0015

Incoming
C/007/0038
cc. Dave

PLATEAU MINING CORPORATION

P.O. Box 30
Helper, UT 84526

Dennis N. Ware
Controller and
Administrative Manager

RECEIVED
JUL 18 2008
DIV. OF OIL, GAS & MINING

July 14, 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

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

Dear Mr. Studenka:

The Discharge Monitoring Report for the month of June 2008 is enclosed.

During the 1st half of July 2008 the Shaft and Holding Pond in Crandall Canyon was reclaimed. This Shaft is identified as Outfall 016A in the UPDES Permit. Since Outfall 016A has been reclaimed and, therefore can not discharge, please inactivate this outfall. Outfall 001A, located west of the entrance to the College of Eastern Utah's Western Energy Training Center in Willow Creek Canyon, is the only other outfall in the permit. Outfall 001A has not discharged since the Willow Creek Mine was permanently closed in the summer of 2000, in fact, this outfall has not had more than an inch or two of water accumulation in the pond since mine closure. Since there are no plans to put water in this pond and since the largest storm event in the last eight years has done no more than dampen the bottom of the pond, the Permittee is also requesting that this outfall be inactivated. The Permittee will continue to perform quarterly inspections on Pond and Outfall 001A as required by the Permittee's SMCRA Permit. These quarterly inspections will continue until final SMCRA bond release is achieved for this area.

Sincerely,

Dennis N. Ware
Controller and Administrative Manager

Enclosures

cc: DOGM, SLC Office

An affiliate of FOUNDATION COAL

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

UNITED STATES POSTAL SERVICE

0015

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HUNTINGDON
JUL 15 2008
PM
84528

• Sender: Please print your name, address, and ZIP+4 in this box •

LETTER DATED 7/11/08
PROPOSED ASSESSMENT N10023
C/007/011 HIAWATHA COAL COMPANY

VICKIE SOUTHWICKI
DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
SALT LAKE CITY UTAH 84114

RECEIVED
JUL 17 2008
DIV. OF OIL, GAS & MINING

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	SUMA
PERMIT NUMBER	**DISCHARGE NUMBER**

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

DMR MAILING ZIP CODE: 84526
MINOR

SUM OF ALL OUTFALLS
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	******			******	******	******				
70295 Q 0 See Comments	PERMIT REQUIREMENT	******	2000 DAILY MX	lb/d	******	******	******			Monthly	GRAB

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.				08	07	14
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)

IF TDS IS 500 MG/L OR LESS AT EACHOUTFALL ENTER N.A. FOR SUM A.

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	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

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

DMR MAILING ZIP CODE: 84526
MINOR

WILLOW CREEK DISCHARGE
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				******	******	******				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******			Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******								
00530 P 0 See Comments	PERMIT REQUIREMENT	******	******		25 30DA AVG	35 MX 7D AV	70 DAILY MX	mg/L		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	******	******		******	******					
00545 Q 0 See Comments	PERMIT REQUIREMENT	******	******		******	******	.5 DAILY MX	mL/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	******	******		******	******					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	10 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******		******	******					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	1 DAILY MX	mg/L		Monthly	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	******			******	******	******				
45613 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435 472 4777		08	07	14
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

See permit for Settleable Solids Conditions, otherwise enter "N/A". If a visual sheen is observed then and oil and grease must be collected immediately, otherwise enter "N/A"

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	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

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

DMR MAILING ZIP CODE: 84526
MINOR

WILLOW CREEK DISCHARGE
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sanitary waste discharged-assessmnt	SAMPLE MEASUREMENT	******			******	******	******				
45614 1 0 Effluent Gross	PERMIT REQUIREMENT	******	0 DAILY MX	Y=1;N=0	******	******	******			Monthly	VISUAL
Solids, total dissolved	SAMPLE MEASUREMENT	******	******		******		******				
70295 R 0 See Comments	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED					08	07	14

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

See permit for Settleable Solids Conditions, otherwise enter "N/A". If a visual sheen is observed then and oil and grease must be collected immediately, otherwise enter "N/A"

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

UTG040012	016A
PERMIT NUMBER	DISCHARGE NUMBER

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

☑ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Dennis Wade 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		
435	472 4787	08	07	14
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

UTG040012	0164
PERMIT NUMBER	DISCHARGE NUMBER

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

☑ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Dennis N Ware Controller

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
435	472 4737	08	07	14
AREA CODE	NUMBER	YEAR	MO	DAY

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