

**PLATEAU MINING CORPORATION**

P.O. Box 30  
Helper, UT 84526

**Dennis N. Ware**  
Controller and  
Administrative Manager

July 12, 2006

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

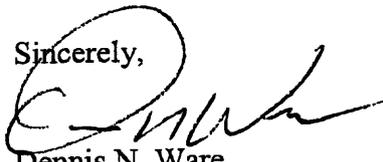
*Ware*  
*CP007/0038*  
*TASK 0531*

**Re: UPDES Report, June 2006 – Permit No. UTG040012**

Dear Mr. Studenka:

The Discharge Monitoring Report for the month of June 2006 is enclosed. If you have any questions please do not hesitate to contact me.

Sincerely,

  
Dennis N. Ware  
Controller and Administrative Manager

RECEIVED  
JUL 17 2006  
DIV. OF OIL, GAS & MINING

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 84325

FACILITY PLATEAU MINING CORP

LOCATION HELPER

UT 84325

ATTN: JOHNNY PAPPAS

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

PERMIT NUMBER  
0053012

DISCHARGE NUMBER  
001 A

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
06	06	01	TO	06	08	30

MINOR  
P - FINAL  
WILLOW CREEK DISCHARGE

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	SAMPLE MEASUREMENT			( 0 )							
00050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	*****	*****	*****			ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT							( 12 )			
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	9.0 MAXIMUM	*****		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT							( 19 )			
00530 2 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****		25 30DA AVG	35 MX 7D AV	70 DAILY MX	*****		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT							( 25 )			
00545 2 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****		*****	*****	0.5 DAILY MX	*****		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT							( 19 )			
00555 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****		*****	*****	10 DAILY MX	*****		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT							( 19 )			
01005 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 DAILY MX	*****		ONCE/ MONTH	GRAB
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT			( 94 )							
00513 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	0 YES=1 DAILY MX NO=0		*****	*****	*****	*****		ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Dennis N. Wark  
Controller & Admin  
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  
*[Signature]*

TELEPHONE  
435 472 4737  
DATE  
06 07 12  
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SETTLABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS DURING RINCOFF EVENTS CAUSED BY LESS THAN THE 10 YR/24 HR PRECIPITATION EVENT. ENTER N.A. WHEN NOT APPLICABLE. IF 30 DAY AVG TDS OF 500 MG/L CANNOT BE ACHIEVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SET FORTH FROM ALL OUTFALLS.

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

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

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

PERMIT NUMBER: 818040012  
DISCHARGE NUMBER: 001

MONITORING PERIOD

FROM: YEAR 06 MO 01 DAY 01 TO YEAR 06 MO 01 DAY 30

WILLOW CREEK DISCHARGE

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			
SANITARY WASTE DISCHARGED-ASSESSMENT				( )		*					
45614 L 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	DAILY	MG	*****	*****	*****		ONCE/MONTH	VISUAL	
SOLIDS, TOTAL DISSOLVED				( 19 )							
70295 R 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	REPORT		*****	*****	*****		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  
Johnny Pappas  
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: 435 472 4737  
DATE: 06 07 12  
AREA CODE: NUMBER: YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SETTLABLE SOLIDS SHALL BE LIMITED INSTEAD OF TSS DURING RUNOFF EVENTS CAUSED BY LESS THAN THE 10 YR/24 HR PRECIPITATION EVENT. EXCEPT W.A. WHEN NOT APPLICABLE. IF 30 DAY AVG TDS OF 500 MG/L CANNOT BE ACHIEVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SUMP FROM ALL OUTFALLS.

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

NAME BEATTY MINING CORP

ADDRESS RIBBON CANYON MINE

P.O. BOX 30

HAILEY

FACILITY BEATTY MINING CORP

LOCATION HAILEY

ATTN: JENNIFER PAPPAS

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

95-04001  
PERMIT NUMBER

DM A  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01			05	05

FROM

TO

NO. OF ALL OUTFALLS

NO. OF DISCHARGES

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 70295 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT			(26)							
	PERMIT REQUIREMENT		2000	DAILY OR LESS/DY							
	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  
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  
*[Signature]*

TELEPHONE: 435 472 4737  
DATE: 06 07 12  
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 OUTFALL.