0025

OK

Hidden Splendor Resources
Mid State Services
Horizon Mine
3266 South 125 West, Price, Utah 84501
Phone: (435) 472-0431 – Fax: (435) 472-0439

August 16, 2006

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

Incoming
C/007/0020
Task 2608

Dear Pam:

Hidden Splendor Resources respectfully submits the July 2006 – 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
Engineering/Environmental

RECEIVED
AUG 1 8 2006

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

FACILITY
LOCATION

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT	No Discharge			N/A	N/A	N/A	N/A	0	ONCE/ MONTH	N/A
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX							ONCE/ MONTH	MEASRD
	SAMPLE MEASUREMENT				N/A	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT				N/A	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT				25 30DA AVG	35 MX 7D AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT				N/A	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT						0.5 DAILY MX	ML/L		ONCE/ MONTH	VISUAL
	SAMPLE MEASUREMENT				N/A	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT						10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT				N/A	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT				N/A	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT		0 DAILY MX							ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Kit Pappas / Env. Coord.	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	435	472-0431	06	08	16
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

FACILITY
LOCATION

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT				N/A	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT		0 DAILY MX							ONCE/ MONTH	VISUAL
	SAMPLE MEASUREMENT				N/A	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT					REPORT 30DA AVG				ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
KIT PAPPAS/ENV. COORD.	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.	435	472-0438	06	08	16
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

[illegible] BY LAPSE OF TIME DURING MONTH DATES CAUSED BY LESS THAN THE 30 DAY/24 [illegible] AVG. [illegible] NOT APPLICABLE. 12 30 DAY AVG TSS OF 500 MG/L CANNOT BE ACHIEVED [illegible] (ADOG [illegible]) [illegible] ALL CHEMICALS [illegible]

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME [illegible], INC.- [illegible]
ADDRESS [illegible] 370
[illegible] UT 84524
FACILITY [illegible], INC.- [illegible]
LOCATION [illegible] UT 84524
[illegible]

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

PERMIT NUMBER	DISCHARGE NUMBER
[illegible]	002 [illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	07	[illegible]	TO	[illegible]	[illegible]	[illegible]

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
[illegible]	SAMPLE MEASUREMENT	350	350	GPM	N/A	N/A	N/A		N/A	ONCE/ MONTH	MEASRD
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX							ONCE/ MONTH	MEASRD
[illegible]	SAMPLE MEASUREMENT				7.2	7.2	7.2		0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM			ONCE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT				11	11	11		0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT				25 30DA AVG	35 MX 7D AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT				N/A	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT						0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT				<2	<2	<2		0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT						10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT				0.13	0.13	0.13		0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT		0		N/A	N/A	N/A		0	ONCE/ MONTH	VISUAL
	PERMIT REQUIREMENT		0 DAILY MX							ONCE/ MONTH	VISUAL

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.

Kit Pappas
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
435	472-0431	06	08	16

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

[illegible] SHALL BE LIMITED INSTEAD OF TSS DURING RUNOFF EVENTS CAUSED BY LESS THAN THE 10 YR/24 [illegible] EVENT. ENTER N.A. WHEN NOT APPLICABLE. IF 30 DAY AVG TDS OF 500 MG/L CANNOT BE ACHIEVED [illegible] (2000 LBS) [illegible] ALL OUTFALLS.

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

PAGE OF

SGS

August 14, 2006

HIDDEN SPLENDOR RESOURCES INC.
3266 South 125 West
Price UT. 84501
Kit Pappas

Sample identification by
HIDDEN SPLENDOR RESOURCES

ID:UPDES-002

RECEIVED 1115
SAMPLED 0800
FIELD MEASUREMENTS
FLOW 350 TEMP 13
pH 7.20

NOTES:

Kind of sample reported to us Water

Sample taken at HORIZON MINE

Sample taken by K.P.

Date sampled July 25, 2006

Date received July 25, 2006

Page 1 of 1

Analysis report no. 59-29067

Parameter	Result	MRL	Units	Method	Analyzed Date/Time/Analyst
Iron, Total	0.13	0.050	mg/l	EPA 200.7	08-11-2006 1433 DI
Oil & Grease	<2	2	mg/l	EPA 413.1	07-26-2006 0930 BM
Solids, Total Dissolved	393	30	mg/l	EPA 160.1	07-25-2006 1130 CA
Solids, Total Suspended	11	5	mg/l	EPA 160.2	07-25-2006 1130 CA

Respectfully submitted,
SGS NORTH AMERICA INC.

Huntington Laboratory