0042

PLATEAU MINING CORPORATION

P.O. Box 30
Helper, UT 84526

Dennis N. Ware
Controller and
Administrative Manager

Incoming
C/007/0038 OK

September 18, 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

RECEIVED
SEP 21 2006
DIV. OF OIL, GAS & MINING

Re: UPDES Report, August 2006 – Permit No. UTG040012

Dear Mr. Studenka:

The Discharge Monitoring Report for the month of August 2006 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

Phone: 435.472.4737 **Fax**: 435.472.4782 **Mobile**: 435.650.2951 **Email**: dware@foundationcoal.com

Form Approved.
OMB No. 2040-0004

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)*

PERMIT NUMBER	DISCHARGE NUMBER
UTG040012	SUM A

MINOR

F - FINAL

SUM OF ALL OUTFALLS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31

*** NO DISCHARGE |_|/| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL DISSOLVED 70295 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******		(26)	******	******	******				
	PERMIT REQUIREMENT	******	2000 DAILY MX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Dennis N Ware
Controller

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		
AREA CODE	NUMBER	YEAR	MO	DAY
435	472 4737	06	09	18

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.

Form Approved.
OMB No. 2040-0004

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)*

PERMIT NUMBER	DISCHARGE NUMBER
UTG040012	001 A

MINOR
F - FINAL
WILLOW CREEK DISCHARGE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE	SAMPLE MEASUREMENT			(07)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******					(19)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	25 30DA AVG	35 MX 7D AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	******	******		******	******		(25)			
00545 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
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/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Dennis M Ware Controller	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	435 472-4737		06	09	18
TYPED OR PRINTED			AREA CODE	NUMBER	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 TDS OF 500 MB/L CANNOT BE ACHEIVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SUM FROM ALL OUTFALLS.

Form Approved.
OMB No. 2040-0004

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)*

PERMIT NUMBER	DISCHARGE NUMBER
UTG040012	001 A

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31

MINOR
F - FINAL
WILLOW CREEK DISCHARGE
*** NO DISCHARGE [✓] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE DISCHARGED-ASSESSMNT 45614 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******		(94)	******	******	******				
	PERMIT REQUIREMENT	******	0 YES=1 DAILY MX NO=0		******	******	******	*** ****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED 70295 K 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******		******	(19)			
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT 30DA AVG	******	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
Dennis M Ware
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TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
435	472 4737	06	09	18

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