



State of Utah

JON M. HUNTSMAN, JR.
Governor

GARY HERBERT
Lieutenant Governor

Department of
Environmental Quality

William J. Sinclair
Acting Executive Director

DIVISION OF WATER QUALITY
Walter L. Baker, P.E.
Director

Q

December 17, 2008

Mr. Boyd Rhodes, Manager
Savage Services Corp., Savage Coal Terminal
P.O. Box 1001
Price, UT 84501

Subject: Inspection Reports – UPDES Permit No. UTG040005 – Savage Coal Terminal.

Dear Mr. Rhodes:

On December 9, 2008 I met with you and conducted Compliance Evaluation and Storm Water Inspections in regards to your UPDES Permit facility referenced above. Specifically we discussed the general operations while touring the coal yard, sedimentation ponds and outfall locations. No deficiencies were noted during the inspection and no written response is required at this time, however please pay particular attention to the "RECOMMENDATIONS" Section of the narrative report as this will be reviewed during the next inspection.

Enclosed is a copy of the inspection reports for your records. I appreciate your efforts to facilitate the inspection on such short notice. If you have any questions, please contact me at (801) 538-6779 or by e-mail at jstudenka@utah.gov.

Sincerely,

Jeff Studenka, Environmental Scientist
UPDES IES Section

Enclosures

cc (w/encl): Darcy O'Connor, EPA Region VIII
Claron Bjork, SE District Health Department
Dave Ariotti, SE District Engineer
Daron Haddock, Division of Oil Gas & Mines
Dan Guy, Blackhawk Engineering

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DIV. OF OIL, GAS & MINING



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., ICIS)

Transaction Code N	NPDES U T G 0 4 0 0 0 5	yr/mo/day 0 8 1 2 0 9	Inspection Type C	Inspector S	Fac. Type 2
1	11	12	18	19	20
Remarks					
21					
Inspection Work Days 2	Facility Self-Monitoring Evaluation Rating 4	BI N	QA N	Reserved	
67	69	70	71	72	73 74 75 76 77 78 79 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Savage Coal Terminal 2025 East 5000 South (off Ridge Road) Price, UT 84501	Entry Time/ Date 10:40 am/12-09-08	Permit Effective Date 5-1-2008
	Exit Time/ Date 11:20 am/12-09-08	Permit Expiration Date 4-30-2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Boyd Rhodes, Manager ph (435) 637-5664 fax (435) 637-3418	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Coal Mining Services and Support Facility (active coal yard and train load out facility) SIC Code 1241 NAICS 213113	
Name, Address of Responsible Official/Title/Phone and Fax Number Boyd Rhodes, Manager (435) 637-5664 2025 East 5000 South PO Box 1001 Price, UT 84501	SEE ATTACHED.	
Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description

Name(s) and Signature(s) of Inspector(s) JEFF STUDENKA, ENVIRONMENTAL SCIENTIST <i>Jeff Studenka</i>	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6779	Date: 12-17-08
Name and Signature of Management Q A Reviewer MIKE HERKIMER, MANAGER UPDES IES SECTION <i>Mike Herkimer</i>	Agency/Office/Phone and Fax Number(s) DWQ (801) 538-6058	Date: 12/17/08

INSTRUCTIONS

Section A: National Data System Coding (i.e., ICIS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc. (Use the Remarks columns to record the State permit number, if necessary.)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A	Performance Audit	X	Toxics Inspection	6	IU Non-Sampling Inspection with Pretreatment
B	Compliance Biomonitoring	Z	Sludge - Biosolids	7	IU Toxics with Pretreatment
C	Compliance Evaluation (non-sampling)	#	Combined Sewer Overflow-Sampling	!	Pretreatment Compliance (Oversight)@
D	Diagnostic	\$	Combined Sewer Overflow-Non-Sampling	{	Storm Water-Construction-Sampling
F	Pretreatment (Follow-up)	+	Sanitary Sewer Overflow-Sampling	}	Storm Water-Construction-Non-Sampling
G	Pretreatment (Audit)	&	Sanitary Sewer Overflow-Non-Sampling	:	Storm Water-Non-Construction-Sampling
I	Industrial User (IU) Inspection	\	CAFO-Sampling	~	Storm Water-Non-Construction-Non-Sampling
J	Complaints	=	CAFO-Non-Sampling	<	Storm Water-MS4-Sampling
M	Multimedia	2	IU Sampling Inspection	-	Storm Water-MS4-Non-Sampling
N	Spill	3	IU Non-Sampling Inspection	>	Storm Water-MS4-Audit
O	Compliance Evaluation (Oversight)	4	IU Toxics Inspection		
P	Pretreatment Compliance Inspection	5	IU Sampling Inspection with Pretreatment		
R	Reconnaissance				
S	Compliance Sampling				
U	IU Inspection with Pretreatment Audit				

Column 19: Inspector Code. Use one of the codes listed below to describe the lead agency in the inspection.

A-	State (Contractor)	O-	Other Inspectors, Federal/EPA (Specify in Remarks columns)
B-	EPA (Contractor)	P-	Other Inspectors, State (Specify in Remarks columns)
E-	Corps of Engineers	R-	EPA Regional Inspector
J-	Joint EPA/State Inspectors—EPA Lead	S-	State Inspector
L-	Local Health Department (State)	T-	Joint State/EPA Inspectors—State lead
N-	NEIC Inspectors		

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1- Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2- Industrial. Other than municipal, agricultural, and Federal facilities.
- 3- Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4- Federal. Facilities identified as Federal by the EPA Regional Office.
- 5- Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as follow-up on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

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This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

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Remarks					
21					
Inspection Work Days 2	Facility Self-Monitoring Evaluation Rating 4	BI N	QA N	Reserved	
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Name, Address of Responsible Official/Title/Phone and Fax Number Boyd Rhodes, Manager (435) 637-5664 2025 East 5000 South PO Box 1001 Price, UT 84501	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Contacted	Storm Water Pollution Prevention Plan due to be completed by February 2009. SEE ATTACHED.

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INSPECTION PROTOCOL

UPDES Permit #: UTG040005 – Savage Coal Terminal
Inspection Type: Compliance Evaluation Inspection + Storm Water Inspection
Inspection Date: December 9, 2008

Jeff Studenka of the Division of Water Quality (DWQ) met with Boyd Rhodes at the Savage Coal Terminal. The purpose for the site visit was explained and a compliance evaluation inspection was performed since the permit coverage was recently renewed. The U.S. EPA Region 8 NPDES Inspection Checklist was completed and a brief tour of the facility was conducted.

FACILITY DESCRIPTION

Location: ~6 miles South of Price, Utah off Ridge Road.
Coordinates: 39° 32' 08" latitude, 110° 46' 03" longitude.

Average Flow: No discharges since 2004 storm events.

Receiving waters: Unnamed Drainage Ditch Tributary → Price River

Process: Active coal yard and rail car coal load out facility with sedimentation ponds utilized to control surface water runoff prior to any potential discharges associated with storm events.

INSPECTION SUMMARY

There were no deficiencies noted during the last inspection for follow up. A DMR file review provided that there have been no discharges since 2004 storm events. DMR data from the 2004 discharge events are summarized on the attached tables. DMRs are regularly completed each month and submitted on time. Permittee is aware of the sampling requirements upon any future discharges and if a discharge event were to occur, then sampling would be performed as per the UPDES permit requirements, with pH measured on site and samples collected and submitted to a certified laboratory for TSS, TDS, total iron, and oil & grease as appropriate. Flow measurements would be manually obtained and calculated as well from the pumping discharges calculated over time. The sedimentation ponds, outfall location and dry receiving water streambed were observed with no deficiencies. Several photos were collected for the file and are included with a photo log as an attachment herein. A Storm Water Pollution Prevention Plan (SWPPP) is due to be completed by February 1, 2009 as required by your permit and will be reviewed during the next DWQ inspection.

DEFICIENCIES

No deficiencies with respect to the UPDES permit were noted during the inspection.

REQUIRED RESPONSE

None.

RECOMMENDATIONS

Develop and complete you SWPPP by Feb. 1, 2009 as required by *Part I.F.3* of your UPDES Permit, as this will be reviewed during the next DWQ inspection.

USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: UT6040005

INSPECTION DATE: 12-9-08

FACILITY: Savage Coal Terminal
Boyd Rhodes - Manager

on site: 10:40
offsite: 11:20
J. Studenta - DWQ

I. PERMIT VERIFICATION

YES NO Inspection observations verify information contained in permit.

Yes No N/A 1. Current copy of permit on site.

Yes No N/A 2. Name, mailing address, contact, and phone number are correct in PCS. If not, indicate correct information on Form 3560.

3. Brief description of the wastewater treatment plant:

Surface water runoff only: Series of sedimentation ponds in coal yard draining to SE portion of property. Upon filling final sed pond, overflow is to storage tank vessel adjacent to pond → 001

Yes No N/A 4. Facility is as described in permit. If not, what is different? _____

Yes No N/A 5. EPA/State has been notified of any new, different, or increased loading to the WWTP.

Yes No N/A 6. Number and location of discharge points are as described in the permit. (001)

Yes No N/A 7. Name of receiving water(s) is/are correct. Unnamed drainage ditch to the R.

Comments:

II. RECORDKEEPING AND REPORTING EVALUATION

YES NO Records and reports are maintained as required by permit.

Yes No N/A 1. All required information is current, complete, and reasonably available.

Yes No N/A 2. Information is maintained for the required 3 year period.

3. Sampling and analysis data are adequate and include: No Sampling Since 2004 Storm events

Yes No N/A a. Dates, times, locations of sampling.

Yes No N/A b. Initials of individual performing sampling.

Yes No N/A c. Referenced analytical methods and techniques in conformance with 40 CFR Part 136.

Yes No N/A d. Results of analyses and calibration.

Yes No N/A e. Dates of analyses (and times if required by permit).

Yes No N/A f. Initials of person performing analyses.

Yes No N/A g. Instantaneous flow at grab sample stations.

Yes No N/A
Yes No N/A
Comments:

- 4. Sampling and analysis completed on parameters specified in permit.
- 5. Sampling and analysis done in frequency specified by permit.

OCT 2008 DMR audited - no discharges since 2004 storm event

YES NO
Yes No N/A
es No N/A
Comments:

DMR completion meets the self-monitoring reporting requirements. - NO Sampling since 2004

- 1. Monitoring for required parameters is performed more frequently than required by permit. Parameter(s) _____
- 2. Analytical results are consistent with the data reported on the DMRs.
- 3. All data collected are summarized on the DMR.
- 4. Monthly, weekly, and/or daily average loading values are calculated properly and reported on the DMR. (Effluent loadings are calculated using effluent flow.)
- 5. The geometric mean is calculated and recorded for fecal coliform data.
- 6. Weekly and monthly averaging is calculated properly and reported on the DMR.
- 7. The maximum and minimum values of all data points are reported properly.
- 8. The number of exceedances column (No. Ex.) is completed properly.

OCT 2008 DMR audited - No discharges since 2004

WHOLE EFFLUENT TOXICITY TESTING AND REPORTING n/a - NO WET testing requirements

- WET sampling by permittee adequate to meet the conditions of the permit.
 - a. Chain of custody used.
 - b. Method of shipment and preservation adequate (iced to 4°C).
 - c. Type of sample collected _____ (as required by permit).
 - d. Holding time met (received w/in 36 hours).
- 2. Lab reports/chain of custody sheets indicate temperature of sample at receipt by lab.
 - a. Indicate temperature _____
- 3. Permittee has copy of the latest edition of testing methods or Region 8 protocol. (Latest version is July 1993 - Colorado has its own guidance.)
- 4. Permittee reviews WET lab reports for adherence to test protocols.
- 5. Lab has provided quality control data, i.e., reference toxicant control charts.

Yes No N/A

6. Permittee has asked lab for QC data.

Yes No N/A

7. Permittee maintains copies of WET lab reports on site for required 3 year period, and makes them available for review by inspectors.

Yes No N/A

8. Evaluation and review of WET data by permittee adequate such that no follow up at lab is necessary. (Follow up to be conducted by EPA and/or State.)

Comments:

No WET testing requirements

IV. FACILITY SITE REVIEW

YES NO

Treatment facility properly operated and maintained.

Yes No N/A

1. Standby power or other equivalent provision is provided. Specify type:

Generator if necessary for pumps

Yes No N/A

2. Facility has an alarm system for power or equipment failures. What kind of problems has the facility experienced due to power failures? None

Yes No N/A

3. Treatment control procedures are established for emergencies.

Yes No N/A

4. Facility can be by-passed (internal, collection system, total). Describe by-pass procedures:

Yes No N/A

5. Regulatory agency was notified of any bypassing (treated and/or untreated).

Dates:

Yes No N/A

6. WWTP has adequate capacity to ensure against hydraulic and/or organic overloads.

Yes No N/A

7. All treatment units, other than back-up units, are in service. If not, what and why?

Yes No N/A

8. O&M manual available and up-to-date.

Yes No N/A

9. Procedures for plant O&M, including preventive maintenance schedules, are established and performed on time.

Yes No N/A

10. Adequate spare parts and supplies inventory (including flow meters) are maintained, as well as major equipment specifications and/or repair manuals.

Yes No N/A

11. Up-to-date maintenance and repair records are kept for major pieces of equipment.

NOT a mechanical plant

12. Number of qualified operators and staff.

How many?	Certification Level
_____	_____
_____	_____
_____	_____

Yes No N/A

13. Certification level meets State requirement?

14. What procedures or practices are used to train new operators? N/A

V. SAFETY EVALUATION

YES NO

Facility has the necessary safety equipment.

Yes No N/A

1. Procedures are established for identifying out-of-service equipment. What are they?

Lock out / tag out if necessary

Yes No N/A

2. Personal protective clothing provided (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, eye washes in labs).

Yes No N/A

3. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available. No Lab on site

Yes No N/A

4. Plant has general safety structures such as rails around or covers over tanks, pits, or wells. Plant is enclosed by a fence.

Yes No N/A

5. Portable hoists for equipment removal available.

Yes No N/A

6. All electrical circuitry enclosed and identified.

Yes No N/A

7. Chlorine safety is adequate and includes: No chlorine treatment on site

- a. NIOSH-approved 30-minute air pack.
- b. All standing chlorine cylinders chained in place.
- c. All personnel trained in the use of chlorine.
- d. Chlorine repair kit.
- e. Chlorine leak detector tied into plant alarm system.
- f. Ventilation fan with an outside switch.
- g. Posted safety precautions.

Yes No N/A

Yes No N/A

8. Warning signs (no smoking, high voltage, nonpotable water, chlorine hazard, watch-your-step, and exit) posted.

Yes No N/A

9. Gas/explosion controls such as pressure-vacuum relief valves, no smoking signs, explosimeters, and drip traps present near anaerobic digesters, enclosed screening or degritting chambers, and sludge-piping or gas-piping structures. NOT Applicable

Yes No N/A

10. Emergency phone numbers listed.

Yes No N/A 11. Plant is generally clean, free from open trash areas.

Yes No N/A 12. MSDS sheets, if required, are accessible by employees.

Main office

Comments:

VI. FLOW MEASUREMENT

YES NO FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF PERMIT (Temporary, intermittent discharges from severe storm events only)

A. PRIMARY EFFLUENT FLOW MEASUREMENT

1. General

Type of primary flow measurement device: Estimate from pump system over time

Yes No N/A 1. Primary flow measuring device is properly installed and maintained.

Where? At discharging vessels when pumped

Yes No N/A 2. Flow measured at each outfall. Number of outfalls: one

3. Frequency of routine inspection of primary flow device by operator:
NA /day.

4. Frequency of routine cleaning of primary flow device by operator:
NA /week.

Yes No N/A 5. Influent flow is measured before all return lines. not applicable

Yes No N/A 6. Effluent flow is measured after all return lines.

Yes No N/A 7. Proper flow tables are used by facility personnel.

8. Design flow: 200-400 gpm as pumped mgd.

Yes No N/A 9. Flow measurement equipment adequate to handle expected ranges of flow rate.

2. Open Channel Primary Flow Measuring Devices

Flumes

Type and size: NA EFF

Yes No N/A 1. Flume is located in a straight section of the open channel, without bends immediately upstream or downstream.

Yes No N/A 2. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.

Yes No N/A 3. Flume is clean and free of obstructions, debris or deposits.

Yes No N/A 4. All dimensions of flume accurate and level.

- Yes No N/A 5. Sides of flume throat are vertical and parallel.
- Yes No N/A 6. Side walls of flume are vertical and smooth.
- Yes No N/A 7. Flume head is being measured at proper location. (*Location dependent on flume type - see NPDES Compliance Inspection Manual or ISCO book.*)
- Yes No N/A 8. Flume is under free flow conditions at all times. (*Flume is not submerged.*)

Weirs

Type: n/a EFF

- Yes No N/A 1. Weir is level.
- Yes No N/A 2. Weir plate is plumb and its top edges are sharp and clean.
- Yes No N/A 3. Downstream edge of weir is chamfered at 45°.
- Yes No N/A 4. There is free access for air below the nappe of the weir.
- Yes No N/A 5. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences.
- Yes No N/A 6. Distance from sides of weir to side of channel at least 2H.
- Yes No N/A 7. Area of approach channel at least 8 x nappe area for upstream distance of 15H. (*If not, is velocity of approach too high?*)
- Yes No N/A 8. Weir is under free-flow conditions at all times. (*Weir is not submerged.*)
- Yes No N/A 9. The stilling basin of the weir is of sufficient size and clear of debris.
- Yes No N/A 10. Head measurements are properly made by facility personnel.
- Yes No N/A 11. Weir is free from leakage.

3. Closed Channel Primary Measuring Devices

Electromagnetic Meters

Type and model: n/a EFF

- Yes No N/A 1. There is a straight length of pipe or channel before and after the flowmeter of at least 5 to 20 diameters.
- Yes No N/A 2. There are no sources of electric noise in the near vicinity.
- Yes No N/A 3. Magnetic flowmeter is properly grounded.
- Yes No N/A 4. Full pipe requirement is met.

Venturi Meters

Type and model: n/a EFF

Yes No N/A 1. Venturi meter is installed downstream from a straight and uniform section of pipe?

B. Secondary Flow Measurement

1. General

1. What are the most common problems that the operator has had with the secondary flow measurement device? n/a - primary only

Yes No N/A 2. Flow records properly kept.
a. All charts maintained in a file.
b. All calibration data kept.

Yes No N/A 3. Secondary device calibration records are kept.
a. Frequency of secondary device calibration: ___ / year.

4. Frequency of flow totalizer calibration: ___ / year.

Yes No N/A 5. Secondary instruments (totalizers, recorders, etc.) are properly operated, calibrated, and maintained.

Floats

Type and model: n/a EFF

Bubblers

Type and model: n/a EFF

Ultrasonic

Type and model: n/a EFF

Electrical

Type and model: n/a EFF

Comments:

Primary measurements only if necessary

2. Flow Verification

Accuracy of Flow Measurement (Secondary against Primary) <i>n/a</i>	
	Type and size of primary device
	EFF:
Reading from primary standard, feet and inches	/
Equivalent to actual flow, mgd	
Facility-recorded flow from secondary device, mgd	
Percent Error	
Correction Factor	

Fill in above only if the primary device has been correctly installed, or if correction factor is known.

Comments: *Primary only - manually calculated from pumping system over time.*

VII. LABORATORY QUALITY ASSURANCE

YES NO Laboratory procedures meet the requirements and intent of the permit.

Yes No N/A 1. Commercial laboratory is used. *IF necessary upon discharges*

Parameters	<i>TSS, TDS, DTG, Total IRON & PH</i>
Name	
Address	
Contact	
Phone	

- Yes No N/A 2. According to the permittee, commercial laboratory is State certified (ND & UT only).
- Yes No N/A 3. Written laboratory quality assurance manual is available, if the facility does its own lab work. *NOT applicable*
- Yes No N/A 4. Quality control procedures are used. Specify: _____
- Yes No N/A 5. Calibration and maintenance of laboratory instruments and equipment is satisfactory.
- Yes No N/A 6. Samples are analyzed in accordance with 40 CFR 136.
- Yes No N/A 7. Results of last DMR/QA test available. Date: _____
- Yes No N/A 8. Facility lab does analyses for other permittees. If yes, list the facilities and their permit numbers.

VIII. COMPLIANCE SCHEDULE STATUS REVIEW

n/a

YES NO

The permittee is meeting the compliance schedule

N/A

1. Is the facility subject to a compliance schedule either in its permit or in an order? If facility is subject to an order, note docket number: _____

2. What milestones remain in the schedule? _____

(Attach additional sheets as necessary.)

Yes No *N/A*

3. Facility is in compliance with unachieved milestones.

Yes No *N/A*

4. Facility has missed milestone dates, but will still meet the final compliance date.

IX. PERMITTEE SAMPLING EVALUATION

YES NO

Sampling meets the requirements and intent of the permit.

Yes No *N/A*

1. Samples are taken at sampling location specified by permit.

Yes No *N/A*

2. Locations are adequate for representative samples.

Yes No *N/A*

3. Flow proportioned samples are obtained.

Yes No *N/A*

4. Permittee is using method of sample collection required by permit.

Required method: *grab*

If not, method being used is:

- Grab
- Manual
- Automatic composite

Yes No *N/A*

5. Sample collection procedures adequate and include:

Yes No *N/A*

a. Sample refrigeration during compositing.

Yes No *N/A*

b. Proper preservation techniques.

Yes No *N/A*

c. Containers in conformance with 40 CFR 136.3. *Lab supplied*

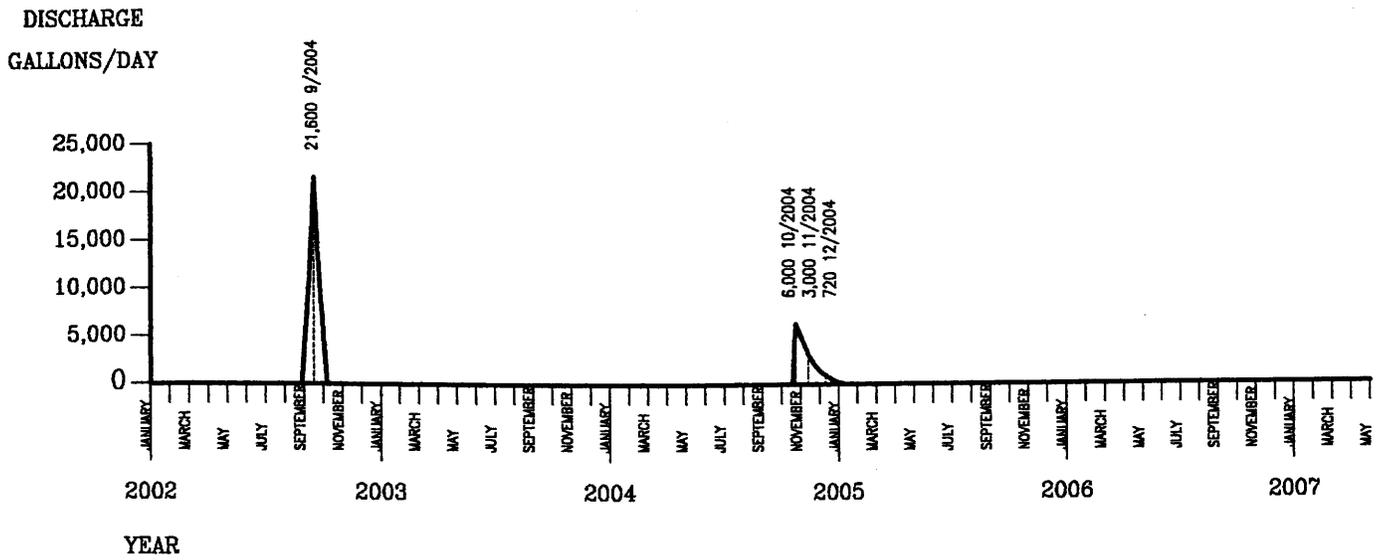
Specify any problems: _____

Comments:

- No sampling or discharges since 2004 storm events
- Photos taken for file
- No problems identified

ATTACHMENT 1:

FLOW DIAGRAM



NOTE:

4 SEPARATE, ONE-TIME DISCHARGES OCCURRED DURING THE 2002 - 2007 PERMIT PERIOD.

ATTACHMENT 3:

Averages of Discharge Analytical Data:

There were a total of 4 separate, one-day discharges at this facility during the permit term 2002 – 2007. All discharges were sampled and reported. The following is a list of measured parameters and weighted averages for each, based on total flow and analyses of the discharges:

Date	Flow GPD	pH Unit	TSS MG/L	Settleable Solids ML/L	Oil & Grease MG/L	Total Fe MG/L	TDS MG/L	TDS Lbs/day
9/17/02	21,600	7.3	9	< 0.1	0.1	0.1	4633	818.5
10/22/04	6,000	8.6	N/A	0.1	< 2	1.22	3458	201.5
11/12/04	3,000	8.0	N/A	< 0.1	< 2	0.67	3718	93.1
12/10/04	720	8.3	N/A	< 0.1	< 2	2.15	5870	35.3
Weighted Average	(31,320)	7.6	9	< 0.1	< 2	0.42	4349	612.8

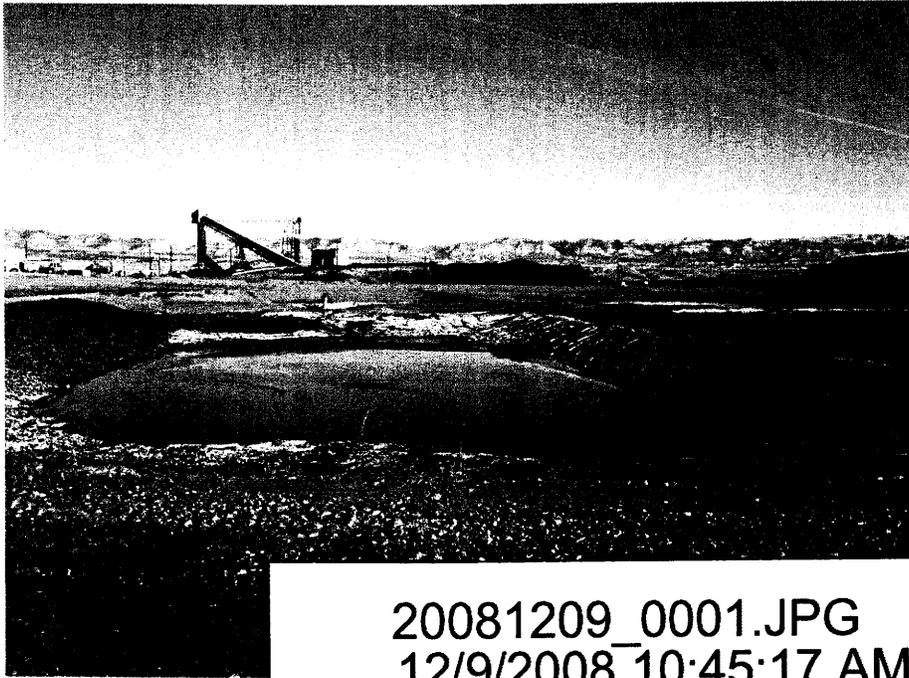
PHOTO LOG

Savage Coal Terminal (UTG040005

12-9-2008

- Photo #1: View of wash ponds (non-discharging), facing north.
- Photo #2: View of final runoff pond and vessel house, facing northeast.
- Photo #3: Another view of final runoff pond and vessel house, facing northeast.
- Photo #4: View of final runoff pond facing southwest
- Photo #5: View of east runoff pond facing northeast.
- Photo #6: View of facility and office from visitor entrance, facing northeast.
- END (Photos taken by J. Studenka)

Savage Coal CEI

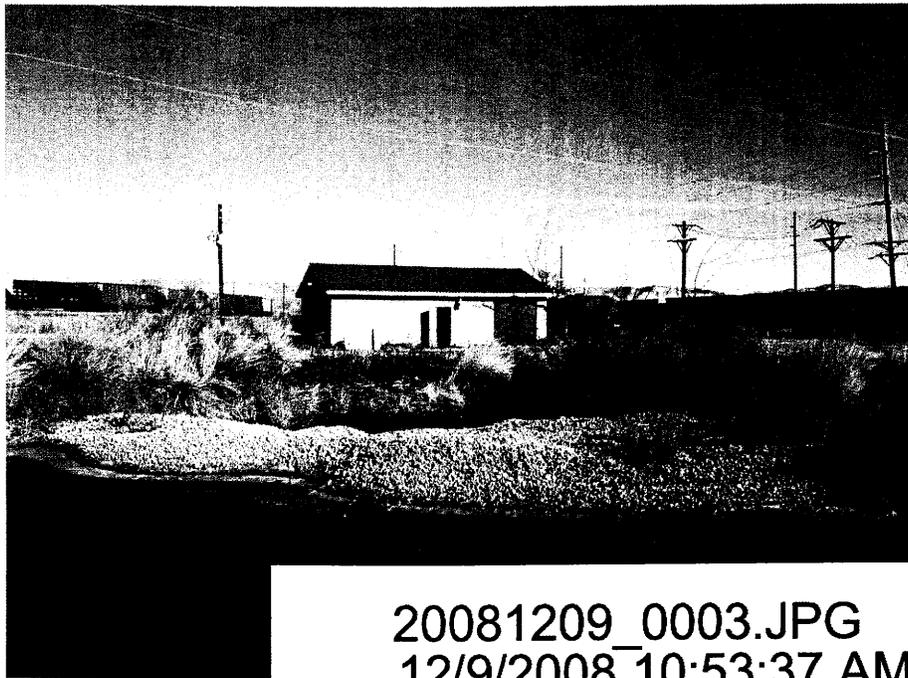


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12/9/2008 10:53:26 AM

Savage Coal CEI



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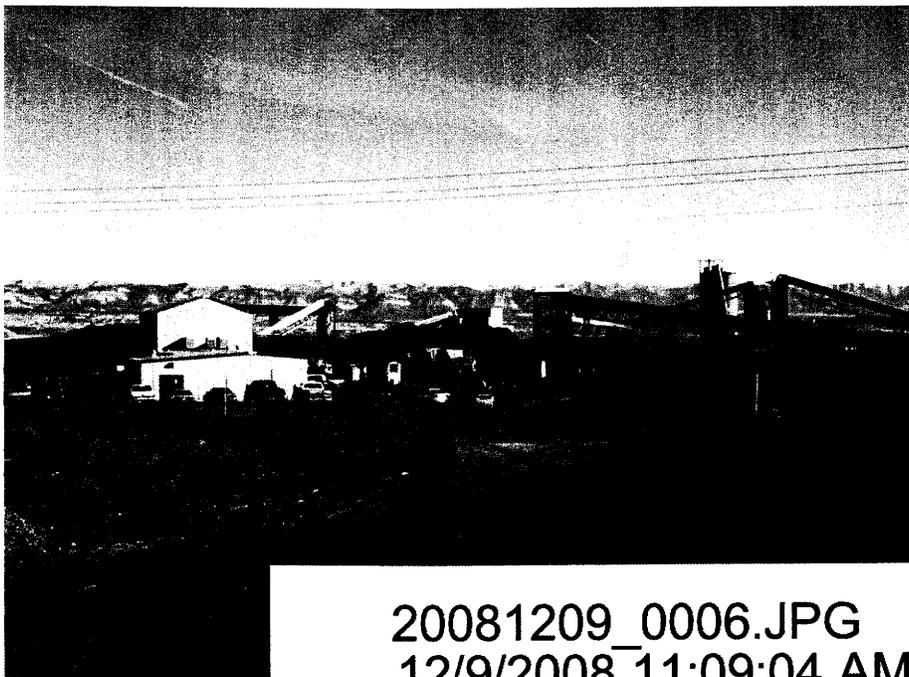


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Savage Coal CEI



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20081209_0006.JPG
12/9/2008 11:09:04 AM

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

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
PERMIT NUMBER

002A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 84501
MINOR

SRM

PIPE TO JEWKES CRK TO N F GORD
External Outfall

No Discharge

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	11	01	TO	08	11 30

FROM

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, total dissolved	*****		411	411		411	0	Monthly	GRAB
70295 R 0 See Comments	*****		Req. Mon. 30DA AVG	*****		*****		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER KEY PAPPAS / Env. COORD. TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Key Pappas</i>	TELEPHONE	DATE
		435 636-0820 AREA Code NUMBER	08 12 30 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SETTLABLE SOLIDS SHALL BE LIMITED INSTEAD 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 ACHIEVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SUM FROM ALL OUTFALLS.



Analysis Report

December 01, 2008

HIDDEN SPLENDOR RESOURCES INC
3266 SOUTH 125 WEST
PRICE UT 84501

Page 1 of 1

Client Sample ID: UPDES 002A
Date Sampled: Nov 18, 2008
Date Received: Nov 18, 2008
Product Description: WATER

Sample ID By: Hidden Splendor
Sample Taken At: UPDES 002A
Sample Taken By: KP
Time Sampled: 1045
Time Received: 1336
Mine: 28
Site: 24
Field - pH: 7.44 pH units
Field - Flow: 355 GPM
Field - Temperature: 13 DEG. C

SGS Minerals Sample ID: 782-0800760-001

Table with 8 columns: Tests, Result, Unit, Method, REPORTING LIMIT, ANALYZED DATE, ANALYZED TIME, ANALYST. Rows include Oil and Grease, Total Suspended Solids, Total Dissolved Solids, and METALS BY ICP Iron, Fe - Total.

Respectfully submitted,
SGS NORTH AMERICA INC.

Handwritten signature
Huntington Laboratory