



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Department of
Environmental Quality

Alan Matheson
Executive Director

DIVISION OF WATER QUALITY
Walter L. Baker, P.E.
Director

C/007/041 Incoming
cc: Steve C.

RECEIVED
NOV 16 2015
DIV. OF OIL, GAS & MINING

NOV 12 2015

CERTIFIED MAIL
(Return Receipt Requested)

Ms. Karin Madsen, Engineering Tech.
West Ridge Resources, Inc.
794 North C Canyon Road
P.O. Box 910
East Carbon, UT 84520

Subject: UPDES Inspection – West Ridge Resources, Inc. (UT0025640).

Dear Ms. Madsen:

On September 10, 2015, I completed a Compliance Evaluation Inspection (CEI) of West Ridge Resources, Inc. Enclosed is a report of that inspection. Two requirements were noted in the report. A “deficiency” is non-compliance with UPDES permit requirements or associated regulations and a “requirement” does not mean non-compliance but rather actions we would like completed to prevent potential non-compliances. Please respond to these “requirements” within thirty days of receipt of this inspection report.

If you have any questions, please contact me at (801) 536-4386 or by e-mail at mherkimer@utah.gov.

Sincerely,

Mike Herkimer, Environmental Scientist
UPDES Surface Water Section

KM:MH:nf

- Enclosures: (6)
1. 3560 form (DWQ-2015-012441)
 2. SW 3560 form (DWQ-2015-012442)
 3. Inspection report (DWQ-2015-012443)
 4. Inspection checklist (DWQ-2015-012444)
 5. Photo log (DWQ-2015-012445)
 6. Checklist calculations, etc. (DWQ-2015-012446)

cc: Brady Bradford, SE District Health Department (w/o encl)
Dave Ariotti, SE District Engineer (w/o encl)
Daron Haddock, Division of Oil Gas & Mining (w/encl)

DWQ-2015-012439)
U:\PERMITS\MHERKIMER\wp\Genwal Permit\CEI cover letter Genwal Mine 9-10-2015.docx



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding (i.e., ICIS)

Transaction Code N	NPDES U T 0 0 2 5 6 4 0	yr/mo/day 1 5 0 9 1 0	Inspection Type C	Inspector S	Fac. Type 2
Remarks					
Inspection Work Days 2	Facility Self-Monitoring Evaluation Rating 4	BI D	QA N	Reserved	

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) West Ridge Mine 794 C Canyon Road, approximately 3 miles northeast of East Carbon, Utah	Entry Time/ Date 12:30 pm 9-10-2015	Permit Effective Date 5/1/2011
	Exit Time/ Date 3:45 pm 9-10-2015	Permit Expiration Date 4/30/2016
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Karin Madsen, Engineering Tech., 435-888-4026	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Bituminous Coal Underground Mining Facility SIC Code 1222 NAICS 212112 SEE ATTACHED	
Name, Address of Responsible Official/Title/Phone and Fax Number David Hibbs, President UtahAmerican Energy, Inc. 794 North "C" Canyon Road P.O. Box 910 East Carbon, Utah 84520-0910	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input checked="" type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description

Name(s) and Signature(s) of Inspector(s) Mike Herkimer, Environmental Scientist 	Agency/Office/Phone and Fax Number(s) DWQ (801) 536-4386	Date: 10/29/15
N/A		
Name and Signature of Management Q A Reviewer Kim Shelley, Manager Surface Water Section 	Agency/Office/Phone and Fax Number(s) DWQ (801) 536-4385	Date: 11/10/15

INSTRUCTIONS

Section A: National Data System Coding (i.e., ICIS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc. (Use the Remarks columns to record the State permit number, if necessary.)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A Performance Audit	X Toxics Inspection	6 IU Non-Sampling Inspection with Pretreatment
B Compliance Biomonitoring	Z Sludge - Biosolids	7 IU Toxics with Pretreatment
C Compliance Evaluation (non-sampling)	# Combined Sewer Overflow-Sampling	! Pretreatment Compliance (Oversight)@
D Diagnostic	\$ Combined Sewer Overflow-Non-Sampling	Follow-up (enforcement)
F Pretreatment (Follow-up)	+ Sanitary Sewer Overflow-Sampling	{ Storm Water-Construction-Sampling
G Pretreatment (Audit)	& Sanitary Sewer Overflow-Non-Sampling	} Storm Water-Construction-Non-Sampling
I Industrial User (IU) Inspection	\ CAFO-Sampling	: Storm Water-Non-Construction-Sampling
J Complaints	= CAFO-Non-Sampling	~ Storm Water-Non-Construction-Non-Sampling
M Multimedia	2 IU Sampling Inspection	< Storm Water-MS4-Sampling
N Spill	3 IU Non-Sampling Inspection	- Storm Water-MS4-Non-Sampling
O Compliance Evaluation (Oversight)	4 IU Toxics Inspection	> Storm Water-MS4-Audit
P Pretreatment Compliance Inspection	5 IU Sampling Inspection with Pretreatment	
R Reconnaissance		
S Compliance Sampling		
U IU Inspection with Pretreatment Audit		

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

A- State (Contractor)	O- Other Inspectors, Federal/EPA (Specify in Remarks columns)
B- EPA (Contractor)	P- Other Inspectors, State (Specify in Remarks columns)
E- Corps of Engineers	R- EPA Regional Inspector
J- Joint EPA/State Inspectors—EPA Lead	S- State Inspector
L- Local Health Department (State)	T- Joint State/EPA Inspectors—State lead
N- NEIC Inspectors	

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1- Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2- Industrial. Other than municipal, agricultural, and Federal facilities.
- 3- Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4- Federal. Facilities identified as Federal by the EPA Regional Office.
- 5- Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as follow-up on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

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This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.



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1	2	3	4	5	6
Remarks					
21					
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67	69	70	71	72	73 74 75 80

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F	Pretreatment (Follow-up)	+	Sanitary Sewer Overflow-Sampling	{	Storm Water-Construction-Sampling
G	Pretreatment (Audit)	&	Sanitary Sewer Overflow-Non-Sampling	}	Storm Water-Construction-Non-Sampling
I	Industrial User (IU) Inspection	\	CAFO-Sampling	:	Storm Water-Non-Construction-Sampling
J	Complaints	=	CAFO-Non-Sampling	~	Storm Water-Non-Construction-Non-Sampling
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N	Spill	3	IU Non-Sampling Inspection	-	Storm Water-MS4-Non-Sampling
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INSPECTION PROTOCOL

UPDES Permit #: UT0025640 – West Ridge Resources, Inc.

Inspection Type: Compliance Evaluation Inspection (CEI) + Storm Water Inspection

Inspection Date: September 10, 2015

Mike Herkimer of the Division of Water Quality (DWQ) met with Karin Madsen, Engineering Technician for West Ridge Resources, Inc. The purpose and scope of the inspection were explained, CEI and storm water checklists were completed, and a brief facility tour was completed.

FACILITY DESCRIPTION

Location: West Ridge Resources, Inc., West Ridge Mine is an underground coal mining operation located in C Canyon, ephemeral drainage to Grassy Trail Creek, in Carbon County just north of State Highway 123 near East Carbon, Utah. The mine will cease discharging the end of November 2015 and begin reclamation. The mailing address is:

West Ridge Resources, Inc.

P.O. Box 910

East Carbon, Utah 84520

and the shipping address and location of headquarters for the mine is:

West Ridge Resources, Inc.

794 North C Canyon Road

East Carbon, Utah 84520

Discharge points:

<u>Outfall</u>	<u>Description</u>
001	Two sedimentation ponds in series known as A and B collect runoff from the surface facilities of the mine. The discharge is from sedimentation pond A to C Canyon Drainage. There has been no discharge from these ponds over the last five years; Latitude 39°36'45" and Longitude 110°26'26".
002	Outfall 002 is composed of mine water from the Schroeder Industries BH-10 Multi-Bag Filters. Discharge is to a culvert under the mine carrying C Canyon Creek through the disturbed area. The discharge is upstream of the 001 discharge; Latitude 39°36'58" and Longitude 110°26'10".

Design capacity for the mine: 3.0 million gallons per day (MGD).

Receiving Waters:

C Canyon Creek drainage, which is ephemeral and flows to Grassy Trail Creek is not classified according to *Utah Administrative Code (UAC) R317-2-13*, however Grassy Trail Creek is classified as 2B, 3C and 4.

- Class 2B -Protected for secondary contact recreation such as boating, wading, or similar uses.
- Class 3C -Protected for non-game fish and other aquatic life, including the necessary aquatic organisms in their food chain.
- Class 4 -Protected for agricultural uses including irrigation of crops and stock watering.

INSPECTION SUMMARY

Effluent & Flow Measurement: Effluent flow is measured underground by three in-line flow meters on 6", 8", and 10" lines. The three lines combine into one line which goes to the surface for discharge. When the long wall is operating, water is used out of the 6" pipe. The amount of water used out of this 6" line fluctuates based on the water needed. As a result a second measurement of flow is taken at the surface discharge from Outfall 002. A Marsh McBirney velocity meter is used to measure velocity in a known cross sectional area. This flow is used on the DMR and is the actual flow leaving Outfall 002. The inspector was not able to observe the flow meters underground.

Permit and Record Keeping: The discharge monitoring report (DMR) for December 2014 was reviewed in depth to determine if the DMR was prepared properly. Holding time for all parameters was met, but a few calculations appear to be incorrect. The thirty day average for aluminum appears not to be calculated properly as well as the 30 day average for total suspended solids. This is not a violation of the permit or a deficiency because there are no numbers in violation of permit limits or anywhere near permit limits and viable samples were taken and recorded.

The DMR submitted for December 2014 includes an average pH value. It is not necessary to include that value on the DMR form, but it is required to include the minimum and maximum pH values, as was done. The Company is welcome to report additional calculated numbers on the DMR, but it is not necessary. For example, the minimum and average value for total aluminum and iron are not required to be reported on the DMR by the UPDES permit. DWQ is OK with this being done, but it is voluntary on the Company's part.

Storm Water: At the time of the inspection a Storm Water Pollution Prevention Plan (SWPPP) for West Ridge was provided. There were a number of items not up to date in the plan and it was decided that West Ridge would up-date the SWPPP.

DEFICIENCIES

1. None.

CORRECTIVE ACTION

1. None.

REQUIREMENTS

1. Please review the thirty day average calculations for aluminum and total suspended solids for the December 2014 DMR. If they were in error please submit an amended DMR with the appropriate corrected numbers.
2. Please up-date your storm water program inclusive of the SWPPP.

LIST OF ATTACHEMENTS (appended to this narrative report and 3560-3 form)

- State checklist
- Photo log
- Checklist data tables with associated attachments (Raw data lab sheets & DMR ivity)

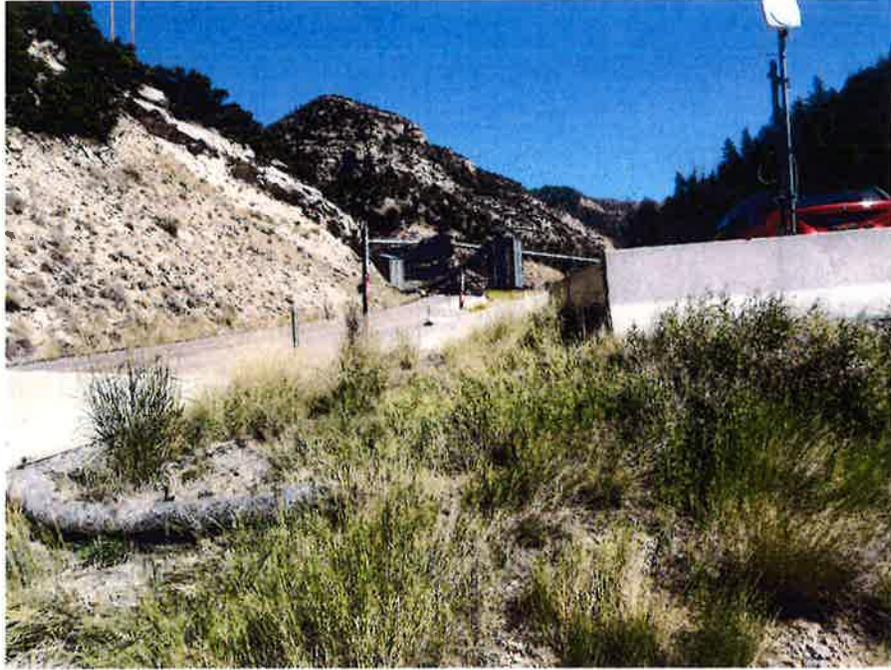


Photo #1: West Ridge Facility.



Photo #2: Cell #1 of Outfall 001 at West Ridge.



Photo #3: Cell #2 of Outfall 001 at West Ridge.



Photo#4: Outfall 002, Mine water discharge at West Ridge Mine.

Dec 2014

USEPA REGION 8 NPDES ~~LAGOON~~ INSPECTION CHECKLIST

NPDES PERMIT #: UT025640

INSPECTION DATE: 9/10/15

FACILITY: West Ridge

I. PERMIT VERIFICATION

YES NO N/A Inspection observations verify information contained in permit.

- Yes No N/A 1. Current copy of permit on site.
- Yes No N/A 2. Name, mailing address, contact, and phone number are correct in ~~PER~~ ^{IES}. If not, indicate correct information on Form 3560.
- 3. Brief description of the ~~wastewater~~ treatment plant:

Sed ponds -> 2 cells, mine water discharge.
Fe treatment underground. => Use drum => settling =>
discharge.

- Yes No N/A 4. Facility is as described in permit. If not, what is different? _____

- Yes No N/A 5. EPA/State has been notified of any new, different, or increased loading ~~to the WWTP~~

- Yes No N/A 6. Number and location of discharge points are as described in the permit.

- Yes No N/A 7. Name of receiving water(s) is/are correct.

Comments:

II. RECORDKEEPING AND REPORTING EVALUATION

YES NO N/A Records and reports are maintained as required by permit.

- Yes No N/A 1. All required information is current, complete, and reasonably available.
- Yes No N/A 2. Information is maintained for the required 3 year period.
- Yes No N/A 3. Sampling and analysis data are adequate and include:
 - No N/A a. Dates, times, locations of sampling.
 - No N/A b. Initials of individual performing sampling.
 - No N/A c. Referenced analytical methods and techniques in conformance with 40 CFR Part 136.
 - No N/A d. Results of analyses and calibration.
 - No N/A e. Dates of analyses (and times if required by permit).
 - No N/A f. Initials of person performing analyses.
 - No N/A g. Instantaneous flow at grab sample stations.

- Yes No N/A 4. Sampling and analysis completed on parameters specified in permit.
- Yes No N/A 5. Sampling and analysis done in frequency specified by permit.
- Yes No N/A 6. ~~Lagoon~~ inspection logs are being completed at the frequency specified by permit.

Comments:

YES NO N/A

DMR completion meets the self-monitoring reporting requirements.

Yes No N/A

1. Monitoring for required parameters is performed more frequently than required by permit. Parameter(s) _____

Yes No N/A

2. Analytical results are consistent with the data reported on the DMRs.

Yes No N/A

3. All data collected are summarized on the DMR.

Yes No N/A

4. Monthly, weekly, and/or daily average ^{loading} values are calculated properly and reported on the DMR. (Effluent loadings are calculated using effluent flow.) (Salinity)

Yes No N/A

5. The geometric mean is calculated and recorded for fecal coliform data.

Yes No N/A

6. Weekly and monthly averaging is calculated properly and reported on the DMR.

Yes No N/A

7. The maximum and minimum values of all data points are reported properly.

Yes No N/A

8. The number of exceedances column (No. Ex.) is completed properly.

Comments:

III. COLLECTION SYSTEM

YES NO N/A

Collection system properly maintained.

1. Collection system is (check one):
 Combined
 Separate
 Both

Yes No N/A

2. Procedures for sewer cleaning, including preventive maintenance schedules, are established and performed on time.

Yes No N/A

3. Sewer backups into basements occur during high flows. If yes, specify dates and briefly describe circumstances: _____

Yes No N/A

4. Manholes overflow during high flows. If yes, specify dates and briefly describe, including total volumes of each event and receiving waters: _____

- Yes No N/A
5. Bypasses have occurred from the collection system, including lift stations, in the last five years. If yes, specify dates and briefly describe, including total volumes of each event and receiving waters: _____
-
- Yes No N/A
6. The community has a sump pump ordinance.
- Yes No N/A
7. Testing for inflow/infiltration has occurred in the last five years.
- Yes No N/A
8. Sources of inflow/infiltration have been identified. If yes, please describe: _____
-
- Yes No N/A
9. Measures are being taken to correct inflow/infiltration problems. If yes, please describe: _____
-
- Yes No N/A
10. The collection system, or portions of it, have been upgraded since the last inspection. If yes, please describe: _____
-

Comments:

IV. FACILITY SITE REVIEW

- YES NO N/A Treatment facility properly operated and maintained.**
- Yes No N/A
1. Standby power or other equivalent provision is provided. Specify type: _____
-
- Yes No N/A
2. Facility has an alarm system for power or equipment failures. What kind of problems has the facility experienced due to power failures? _____
-
- Yes No N/A
3. Treatment control procedures are established for emergencies.
- Yes No N/A
4. Facility can be by-passed (internal, collection system, total). Describe by-pass procedures: _____
-
- Yes No N/A
5. Regulatory agency was notified of any bypassing (treated and/or untreated).
Dates: _____
-
- Yes No N/A
6. ~~WWTP~~ has adequate capacity to ensure against hydraulic and/or ~~organic~~ overloads.

- Yes No N/A 7. All treatment units, other than back-up units, are in service. If not, what and why?

- Yes No N/A 8. O&M manual available and up-to-date.
- Yes No N/A 9. Procedures for plant O&M, including preventive maintenance schedules, are established and performed on time. *Redundancy in system + spare parts*
- Yes No N/A 10. Adequate spare parts and supplies inventory (including flow meters) are maintained, as well as major equipment specifications and/or repair manuals.
- Yes No N/A 11. Up-to-date maintenance and repair records are kept for major pieces of equipment.
- Yes No N/A 12. Lagoon is being properly maintained.
 Yes No N/A a. Locks, gates, fences, and sign are intact.
 Yes No N/A b. Vegetation is mowed on the inside, outside slopes and top of dikes.
 Yes No N/A c. Outside toe of dikes show no evidence of seepage and/or rodent damage.
 Yes No N/A d. Inside slopes of dikes show no evidence of erosion and/or rodent damage.
 Yes No N/A e. Cattails and/or bushes and/or trees are not growing in the lagoons.
- Yes No N/A 13. Number of qualified operators and staff.
 How many? Certification Level

- Yes No N/A 14. Certification level meets State requirement?
- Yes No N/A 15. What procedures or practices are used to train new operators? OJT

Comments:

V. SAFETY EVALUATION

YES NO N/A Facility has the necessary safety equipment.

- Yes No N/A 1. Procedures are established for identifying out-of-service equipment. What are they?

- Yes No N/A 2. Personal protective clothing provided (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, eye washes in labs).
- Yes No N/A 3. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available.
- Yes No N/A 4. Plant has general safety structures such as rails around or covers over tanks, pits, or

wells. Plant is enclosed by a fence.

Yes No N/A

5. Portable hoists for equipment removal available.

Yes No N/A

6. All electrical circuitry enclosed and identified.

Yes No N/A

7. Chlorine safety is adequate and includes:

Yes No N/A

a. NIOSH-approved 30-minute air pack.

Yes No N/A

b. All standing chlorine cylinders chained in place.

Yes No N/A

c. All personnel trained in the use of chlorine.

Yes No N/A

d. Chlorine repair kit.

Yes No N/A

e. Chlorine leak detector tied into plant alarm system.

Yes No N/A

f. Ventilation fan with an outside switch.

Yes No N/A

g. Posted safety precautions.

Yes No N/A

8. Warning signs (no smoking, high voltage, nonpotable water, chlorine hazard, watch-your-step, and exit) posted.

Yes No N/A

9. Gas/explosion controls such as pressure-vacuum relief valves, no smoking signs, explosimeters, and drip traps present near anaerobic digesters, enclosed screening or degritting chambers, and sludge-piping or gas-piping structures.

Yes No N/A

10. Emergency phone numbers listed.

Yes No N/A

11. Plant is generally clean, free from open trash areas.

Yes No N/A

12. MSDS sheets, if required, are accessible by employees.

Comments:

VI. FLOW MEASUREMENT

YES NO N/A

Flow Measurement Meets the Requirements and Intent of Permit

Type of primary flow measurement device:

Marsh McBerry
flow of CO2

Yes No N/A

1. Primary flow measuring device is properly installed and maintained.

Where?

Onsite

Yes No N/A

2. Flow measured at each outfall. Number of outfalls:

2

Yes No N/A

3. Frequency of routine inspection of primary flow device by operator:

1 day AS needed

Yes No N/A

4. Frequency of routine cleaning of primary flow device by operator:

1 week AS needed.

Yes No N/A

5. Influent flow is measured before all return lines.

Yes No N/A

6. Effluent flow is measured after all return lines.

Yes No N/A

7. Proper flow tables are used by facility personnel.

- Yes No N/A 8. Design flow: 3 mgd.
- Yes No N/A 9. Flow measurement equipment adequate to handle expected ranges of flow rate.

Comments:

VII. PERMITTEE SAMPLING EVALUATION

YES NO N/A Sampling meets the requirements and intent of the permit.

- Yes No N/A 1. Samples are taken at sampling location specified by permit.
- Yes No N/A 2. Locations are adequate for representative samples.
- Yes No N/A 3. Flow proportioned samples are obtained. Grab
- Yes No N/A 4. Permittee is using method of sample collection required by permit.
 Required method: Grab
 If not, method being used is:
 Grab
 Manual
 Automatic composite
- Yes No N/A 5. Sample collection procedures adequate and include:
 a. Sample refrigeration during compositing.
 b. Proper preservation techniques.
 c. Containers in conformance with 40 CFR 136.3.
 Specify any problems: _____

- Yes No N/A
 Yes No N/A
 Yes No N/A

Comments:

Flow of OZ is measured and recorded by use of in-line flow meters underground. Flow is monitored on a 6" line, an 8" line and a 10" line. All lead to one line going to the surface for final treatment. When the long well unit is running, 100 gpm is usual out of the 6" line, and the amount used can fluctuate. Therefore, a second measurement of flow is taken at the surface discharge from Cutfall OZ. A Marsh McBirney meter is used to measure velocity & the cross section of the channel has been determined. The flow is then calculated. This is the flow recorded on the DMR. This inspector feels this is adequate & feels the facility is in compliance with its NPDES permit.

Facility: *Westridge*

Month of DMR: *December 2014*

Outfall: *022*

Parameter	Date	Sampling Time	Analysis Time	Holding time exceeded	Bench sheet reported value	Reported values (DMR)		Calculated values from Insp.								
						30 day avg	7 day avg	Daily max	30 day avg	7 day avg	Daily max					
TFe	12/18	0859	12/22	No	0.87 mg/L	0.90	0.93	—	0.93							
	12/30	0500	1/13/15	No	0.93 "	—	0.93	—	0.93							
T-A1	12/18	0859	12/22	No	0.61 mg/L	*0.63	0.61	—	0.61							
	12/30	0500	1/13/15	No	0.35 "	—	0.61	—	0.61							
ODG	12/18	0859	12/19	No	25 mg/L	—	25	—	25							
TDS	12/18	0859	12/19	No	1168 mg/L	1168	1168	1165	1168							
OH	<i>OH ⇒ Taken on the field by direct measurement with a pH meter</i>					7.40	8.38	5.44	11.0	max	8.91	min	8.38	max	8.91	
Spentary Waste					ab	—	—	0	—	—	—	—	—	—	—	0
ODG					ab	—	—	0	—	—	—	—	—	—	—	0
TSS	12/18	0859	12/19	No	15 mg/L	—	—	0	—	—	—	—	—	—	—	0
	12/30	0500	1/13/15	No	25 mg/L	*25	—	15	10	15	15	15	15	15	15	15

* Avg. OH = 0.48 mg/L not 0.63
 ** Need to enter 30 day avg & 7 day avg; daily max.
 → maximum 7 day avg
 15 mg/L
 15 mg/L
 15 mg/L
 For < 25 use 5 mg/L so 5 mg/L + 15 mg/L = 10 mg/L
 2



Analysis Report

December 24, 2014

WEST RIDGE RESOURCES INC
ACCOUNTS PAYABLE
46226 NATIONAL ROAD W
SAINT CLAIRSVILLE OH 43950

Page 1 of 1

Client Sample ID: WEST RIDGE
Date Sampled: Dec 18, 2014
Date Received: Dec 18, 2014
Product Description: WATER

Sample ID By: WEST RIDGE RESOURCES INC
Sample Taken At: UPDES 002
Sample Taken By: K.O.
Time Sampled: 0859
Time Received: 1244
Mine: 35
Site: 21
Field - pH: 8.38 pH Units
Field - Dis. Oxygen: 5.53 mg/l
Field - Conductivity: 1728 umhos/cm
Field - Temperature: 22.7 Deg. C

SGS Minerals Sample ID: 782-1427448-001

Table with columns: TESTS, RESULT, UNIT, METHOD, REPORTING LIMIT, DATE, ANALYZED TIME, ANALYST. Rows include Oil and Grease, Total Suspended Solids, Total Dissolved Solids, and METALS BY ICP (Aluminum, Iron).

Lab Supervisor
Domenic Ibanez
Lab Supervisor

SGS North America Inc. Minerals Services Division
2035 North Airport Road Huntington UT 84528 t (435) 853-2311 f (435)-853-2436 www.sgs.com/minerals

Member of the SGS Group (Société Générale de Surveillance)

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Analysis Report

January 21, 2015

WEST RIDGE RESOURCES INC
ACCOUNTS PAYABLE
46226 NATIONAL ROAD W
SAINT CLAIRSVILLE OH 43950

Page 1 of 1

Client Sample ID: 002
Date Sampled: Dec 30, 2014
Date Received: Dec 31, 2014
Product Description: WATER

Sample ID By: WEST RIDGE RESOURCES INC
Sample Taken At: 002
Sample Taken By: J.M.
Time Sampled: 0500
Time Received: 1004
Mine: 35
Field - pH: 8.91 pH Units
Field - Dis. Oxygen: 7.79 mg/l
Field - Flow: 978 GPM
Field - Conductivity: 1113 umhos/cm
Field - Temperature: 17.8 Deg. C

SGS Minerals Sample ID: 782-1427573-001

Table with columns: TESTS, RESULT, UNIT, METHOD, REPORTING LIMIT, DATE, ANALYZED TIME, ANALYST. Rows include Anions, Balance, Cations, Alkalinity, Bicarbonate Alkalinity, Carbonate Alkalinity, Total Suspended Solids, Chloride, Sulfate, and METALS BY ICP (Aluminum, Calcium, Iron, Magnesium, Potassium, Sodium).

Lab Supervisor

Domenic Ibanez
Lab Supervisor

SGS North America Inc. Minerals Services Division
2035 North Airport Road Huntington UT 84528 t(435) 653-2311 f(435)-653-2436 www.sgs.com/minerals

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
WEST RIDGE RESOURCES, INC
 P.O. BOX 910
 EAST CARBON, UT 84520

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

Form approved.
 No. 2040-0004

SEDIMENTATION POND DISCHARGE
EXTERNAL OUTFALL

UT0025640
 PERMIT NUMBER

001-A
 DISCHARGE NUMBER

Check here if No Discharge

MONITORING PERIOD

MO	DAY	YEAR	MO	DAY	YEAR
12	01	2014	12	31	2014

FROM TO

FACILITY LOCATION
 WEST RIDGE MINE
 C CANYON ROAD, CARBON COUNTY

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow Rate									
00056 1 0 Effluent Gross Value	REPORT 30 DAY AVG	3.0 DAILY MX	MGD					Monthly	MEASRD
pH									
00400 1 0 Effluent Gross Value							(12) SU	Twice Per Month	GRAB
Solids, Total Suspended							(19) MG/L	Twice Per Month	GRAB
00530 1 0 Effluent Gross Value									
Oil & Grease									
03582 1 0 Effluent Gross Value								Monthly	GRAB
Iron, Total (as Fe)									
01045 1 0 Effluent Gross Value								Twice Per Month	GRAB
Solids, Total Dissolved									
70295 1 0 Effluent Gross Value								Monthly	GRAB
Sanitary Waste									
45614 1 0 Effluent Gross Value		0 DAILY MAX						Monthly	VISUAL
<small>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 review of the data and records and the information submitted by the permittee, I am satisfied that the information is true, accurate, and complete. I am a duly licensed professional engineer in the State of Utah, and I am not providing any false or misleading information, including the possibility of fraud.</small>									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE	
David Hibbs, President and CEO						435 888-4000		1 22 2015	
TYPED OR PRINTED						AREA CODE NUMBER		MO DAY YEAR	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all Measurement Date)									

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
WEST RIDGE RESOURCES, INC
 P.O. BOX 910
 EAST CARBON, UT 84520

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

Form approved.
 No. 2040-0004

ADDRESS
 P.O. BOX 910
 EAST CARBON, UT 84520

FACILITY LOCATION
 WEST RIDGE MINE
 C CANYON ROAD, CARBON COUNTY

UT0025640
 PERMIT NUMBER

607-A
 DISCHARGE NUMBER

Check here if No Discharge

MONITORING PERIOD
 FROM 12 01 2014 TO 12 31 2014

SEDIMENTATION POND DISCHARGE
 EXTERNAL OUTFALL

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
Floating solids or foam	*****	*****	YES-1 NO=0	*****	*****	*****				
45613 1 0 Effluent Gross Value	*****	0 DAILY MAX	YES-1 NO=0	*****	*****	*****		Twice Per Month	VISUAL	
Oil & Grease Visual	*****	*****	YES-1 NO=0	*****	*****	*****		Monthly	VISUAL	
84066 1 0 Effluent Gross Value	*****	0 DAILY MAX	YES-1 NO=0	*****	*****	*****				
NO DISCHARGE										
<small>I hereby 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 analyze 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 copying or falsifying records.</small>										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							TELEPHONE			DATE
David Hibbs, President and CEO							888-4000			1 22 2015
TYPED OR PRINTED							435			AREA CODE
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							888-4000			NUMBER
							MO			DAY
							YEAR			

PERMITTEE NAME/ADDRESS (Includes Facility Name/Location if Different)
WEST RIDGE RESOURCES, INC
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

Form approved.
 No. 2040-0004

MINE WATER DISCHARGE TO C CYN
 EXTERNAL OUTFALL

UT0025640
 PERMIT NUMBER

002-A
 DISCHARGE NUMBER

ADDRESS
 P.O. BOX 910
 EAST CARBON, UT 84520

FACILITY
 LOCATION
 WEST RIDGE MINE
 C CANYON ROAD, CARBON COUNTY

Check here if No Discharge

MONITORING PERIOD					
MO	DAY	YEAR	MO	DAY	YEAR
12	01	2014	12	31	2014

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow Rate	3.2720	3.272					0	Monthly	MEASRD
00056 1 0 Effluent Gross Value	REPORT 30 DAY AVG	30 DAILY MAX	MGD					Monthly	MEASRD
pH				8.38	8.645	(12) SU	0	Twice Per Month	GRAB
00400 1 0 Effluent Gross Value				6.5 MIN	9.0 DAILY MAX		0	Twice Per Month	GRAB
Solids, Total				<5	15	(19) MGL	0	Monthly	GRAB
Suspended				25 DAY AVG	70 DAILY MAX		0	Monthly	GRAB
00530 1 0 Effluent Gross Value							0	Twice Per Month	GRAB
Oil & Grease							0	Monthly	GRAB
03582 1 0 Effluent Gross Value							0	Monthly	GRAB
Iron, Total							0	Twice Per Month	GRAB
(as Fe)							0	Twice Per Month	GRAB
01045 1 0 Effluent Gross Value							0	Twice Per Month	GRAB
Aluminum, Total							0	Twice Per Month	GRAB
01105 1 0 Effluent Gross Value							0	Twice Per Month	GRAB
Solids, Total Dissolved							0	Twice Per Month	GRAB
70295 1 0 Effluent Gross Value							0	Twice Per Month	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REPORT DAY AVG 3 1168 2000 DAILY MAX SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 								
David Hibbs, President and CEO	TELEPHONE 888-4000 AREA CODE NUMBER 435 888-4000 DATE 1 22 2015								
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) TYPED OR PRINTED Iron was out of range due to a pump malfunction underground. DWQ was notified and the pump has been repaired.									

Iron was out of range due to a pump malfunction underground. DWQ was notified and the pump has been repaired.

WEST RIDGE RESOURCES, INC

P.O. BOX 910
EAST CARBON, UT 84520

FACILITY LOCATION
WEST RIDGE MINE
C CANYON ROAD, CARBON COUNTY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

UT0025640
PERMIT NUMBER

002-A
DISCHARGE NUMBER

MINE WATER DISCHARGE TO C CYN
EXTERNAL OUTFALL

Check here if No Discharge

MONITORING PERIOD					
MO	DAY	YEAR	MO	DAY	YEAR
12	01	2014	12	31	2014

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Sanitary Waste 45614 1 0 Effluent Gross Value	*****	0	YES=1 NO=0	*****	*****	*****	0	Monthly	VISUAL
	*****	DAILY MAX		*****	*****	*****		Monthly	VISUAL
Floating solids or foam 45613 1 0 Effluent Gross Value	*****	0	YES=1 NO=0	*****	*****	*****	0	Twice Per Month	VISUAL
	*****	DAILY MAX		*****	*****	*****		Twice Per Month	VISUAL
Oil & Grease Visual 84066 1 0 Effluent Gross Value	*****	0	YES=1 NO=0	*****	*****	*****	0	Monthly	VISUAL
	*****	DAILY MAX		*****	*****	*****		Monthly	VISUAL
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</p> <p>David Hibbs, President and CEO</p> <p>TYPED OR PRINTED</p> <p>Signature: </p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>									
<p>TELEPHONE</p> <p>888-4000</p> <p>DATE</p> <p>1 22 2015</p>									
<p>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</p>									

