0013

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

RECEIVED
MAY 07 2007
DIV. OF OIL, GAS & MINING

May 3, 2007

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 at C/007/0020

Dear Pam:

Hidden Splendor Resources respectfully submits the April 2007 – 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

Form Approved.
OMB No. 2040-0004

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

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

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| [illegible] | 001 |

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | [illegible] | [illegible] | [illegible] | TO | [illegible] | [illegible] | [illegible] |

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**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 | | ( [illegible] ) | N/A | N/A | N/A | N/A | 0 | ONCE/ MONTH | N/A |
| | PERMIT REQUIREMENT | REPORT 30DA AVG | REPORT DAILY MX | [illegible] | [illegible] | [illegible] | [illegible] | | | ONCE/ MONTH | MEASRD |
| | SAMPLE MEASUREMENT | | | | N/A | N/A | N/A | ( [illegible] ) | N/A | N/A | N/A |
| | PERMIT REQUIREMENT | [illegible] | [illegible] | | 6.5 MINIMUM | [illegible] | 9.0 MAXIMUM | SU | | ONCE/ MONTH | GRAB |
| | SAMPLE MEASUREMENT | | | | N/A | N/A | N/A | ( [illegible] ) | N/A | N/A | N/A |
| | PERMIT REQUIREMENT | [illegible] | [illegible] | | 25 30DA AVG | 35 MX 7D AV | 70 DAILY MX | MG/L | | ONCE/ MONTH | GRAB |
| | SAMPLE MEASUREMENT | | | | N/A | N/A | N/A | ( [illegible] ) | N/A | N/A | N/A |
| | PERMIT REQUIREMENT | [illegible] | [illegible] | | [illegible] | [illegible] | 0.5 DAILY MX | ML/L | | ONCE/ MONTH | VISUAL |
| | SAMPLE MEASUREMENT | | | | N/A | N/A | N/A | ( [illegible] ) | N/A | N/A | N/A |
| | PERMIT REQUIREMENT | [illegible] | [illegible] | | [illegible] | [illegible] | 10 DAILY MX | MG/L | | ONCE/ MONTH | GRAB |
| | SAMPLE MEASUREMENT | | | | N/A | N/A | N/A | ( [illegible] ) | N/A | N/A | N/A |
| | PERMIT REQUIREMENT | [illegible] | [illegible] | | [illegible] | [illegible] | 1.0 DAILY MX | ML/L | | ONCE/ MONTH | GRAB |
| | SAMPLE MEASUREMENT | | | ( [illegible] ) | N/A | N/A | N/A | | N/A | N/A | N/A |
| | PERMIT REQUIREMENT | [illegible] | 0 DAILY MX | [illegible] | [illegible] | [illegible] | [illegible] | | | 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. | Kit Pappas | 435 | 472-0431 | 07 | 05 | 03 |
| 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] CAUSED BY LESS THAN THE 10 YR/24 [illegible] • BMPS • A • IS NOT APPLICABLE. IF 30 DAY AVG. [illegible] CANNOT BE ACHIEVED [illegible] (SUBD [illegible]) [illegible] DAYS [illegible] ALL OPTIONS [illegible]

Form Approved.
OMB No. 2040-0004

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

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

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| [illegible] | 001 |

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | [illegible] | [illegible] | [illegible] | TO | [illegible] | [illegible] | [illegible] |

[illegible] OUTFALL

[illegible] ☒

**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 | | | |
| [illegible] | SAMPLE MEASUREMENT | | | [illegible] | N/A | N/A | N/A | | N/A | N/A | N/A |
| | PERMIT REQUIREMENT | [illegible] | 0 DAILY MX | [illegible] | [illegible] | [illegible] | [illegible] | | | ONCE/ MONTH | VISUAL |
| [illegible] | SAMPLE MEASUREMENT | | | | N/A | N/A | N/A | [illegible] | N/A | N/A | N/A |
| | PERMIT REQUIREMENT | [illegible] | [illegible] | | [illegible] | REPORT 30DA AVG | [illegible] | [illegible] | | 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 | | | 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] | 435 | 472-0431 | 07 | 05 | 03 |
| 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] OF LOADED LIMITED BY THE PERMITS [illegible] EVERY [illegible] CANNOT BE LESS THAN THE 10 YR/24 [illegible] ENTER N.A. WHEN NOT APPLICABLE. IF 30 DAY AVG TOX OF 500 MG/L CANNOT BE ACHIEVED [illegible] OUTFALLS. [illegible]

Form Approved.
OMB No. 2040-0004

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

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

| PERMIT NUMBER | DISCHARGE NUMBER |
|---|---|
| [illegible] | 002 |

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | [illegible] | [illegible] | [illegible] | TO | [illegible] | [illegible] | [illegible] |

**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 | | | |
| [illegible] | SAMPLE MEASUREMENT | 355 | 355 | 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 | | | | 7.41 | 7.41 | 7.41 | | 0 | ONCE/ MONTH | GRAB |
| | PERMIT REQUIREMENT | | | | 6.5 MINIMUM | | 9.0 MAXIMUM | | | ONCE/ MONTH | GRAB |
| [illegible] | SAMPLE MEASUREMENT | | | | <5 | <5 | <5 | | 0 | ONCE/ MONTH | GRAB |
| | PERMIT REQUIREMENT | | | | 25 30DA AVG | 35 MX 7D AV | 70 DAILY MX | | | ONCE/ MONTH | GRAB |
| [illegible] | SAMPLE MEASUREMENT | | | | N/A | N/A | N/A | | N/A | N/A | N/A |
| | PERMIT REQUIREMENT | | | | | | 0.5 DAILY MX | | | ONCE/ MONTH | GRAB |
| [illegible] | SAMPLE MEASUREMENT | | | | <2 | <2 | <2 | | 0 | ONCE/ MONTH | GRAB |
| | PERMIT REQUIREMENT | | | | | | 10 DAILY MX | | | ONCE/ MONTH | GRAB |
| [illegible] | SAMPLE MEASUREMENT | | | | 0.09 | 0.09 | 0.09 | | 0 | ONCE/ MONTH | GRAB |
| | PERMIT REQUIREMENT | | | | | | 1.0 DAILY MX | | | 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 | | | 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. | Kit Pappas | 435 | 472-0431 | 07 | 05 | 03 |
| 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]

Form Approved.
OMB No. 2040-0004

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

**FACILITY**
**LOCATION**

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

| 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 | | 0 | | N/A | N/A | N/A | | 0 | ONCE/ MONTH | VISUAL |
| | PERMIT REQUIREMENT | | 0 DAILY MX | | | | | | | ONCE/ MONTH | VISUAL |
| | SAMPLE MEASUREMENT | | | | 384 | 384 | 384 | | 0 | ONCE/ MONTH | GRAB |
| | 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 | | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
| KEY 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. | Key Pappas | 435 | 472-0431 | 07 | 05 | 03 |
| 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] BLANK [illegible] LISTED [illegible] DURING [illegible] CAUSED BY LESS THAN THE 10 X3/24 [illegible] BNTRS S.A. WERE NOT APPLICABLE. IF 30 DAY AVG TDS OF 500 MG/L CANNOT BE ACHIEVED [illegible] (2001 [illegible]) [illegible] ALL SPILLS. [illegible]

SGS

April 19, 2007

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

**Sample identification by**
HIDDEN SPLENDOR RESOURCES

ID:UPDES-002A

**Kind of sample reported to us** Water

**Sample taken at** HORIZON MINE

**Sample taken by** K.P.

**Date sampled** April 16, 2007

**Date received** April 16, 2007

RECEIVED 1135
SAMPLED 1000
FIELD MEASUREMENTS
FLOW 355 TEMP 13
pH 7.41

NOTES:

**Page 1 of 1**

**Analysis report no.** 59-29901

| Parameter | Result | MRL | Units | Method | Analyzed Date/Time/Analyst |
|---|---|---|---|---|---|
| Iron, Total | 0.09 | 0.050 | mg/l | EPA 200.7 | 04-17-2007 1345 DI |
| Oil & Grease | <2 | 2 | mg/l | EPA 413.1 | 04-18-2007 1000 BM |
| Solids, Total Dissolved | 384 | 30 | mg/l | EPA 160.1 | 04-16-2007 1145 CA |
| Solids, Total Suspended | <5 | 5 | mg/l | EPA 160.2 | 04-16-2007 1145 CA |

Respectfully submitted,
SGS NORTH AMERICA INC.

Huntington Laboratory