |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 20 | 25 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| CHARLES MC GLOTHLIN<br>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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 | 801 (AREA CODE) | 888-4421 (NUMBER) | 85 (YEAR) | 12 (MO) | 9 (DAY) |
| TYPED OR PRINTED | | | | | | |

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

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

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS XXXXXXXXXXXX

XXXXXXXXXXXX UT 84520

KAISER STEEL CORP., HORSE CANYON MINE

FACILITY P.O. BOX 10

LOCATION SUNNYSIDE, UTAH 84539

XXXXXXXXXXXXXXXXXX ATTN. DOUGLAS C PEARCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

F - FINAL LIMITS
STP EFFLUENT

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 85 | 10 | 01 | TO | 85 | 10 | 31 |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 15 | 20 | MG/L | | ONCE/ MONTH | COMPOS |
| 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | SU | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE * | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 10 | 12 | MG/L | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | REQUIRED | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 20 | 25 | 100ML | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
| CHARLES MC GLOTHLIN 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | Douglas C Pearce | 801 888-4421 | 85 | 11 | 28 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE NUMBER | YEAR | MO | DAY |

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

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM 3320-1, 3320-2, 3320-3, 3320-4 WHICH MAY NOT BE USED) 0153/820426-1337/M PAGE 1 OF 1

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
KAISER STEEL CORP., HORSE CANYON MINE
FACILITY P.O. BOX D
LOCATION SUNNYSIDE, UTAH 84539
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ATTN. DOUGLAS C PEARCE

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

Form Approved
OMB No. 2000-0015

F = FINAL LIMITS
STP EFFLUENT

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 85 | 09 | 01 | TO | 85 | 09 | 30 |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 15 | 20 | MG/L | | ONCE/ MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE | | * | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 10 | 12 | MG/L | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 20 | 23 | 100ML | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| CHARLES MC GLOTHLIN<br>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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 | AREA CODE 801 | NUMBER 888-4421 | YEAR 85 | MO 10 | DAY 16 |
| TYPED OR PRINTED | | | | | | | |

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

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

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

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

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS XXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

KAISER STEEL CORP., HORSE CANYON MINE

FACILITY P.O. BOX D

LOCATION SUNNYSIDE, UTAH 84539

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ATTN. DOUGLAS C PEARCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

113750

Form Approved
OMB No. 2000-0015

F - FINAL LIMITS
STP EFFLUENT

RECEIVED
SEP 03 1985
DIVISION OF OIL
GAS & MINING

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 85 | 07 | 01 | TO | 85 | 07 | 31 |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 15 | 20 | MG/L | | ONCE/ MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE | | * | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 10 | 12 | MG/L | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 20 | 23 | 100ML | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | | DATE | | |
|---|---|---|---|---|---|---|---|
| CHARLES MC GLOTHLIN<br>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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 | AREA CODE | NUMBER | YEAR | MO | DAY |
| TYPED OR PRINTED | | 801 | 888-4421 | 85 | 8 | 23 |

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

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

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS XXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXX

KAISER STEEL CORP., HORSE CANYON MINE

FACILITY P.O. BOX D

LOCATION SUNNYSIDE, UTAH 84539

XXXXXXXXXXXXXXXXXX ATTN. DOUGLAS C PEARCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

M - INTERIM LIMITS
STE EFFLUENT

(2-16) UT0022926 — PERMIT NUMBER

(17-19) 003 A — DISCHARGE NUMBER

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 85 | 06 | 01 | TO | 85 | 06 | 30 |

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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/ MONTH | COMPOS |
| P[redacted] 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE | | * | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | | DATE | | |
|---|---|---|---|---|---|---|---|
| CHARLES MC GLOTHLIN 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 | AREA CODE 801 | NUMBER 888-4421 | YEAR 85 | MO 7 | DAY 12 |
| TYPED OR PRINTED | | | | | | | |

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

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

NAME [redacted]

ADDRESS [redacted]

[redacted]

KAISER STEEL CORP., HORSE CANYON MINE

FACILITY P.O. BOX D

LOCATION SUNNYSIDE, UTAH 84539

[redacted] ATTN. DOUGLAS C PEARCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT** (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) UT0022926 — PERMIT NUMBER

(17-19) 003 A — DISCHARGE NUMBER

M = INTERIM LIMITS
STP EFFLUENT

SH 6/6 Q cw 6/12

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 85 | 05 | 01 | TO | 85 | 05 | 31 |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/ MONTH | COMPOS |
| [redacted] 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE * | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL [redacted]ERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
| CHARLES MC GLOTHLIN<br>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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | Douglas Pearce<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE 801 | NUMBER 888-4421 | YEAR 85 | MO 6 | DAY 14 |
| TYPED OR PRINTED | | | | | | | |

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

IF NO DISCHARGE OCCURS REPORT SO.

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

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS XXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXX

KAISER STEEL CORP., HORSE CANYON MINE

FACILITY P.O. BOX D

LOCATION SUNNYSIDE, UTAH 84539

XXXXXXXXXXXXXXXXXXXX ATTN. DOUGLAS C PEARCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

| (2-16) | (17-19) |
|---|---|
| UT0022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

M - INTERIM LIMITS
STP EFFLUENT

Form Approved
OMB No. 2000-0015

SH 6/6 QC cm 6/12

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 85 | 04 | 01 | TO | 85 | 04 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | * NO DISCHARGE * | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

CHARLES MC GLOTHLIN
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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)*

D C Pearce

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE | | DATE | | |
|---|---|---|---|---|
| 801 | 888-4421 | 85 | 5 | 6 |
| AREA CODE | NUMBER | YEAR | MO | DAY |

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

IF NO DISCHARGE ACCORD REPORT NO.

EPA Form 3320-1 (10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM WHICH MAY NOT BE USED) 00147/820426-1337/M

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

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS XXXXXXXXXXXXX

XXXXXXXXXXXXX XXXXXXXX

KAISER STEEL CORP., HORSE CANYON MINE

FACILITY P.O. BOX D

LOCATION SUNNYSIDE, UTAH 84539

XXXXXXXXXXXXXXXXXXXX ATTN. DOUGLAS C PEARCE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

| (2-16) | (17-19) |
|---|---|
| U10022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 85 | 02 | 01 | TO | 85 | 02 | 28 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

B - INTERIM LIMITS
STP EFFLUENT

SH 6/6

Qe cm 6/12

Form Approved
OMB No. 2000-0015

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | * NO DISCHARGE * | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| CHARLES MC GLOTHLIN 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 | 801 | 888-4421 | 85 | 4 | 16 |
| TYPED OR PRINTED | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

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

NAME [redacted]

ADDRESS [redacted]

[redacted]

KAISER STEEL CORP., HORSE CANYON MINE

FACILITY P.O. BOX B

LOCATION SUNNYSIDE, UTAH 84539

ATTN: DOUGLAS C DEARDE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER: UT0022926

(17-19) DISCHARGE NUMBER: 003 A

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 85 | 01 | 01 | TO | 85 | 01 | 31 |

SH 6/6 QC CWT 6/12

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| [redacted] | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| [redacted] | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| [redacted] | SAMPLE MEASUREMENT | | | | ★ NO DISCHARGE ★ | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| [redacted] | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| [redacted] | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| [redacted] | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| [redacted] | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | DATE |
|---|---|---|---|
| CHARLES MC GLOTHLIN<br>MINE MANAGER<br>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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 | AREA CODE [redacted] NUMBER [redacted] | YEAR 85 MO 6 DAY 10 |

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

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX XXX 1270

~~EAST CARBON~~ ~~UT 84520~~

PAONIA, CO 84428

FACILITY

LOCATION

ATTN: ~~PAUL E. WATSON~~ GLENN H. SIDES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

| (2-16) | (17-19) |
|---|---|
| UT0022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

M - INTERIM LIMITS
STP EFFLUENT

SH 6/6 Qe cm 6/12

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 84 | 11 | 01 | TO | 84 | 11 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL [illegible]55 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

GLENN H. SIDES
GENERAL SUPERINTENDENT

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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)*

Glenn H Sides
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE | | DATE | | |
|---|---|---|---|---|
| AREA CODE | NUMBER | YEAR | MO | DAY |
| 303 | 527-4816 | 84 | 12 | 11 |

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

NO DISCHARGE

EPA Form 3320-1 ([illegible] 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM [illegible] WHICH MAY NOT BE USED) 000142/820426-1337/M

Form Approved
OMB No. 2000-0015

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

NAME: US STEEL CORP-GENEVA COAL MINE

ADDRESS: P O BOX XXXXX 1270 — XXXXXXXXXXXX — UT XXXXX — XXXXXXXXX — PAONIA, — CO 81428

FACILITY

LOCATION

ATTN: XXXXXXXXXXXXXXX GLENN H. SIDES

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM** (*NPDES*)

**DISCHARGE MONITORING REPORT** (*DMR*)

M = INTERIM LIMITS
STP EFFLUENT

(2-16) UT0022926 — PERMIT NUMBER

(17-19) 003 A — DISCHARGE NUMBER

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 84 | 10 | 01 | TO | 84 | 10 | 31 |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | REQUIRED | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**

GLENN H. SIDES
GENERAL SUPERINTENDENT

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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)*

Glenn H. Sides
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**TELEPHONE**

| AREA CODE | NUMBER |
|---|---|
| 303 | 527-4816 |

**DATE**

| YEAR | MO | DAY |
|---|---|---|
| 84 | 11 | 21 |

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

NO DISCHARGE

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX 807 ~~XXXX~~ 1270

EAST CARBON UT 84520

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

PAONIA CO 81428

FACILITY

LOCATION

ATTN: ~~PAUL E WATSON~~ ~~XXXXXXXXXXXXXXXX~~ GLENN H. SIDES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT (*DMR*)**

Form Approved
OMB No. 2000-0015

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

M - INTERIM LIMITS
STP EFFLUENT

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 84 | 09 | 01 | TO | 84 | 09 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

SH 10/16 QC 10/12

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| GLENN H. SIDES<br>GENERAL SUPERINTENDENT | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | Glenn H Sides<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 303 | 527-4816 | 84 | 10 | 10 |
| TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

NO DISCHARGE

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS [redacted] P.O. Box 1270

[redacted] Paonia [redacted]

[redacted] CO 81428

FACILITY

LOCATION

ATTN: ~~PAUL [redacted]~~ Glenn H Sides

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT (*DMR*)**

Form Approved
OMB No. 2000-0015

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

M - INTERIM LIMITS
STP EFFLUENT

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 84 | 08 | 01 | TO | 84 | 08 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/ MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | GRAB |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| Glenn H. Sides<br>General Superintendent | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 | AREA CODE 303 | NUMBER 527-4816 | YEAR 84 | MO 09 | DAY 24 |
| TYPED OR PRINTED | | | | | | | |

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

IF NO DISCHARGE OCCURS REPORT SO.

No Discha[redacted]

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX ~~807~~ 1270

~~EAST CARBON~~ ~~UT 84520~~

Paonia CO 81428

FACILITY

LOCATION

ATTN: ~~PAUL E. WATSON~~ Glenn H. Sides

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

| (2-16) | (17-19) |
|---|---|
| UT0022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

M - INTERIM LIMITS
STP EFFLUENT

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 84 | 07 | 01 | TO | 84 | 07 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

SH 6/6 QC cm 6/12

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74058 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Glenn H. Sides
General Superintendent

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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)*

Glenn H Sides

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE | | DATE | | |
|---|---|---|---|---|
| AREA CODE | NUMBER | YEAR | MO | DAY |
| 303 | 527-4816 | 84 | 08 | 13 |

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

No Discharge

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX XXXXX 1270

XXXXXXXXXXXXXX XXXXXXXXXX

Paonia CO 81428

FACILITY

LOCATION

ATTN: XXXXXXXXXXXXXXX Glenn H. Sides

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT** (*DMR*)

| (2-16) | (17-19) |
|---|---|
| UT0022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

M - INTERIM LIMITS
STP EFFLUENT

Form Approved
OMB No. 2000-0015

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 84 | 06 | 01 | TO | 84 | 06 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
| Glenn H. Sides<br>General Superintendent | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 | 303 | 527-4816 | 84 | 07 | 24 |
| TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

No Discharge

EPA Form 3320-1 ([illegible] 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM [illegible] WHICH MAY NOT BE USED.) 0137/820426-1337/M PAGE 1 OF 1

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX XXXX AE

XXXXXXXXXXXXXX XXXXXXXXX

Paonia CO 81428

FACILITY

LOCATION

ATTN: XXXXXXXXXXXXXXX Glenn H. Sides

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT** (*DMR*)

| (2-16) | (17-19) |
|---|---|
| UT0022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

M - INTERIM LIMITS
STP EFFLUENT

Form Approved
OMB No. 2000-0015

SH 6/6 QC 6/12

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 84 | 05 | 01 | TO | 84 | 05 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| [illegible] 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL [illegible]ERAL [illegible]55 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
| Glenn H. Sides<br>General Superintendent | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | Glenn H Sides<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 303 | 527-4846 | 84 | 06 | 15 |
| TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

No Discharge

EPA Form 3320-1 ([illegible]10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM [illegible] WHICH MAY NOT BE USED) 0136/820426-1337/M

Form Approved
OMB No. 2000-0015

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

M = INTERIM LIMITS
STP EFFLUENT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME U.S. STEEL CORP-GENEVA COAL MINE
ADDRESS P O BOX XXXXX AE
XXXXXXXXXXXXXXXX XXXXXXXXX
Paonia CO 81428
FACILITY
LOCATION
ATTN: XXXXXXXXXXXXXXX Glenn H. Sides

(2-16) UT0022926 PERMIT NUMBER
(17-19) 003 A DISCHARGE NUMBER

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 04 | 01 | TO | 84 | 04 | 30 |

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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| [redacted] 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | ONCE/MONTH | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL [redacted] 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Glenn H. Sides
General Superintendent
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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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

TELEPHONE: AREA CODE 303 NUMBER 527-4816

DATE: YEAR 84 MO 05 DAY 22

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

No Discharge

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX 807 ~~XXXX~~ AE

~~EAST CARBON~~ ~~XXXXXXXXXXXXXX~~ ~~UT 84520~~ ~~XXXXXXXXX~~

~~Paonia~~ ~~CO 81428~~

FACILITY

LOCATION

ATTN: ~~PAUL E. WATSON~~ ~~XXXXXXXXXXXXXXX~~ Glenn H. Sides

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

| (2-16) | (17-19) |
|---|---|
| UT0022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

M - INTERIM LIMITS
STP EFFLUENT

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 84 | 03 | 01 | TO | 84 | 03 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Glenn H. Sides
General Superintendent

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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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

| TELEPHONE | | DATE | | |
|---|---|---|---|---|
| 303 | 527-4816 | 84 | 04 | 09 |
| AREA CODE | NUMBER | YEAR | MO | DAY |

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

No Discharge.

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX 807 XXX AE

XXXXXXXXXXXXXXXXX XXXXXXXXXXX

Paonia Co. 81428

FACILITY

LOCATION

ATTN: XXXXXXXXXXXXXXXX GLENN H. SIDES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

| (2-16) | (17-19) |
|---|---|
| UT0022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

M - INTERIM LIMITS
STP EFFLUENT

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 84 | 02 | 01 | TO | 84 | 02 | 29 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GR |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| GlennnH. Sides<br>General Superintendent | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | Glenn H Sides<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 303 AREA CODE | 527-4816 NUMBER | 84 YEAR | 03 MO | 21 DAY |
| TYPED OR PRINTED | | | | | | |

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

NO DISCHARGE

EPA Form 3320-1 ([illegible]0-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM [illegible] WHICH MAY NOT BE USED.) 00133/820426-1337/M

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX 807 P.O. Box AE

EAST CARBON UT 84520

Peoria Co 81428

FACILITY

LOCATION

ATTN: PAUL E WATSON

R E Yourston

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT (*DMR*)**

Form Approved
OMB No. 2000-0015

| (2-16) | (17-19) |
|---|---|
| UT0022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

M - INTERIM LIMITS
STP EFFLUENT

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 84 | 01 | 01 | TO | 84 | 01 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

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| 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| 00310 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| 00400 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| 00530 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 00550 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| 50060 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| [illegible]55 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| 74056 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

RE Yourston
General Superintendent

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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)*

R E Yourston
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE | | DATE | | |
|---|---|---|---|---|
| 303 | 527-4816 | 84 | 2 | 17 |
| AREA CODE | NUMBER | YEAR | MO | DAY |

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

IF NO DISCHARGE OCCURS REPORT SO.

No Discharge

EPA Form 3320-1 (10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM WHICH MAY NOT BE USED)

000132/820426-1337/M

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX 307
EAST CARBON UT 84520

FACILITY

LOCATION

ATTN: ~~PAUL E WATSON~~ RE Yourston

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

# DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

| (2-16) | (17-19) |
|---|---|
| UT0022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

M - INTERIM DIGITS
STP EFFLUENT

SH 6/6 QC
cm 6/12

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 12 | 01 | TO | 83 | 12 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| 00310 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| 00400 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| 00530 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | | | | | |
| 00550 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | | |
| 50060 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| 74055 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | | |
| 74056 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| RE Yourston General Superintendent | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | RE Yourston | 801 | 888-4431 | 84 | 01 | 24 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

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

No Discharge

EPA Form 3320-1 (10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM WHICH MAY NOT BE USED) 131/820426-1337/

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX 807
EAST CARBON UT 84520

FACILITY

LOCATION

ATTN: PAUL E WATSON

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

Form Approved
OMB No. 2000-0015

| (2-16) | (17-19) |
|---|---|
| UT0022926 | 003 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

M - INTERIM LIMITS
STP EFFLUENT

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 11 | 01 | TO | 83 | 11 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 3.5 | | | once/Month | Compos. |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | 7.85 | | | once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 10.0 | | | once/Month | Compos. |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | <0.1 | | | once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 0.02 | | | once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | <2 | #/ | | once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | <2 | #/ | | once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| RE Youiston General Superintendent | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | R E Youiston | 801 | 888-4431 | 83 | 12 | 23 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

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

IF NO DISCHARGE OCCURS REPORT SO.

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX 807

EAST CARBON UT 84520

FACILITY

LOCATION

ATTN: PAUL E. MATSON XXXXXXXXXXXXXXX R. E. Yourston

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

Form Approved
OMB No. 2000-0015

M = INTERIM LIMITS
STP EFFLUENT

SH 6/6 QC cw 6/12

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 10 | 01 | TO | 83 | 10 | 31 |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | | 2.9 / | MG/L | 0 | Once/ Month | Comp. |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | 25 | 35 | | | ONCE/ MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | ****** | 7.9 / | SU | 0 | Once/ Month | Gr |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | 6.5 | ****** | 9.0 | | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | | 10.0 / | MG/L | 0 | Once/ Month | Comp. |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | 25 | 35 | | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | ****** | | <0.2 / | MG/L | 0 | Once/ Month | Comp. |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | ****** | 10 | | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | | 0.05 | MG/L | 0 | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | ****** | ****** | | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | | <2 | #/ 100ML | 0 | Once/ Month | Gr |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | 200 | 250 | | | ONCE/ MONTH | |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ***** | | | <2 | #/ 100ML | 0 | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | 2000 | 2500 | | | ONCE/ MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R. E. Yourston
General Superintendent
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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)*

R E Yourston

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE | | DATE | | |
|---|---|---|---|---|
| AREA CODE | NUMBER | YEAR | MO | DAY |
| 801 | 888-4431 | 83 | 11 | 23 |

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

IF NO DISCHARGE, INDICATE "NO DISCHARGE" IN THIS BOX.

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

NAME: US STEEL CORP-GENEVA COAL MINE

ADDRESS: P O BOX 307

EAST CARBON UT 84520

FACILITY

LOCATION

ATTN: XXXXXXXXXXXXX R. E. Yourston

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT** (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER: UT0022926

(17-19) DISCHARGE NUMBER: 003 A

M - INTERIM LIMITS
STP EFFLUENT

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 08 | 01 | TO | 83 | 08 | 31 |

**NOTE: Read instructions before completing this form.**

| PARAMETER (32-37) | | QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE | QUANTITY OR LOADING (54-61) MAXIMUM | UNITS | QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM | QUALITY OR CONCENTRATION (46-53) AVERAGE | QUALITY OR CONCENTRATION (54-61) MAXIMUM | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 2.5 | MG/L | | Once/ Month | Compos |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | | | ONCE/ MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | 7.4 | SU | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 12.0 | MG/L | | Once/ Month | Comp. |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00560 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | 0.6 | MG/L | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 0.10 | MG/L | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | ****** | ****** | | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | < 2 | #/ 100ML | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | < 2 | #/ 100ML | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | | | ONCE/ MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R. E. Yourston
General Superintendent

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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.*)

R E Yourston

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 801 NUMBER 888-4431

DATE: YEAR 83 MO 09 DAY 19

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

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME US STEEL CORP-GENEVA COAL MINE
ADDRESS P O BOX 807
EAST CARBON UT 84520
FACILITY
LOCATION
ATTN: PAUL E MATSON

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

Form Approved
OMB No. 2000-0015

(2-16) UTG022926 PERMIT NUMBER
(17-19) 003 A DISCHARGE NUMBER

I - INTERIM LIMITS
STP EFFLUENT

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 07 | 01 | TO | 83 | 07 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 6.7 | | | once/ Month | Comp |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/ MONTH | COMP |
| [redacted] 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | 7.3 | | | once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 22.0 | | | once/ Month | Comp |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/ MONTH | COMP |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | 0.2 | | | once/ month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | WEEKLY | VISU |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 0.10 | | | once/ month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| [redacted]LIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 220 | #/ 100ML | | once/ month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 54,000 | #/ 100ML | 1 | once/ month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| R.E. Houston<br>General Superintendent | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | R E Houston<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE 801 | NUMBER 888-4431 | YEAR 83 | MO 08 | DAY 25 |
| TYPED OR PRINTED | | | | | | |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)
If this discharge occurs report it.
Refer letter dated August 9, 1983 to Utah Department of Health

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

NAME: US STEEL CORP-GENEVA COAL MINE

ADDRESS: P O BOX 887
EAST CARBON UT 84520

FACILITY

LOCATION

ATTN: PAUL E WATSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT** (*DMR*)

Form Approved
OMB No. 2000-0015

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

M - INTERIM LIMITS
STP EFFLUENT

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 06 | 01 | TO | 83 | 06 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 3.9 | | | Once/ Month | Compos |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 45 | MG/L | | ONCE/ MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | 7.8 / | | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 14.0 / | | | Once/ Month | Compos |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 45 | MG/L | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | 0.6 / | | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | ONCE/ MONTH | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | <0.02 | | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 2 | #/ 100ML | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 22 | #/ 100ML | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| R. E. Yourston<br>General Superintendent | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.*) | R E Yourston<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 801-888-4431 | | 83 | 07 | 26 |
| TYPED OR PRINTED | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

IF NO DISCHARGE OCCURS REPORT "0".

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

NAME US STEEL CORP-GENEVA COAL MINE

ADDRESS P O BOX 807

EAST CARBON UT 84520

FACILITY

LOCATION

ATTN: PAUL E. WATSON XXXXXXXXXXXXXXXX R. E. Yourston

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT** (*DMR*)

Form Approved
OMB No. 2000-0015

(2-16) PERMIT NUMBER: UT0022926

(17-19) DISCHARGE NUMBER: 003 A

M = INTERIM LIMITS

STP EFFLUENT

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 05 | 01 | TO | 83 | 05 | 31 |

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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 3.2 | | | Once/Month | Compos |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 12.0 | | | Once/Month | Compos |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | <0.2 | | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | ONCE/MONTH | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 0.09 | | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | <2 50 | 100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | <2 | #/ | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | DATE |
|---|---|---|---|
| R. E. Yourston<br>General Superintendent<br>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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 | AREA CODE 801 NUMBER 888-4431 | YEAR 83 MO 06 DAY 20 |

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

IF NO DISCHARGE OCCURS REPORT SO.

Facility Name/Location if different)

NAME US STEEL CORP-GREEN CLAY TR

ADDRESS P O BOX 307

2455 CARSON UT 84520

FACILITY

LOCATION

ATTN: XXXXXXXXXXXXX R. E. Yourston

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-00

(2-16) PERMIT NUMBER: UT0022926

(17-19) DISCHARGE NUMBER: 003 A

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 04 | 01 | TO | 83 | 04 | 30 |

= INTERIM LIMITS
S = EFFLUENT

St 6/6 DC 6/12

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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | | | Once/ Month | Comp |
| | PERMIT REQUIREMENT | ****** | ****** | ***** | ****** | 25 | 35 | MG/L | | ONCE/ MONTH | COMP |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | 7.6 | SU | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9. | SU | | ONCE/ MONTH | GRA |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 4.0 | MG/L | | Once/ Month | Comp |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/ MONTH | COMP |
| OIL & GREASE (SOXHLET EXTR.) TOTAL 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | < 0.2 | MG/L | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 1 | MG/L | | WEEKLY | VIS |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 0.34 | MG/L | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/ MONTH | GRA |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | < 2 | #/ 100ML | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 2500 | 100ML | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 33.0 | #/ 100ML | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | 100ML | | ONCE/ MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R. E. Yourston
General Superintendent

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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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 USC § 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

TELEPHONE: AREA CODE 801, NUMBER 888-4431

DATE: YEAR 83, MO 05, DAY 20

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

EPA Form 3320-1 (R 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T WHICH MAY NOT BE USED.) 123/02 02-1337/4

Form Approved
OMB No. 2000-0015

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME US STEEL CORP-GENEVA COAL MINE
ADDRESS P O BOX 887
EAST CARBON UT 84520
FACILITY
LOCATION
ATTN: ~~XXXXXXXXXXXXXXXX~~ R. E. Yourston

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

(2-16) UT0022926 — PERMIT NUMBER
(17-19) 003 A — DISCHARGE NUMBER

M = INTERIM LIMITS
STP EFFLUENT

MONITORING PERIOD

| | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 03 | 01 | TO | 83 | 03 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 5.0 | MG/L | | Once/Month | Compos |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 30 | | | ONCE/MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | 7.50 ✓ | SU | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 12.0 ✓ | MG/L | | Once/Month | Compos |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | <0.2 ✓ | MG/L | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 1.22 | MG/L | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | <2 | #/100ML | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | <2 | #/100ML | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | | | ONCE/MONTH | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R. E. Yourston
General Superintendent
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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)*

R E Yourston
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 801 — NUMBER 888-4431

DATE: YEAR 83 — MO 04 — DAY 25

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

Form Approved
OMB No. 2000-0015

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME: US STEEL CORP-GENEVA COAL MINE
ADDRESS: P O BOX 867
EAST CARBON UT 84520
FACILITY
LOCATION
ATTN: PAUL E WATSON R. E. Yourston

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

M = INTERIM LIMITS
STP EFFLUENT

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

MONITORING PERIOD

| | YEAR (20-21) | MO (22-23) | DAY (24-25) | | YEAR (26-27) | MO (28-29) | DAY (30-31) |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 02 | 01 | TO | 83 | 02 | 28 |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 5.2 | MG/L | | Once/ Month | Compos. |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 45 | | | ONCE/ MONTH | COMPOS |
| PH 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | 7.50 | SU | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 13.0 | MG/L | | Once/ Month | Compos. |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | | | ONCE/ MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | 0.2 | MG/L | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | | | WEEKLY | VISUAL |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 0.07 | MG/L | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | | | ONCE/ MONTH | GRAB |
| COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | | #/ 100ML | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 250 | | | ONCE/ MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 79.0 | #/ 100ML | | Once/ Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | | | ONCE/ MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | DATE | | |
|---|---|---|---|---|---|
| R. E. Yourston<br>General Superintendent | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | R E Yourston | 801 888-4431 | 83 | 03 | 15 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)
IT WAS SEPARATE FROM MINE REPORT. MS.

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

NAME: US STEEL CORP-GENEVA COAL MINE

ADDRESS: P O BOX 887

EAST CARBON UT 84520

FACILITY

LOCATION

ATTN: ~~xxxxxxxxxxxx~~ R. E. Yourston

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

**DISCHARGE MONITORING REPORT** (*DMR*)

Form Approved
OMB No. 2000-0015

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| UT0022926 | 003 A |

M - INTERIM LIMITS
STP EFFLUENT

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 83 | 01 | 01 | TO | 83 | 01 | 31 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

**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) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 4.4 | | | Once/Month | Compos |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| PH [redacted] 00400 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | 7.80 | SU | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 | ****** | 9.0 | SU | | ONCE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 24.0 | | | Once/Month | Compos |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 25 | 35 | MG/L | | ONCE/MONTH | COMPOS |
| OIL AND GREASE (SOXHLET EXTR.) TOT. 00550 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | ****** | | <0.2 | | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | 10 | MG/L | | ONCE/MONTH | GRAB |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | 0.84 | | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | ****** | ****** | MG/L | | ONCE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL [redacted]055 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | <2 | #/100ML | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 200 | 2500 | #/100ML | | ONCE/MONTH | GRAB |
| COLIFORM, TOTAL GENERAL 74056 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ****** | ****** | ****** | | | <2 | #/100ML | | Once/Month | Grab |
| | PERMIT REQUIREMENT | ****** | ****** | ****** | ****** | 2000 | 2500 | #/100ML | | ONCE/MONTH | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|
| R. E. Yourston<br>General Superintendent | 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 INFORMATION, I BELIEVE THE SUBMITTED INFORMATION 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.)* | R E Yourston<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE 801 | NUMBER 888-4431 | YEAR 83 | MO 02 | DAY 01 |
| TYPED OR PRINTED | | | | | | |

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

TTY AND DISCHARGE MONITORING REPORT [illegible]