0045

PLATEAU MINING CORPORATION

P.O. Box 30
Helper, UT 84526

Dennis N. Ware
Controller and
Administrative Manager

October 15, 2007

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

C/007/0038

Re: UPDES Report, September 2007 – Permit No. UTG040012

Dear Mr. Studenka:

The Discharge Monitoring Report for the month of September 2007 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

RECEIVED
OCT 17 2007
DIV. OF OIL, GAS & MINING

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
UT0024892	SUM A

MONTHLY
M - FINAL
SUM OF ALL OUTFALLS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

X 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 0 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			TELEPHONE		DATE		
Dennis N 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	4724737	07	10	05
TYPED OR PRINTED			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 REPORT 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)*

MINOR

UT-0024012	001 A
PERMIT NUMBER	DISCHARGE NUMBER

- FINAL
WILLOW CREEK DISCHARGE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	97	07	01	TO	07	07	30

NO DISCHARGE [V]

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	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 2 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 2 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			(4)							
45613 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0 DAILY MX	EF=1 NONE	******	******	******			ONCE/ MONTH	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
- Dennis W 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.	435	4724727	07	10	15
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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. HERE IF NOT APPLICABLE. IF 30 DAY AVG TSS OF 500 MG/L CANNOT BE ACHIEVED AT EACH OUTFALL, THEN PERMITTEE IS LIMITED TO ONE TON (2000 LBS) PER DAY AS SUM FROM ALL OUTFALLS.

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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
UT0040812	001 X

M - MONTHLY
F - FINAL
WILLOW CREEK DISCHARGE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

* NO DISCHARGE [V] *

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			
SANITARY WASTE DISCHARGED-ASSESSMENT	SAMPLE MEASUREMENT	******		(34)	******	******	******				
50614 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0 YES=1 DAILY MX NO=0		******	******	******	*****		ONCE/ MONTH	VISUAL
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	******	******		******		******	(19)			
70295 P 0 0 SEE COMMENTS BELOW	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		TELEPHONE		DATE		
Dennis N 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.	435 472 4777		07	10	15
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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. SEE R 5.A.4 IS NOT APPLICABLE. IF 30 DAY AVG TSS OF 500 MG/L CANNOT BE ACHIEVED AT EACH OUTFALL, THEN PLATEAU IS LIMITED TO 2 TON (2000 LBS) PER DAY AS SUM FROM ALL OUTFALLS.

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

PAGE OF

Form Approved
OMB No. 2040-0004

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

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

NAME: PLATEAU MINING CORP-WILLOW CK
ADDRESS: WILLOW CREEK MINE
HELPER, UT 84526
FACILITY: PLATEAU MINING CORP
LOCATION: WILLOW CREEK MINE
HELPER, UT 84526

ATTN:DENNIS WARE

UTG040012	016A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

DMR MAILING ZIP CODE: 84526
MINOR
Temporary dewatering of mine shaft #2 discharg
External Outfall
No Discharge ☑

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
pH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******					(19)			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		25 30DA AVG	35 7DA AVG	70 DAILY MX	mg/L		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	5 DAILY MX	mg/L		See Permit	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	1 DAILY MX	mg/L		Monthly	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	******		(9P)	******	******	******				
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	******	0 DAILY MX	Y=1;N=0	******	******	******			Monthly	GRAB
Sanitary waste discharged-assessmnt	SAMPLE MEASUREMENT	******		(9P)	******	******	******				
45614 1 0 Effluent Gross	PERMIT REQUIREMENT	******	0 DAILY MX	Y=1;N=0	******	******	******			Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
Dennis Ware Controller			435 472 4737		07	10	15
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Settleable solids may be analyzed during storm events in place of TSS, otherwise enter n/a. If TDS > 500 mg/l then the SUMA of all outfalls shall not exceed 1 ton/day.

Form Approved
OMB No 2040-0004

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

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

NAME: PLATEAU MINING CORP-WILLOW CK
ADDRESS: WILLOW CREEK MINE
HELPER, UT 84526
FACILITY: PLATEAU MINING CORP
LOCATION: WILLOW CREEK MINE
HELPER, UT 84526

ATTN:DENNIS WARE

UTG040012	016A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

DMR MAILING ZIP CODE: 84526
MINOR

Temporary dewatering of mine shaft #2 discharg
External Outfall

No Discharge ☑

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			(07)	******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. AVERAGE	Req. Mon. DAILY MX	gal/d	******	******	******			Monthly	MEASRD
Solids, total dissolved	SAMPLE MEASUREMENT	******	******		******		******	(19)			
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******		(9P)	******	******	******				
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	0 DAILY MX	Y=1;N=0	******	******	******			Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Dennis W 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.		435 472 4777		07	10	07
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Settleable solids may be analyzed during storm events in place of TSS, otherwise enter n/a. If TDS > 500 mg/l then the SUMA of all outfalls shall not exceed 1 ton/day.