C/007/020 Incoming
CC: Amanda

Hidden Splendor Resources
Horizon Mine
57 West 200 South - Suite 400, Salt Lake City, Utah 84101
Phone: 801-363-0100

RECEIVED
OCT 13 2015
DIV. OF OIL, GAS & MINING

October 8, 2015

Mr. Daron Haddock
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 Daron:

Hidden Splendor Resources respectfully submits the September 2015 – Discharge Monitoring Reports (DMRs) associated with the Horizon Mine UPDES Permit UTG040019.

If you have any questions, please feel free to call 801-363-0100.

Sincerely,

Kit Pappas

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

NAME HIDDEN SPLENDOR RESOURCES, INC.

ADDRESS 57 West 200 So - Suite 400
Salt Lake City, Ut 84101

FACILITY LOCATION HORIZON MINE

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG040019	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	09	01	TO	15	09	30

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OF CONCENTRATION MINIMUM	QUALITY OF CONCENTRATION AVERAGE	QUALITY OF CONCENTRATION MAXIMUM	QUALITY OF CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow Rate	SAMPLE MEASUREMENT			(03)	N/A	N/A	N/A	*****	0	MONTHLY	N/A
00056 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	***** *****	***** *****	***** *****	*****	N/A	1/31	MEASRD
pH	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	N/A	(12)	N/A		
00400 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	6.5 DAILY MIN	*****	MAXIMUM	SU	N/A	1/31	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	N/A	(19)	N/A		
00530 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	*****	*****	*****	35 30DA AVG	70 DAILY MAX	MG/L	N/A	1/31	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	N/A	(19)	N/A		
03582 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	***** *****	10 DAILY MAX	MG/L	N/A	1/31	GRAB
Iron, Total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	N/A	(19)	N/A		
01045 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	***** *****	1.0 DAILY MAX	MG/L	N/A	1/31	GRAB
Solids, Total Dissolved	SAMPLE MEASUREMENT	*****		(26)	N/A	N/A	N/A	*****	N/A		
70295 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	2000 DAILY MAX	LBS/DY	***** *****	***** *****	***** *****	*****	N/A	1/31	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****		*****	N/A	N/A	N/A		N/A		
45613 1 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	0 daily mx	Y=1, N=0	***** *****	***** *****	***** *****		N/A	1/31	VISUAL

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

KIT PAPPAS/ENV

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. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
801	363-0100	15	10	08

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 aoil and grease must be collected immediately.

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

NAME HIDDEN SPLENDOR RESOURCES, INC.

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

ADDRESS 57 West 200 So - Suite 400
Salt Lake City, Ut 84101

UTG040019	001A
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY LOCATION HORIZON MINE

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	09	01	TO	15	09	30

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, settleable	SAMPLE MEASUREMENT			(03)	N/A	N/A	N/A	*****	N/A	N/A	N/A
00545 Q 0 See Comments	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	***** *****	***** *****	***** *****	*****	N/A	1/30	VISUAL
Sanitary waste dischareged-as	SAMPLE MEASUREMENT	*****	*****	*****		[illegible]		(12)	N/A	N/A	N/A
45614 1 0 Effluent Gross	PERMIT REQUIREMENT	***** *****	***** *****	*****	6[illegible] DAIL[illegible]	***** [illegible]	[illegible] DAI[illegible]	SU	N/A	1/31	GRAB

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)		TELEPHONE		DATE		
KIT PAPPAS/ENV		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	801	363-0100	15	10	08
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG040019	002A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	09	01	TO	15	09	30

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow Rate	SAMPLE MEASUREMENT			(03)	N/A	N/A	N/A	*****	0	MONTHLY	N/A
00056 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	***** *****	***** *****	***** *****	*****	N/A	1/31	MEASRD
pH	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	N/A	(12)	N/A		
00400 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	6.5 DAILY MIN	*****	MAXIMUM	SU	N/A	1/31	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	N/A	(19)	N/A		
00530 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	*****	*****	*****	35 7 DAY AVG	70 DAILY MAX	MG/L	N/A	1/31	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	N/A	(19)	N/A		
03582 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	***** *****	***** *****	10 DAILY MAX	MG/L	N/A	1/31	GRAB
Iron, Total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	N/A	(19)	N/A		
01045 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	***** *****	***** *****	1.0 DAILY MAX	MG/L	N/A	1/31	GRAB
Solids, Total Dissolved	SAMPLE MEASUREMENT	*****		(26)	N/A	N/A	N/A	*****	N/A		
70295 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	2000 DAILY MAX	LBS/DY	***** *****	***** *****	***** *****	*****	N/A	1/31	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****		*****	N/A	N/A	N/A		N/A		
45613 1 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	0 daily mx	Y=1, N=0	***** *****	***** *****	***** *****		N/A	1/31	VISUAL

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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EPA Form 3320-1

Form approved.

OMB No. 2040=00004

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, settleable	SAMPLE MEASUREMENT			(03)	N/A	N/A	N/A	*****	N/A	N/A	N/A
00545 Q 0 See Comments	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	***** *****	***** *****	***** *****	*****	N/A	1/30	VISUAL
Sanitary waste dischareged-as	SAMPLE MEASUREMENT	*****	*****	*****				(12)	N/A	N/A	N/A
45614 1 0 Effluent Gross	PERMIT REQUIREMENT	***** *****	***** *****		6 DAILY MIN	***** *****	9.0 DAILY MAX	SU	N/A	1/31	GRAB

NO DISCHARGE

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KIT PAPPAS/ENV			801	363-0100	15	10	08
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