C007/020 gk
cc: Dave

0013

Hidden Splendor Resources
Mid State Services
Horizon Mine
3266 South 125 West, Price, Utah 84501
Phone: (435) 636-0820 – Fax: (435) 636-0817

RECEIVED
MAR 3 1 2008
DIV. OF OIL, GAS & MINING

March 26, 2008

Mr. Jim Smith
Utah Coal Program
Utah Division of Oil, Gas and Mining
1594 West North Temple – Suite 1210
Box 145801
Salt Lake City, UT 84114-5801

Dear Jim:

Hidden Splendor Resources respectfully submits the February 2008 – Discharge Monitoring Reports (DMRs) associated with the Horizon Mine UPDES Permit UTG040019.

If you have any questions, please feel free to call me at 435-636-0820.

Sincerely,

Kit Pappas
Engineering/Environmental

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME CONOCO PHILLIPS, INC. - HORIZON
ADDRESS P O BOX 370
BRUSH CO 80723
FACILITY CONOCO PHILLIPS, INC. - HORIZON
LOCATION BRUSH CO 80723
ATTN: DAVID BILLER

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

PERMIT NUMBER	DISCHARGE NUMBER
CO0040009	001 A

MINOR
F - FINAL
SEDIMENT POND OUTFALL
FOR NO DISCHARGE ☒

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	02	01	TO	03	02	28

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
FLOW RATE	SAMPLE MEASUREMENT	NO DISCHARGE		(07)	N/A	N/A	N/A	N/A	0	ONCE/ MONTH	N/A
00056 1 9 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD						ONCE/ MONTH	MEASRD
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT				N/A	N/A	N/A	(12)	N/A	N/A	N/A
00400 1 0 0	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAX EVER	SU		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				N/A	N/A	N/A	(19)	N/A	N/A	N/A
00530 1 0 0	PERMIT REQUIREMENT				25 30DA AVG	35 MX 7D AVG	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW											
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT				N/A	N/A	N/A	(25)	N/A	N/A	N/A
00545 0 0 0	PERMIT REQUIREMENT						0.5 DAILY MX	ML/L		ONCE/ MONTH	VISUAL
SEE COMMENTS BELOW											
OIL & GREASE	SAMPLE MEASUREMENT				N/A	N/A	N/A	(19)	N/A	N/A	N/A
00556 1 0 0	PERMIT REQUIREMENT						10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT				N/A	N/A	N/A	(19)	N/A	N/A	N/A
01045 1 0 0	PERMIT REQUIREMENT						3.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
FLOATING SOLIDS OR VISIBLE FOAM - VISUAL	SAMPLE MEASUREMENT			(00)	N/A	N/A	N/A		N/A	N/A	N/A
45013 1 0 0	PERMIT REQUIREMENT		0 DAILY MX	YES=1 NO=0						ONCE/ MONTH	VISUAL
EFFLUENT GROSS VALUE											

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	636-0820	08	03	26
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)*
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, MASS LIMITED TO 0.50 TON (2000 LBS) PER DAY AS SUM FROM ALL OUTFALLS.

Form Approved.
OMB No. 2040-0004

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

NAME LODESTAR ENERGY, INC.- HORIZON

ADDRESS H 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)*

PERMIT NUMBER	DISCHARGE NUMBER
UTG040019	001 A

MINOR

F - FINAL
SEDIMENT POND OUTFALL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	02	01	TO	08	02	29

NO DISCHARGE ☒

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
SANITARY WASTE DISCHARGED-ASSESSMENT 45614 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(94)	N/A	N/A	N/A		N/A	N/A	N/A
	PERMIT REQUIREMENT		0 DAILY EX	YES=1 NO=0						ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT				N/A	N/A	N/A	(19)	N/A	N/A	N/A
	PERMIT REQUIREMENT					REPORT 30DA AVG		MG/L		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

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	636-0820	08	03	26

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 ACHEIVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SUM FROM ALL OUTFALLS.

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

This is a 4-part form.

00176/030610-1430

PAGE 2 OF

Form Approved.
OMB No. 2040-0004

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)*

PERMIT NUMBER	DISCHARGE NUMBER
UT0040019	002 A

MINOR
F - FINAL SRM
PIPE TO JENKES CRK TO N F GORD
NO DISCHARGE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	02	01	TO	08	02	29

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
FLOW RATE 00056 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	350	350	(07) GPM	N/A	N/A	N/A			ONCE/ MONTH	MEASRD
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD						ONCE/ MONTH	MEASRD
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				7.31	7.31	7.31	(12)	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT				<5	<5	<5	(19)	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT				25 30DA AVG	35 EX 7D AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE 00545 1 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT				N/A	N/A	N/A	(25)	N/A	N/A	N/A
	PERMIT REQUIREMENT						0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				<2	<2	<2	(19)	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT						10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				0.11	0.11	0.11	(19)	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 45613 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT		0	(94)	N/A	N/A	N/A		0	ONCE/ MONTH	VISUAL
	PERMIT REQUIREMENT		0 DAILY MX	YES=1 NO=0						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	636-0820	08	03	26
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)*

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 MB/L CANNOT BE ACHEIVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SUM FROM ALL OUTFALLS.

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

This is a 4-part form.

00295/[illegible]

PAGE 1 OF

Form Approved.
OMB No. 2040-0004

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

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

PERMIT NUMBER	DISCHARGE NUMBER
UT0000019	002 E

FACILITY [illegible]
LOCATION [illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	02	01	TO	03	02	29

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		0	(90)	N/A	N/A	N/A		0	ONCE/ MONTH	VISUAL
	PERMIT REQUIREMENT		0 DAILY MX	NC=1 NC=0						ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT				365	365	365	(19)	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT					REPORT 30DA AVG		MG/L		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
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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
435	636-0820	08	03	26

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.
This is a 4-part form.

March 17, 2008

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: February 27, 2008

Date Received: February 27, 2008

RECEIVED 1415
SAMPLED 0830

FIELD MEASUREMENTS

FLOW 350 TEMP 13
pH 7.31

NOTES:

Page .1 of 1.

Analysis report no. 59-34408

Parameter	Result	MRL	Unit	Method		Analysed Date/Time/Analyst		
Iron, Total	0.11	0.050	mg/l	EPA	200.7	03-07-2008	1410	GF
Oil & Grease	<2	2	mg/l	EPA	413.1	03-07-2008	1130	GF
Solids, Total Dissolved	365	30	mg/l	EFA	160.1	02-29-2008	0920	GF
Solids, Total Suspended	<5	5	mg/l	EPA	160.2	02-29-2008	0920	GF

Respectfully submitted,
SGS NORTH AMERICA INC.

Huntington Laboratory