PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME ANDALEX RESOURCES--WILDCAT
ADDRESS P.O. BOX 902
PRICE UT 84501
FACILITY
LOCATION
ATTN: MICHAEL W. GLASSON

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

(2-16) UTG040007 — PERMIT NUMBER
(17-19) 006 A — DISCHARGE NUMBER

MINOR
F - FINAL
SED POND DISCHARGE TO PRICE WASH

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	09	01	TO	93	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 0514 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******		(94) YES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
	PERMIT REQUIREMENT	******	0 DAILY MX		******	******	******				
SOLIDS, TOTAL DISSOLVED 70295 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******		(26)	******	******		(19)			
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	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										

RECEIVED
OCT 14 1993
DIVISION OF
OIL, GAS & MINING

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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	AREA CODE 801	NUMBER 6375385	YEAR 93	MO 09	DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME ANDALEX RESOURCES--WILDCAT
ADDRESS P.O. BOX 902
PRICE UT 84501
FACILITY
LOCATION
ATTN: MICHAEL W. GLASSON

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

QC SH 6/10

(2-16) UTG040007 PERMIT NUMBER
(17-19) 006 A DISCHARGE NUMBER
MINOR
Form Approved. OMB No. 2040-0004 Approval expires 10-31-94
F - FINAL
SED POND DISCHG TO WILLOW WASH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	08	01	TO	93	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(07)	******	******	******				
00058 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MEASRD MONTH	
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	*** ****	******	25 30DA AVG	70 DAILY MX	MG/L		ONCE/ GRAB MONTH	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******		(25)			
00545 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	ML/L		ONCE/ GRAB MONTH	
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	10 DAILY MX	MG/L		ONCE/ GRAB MONTH	
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L		ONCE/ GRAB MONTH	
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******		(94)	******	******	******				
45613 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0 DAILY MX	YES=1 NO=0	******	******	******	**** ****		ONCE/ VISUAL MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

PERMITTEE NAME/ADDRESS (*Include Facility Name/Location if different*)
NAME ANDALEX RESOURCES--WILDCAT
ADDRESS P.O. BOX 902
PRICE UT 84501
FACILITY
LOCATION
ATTN: MICHAEL W. GLASSON

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

(2-16) UTG040007 PERMIT NUMBER
(17-19) 006 A DISCHARGE NUMBER

MINOR

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

F - FINAL
SED POND DISCHARGE WASH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	09	01	TO	93	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 50614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******		(94)	******	******	******				
	PERMIT REQUIREMENT	******	0 DAILY MX	YES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******		(26)	******	******		(19)			
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	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										

RECEIVED
OCT 14 1993
DIVISION OF OIL, GAS & MINING

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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	AREA CODE 801	NUMBER 6375355	YEAR 93	MO 09	DAY 28
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

QC Sht 6/10

RECEIVED

AUG 09 1993

DIVISION OF OIL GAS & MINING

Form Approved
OMB No. 2040-0004
Approval expires 6-30-88

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

NAME
ADDRESS ANDALEX RESOURCES INC.
P.O. BOX 902
PRICE UTAH 84501
FACILITY ATTN: MIKE GLASSON
LOCATION WILDCAT LOADOUT
CONSUMERS ROAD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16)

PERMIT NUMBER *(17-19)*	DISCHARGE NUMBER
UTG040007	006

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	04	01	TO	93	06	30
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53) (54-61)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	No Discharge									
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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

MICHAEL W. GLASSON
SENIOR GEOLOGIST
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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 801 NUMBER 637-5385

DATE: YEAR 93 MO 07 DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

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

NAME [redacted]

ADDRESS [redacted]

[redacted]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[redacted]	[redacted]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	03	01	TO	93	03	31
(20-21)		*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only)* *(38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	No Discharge			*******	*******	*******				
00056 1 0 0	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	MGD	*******	*******	*******	*****		ONCE/ MONTH	ESTMT
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******			*******					
[redacted] 0400 1 0 0	PERMIT REQUIREMENT	*******	*******	*****	6.0 DAILY MN	*******	9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******						
00530 P 0 0	PERMIT REQUIREMENT	*******	*******	*****	*******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******					
SOLIDS, SETTLEABLE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
00545 R 0 0 0	SAMPLE MEASUREMENT	*******	*******		*******	*******					
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*******	*******		*******	*******					
00556 1 0 0	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	*******				
IRON, TOTAL (AS FE)	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	*******	*****		ONCE/ QUART	VISUAL
01045 1 0 0											
EFFLUENT GROSS VALUE											
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	*******			*******	*******	*******				
00013 1 0 0	PERMIT REQUIREMENT	*******	0	YES=1	*******	*******	*******	*****		ONCE/ MONTH	VISUAL
EFFLUENT GROSS VALUE			DAILY MX	NO=0							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME [illegible]

ADDRESS P.O. BOX 902

PRICE [illegible] UT 84501

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
UT0000007	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHRG TO WILCAT WASH

QC GH 6/10

MINOR

NOTE: Read instructions before completing this form.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	93	03	01		93	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	[illegible] DAILY MX	YES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
[illegible]IDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
		801	6375385	93	04	28
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320-[illegible] 9-88) *Previous editions may be used.* (REPLACES EPA FORM [illegible] WHICH MAY NOT BE USED.)

[illegible]/900521-1751

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

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER [illegible]

(17-19) DISCHARGE NUMBER [illegible]

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHRG TO WILCAT WASH

QC SH 6/10

MINOR

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
93	02	01	93	02	25
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	No Discharge			******	******	******				
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	******	******	******	******		ONCE/ MONTH	[illegible]
	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
00045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
00013 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	[illegible] DAILY MX	YES=1 NO=0	******	******	******	******		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320-1 (9-88) *Previous editions may be used.* (REPLACES EPA FORM T[illegible]CH MAY NOT BE USED.) OF

[illegible]/[illegible]521-1731

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

NAME ANGELEX RESOURCES--WILDCAT

ADDRESS P.O. BOX 102

PRICE UT 84501

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
UT0000007	006 A
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHNG TO WILCAT WASH

QC SH 6/10

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
93	02	01	93	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 45014 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	YES=1 DAILY MX	NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			801	6375385	93	04	28
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320-1 (9-88) *Previous editions may be used.* (REPLACES EPA FORM T-[illegible]CH MAY NOT BE USED.) P[illegible] OF

[illegible]/[illegible]-1731

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
[illegible] POND DISCHARGE TO WILCAT WASH

QC SH 6/10

MINOR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	01	01	TO	93	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	No Discharge			******	******	******				
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	******	******	******	****		ONCE/ MONTH	MEASRD
[illegible]	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	6.0 DAILY MX	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	****	******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS ON VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	DAILY MX	YES=1 NO=0	******	******	******	****		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320[illegible]. 9-88) *Previous editions may be used.* (REPLACES EPA FORM [illegible] WHICH MAY NOT BE USED.)

00437/900321-1731

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHRG TO WILCAT WASH

QC SH 6/10

MINOR

NOTE: Read instructions before completing this form.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	01	01	TO	93	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	[illegible] DAILY [illegible]	[illegible]ES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY [illegible]	LBS/DY	******	******	REPORT DAILY [illegible]	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*	Michael W Glasson	TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	801	6375385	93	04	28
		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TDS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320 [illegible] v. 9-88) *Previous editions may be used.* (REPLACES EPA FORM [illegible] WHICH MAY NOT BE USED.) [illegible] OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible] RESOURCES-WILCOX
ADDRESS P.O. BOX 902
[illegible] TX 84501
FACILITY
LOCATION
ATTN: MICHAEL W. GLASSON

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER: TX0107417
(17-19) DISCHARGE NUMBER: 001

F - FINAL
SED POND DSCHG TO WILCOX WASH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	No Discharge			*******	*******	*******				
00056 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	CFS	*******	*******	*******	*****		ONCE/ CONTIN	CALCD
PH	SAMPLE MEASUREMENT	*******	*******			*******					
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	6.5 DAILY MN	*******	9.0 DAILY MX	SU		ONCE/ CONTIN	GRAB
SOLIDS, TOTAL SUSPENDED 00530 P 1 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******						
	PERMIT REQUIREMENT	*******	*******	*****	*******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ CONTIN	GRAB
SOLIDS, SETTLEABLE 00545 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******					
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.5 DAILY MX	ML/L		ONCE/ CONTIN	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	*******					
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	10 DAILY MX	MG/L		ONCE/ CONTIN	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	*******					
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	2.0 DAILY MX	MG/L		ONCE/ CONTIN	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 03613 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******			*******	*******	*******				
	PERMIT REQUIREMENT	*******		1/3=1	*******	*******	*******	*****		ONCE/ CONTIN	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME [illegible]

ADDRESS P.O. BOX [illegible]

[illegible] UT [illegible]

FACILITY

LOCATION

ATTN: MICHAEL H. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible] 7	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHRG TO WILCAT WASH

CM 4-29

QC SH 6/10

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 Q 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	0 DAILY MX	YES=1 NO=0	******	******	******	******		ONCE/ MONTH	[illegible]
SOLIDS, TOTAL DISSOLVED 70295 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			801	3375385	93	01	28
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME ANGLE ENERGY - FLOAT
ADDRESS P.O. BOX 96
PAGE UT 84532
FACILITY
LOCATION
ATT: MICHAEL A. GLASCO

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER: UT-0021717
(17-19) DISCHARGE NUMBER: 006

F - FINAL
SED POND DISCHG TO WILCAT WASH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	02	TO	92	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only)* *(38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT		No Discharge		*******	*******	*******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	GPD	*******	*******	*******	*****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	*******	*******			*******					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	6.5 DAILY MN	*******	9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******						
	PERMIT REQUIREMENT	*******	*******	*****	*******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE 00545 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******					
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******					
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******					
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 84113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******			*******	*******	*******				
	PERMIT REQUIREMENT	*******	Y25=1	NO=0	*******	*******	*******	*****		ONCE/ MONTH	VISUAL

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME [illegible]

ADDRESS P.O. BOX [illegible]

[illegible] UT [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
UTG[illegible]007	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL

SED POND DISCHRG TO WILCAT WASH

MINOR

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	11	01		92	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	DAILY MX	YES=1 NO=0	******	******	******	*****		ONCE/ MONTH	VISU
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*	Michael W Glasson	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	801 AREA CODE	1375385 NUMBER	93 YEAR	01 MO	28 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320-1[illegible]-88) *Previous editions may be used.* (REPLACES EPA FORM T-[illegible]CH MAY NOT BE USED.) P[illegible] OF

[illegible]434/900521-1731

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

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY

LOCATION

ATTN: MICHAEL M. HANSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER [illegible]

(17-19) DISCHARGE NUMBER 001 A

MONITORING PERIOD

	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM	92	10	01	TO	92	10	31

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL

S20 POND DISCHG TO WILCAT WASH

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	No Discharge			*******	*******	*******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	CFS	*******	*******	*******	*****		ONCE/ CONTIN	CALC
PH	SAMPLE MEASUREMENT	*******	*******			*******					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	6.5 DAILY MN	*******	9.0 DAILY MX	SU		ONCE/ CONTIN	GRAB
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******						
	PERMIT REQUIREMENT	*******	*******	*****	*******	25 30 DA AV	75 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE 00545 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******					
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******					
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******					
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 00053 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******			*******	*******	*******				
	PERMIT REQUIREMENT	*******		*****	*******	*******	*******	*****		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TDS. REPORT "NOT TO EXCEED" IN THE APPROPRIATE ROW.

[illegible]

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

NAME ANDALEX RESOURCES--WILDCAT

ADDRESS P.O. BOX 902

PRICE UT 84501

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
UTG040007	008
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHG TO WILCAT WASH

CM 4-24
CC 5H 6/10

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
92	10	01	92	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	0 DAILY MX	YES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	TIS
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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		DATE		
TYPED OR PRINTED			801	1375385	93	01	28
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320 [illegible] 9-88) *Previous editions may be used.* (REPLACES EPA FORM [illegible] WHICH MAY NOT BE USED.) OF

[illegible]/900521-1731

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME [illegible]
ADDRESS P.O. BOX [illegible]
[illegible]
FACILITY
LOCATION
ATTN: MICHAEL W. GLASSON

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

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

QC SH 6/10

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHRG TO WILCAT WASH

CM 4-24

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
92	05	01	92	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NO DISCHARGE			******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT [illegible] DA AV	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	0.5 DAILY MN	******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	25 [illegible] DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******					
00545 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	******			******	******	******				
45613 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0 DAILY MX	YES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO / DAY

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

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME ANDALEX RESOURCES--WILDCAT

ADDRESS P.O. BOX 902

PRICE UT 84501

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
UTG040007	036
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHRG TO WILCAT WASH

CM 4-24

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	06	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	DAILY MX	YES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*	Michael W. Glasson	TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	801 AREA CODE	6375355 NUMBER	92 YEAR	07 MO	20 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320-1 (9-88) *Previous editions may be used.* (REPLACES EPA FORM T CH MAY NOT BE USED.) OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME BADAL & SOURCE - WILCAT
ADDRESS P.O. BOX 30
BALSAM NC 28707
FACILITY
LOCATION
ATTN: RICHARD W. GIBSON

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER: NC0004774
(17-19) DISCHARGE NUMBER: 005

F - FINAL
LAND POND DISCH. TO WILCAT BRANCH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	05	01	TO	92	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NO DISCHARGE			*******	*******	*******				
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	MGD	*******	*******	*******	****		ONCE/ MONTH	ESTMD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******			*******					
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	****	6.0 DAILY MN	*******	9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******						
00530 1 0 0	PERMIT REQUIREMENT	*******	*******	****	*******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW											
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*******	*******		*******	*******					
00545 1 0 0	PERMIT REQUIREMENT	*******	*******	****	*******	*******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW											
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*******	*******		*******	*******					
00556 1 0 0	PERMIT REQUIREMENT	*******	*******	****	*******	*******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	*******					
00600 1 0 0	PERMIT REQUIREMENT	*******	*******	****	*******	*******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	*******			*******	*******	*******				
00013 1 0 0	PERMIT REQUIREMENT	*******	YES=1 NO=0	****	*******	*******	*******	****		ONCE/ MONTH	VISUAL
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE FOR PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible]
ADDRESS P.O. BOX 922
[illegible] PRICE UT 84501
FACILITY
LOCATION
SITE: MICHAEL D. GLASSON

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) UTG040001 — PERMIT NUMBER
(17-19) 001 — DISCHARGE NUMBER

F - FINAL
SED POND DSCHRG TO WILCAT WASH

MONITORING PERIOD

	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM	92	03	01	TO	92	05	31

MINOR
NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
SANITARY WASTE DISCHARGE-ASSESSMT 00614 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******			*******	*******	*******				
	PERMIT REQUIREMENT	*******	[illegible]	YES=1 NO=0	*******	*******	*******	***** *****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 [illegible] COMMENTS BELOW	SAMPLE MEASUREMENT	*******			*******	*******					
	PERMIT REQUIREMENT	*******	2000 DAILY AV	LBS/DY	*******	*******	REPORT DAILY AV	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			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*	Michael D. Glasson	801	6315385	92	07	20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME [illegible]

ADDRESS P.O. BOX 302

[illegible] PAGE [illegible] UT [illegible]

FACILITY

LOCATION

ATTN: MICHAEL G. [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

QC Ck 4/10

F - FINAL

SED POND DSCHG TO WILCOX WASH

Cnx 4-21

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-01

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
[illegible]	[illegible]

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	[illegible]	[illegible]	[illegible]	TO	00	04	30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NO DISCHARGE			********	********	********				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	MGD	********	********	********	*****		ONCE/ MONTH	CALC
	SAMPLE MEASUREMENT	********	********			********					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	*****	6.5 DAILY MN	********	9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********		********						
	PERMIT REQUIREMENT	********	********	*****	********	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE 00545 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********		********						
	PERMIT REQUIREMENT	********	********	*****	********	********	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	********					
	PERMIT REQUIREMENT	********	********	*****	********	********	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	********					
	PERMIT REQUIREMENT	********	********	*****	********	********	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL 45013 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********			********	********	********				
	PERMIT REQUIREMENT	********	0 DAILY MX	ESF1	********	********	********	*****		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

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

(2-16)	(17-19)
UTG[illegible]7	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SED POND DSCHRG TO WILCAT WASH

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
92	04	01	92	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGE-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	[illegible] DAILY [illegible]	LS=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*	Michael W Glasson	TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	801 AREA CODE	6375385 NUMBER	92 YEAR	7 MO	20 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320-[illegible]9-88) *Previous editions may be used.* (REPLACES EPA FORM [illegible]CH MAY NOT BE USED.) OF

[illegible]/300[illegible]1-1[illegible]

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible]
ADDRESS [illegible]
[illegible]
FACILITY
LOCATION
ATTN: MICHAEL McCLOSKEY

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
[illegible]	[illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	9	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

QC SH 6/10
F - FINAL
SED POND DSCHG TO WILCAT WASH
Conf 4-24
MINOR

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	No Discharge.			*******	*******	*******				
00056 1 0 0	PERMIT REQUIREMENT	REPORT 30 DY AV	REPORT DAILY MX	CFS	*******	*******	*******	******		ONCE/ MONTH	ESTIM
PH	SAMPLE MEASUREMENT	*******	*******			*******					
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	******	6.5 DAILY MN	*******	9.0 DAILY MX	SU		TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******						
00530 2 0 0	PERMIT REQUIREMENT	*******	*******	******	*******	25 30 DY AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW											
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*******	*******		*******	*******					
00545 1 0 0	PERMIT REQUIREMENT	*******	*******	******	*******	*******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW											
OIL AND GREASE FREON EXT-GRAV METH	SAMPLE MEASUREMENT	*******	*******		*******	*******					
00556 1 0 0	PERMIT REQUIREMENT	*******	*******	******	*******	*******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*******	*******		*******	*******					
01045 1 0 0	PERMIT REQUIREMENT	*******	*******	******	*******	*******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	*******			*******	*******	*******				
84113 1 0 20	PERMIT REQUIREMENT	*******	YES=1		*******	*******	*******	******		ONCE/ MONTH	VISUAL
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

EDS IS LIMITED TO ONE FOR PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF EDS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME ANGELES RESOURCES--WILDCAT

ADDRESS P.O. BOX 302

PRICE [illegible] UT 84501

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
UTG040007	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SLD POND DSCHRG TO WILCAT WASH

MINOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 0614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******			******	******	******				
	PERMIT REQUIREMENT	******	0 DAILY [illegible]	YES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY [illegible]	LBS/DY	******	******	REPORT DAILY [illegible]	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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]	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	801 AREA CODE	63[illegible] NUMBER	92 YEAR	04 MO	28 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

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

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY [illegible]

LOCATION [illegible]

ATTN: MICHAEL D. GLASCOE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved. OMB No. 2040-0004 Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
NM0001007	006

E - FINAL

SED POND DISCHG TO WILCAT WASH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	02	01	TO	92	02	29
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NO Discharge			*******	*******	*******				
00056 1 Q 0	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	CFD	*******	*******	*******	*****		ONCE/ MONTH	ESTAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******			*******					
PH	PERMIT REQUIREMENT	*******	*******	***** *****	6.5 DAILY MN	*******	9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
00400 1 0 0	SAMPLE MEASUREMENT	*******	*******		*******						
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	*******					
00530 P 0 0	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******					
OIL AND GREASE FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
00556 1 0 0	SAMPLE MEASUREMENT	*******	*******		*******	*******					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*******	*******		*******	*******					
01045 1 0 0	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	*******	*****		ONCE/ MONTH	VISUAL
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******			*******	*******					
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	PERMIT REQUIREMENT	*******	YES=1 DAILY MX	NO=0	*******	*******	*******	*****		ONCE/ MONTH	VISUAL
00613 1 0 0											
EFFLUENT GROSS VALUE											

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TSS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

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

NAME [illegible]

ADDRESS P.O. BOX [illegible]

[illegible] UT [illegible]

FACILITY

LOCATION

ATTN: MICHAEL W. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
SAB POND DSCHRG TO MILCAT WASH

CM 4-24
QC 91 6/10

MINOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	02	01	TO	92	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT	SAMPLE MEASUREMENT	******			******	******	******				
[illegible]514 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	DAILY MX	ES=1 NO=0	******	******	******	**** ****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******			******	******					
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	REPORT DAILY MX	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			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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]					
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	801 AREA CODE	6375385 NUMBER	92 YEAR	04 MO	29 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE ROW.

EPA Form 3320-[illegible] 9-88) *Previous editions may be used.* (REPLACES EPA FORM [illegible]CH MAY NOT BE USED.)

[illegible]/900521-1751

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME ANGLE K RESOURCES-MINE DEPT
ADDRESS P.O. BOX 310
PRICE UT 84501
FACILITY
LOCATION
ATTN: MICHAEL A. GLASSON

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

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER: UT0000027
(17-19) DISCHARGE NUMBER: 001 A

F - FINAL
SED POND DISCHG TO WILCAT-WASH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NO DISCHARGE			*******	*******	*******				
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	CFS	*******	*******	*******	*****		ONCE/ MONTH	ESTIM
PH	SAMPLE MEASUREMENT	*******	*******			*******					
00400 1 0 0	PERMIT REQUIREMENT	*******	******* *****	*****	6.5 DAILY MN	*******	9.0 DAILY MX	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******						
00530 P 0 0	PERMIT REQUIREMENT	*******	******* *****		*******	25 30 DA AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW											
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*******	*******		*******	*******					
00545 R 0 0	PERMIT REQUIREMENT	*******	******* *****		*******	*******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW											
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*******	*******		*******	*******					
00556 1 0 0	PERMIT REQUIREMENT	*******	******* *****		*******	*******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*******	*******		*******	*******					
01045 1 0 0	PERMIT REQUIREMENT	*******	******* *****		*******	*******	2.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT	*******			*******	*******	*******				
45011 1 0 0	PERMIT REQUIREMENT	*******	*******	25=1	*******	*******	*******	*****		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*		AREA CODE / NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

TDS IS LIMITED TO ONE TON PER DAY FROM ALL OUTFALLS. DURING PRECIPITATION EVENTS, SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS. REPORT "DOES NOT APPLY" IN THE APPROPRIATE BOX.

5015/90052-1731

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

NAME ANIMAL ECOLOGY-LAB BOAT

ADDRESS P.O. BOX 702

PRICE UT 84501

FACILITY

LOCATION

ATTN: MICHAEL R. GLASSON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved. OMB No. 2040-0004 Approval expires 6-30-91

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
UT0020001	001 A

F - FINAL

SED POND DSCHRG TO PRICE WASH

CMP 4/24 OC 5/1 6/10

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SANITARY WASTE DISCHARGED-ASSESSMNT 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******			*******	*******	*******				
	PERMIT REQUIREMENT	*******	5 DAILY AV	03=1 00=0	*******	*******	*******	*****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******			*******	*******					
	PERMIT REQUIREMENT	*******	2000 DAILY MX	LBS/DY	*******	*******	REPORT DAILY MX	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			TELEPHONE		DATE		
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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.)*	Michael R. Glasson	801	637-5383	92	04	25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

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