

0003

Hidden Splendor Resources
Horizon Mine
P.O. Box 32, Helper, Utah 84526
Phone: (435) 472-1313 – Fax: (435) 472-1314

February 12, 2004

Ms. Pamela Grubaugh-Littig
Utah Coal Program
Utah Division of Oil, Gas and Mining
1594 West North Temple – Suite 1210
Box 145801
Salt Lake City, UT 84114-5801

Kit Pappas
C/007/0020

Dear Pam:

Hidden Splendor Resources respectfully submits the January 2004 – Discharge Monitoring Reports (DMRs) associated with the Horizon Mine UPDES Permit UTG040019. If you have any questions, please feel free to call me at 435-472-0431.

Sincerely,

Kit Pappas

Kit Pappas

RECEIVED
FEB 19 2004
DIV. OF OIL, GAS & MINING

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME **LODGESTAR ENERGY, INC. - HORIZON**
 ADDRESS **H C BOX 370**
HELPER UT 84526
 FACILITY **LODGESTAR ENERGY, INC. - HORIZON**
 LOCATION **HELPER UT 84526**
 AGEN: **DAVID MILLER**

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

UT040019 **001 A**
 PERMIT NUMBER DISCHARGE NUMBER

MINOR
 F - FINAL
 SEDIMENT POND OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
04	01	01	TO	04	01	3

NO DISCHARGE
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE		No Discharge									
00055 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT	REPORT							ONCE/	WEASED MONTH
PH											
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT				6.5		9.0			ONCE/	GRAB MONTH
SOLIDS, TOTAL SUSPENDED											
00330 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT				25	35	70			ONCE/	GRAB MONTH
SOLIDS, SETTLEABLE											
00345 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT						0.5			ONCE/	VISUAL MONTH
OIL & GREASE											
00355 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT						10			ONCE/	GRAB MONTH
IRON, TOTAL (AS FE)											
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT						1.0			ONCE/	GRAB MONTH
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL											
45613 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT			0 YES=1 DAILY BY NO=0						ONCE/	VISUAL MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER KIT PAPPAS / ENV. COORD. TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>KIT PAPPAS</i>	TELEPHONE	DATE		
			435 472-0431	04	02	12

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS DURING RUNOFF EVENTS CAUSED BY LESS THAN THE 10 YR/24 HR PRECIPITATION EVENT. ENTER N.A. WHEN NOT APPLICABLE. IF 30 DAY AVG TDS OF 500 MG/L CANNOT BE ACHIEVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SHOWN FROM ALL OUTFALLS.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)
 NAME LODGESTAR ENERGY, INC. - HORIZON
 ADDRESS H C BOX 370
 HELPER UT 84526

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

UTG040019 PERMIT NUMBER
 001 A DISCHARGE NUMBER

MINOR
 P - FINAL
 SEDIMENT POND OUTFALL

FACILITY LODGESTAR ENERGY, INC. - HORIZON
 LOCATION HELPER UT 84526
 ATTN: DAVID MILLER

MONITORING PERIOD
 FROM 04 01 01 TO 04 01 31

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SANITARY WASTE DISCHARGED - ASSESSMENT 45014 1 0 0 EXPLORATORY GROSS VALUE	SAMPLE MEASUREMENT			(94)							
	PERMIT REQUIREMENT		0 YES=1 DAILY MAX NO=0							ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT			(19)							
	PERMIT REQUIREMENT					REPORT 30DA AVG				ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER KEY PAPPAS/ENV. COORD. TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Key Pappas</i>	TELEPHONE	DATE		
			AREA CODE NUMBER 435 472-0431	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SETTLEABLE SOLIDS SHALL BE LIGITED INSTEAD OF TSS DURING RUNOFF EVENTS CAUSED BY LESS THAN THE 10 YR/24 HR PRECIPITATION EVENT. ENTER N.A. WHEN NOT APPLICABLE. IF 30 DAY AVG TDS OF 500 MG/L CANNOT BE ACHEIVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SHW FROM ALL OUTFALLS.

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

NAME **LODESTAR ENERGY, INC.- HORIZON**

ADDRESS **8 C BOX 370
HELPER UT 84526**

FACILITY **LODESTAR ENERGY, INC.- HORIZON**

LOCATION **HELPER UT 84526**

ATTN: **DAVID MILLER**

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

DTG040019
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MINOR

F - FINAL SRM
PIPE TO JENKINS CRK TO N F GORD

MONITORING PERIOD

FROM **04 01 01** TO **04 01 03**

NO DISCHARGE
NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE			350 GPM	(07)							
00055 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD						ONCE/ MONTH	MEASD
PH						7.90	(12)				
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT				6.5 MINIMUM	9.0 MAXIMUM	50			ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED						32	(19)				
00530 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT				25 30DA AVG	35 MX 7D AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE							(25)				
00545 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT					0.5 DAILY MX	ML/L			ONCE/ MONTH	GRAB
OIL & GREASE						<2.0	(19)				
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT					10 DAILY MX	MG/L			ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)						0.240	(19)				
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT					1.0 DAILY MX	MG/L			ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL			0	(94)							
45613 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT		0 YES=1 DAILY MX NO=0							ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
KET PAPPAS/ENV. COORD.
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Ket Pappas
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **435 492 0431**
DATE **04 02 12**
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SETTLABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS DURING RUNOFF EVENTS CAUSED BY LESS THAN THE 10 YR/24 HR PRECIPITATION EVENT. ENTER N.A. WHEN NOT APPLICABLE. IF 30 DAY AVG TDS OF 500 MG/L CANNOT BE ACHIEVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SOON FROM ALL OUTFALLS.

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

NAME **LODESTAR ENERGY, INC. - HORIZON**

ADDRESS **4 C BOX 370
HELPER UT 84526**

FACILITY **LODESTAR ENERGY, INC. - HORIZON**

LOCATION **HELPER UT 84526**

ATTN: **DAVID MILLER**

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

076040079
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

MINOR

F - FINAL
PIPE TO JUNKS CHK TO N F GORD

NO DISCHARGE
NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SANITARY WASTE DISCHARGE-ASSESSOR 45614 1 0 0 EFFLUENT GROSS VALU			0	(94)							
	PERMIT REQUIREMENT		DAILY MAX	YES=1 NO=0						ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 2 0 0 SEE COMMENTS BELOW						268	(19)				
	PERMIT REQUIREMENT					REPORT 30DA AVG				ONCE/ MONTH	GRAB
	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
KET PAPPAS/ENV. COORD.
TYPED OR PRINTED

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Ket Pappas
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **435 492-0431**
DATE **04 02 12**
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SETTLABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS DURING RUNOFF EVENTS CAUSED BY LESS THAN THE 10 YR/24 HR PRECIPITATION EVENT. ENTER N.A. WHEN NOT APPLICABLE. IF 30 DAY AVG TDS OF 500 MG/L CANNOT BE ACHIEVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SUP FROM ALL OUTFALLS.
EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. This is a 4-part form. PAGE 2



COMMERCIAL TESTING & ENGINEERING CO.

GENERAL OFFICES: 1819 SOUTH HIGHLAND AVE., SUITE 210-B, LOMBARD, ILLINOIS 60148 • TEL: 630-669-8900 FAX: 630-669-8908

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P.O. BOX 1020
HUNTINGTON, UT 84528
TEL (435) 853-2311
FAX (435) 853-2436
www.comtenco.com

February 5, 2004

HIDDEN SPLENDOR RESOURCES INC.
57 WEST 200 SOUTH, SUITE 400
SALT LAKE CITY UT. 84101
~~DAVID MILLER~~

Sample identification by
HIDDEN SPLENDOR RESOURCES

ID: updes-002

Kind of sample Water
reported to us

RECEIVED 1340
SAMPLED 0500

Sample taken at HORIZON MINE

FIELD MEASUREMENTS
FLOW 350 TEMP 14
COND. 650 pH 7.70

Sample taken by K.P.

NOTES:

Date sampled January 26, 2004

Date received January 26, 2004

Page 1 of 1

Analysis report no. 59-26089

Parameter	Result	MRL	Units	Method	Analyzed	
					Date/Time	Analyst
Iron, Total	0.240	0.050	mg/l	EPA 200.7	01-30-2004	1439 DI
Oil & Grease	<2	2	mg/l	EPA 413.1	02-04-2004	0910 DI
Solids, Total Dissolved	268	30	mg/l	EPA 160.1	01-27-2004	0815 JJ
Solids, Total Suspended	.32	5	mg/l	EPA 160.2	01-27-2004	0815 JJ

Respectfully submitted,
COMMERCIAL TESTING & ENGINEERING CO.

Ludlow

Huntington Laboratory

MEMBER
ACIL

OVER 48 BRANCH LABORATORIES STRATEGICALLY LOCATED IN PRINCIPAL COAL MINING AREAS, TIDEWATER AND GREAT LAKES PORTS, AND RIVER LOADING FACILITIES

-488
Signed Watermarked For Your Protection

TERMS AND CONDITIONS ON REVERSE