

PLATEAU MINING CORPORATION

P.O. Box 30
Helper, UT 84526

Dennis N. Ware
Controller and
Administrative Manager

RECEIVED

JUL 26 2005

DIV. OF OIL, GAS & MINING

July 18, 2005

Mr. Jeff Studenka
State of Utah
Department of Environmental Quality
Division of Water Quality
288 North 1460 West
P.O. Box 144870
Salt Lake City, Utah 84114-4870

*Incoming
a/1007/0038*

Re: UPDES Report, June 2005 – Permit No. UTG040012

Dear Mr. Studenka:

The Discharge Monitoring Report for the month of June 2005 is enclosed. If you have any questions please do not hesitate to contact me.

Sincerely,



Dennis N. Ware
Controller and Administrative Manager

Enclosures

✓ cc: Pamela Grubaugh-Littig, UDOGM, SLC Office

An affiliate of
FOUNDATION COAL

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

NAME PLATEAU MINING CORP

ADDRESS WILLOW CREEK MINE

P.O. BOX 30

HELPER

UT 84526

FACILITY PLATEAU MINING CORP

LOCATION HELPER

UT 84526

ATTN: JOHNNY PAPPAS

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

UTG040012

PERMIT NUMBER

SUM A

DISCHARGE NUMBER

MINOR

F - FINAL

SUM OF ALL OUTFALLS

MONITORING PERIOD

| | | | | | | | |
|------|------|----|-----|----|------|----|-----|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 05 | 06 | 01 | | 05 | 06 | 30 |

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

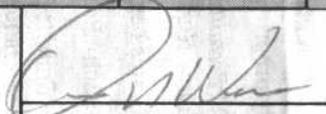
| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------------|--------------------|---------------------|---------|-----------------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| SOLIDS, TOTAL DISSOLVED | SAMPLE MEASUREMENT | ***** | | (26) | ***** | ***** | ***** | | | | |
| 10295 Q 0 0 SEE COMMENTS BELOW | PERMIT REQUIREMENT | ***** | 2000 | DAILY MX LBS/DY | ***** | ***** | ***** | **** | | ONCE/ GRAB MONTH | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Dennis N Ware
Controller & Admin. 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.


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| | | | | |
|--------------|--------|------|----|-----|
| TELEPHONE | | DATE | | |
| 435 472-4737 | | 05 | 07 | 18 |
| AREA CODE | NUMBER | YEAR | MO | DAY |

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

IF TDS IS 500 MG/L OR LESS AT EACH OUTFALL ENTER N.A. FOR SUM A.

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

NAME PLATEAU MINING CORP
ADDRESS WILLOW CREEK MINE
P.O. BOX 30
HELPER UT 84526
FACILITY PLATEAU MINING CORP
LOCATION HELPER UT 84526
ATTN: JOHNNY PAPPAS

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

UTG040012
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MINOR

F - FINAL
WILLOW CREEK DISCHARGE

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|------|----|-----|----|
| YEAR | MO | DAY | YEAR | MO | DAY | |
| 05 | 06 | 01 | TO | 05 | 06 | 30 |

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

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|--------------|--------------------------|---------|---------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW RATE | | | | (07) | ***** | ***** | ***** | | | | |
| 00056 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT | REPORT | | ***** | ***** | ***** | **** | | ONCE/ MONTH | MEASRD |
| PH | | ***** | ***** | | | ***** | | (12) | | | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.5 | ***** | 9.0 | | | ONCE/ MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED | | ***** | ***** | | | | | (19) | | | |
| 00530 P 0 0 SEE COMMENTS BELOW | PERMIT REQUIREMENT | ***** | ***** | **** | 25 | 35 | 70 | | | ONCE/ MONTH | GRAB |
| SOLIDS, SETTLEABLE | | ***** | ***** | | | | | (25) | | | |
| 00545 0 0 0 SEE COMMENTS BELOW | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 0.5 | | | ONCE/ MONTH | GRAB |
| OIL & GREASE | | ***** | ***** | | | | | (19) | | | |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 10 | | | ONCE/ MONTH | GRAB |
| IRON, TOTAL (AS FE) | | ***** | ***** | | | | | (19) | | | |
| 01045 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 1.0 | | | ONCE/ MONTH | GRAB |
| FLOATING SOLIDS OR VISIBLE FOAM-VISUAL | | ***** | ***** | (94) | | | | | | | |
| 45613 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | 0 YES=1 NO=0 | ***** | ***** | ***** | **** | | ONCE/ MONTH | VISUAL |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Dennis N. Ware
Controller & Admin Mgr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

435 472-4737

AREA CODE NUMBER

DATE

05 07 18

YEAR MO DAY

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

SETTLEABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS DURING RUNOFF EVENTS CAUSED BY LESS THAN THE 10 YR/24 HR PRECIPITATION EVENT. ENTER N.A. WHEN NOT APPLICABLE. IF 30 DAY AVG TSS OF 500 MB/L CANNOT BE ACHIEVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SHN FROM ALL OUTFALLS.

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

NAME PLATEAU MINING CORP
ADDRESS WILLOW CREEK MINE
P.O. BOX 30
HELPER UT 84526
FACILITY PLATEAU MINING CORP
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ATTN: JOHNNY PAPPAS

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DISCHARGE MONITORING REPORT (DMR)

UTG040012
PERMIT NUMBER

001 A
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F - FINAL
WILLOW CREEK DISCHARGE

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 06 | 01 | 05 | 06 | 30 |

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|---------|--------|--------------------------|----------|---------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | | (94) | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | 0 | YES=1 | ***** | ***** | ***** | *** | | ONCE/ | VISUAL |
| | | | DAILY | NO=0 | | | | **** | | MONTH | |
| SOLIDS, TOTAL DISSOLVED 70295 R 0 0 SEE COMMENTS BELOW | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | ***** | (19) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | REPORT | ***** | | | ONCE/ | GRAB |
| | | | | **** | | 30DA AVG | | MG/L | | MONTH | |
| | 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
Johnny N. Warren
Controller & Admin Mgr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Johnny N. Warren

TELEPHONE 435 472-4737
DATE 05 07 18
AREA CODE NUMBER YEAR MO DAY

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