C/007/038
Incoming
gk

0005

PLATEAU MINING CORPORATION

P.O. Box 30
Helper, UT 84526

Dennis N. Ware
Controller and
Administrative Manager

March 5, 2008

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
MAR 10 2008
DIV. OF OIL, GAS & MINING

Re: UPDES Report, February 2008 – Permit No. UTG040012

Dear Mr. Studenka:

The Discharge Monitoring Report for the month of February 2008 is enclosed. If you have any questions please do not hesitate to contact me.

Sincerely,

Dennis N. Ware
Controller and Administrative Manager

Enclosures

✓ cc: DOGM, SLC Office

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)*

UTG040012	SUM A	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F - FINAL

SUM OF ALL OUTFALLS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	02	01	TO	08	02	29

NO DISCHARGE [V]

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
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
AREA CODE: 435 | NUMBER: 472 4777

DATE
YEAR: 05 | MO: 03 | DAY: 25

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)*

UT0040012	001 A	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F - FINAL
		WILLOW CREEK DISCHARGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	02	01	TO	98	02	28

NO DISCHARGE [X]

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			
FLOW RATE	SAMPLE MEASUREMENT			(07)							
00056 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	CFD						ONCE/ MONTH	MEASRD
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT							(12)			
00400 1 0 0	PERMIT REQUIREMENT				6.5 MINIMUM		9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT							(19)			
00530 P 0 0	PERMIT REQUIREMENT				25 30DA AVG	35 MX 7D AV	70 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW											
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT							(25)			
00545 Q 0 0	PERMIT REQUIREMENT						0.5 DAILY MX	ML/L		ONCE/ MONTH	GRAB
SEE COMMENTS BELOW											
OIL & GREASE	SAMPLE MEASUREMENT							(19)			
00556 1 0 0	PERMIT REQUIREMENT						10 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT							(19)			
01045 1 0 0	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
FLOATING SOLIDS OR VISIBLE FOAM-VISUAL	SAMPLE MEASUREMENT			(94)							
45613 1 0 0	PERMIT REQUIREMENT		0 DAILY MX	YES=1 NO=0						ONCE/ MONTH	VISUAL
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Dennis W Wan
Controller
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
435	472 4737		98	03	05

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 MG/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 84525
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	08	02	01	TO	08	02	29

*** NO DISCHARGE |X| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SANITARY WASTE DISCHARGED-ASSESSMNT 45514 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 R 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 N Ware
Controller
TYPED OR PRINTED

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[signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
435	4724737	05	03	05

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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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**

DMR MAILING ZIP CODE: 84526
MINOR

Temporary dewatering of mine shaft #2 discharg
External Outfall

No Discharge X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~07~~ 09	~~04~~ 02	~~17~~ 01	TO	~~07~~ 08	~~05~~ 02	~~16~~ 29

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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 7 DA 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			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 4737		08	03	05
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 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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**

DMR MAILING ZIP CODE: 84526
MINOR

Temporary dewatering of mine shaft #2 discharg
External Outfall

No Discharge [X]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~07~~ 09	~~04~~ 02	~~17~~ 01	TO	~~07~~ 09	~~08~~ 02	~~18~~ 29

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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			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 4737	09	03	05
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 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.