C/007/033 Incoming
cc: Steve D.

Wild West Equipment & Hauling, LLC
Wildcat Load Out
5495 West 3550 North, Helper, Utah 84526
Phone: (435) 472-3988 – Fax: (435) 472-3456

RECEIVED
NOV 12 2015
DIV. OF OIL, GAS & MINING

November 9, 2015

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

Dear Daron:

Wild West respectfully submits the October 2015 – Discharge Monitoring Reports (DMRs) associated with the Wildcat Load Out UPDES Permit UTG040007.

If you have any questions, please feel free to call at 435-650-7399.

Sincerely,

Kit Pappas
Engineering/Environmental

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

NAME IPA WWE&H

ADDRESS P.O. Box 1
PRICE, UTAH 84501

FACILITY LOCATION Wildcat Loadout

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG040007	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	10	01	TO	15	10	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow Rate	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
00056 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	***** *****	***** *****	***** *****	*****		1/31	MEASRD
pH	SAMPLE MEASUREMENT	*****	*****			*****					
00400 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	***** *****	6.5 DAILY MIN	*****	9 DAILY MAX	(12) SU		1/31	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****						
00530 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	35 30DA AVG	70 DAILY MAX	(19) MG/L		1/31	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****		*****	*****					
03582 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	***** *****	10 DAILY MAX	(19) MG/L		1/31	GRAB
Iron, Total (as Fe)	SAMPLE MEASUREMENT	*****	*****		*****	*****					
01045 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	***** *****	1.0 DAILY MAX	(19) MG/L		1/31	GRAB
Solids, Total Dissolved	SAMPLE MEASUREMENT	*****			*****	*****	*****				
70295 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	2000 DAILY MAX	(26) LBS/DY	***** *****	***** *****	***** *****	***** *****		1/31	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			***** *****				***** *****			

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)		TELEPHONE		DATE		
KIT PAPPAS/ENV.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435	472-3988	15	11	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME IPA WWE&H

ADDRESS P.O. Box 1
PRICE, UTAH 84501

FACILITY LOCATION Wildcat Loadout

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG040007	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	10	01	TO	15	10	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow Rate	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
00056 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	***** *****	***** *****	***** *****	*****		1/31	MEASRD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	6.[illegible] DAILY MIN	*****	9.0 DAILY MAX	(12) SU		1/31	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****			(19)			
00530 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****		*****	35 DA AVG	70 DAILY MAX	MG/L		1/31	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)			
03582 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	***** *****	10 DAILY MAX	MG/L		1/31	GRAB
Iron, Total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)			
01045 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	***** *****	1.0 DAILY MAX	MG/L		1/31	GRAB
Solids, Total Dissolved	SAMPLE MEASUREMENT	*****		(26)	*****	*****	*****	*****			
70295 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	2000 DAILY MAX	LBS/DY	***** *****	***** *****	***** *****	*****		1/31	GRAB
	SAMPLE MEASUREMENT			*****				*****			
	PERMIT REQUIREMENT			*****				*****			

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
KIT PAPPAS/ENV.	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435	472-3988	15	11	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME IPA WWE&H

ADDRESS P.O. Box 1
PRICE, UTAH 84501

FACILITY LOCATION Wildcat Loadout

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved,
OMB No. 2040=00004

UTG040007	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	10	01	TO	15	10	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow Rate	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
00056 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	***** *****	***** *****	***** ***			1/31	MEASRD
pH	SAMPLE MEASUREMENT	*****	*****	*****		***					
00400 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*	6 DAILY MIN	***	9.0 DAILY MAX	SU		1/31	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	*****	35 7DA AVG	70 DAILY MAX	MG/L		1/31	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)			
03582 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	***** *****	***** *****	10 DAILY MAX	MG/L		1/31	GRAB
Iron, Total (as Fe)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
01045 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	***** *****	1.0 DAILY MAX	MG/L		1/31	GRAB
Solids, Total Dissolved	SAMPLE MEASUREMENT	*****		(26)	*****	*****	*****	*****			
70295 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	2000 DAILY MAX	LBS/DY	***** *****	***** *****	***** *****	*****		1/31	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			***** *****				***** *****			

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
KIT PAPPAS/ENV.	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435	472-3988	15	11	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME IPA WWE&H

ADDRESS P.O. Box 1
PRICE, UTAH 84501

FACILITY LOCATION Wildcat Loadout

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG040007	004
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	10	01	TO	15	10	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow Rate	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
00056 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	***** *****	***** *****	***** ***			1/31	MEASRD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****		12			
00400 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	6.5 DAILY MIN	*****	9.0 DAILY MAX	SU		1/31	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****			(19)			
00530 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	*****	35 7DA AVG	70 DAILY MAX	MG/L		1/31	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)			
03582 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	***** *****	10 DAILY MAX	MG/L		1/31	GRAB
Iron, Total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)			
01045 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	***** *****	1.0 DAILY MAX	MG/L		1/31	GRAB
Solids, Total Dissolved	SAMPLE MEASUREMENT	*****		(26)	*****	*****	*****	*****			
70295 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	2000 DAILY MAX	LBS/DY	***** *****	***** *****	***** *****	*****		1/31	GRAB
	SAMPLE MEASUREMENT			*****				*****			
	PERMIT REQUIREMENT			*****				*****			

NO DISCHARGE

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KIT PAPPAS/ENV.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435	472-3988	15	11	09
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME IPA WWE&H

ADDRESS P.O. Box 1
PRICE, UTAH 84501

FACILITY LOCATION Wildcat Loadout

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG040007	005
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	10	01	TO	15	10	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow Rate	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
00056 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	***** *****	***** *****	***** *****	*****		1/31	MEASRD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****		(1			
00400 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	6.5 DAILY MIN	*****	0 DAI MAX	S		1/31	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****					(1			
00530 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	*****	*****		DA A	0 DAI MAX	MG/L		1/31	GRAB
Oil & Grease	SAMPLE MEASUREMENT					*****		(19)			
03582 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT				***** *****	***** *****	10 DAILY MAX	MG/L		1/31	GRAB
Iron, Total (as Fe)	SAMPLE MEASUREMENT				*****	*****		(19)			
01045 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	***** *****	***** *****	***** *****	***** *****	1.0 DAILY MAX	MG/L		1/31	GRAB
Solids, Total Dissolved	SAMPLE MEASUREMENT	*****		(26)	*****	*****	*****	*****			
70295 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	2000 DAILY MAX	LBS/DY	***** *****	***** *****	***** *****	*****		1/31	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			***** *****				***** *****			

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)		TELEPHONE		DATE		
KIT PAPPAS/ENV.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435	472-3988	15	11	09
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME IPA WWE&H

ADDRESS P.O. Box 1
PRICE, UTAH 84501

FACILITY LOCATION Wildcat Loadout

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG040007	006
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	15	10	01	TO	15	10	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow Rate	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
00056 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	***** *****	***** *****	***** *****	*****		1/31	MEASRD
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****		(12)			
00400 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	6.5 DAILY MIN	*****	9.0 DAILY MAX	SU		1/31	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****			(19)			
00530 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	*****	*****	*****	35 30DA AVG	DAILY MAX	MG/L		1/31	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)			
03582 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	***** *****	***** *****	10 DAILY MAX	MG/L		1/31	GRAB
Iron, Total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		(19)			
01045 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	***** *****	1.0 DAILY MAX	MG/L		1/31	GRAB
Solids, Total Dissolved	SAMPLE MEASUREMENT	*****		(26)	*****	*****	*****	*****			
70295 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	2000 DAILY MAX	LBS/DY	***** *****	***** *****	***** *****	*****		1/31	GRAB
	SAMPLE MEASUREMENT			*****				*****			
	PERMIT REQUIREMENT			*****				*****			

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
KIT PAPPAS/ENV.	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these stat-tes 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	435	472-3988	15	11	09
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME IPA WWT&H

ADDRESS P.O. Box 1
PRICE, UTAH 84501

FACILITY LOCATION Wildcat Loadout

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG040007	SUM A	(Sum of all outfalls)
PERMIT NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	07	01	TO	13	07	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Solids, Total Dissolved	SAMPLE MEASUREMENT			(2N)	*****	*****	*****	*****			
70295 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	1.0 DAILY MX*	TONS/DAY	***** *****	***** *****	***** *****	*****		1/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
KIT PAPPAS/ENV.MGR.	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435	636-0820			
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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