0041

Incoming
C/007/0020

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

November 19, 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 October 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

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DIV. OF OIL, GAS & MINING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: LODESTAR ENERGY, INC.
ADDRESS: H. C. BOX 370
HELPER, UT 84526

FACILITY: LODESTAR ENERGY, INC.- HORIZON
LOCATION: H. C. BOX 370
HELPER, UT 84526

ATTN:DAVID MILLER

UTG040019	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	10	01	TO	08	10	31

DMR MAILING ZIP CODE: 84501
MINOR

SEDIMENT POND OUTFALL
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	NO DISCHARGE			N/A	N/A	N/A		0	MONTHLY	N/A
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******			Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******		N/A	N/A	N/A		N/A	N/A	N/A
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		N/A	N/A	N/A		N/A	N/A	N/A
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******		25 30DA AVG	35 MX 7D AV	70 DAILY MX	mg/L		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		N/A	N/A	N/A		N/A	N/A	N/A
00545 Q 0 See Comments	PERMIT REQUIREMENT	******	******		******	******	.5 DAILY MX	mL/L		Monthly	VISUAL
Oil & grease	SAMPLE MEASUREMENT	******	******		N/A	N/A	N/A		N/A	N/A	N/A
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******		N/A	N/A	N/A		N/A	N/A	N/A
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	1 DAILY MX	mg/L		Monthly	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	******			N/A	N/A	N/A		N/A	N/A	N/A
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	0 DAILY MX	Y=1;N=0	******	******	******			Monthly	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	636-0820	08	11	19
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

See permit for Settleable Solids Conditions, otherwise enter "N/A". If a visual sheen is observed then and oil and grease must be collected immediately, otherwise enter "N/A"

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UTG040019	002A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	10	01	TO	08	10	31

DMR MAILING ZIP CODE: 84501
MINOR
SRM
PIPE TO JEWKES CRK TO N F GORD
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	355	355	GPM	N/A	N/A	N/A			MONTHLY	MEASRD
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******			Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******		7.44	7.44	7.44		0	MONTHLY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		13	13	13		0	MONTHLY	GRAB
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******		25 30DA AVG	35 MX 7D AV	70 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		<5	<5	<5		0	MONTHLY	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******		0.22	0.22	0.22		0	MONTHLY	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	1 DAILY MX	mg/L		Monthly	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	******	0		N/A	N/A	N/A		0	MONTHLY	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	0 DAILY MX	Y=1;N=0	******	******	******			Monthly	VISUAL
Sanitary waste discharged-assessmnt	SAMPLE MEASUREMENT	******	0		N/A	N/A	N/A		0	MONTHLY	VISUAL
45614 1 0 Effluent Gross	PERMIT REQUIREMENT	******	0 DAILY MX	Y=1;N=0	******	******	******			Monthly	VISUAL

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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 LIMITEDINSTEAD OF TSS DURING RUNOFF EVENTS CAUSED BY LESS THAN THE 10 YR/24HR PRECIPITATION EVENT. ENTER N.A.WHEN NOT APPLICABLE. IF 30 DAY AVG TDS OF 500 MB/L CANNOT BE ACHEIVEDAT EACH OUTFALL, THEN PERMITTEE ISLIMITED TO ONE TON (2000 LBS) PERDAY AS SUM FROM ALL OUTFALLS.