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PLATEAU MINING CORPORATION

P.O. Box 30
Helper, UT 84526

Dennis N. Ware
Controller and
Administrative Manager

November 2, 2006

RECEIVED
NOV 06 2006
DIV. OF OIL, GAS & MINING

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
C/007/0038

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

Dear Mr. Studenka:

The Discharge Monitoring Report for the month of October 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

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

ADDRESS

FACILITY

LOCATION

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

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			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		2000 DAILY MX							ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	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.		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX							ONCE/ MONTH	MEASRD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM			ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				25 30DA AVG	35 MX 7D AV	70 DAILY MX			ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.5 DAILY MX			ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						10 DAILY MX			ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						1.0 DAILY MX			ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		0 DAILY MX							ONCE/ MONTH	VISUAL

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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		DAILY MX							ONCE/ MONTH	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					REPORT 30DA AVG				ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
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