C/007/033 Incoming

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

RECEIVED
AUG 15 2016
DIV. OF OIL, GAS & MINING

August 12, 2016

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 August 2016 – 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

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	16	07	01	TO	16	07	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OF CONCENTRATION MINIMUM	QUALITY OF CONCENTRATION AVERAGE	QUALITY OF CONCENTRATION MAXIMUM	QUALITY OF CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow Rate	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
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

KIT PAPPAS/ENV.

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
435	472-3988	16	08	12

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	16	07	01	TO	16	07	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OF CONCENTRATION MINIMUM	QUALITY OF CONCENTRATION AVERAGE	QUALITY OF CONCENTRATION MAXIMUM	QUALITY OF CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow Rate	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
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 30DA 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	16	08	12
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	16	07	01	TO	16	07	31

[X] Check here if No Discharge

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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	(12) 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 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	16	08	12
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

PERMIT NUMBER	DISCHARGE NUMBER
UTG040007	004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	16	07	01	TO	16	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			
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 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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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	16	07	01	TO	16	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			
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 DAILY MAX	S		1/31	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****			(1			
00530 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	***** *****	*****	*****	*****	DA AVG	0 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		
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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	16	07	01	TO	16	07	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OF CONCENTRATION MINIMUM	QUALITY OF CONCENTRATION AVERAGE	QUALITY OF CONCENTRATION MAXIMUM	QUALITY OF CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow Rate	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
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

KIT PAPPAS/ENV.

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

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TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
435	472-3988	16	08	12

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

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

NAME Bronco Utah Operations, LLC
Emery Mine Site

ADDRESS P.O. Box 527
Emery, Utah 84522

FACILITY LOCATION Emery County, South of Town

NATIONAL POLLUTANT DISCHARGE ELIMINATATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040=00004

UTG0022616	SUM A	(Sum of all outfalls)
PERMIT NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	16	07	01	TO	16	07	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OF CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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

KIT PAPPAS/ENV.MGR.

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these stat.tes may include fines up to $10,000 and or maxim.m imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
435	286-2027	16	08	12

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