0017

gt C/007/038 Incoming
cc: Steve D.

PLATEAU MINING CORPORATION

P.O. Box 30
Helper, UT 84526

Dennis N. Ware
Controller and
Administrative Manager

August 11, 2008

RECEIVED
AUG 14 2008
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

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

Dear Mr. Studenka:

The Discharge Monitoring Report for the month of July 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

An affiliate of FOUNDATION COAL

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

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	07	01	TO	08	07	31

DMR MAILING ZIP CODE: 84526
MINOR

SUM OF ALL OUTFALLS
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			
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	435 472 4737		08	08	11
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 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)*

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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	07	01	TO	08	07	31

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			
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 4737		08	08	11
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	07	01	TO	08	07	31

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		
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 4737	08	08	11
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"

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME PLATEAU MINING CORP.
ADDRESS P.O. BOX 30
Helper, UT 84526

FACILITY LOCATION WILLOW CREEK MINE
HELPER, UT 84526

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
UTG040012	016

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	09	07	31

[X] 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										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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	472 4777	08	09	11
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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