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cc: Karl
Ken
April
K

State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Department of
Environmental Quality

Amanda Smith
Executive Director

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

April 9, 2012

CERTIFIED MAIL
(Return Receipt Requested)

Mr. Larry Johnson, Mine Manager
Alton Coal Development, LLC – Coal Hollow Mine
463 North 100 West, Suite 1
Cedar City, Utah 84721

Dear Mr. Johnson:

Subject: Compliance Evaluation Inspection, Alton Coal Development, LLC – Coal Hollow Mine, UTG040027

On February 22 and 23, 2012 I completed a Compliance Evaluation Inspection of the Coal Hollow Mine. Attached are the results of the Compliance Evaluation Inspection. Three deficiencies and six requirements were identified. It is required that Coal Hollow Mine responds to these deficiencies and requirements within thirty days of the receipt of this inspection report.

Thank you for your time facilitating the inspection. If you have any questions or comments regarding this matter, please contact me at (801) 536-4386 or via e-mail at mherkimer@utah.gov.

Sincerely,

Mike Herkimer

Mike Herkimer, Environmental Scientist
UPDES Engineering Section

MH:mc

Enclosures

cc: Stephanie Gieck, EPA Region VIII (w/encl)
Mike George, DWQ (Inspection report)
Robert Beers, South West Utah Health Dept. (w/encl)
Daron Haddock, DOGM (w/encl)

File in:
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☐ Shelf
☒ Expandable
Date Folded 04/09/12 C/0250005
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United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

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

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac. Type
N	UTG040027	120222	C	S	2
1	3–11	12–17	18	19	20

Remarks (21–66):

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved
4	3	N	N	
67–69	70	71	72	73–74 / 75–80

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*
Alton Coal Development, LLC – Coal Hollow Mine
3 miles South of Alton Utah

Entry Time/ Date
1:00 p.m. 2/22/12
9:00 a.m. 2/23/12

Permit Effective Date
5/1/2009

Exit Time/ Date
5:00 p.m. 2/22/12
12:30 p.m. 2/23/12

Permit Expiration Date
4/30/2013

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
Kirk Nicholes, Environmental Specialist (435) 867-5331
Joe Kumpe, Surveyor, (435) 867-5331

Other Facility Data *(e.g., SIC NAICS, and other descriptive information)*

Name, Address of Responsible Official/Title/Phone and Fax Number
Larry Johnson, Mine manager
Alton Coal Development, LLC
463 North 100 West, Suite1
Cedar City, Utah 84721
(435) 691-2983

Contacted: [X] Yes [ ] No

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

X	Permit	X	Self Monitoring Program		Pretreatment		MS4
X	Records/Reports		Compliance Schedule		Pollution Prevention		
X	Facility Site Review		Laboratory		Storm Water		
X	Effluent/Receiving Waters		Operations & Maintenance		Combined Sewer Overflow		
X	Flow Measurement		Sludge Handling/Disposal		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
A0012	TSS numeric effluent violations
E0013	Reporting violations – exceeded holding time for pH

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Number(s)	Date
MICHAEL D HERKIMER, ENVIRONMENTAL SCIENTIST	DIVISION OF WATER QUALITY, (801) 536-4386	4/9/12
Name and Signature of Management Q A Reviewer: JOHN KENNINGTON, MGR, UPDES ENG SECTION	Agency/Office/Phone and Fax Number(s): DIVISION OF WATER QUALITY (801) 536-4380	Date 4/9/12

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 intothe 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 describethe 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)@ Follow-up (enforcement)
D	Diagnostic	$	Combined Sewer Overflow-Non-Sampling	{	Storm Water-Construction-Sampling
F	Pretreatment (Follow-up)	+	Sanitary Sewer Overflow-Sampling	}	Storm Water-Construction-Non-Sampling
G	Pretreatment (Audit)	&	Sanitary Sewer Overflow-Non-Sampling	:	Storm Water-Non-Construction-Sampling
I	Industrial User (IU) Inspection	\	CAFO-Sampling	~	Storm Water-Non-Construction-Non-Sampling
J	Complaints	=	CAFO-Non-Sampling	<	Storm Water-MS4-Sampling
M	Multimedia	2	IU Sampling Inspection	-	Storm Water-MS4-Non-Sampling
N	Spill	3	IU Non-Sampling Inspection	>	Storm Water-MS4-Audit
O	Compliance Evaluation (Oversight)	4	IU Toxics Inspection		
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 lea
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 thebilled 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.

Section B: Facility Data

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 theinspection.

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.

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

Water Compliance Inspection Report

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3 miles South of Alton Utah

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Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
Kirk Nicholes, Environmental Specialist (435) 867-5331
Joe Kumpe, Surveyor, (435) 867-5331

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Name, Address of Responsible Official/Title/Phone and Fax Number
Larry Johnson, Mine manager
Alton Coal Development, LLC
463 North 100 West, Suite1
Cedar City, Utah 84721
(435) 691-2983

Contacted: [X] Yes [ ] No

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[ ] Permit	[ ] Self Monitoring Program	[ ] Pretreatment	[ ] MS4
[ ] Records/Reports	[ ] Compliance Schedule	[ ] Pollution Prevention	
[ ] Facility Site Review	[ ] Laboratory	[X] Storm Water	
[ ] Effluent/Receiving Waters	[ ] Operations & Maintenance	[ ] Combined Sewer Overflow	
[ ] Flow Measurement	[ ] Sludge Handling/Disposal	[ ] 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
CON11	Failure to monitor for benchmark parameters

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Number(s)	Date
MICHAEL D HERKIMER, ENVIRONMENTAL SCIENTIST	DIVISION OF WATER QUALITY, (801) 536-4386	4/9/12
Name and Signature of Management Q A Reviewer	**Agency/Office/Phone and Fax Number(s)**	**Date**
JOHN KENNINGTON, MGR, UPDES ENG SECTION	DIVISION OF WATER QUALITY (801) 536-4380	4/9/12

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INSPECTION PROTOCOL

UPDES Permit #: UTG040027 – Alton Coal Development, LLC – Coal Hollow Project

Inspection type: Compliance Evaluation Inspection (CEI)

Inspection Date: February 22 and 23, 2012

Mike Herkimer from the Division of Water Quality (DWQ) along with Steve Christensen, April Abate, and Ken Hoffman of the Division of Oil, Gas and Mining met with Kirk Nicholes of Coal Hollow and completed the UPDES Inspection Checklist. Identification was presented and the purpose and scope of the inspection were explained. During this time period Mr. Larry Johnson, the Mine Manage stopped in to say hello. The next morning (February 23rd.) the State inspectors met with Joe Kumpe, Mine Surveyor and completed an on-site review of the Coal Hollow Operations. The on-site inspection was completed on a bright and sunny day with the temperature around 32° F.

FACILITY DESCRIPTION

Alton Coal Development, LLC operates the Coal Hollow Mine which is a surface coal mining operation located about three miles south of the town of Alton, Utah. At the time of the inspection, approximately 1500 tons of coal per day was being produced. Coal Hollow has the following Outfalls:

Outfall 001 – Shown in photo #2, is discharge from a sedimentation pond treating storm water runoff from disturbed areas. The pond is located at latitude N 37°24'13" and longitude W 112°27'13" with discharge to Lower Robinson Creek.

Outfall 001B – Shown in photo #3, is discharge from a sedimentation pond treating storm water runoff from disturbed areas. The pond is located at latitude N 37°24'11" and longitude W 112°27'16" with discharge to Lower Robinson Creek.

Outfall 002 – Shown in photo # 5, is discharge from a sedimentation pond treating storm water runoff from disturbed areas. The pond is located at latitude N 37°24'10" and longitude W 112°27'16" with discharge to Lower Robinson Creek.

Outfall 003 – Shown in photo # 6, is a discharge from a sedimentation pond that receives ground water (process wastewater) and storm water runoff from surrounding disturbed areas. The pond is located at latitude N 37°23'51" and longitude W 112°27'53".

Outfall 004 – will be discharge from a proposed sedimentation, pond which has not been built. When constructed, it will treat ground water and storm water runoff from the surrounding disturbed area. The proposed location for the pond is latitude N 37°23'01" and longitude W 112°27'03". Discharge would be to Sink Valley Wash.

Outfall 005 – was a sedimentation pond that treated up-gradient ground water for discharge to lower Robinson Creek. This pond was removed because its design, construction and operation had not been reviewed and approved by the Division of Oil, Gas and Mining. On those occasions that the pond had discharged, it was not in compliance with its UPDES permit (please see table I attached). Not having seen this pond before its removal, the inspector feels that the pond may

have been inadequately designed and/or improperly operated, resulting in the UPDES permit violations. It is the inspectors understanding that this pond will be rebuilt in the same location with review and approval of construction design and operation by Division of Oil, Gas and Mining personnel. The location of the removed pond as identified in the UPDES permit was latitude N 37°24'5.04" and longitude W 112°27'20.91", with discharge having gone to Lower Robinson Creek.

Kirk Nicholes gave the following observations about the Coal Hollow Mine at the time of the inspection :

1. This is a dry water year.
2. Not a lot of ground water is flowing through the face (around 10 gpm).
3. There is at this time no pressing need for a discharge.
4. All ponds are designed for the 100 year storm event.
5. Baseline sampling for the up-coming mine expansion will be accomplished this season.

This mining operation is planning on expanding in the future. A number of questions as obtained from DWQ staff were asked by the inspector. The questions and answers follow:

1. How much increase will there be in the total amount of water that the facility will be discharging?
    a. There will be an increase in the amount of water discharged and more sedimentation ponds will be needed. How much of an increase was not identified.
2. Do you anticipate any new aquifers that will be encountered? Will the water quality roughly be the same as under the present operation?
    a. No new aquifers are expected and the water quality should not change as they expand. There is also no change in geography.
3. Who has diversions downstream of your discharge point? Who has water rights for irrigation and stock watering?
    a. Water rights are addressed in the DOGM mining permit. The DOGM mining permit indicates on page 112, that there are no proximate downstream uses or water rights.
4. Based on the expansion will there be any additional surface water bodies affected?
    a. No additional surface water bodies will be affected.

INSPECTION SUMMARY

Effluent and Flow Measurement: The Outfalls that have discharged are 003 and 005. Between these two Outfalls the only one remaining active is Outfall 003. Flow is measured using a bucket and stop watch, which is a crude method, is acceptable.

Permit and Record Keeping: For the purposes of this inspection the November 2011 discharge monitoring report (DMR) was reviewed in depth. Based on the information given and discussions during the inspection it became clear that Kirk Nicholes did not understand how the discharge monitoring reports (DMRs) should be completed. This had been discussed previously with Kirk and either not all the appropriate information was passed on, or it was not understood. Therefore, exactly how to complete the DMR was discussed and it is anticipated that there will be no more errors in completion of the DMRs. Non-compliances with the UPDES permit as determined in this data review were:

1. At Outfall 005 non-compliance with total suspended solids effluent limitations for the months of October and November of 2011.

2. Exceeded holding time for pH throughout all of their DMR monitoring.

Storm Water: Any storm water coming in contact with the disturbed areas is captured by the sedimentation ponds and is considered treated process wastewater. The storm water potion of this permit covers areas such as haul roads, access roads, railroad spurs, sidings and internal haulage lines, conveyor belts, chutes, aerial tramways, equipment storage and maintenance yards, coal handling buildings and structures, inactive coal mines and related areas, the outside of pond dikes which do not drain to the disturbed area, and generally any portion of the mine that has runoff that does not report to a disturbed area. Coal Hollow has some of these areas in which they use silt fences and straw bales to affect as much treatment as possible.

The UPDES Storm Water Industrial Inspection checklist was completed. The storm water pollution prevention plan (SWPPP) was reviewed. The SWPPP has some problems, but it is an acceptable attempt and is considered adequate with completion of the improvements identified within this inspection report. These improvements are required as listed in the "**REQUIREMENTS**" Section.

A potential deficiency in the storm water program at Coal Hollow may be the requirements for storm water monitoring, at identified storm water outfalls in the SWPPP. The permit (on page 14) requires benchmark monitoring for total recoverable aluminum, total recoverable iron and total suspended solids. This was required in the second year of the permit with the data to be submitted by March 31st following the end of the second year. It is the inspectors understanding that this data has not been obtained.

DEFICIENCIES

1. Coal Hollow is in non-compliance at Outfall 005 with the exceedance of the total suspended solids effluent limits. These exceedances were discontinued as a result of the removal of the sedimentation pond associated with Outfall 005 before an enforcement action was required.

2. Holding time for pH has been exceeded in all of their DMR submissions as a result of using laboratory pH.

3. Storm water benchmark monitoring was not completed in the second year of the UPDES permit.

CORRECTIVE ACTIONS

1. It is anticipated that Coal Hollow will come into compliance with the re-construction of pond 005. It is anticipated that DOGM will require compliance with their construction specifications, and review proposed operation of the sedimentation pond before it begins discharging.

2. The pH analysis needs to be done on-site. It (pH) is considered as a field parameter because the holding time as required in 40 CFR 136 is 15 to 20 minutes. Coal Hollow cannot use the pH as determined in the laboratory because the holding time is always exceeded. How to resolve this issue is up to Coal Hollow personnel. However, it would be good to restate the advice given during the inspection. Coal Hollow could purchase a pH meter and appropriate buffers to complete the analysis on-site. A log book of some type showing calibration of the pH meter and final results should be kept.

3. Begin benchmark monitoring immediately at the storm water outfalls identified on the site map in the SWPPP. See your permit Part I.F.5 (pages 13 – 16) for when and how samples are required to be taken and submitted.

REQUIREMENTS

DMRs were not completed properly. This is not necessarily a violation of the permit, as the permittee has sampled and reported what they felt was appropriate. However the permittee will be required to amend some previously submitted DMRs and to change present practice on completion of DMRs for future submittals. Problems associated with completion of the DMRs and requirements for submission to the DWQ are listed below:

1. The number of exceedances column needs to be filled out when there are exceedances of permit limitations. For example on the November 2011 DMR, TSS was in exceedance of permit limitations for the thirty day and seven day averages, therefore a 2 should have been entered in the number of exceedances column associated with the TSS. This was explained during the inspection.

2. It came to the attention of the DWQ inspector that there was a questionable value for total iron on the March 2011 DMR at Outfall 003. After discussion with Kirk Nicholes this was confirmed. Two samples in the month had been taken for total iron. The first had a total iron value of 1.6 mg/l. Knowing this was in violation of the permit limitation for total iron, a second sample was taken which had a value of 0.27 mg/l. The second sample was reported. The permit requires a daily maximum for total iron, therefore the highest value found for samples taken during a month's sampling period is required to be reported. This was not done. Therefore, Coal Hollow needs to amend this DMR to show the 1.6 mg/L value and re-submit it to DWQ. In addition on the same DMR the number of exceedances column was not properly filled out to reflect TSS non-compliance as well as the total iron non-compliance. The frequency of analysis column needs to be changed for total iron from one to two. All of these changes should be done on the amended/re-submitted DMR for March of 2011.

3. The SWPPP needs to be signed by an authorized official associated with the operator of the Coal Hollow Mine.

4. Drainage patterns and outfalls need better delineation on the site map

5. Visual examinations of storm water samples at each outfall must be included in the SWPPP.

6. Silt fences at ponds 1B and 3 need repairs.

Photo #1: Sedimentation Pond #1

Photo #2: Outfall 001 from Sedimentation Pond #1 (in the far corner left side)

Photo #3: Sedimentation Pond 1B with Outfall 001B

Photo #4: Condition of Silt Fence on the outside of Pond1B near Lower Robinson Creek

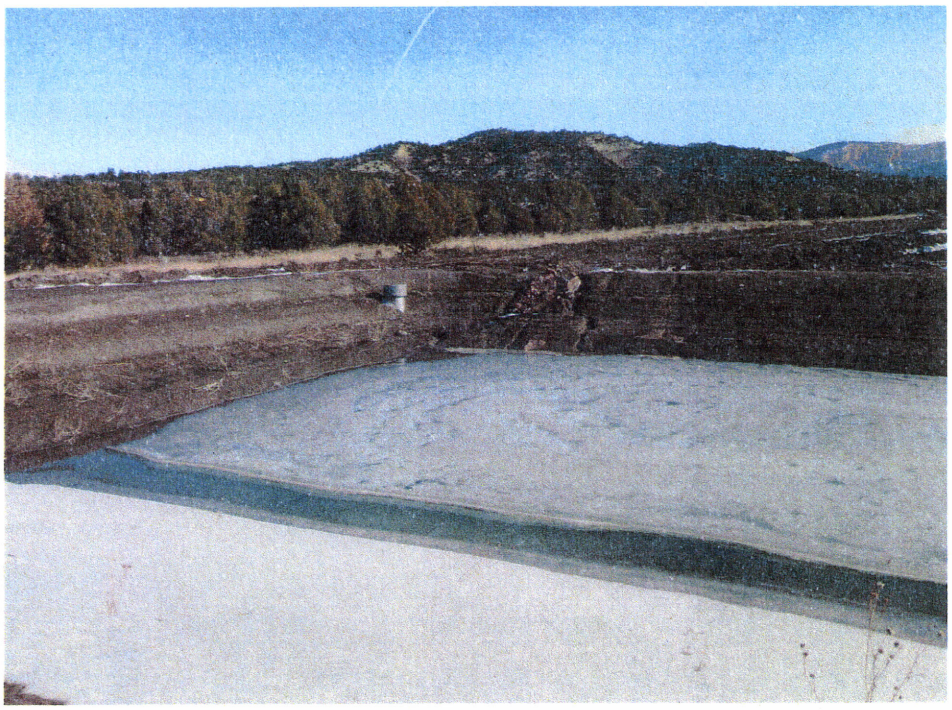

Photo #5: Outfall 002 from Pond 2

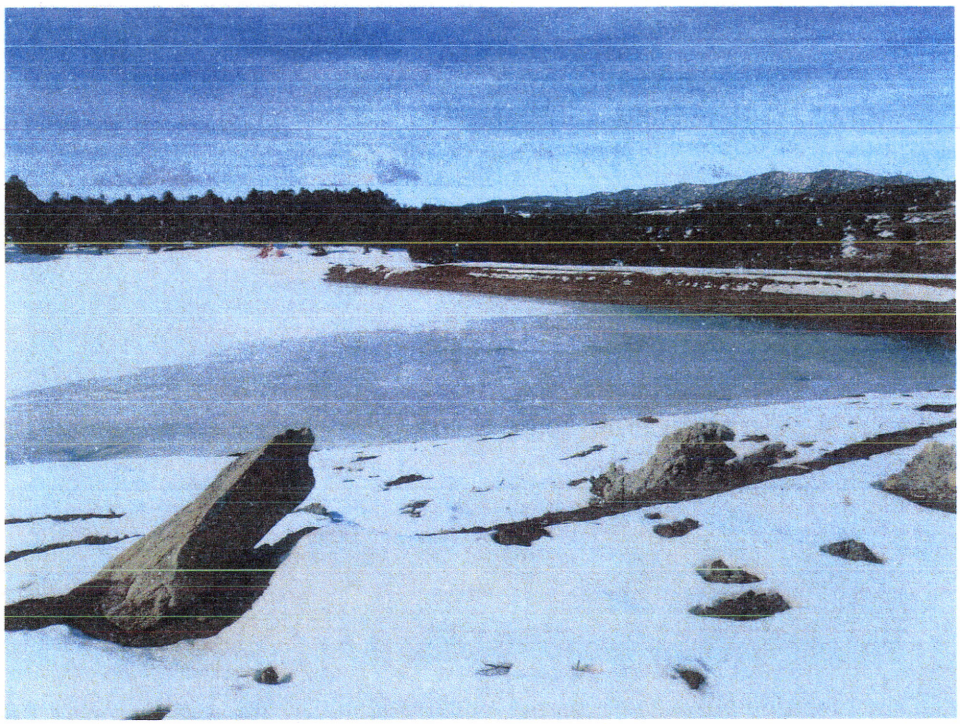

Photo #6: Pond #3, Outfall 003 is in the far corner. Outfall is riprap overflow spillway and is not a decant operation such is in the first three ponds pictured above.

Photo #7: Lower Robinson Creek upstream of the area the fifth pond once occupied.

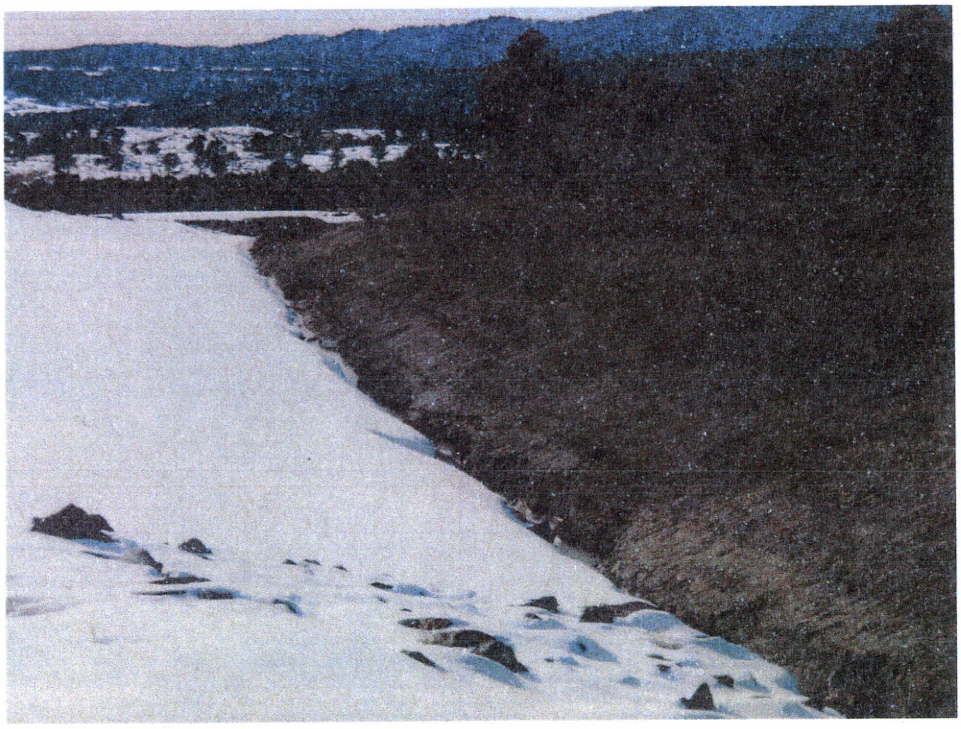

Photo #8: Lower Robinson Creek downstream of the area the fifth pond once occupied.

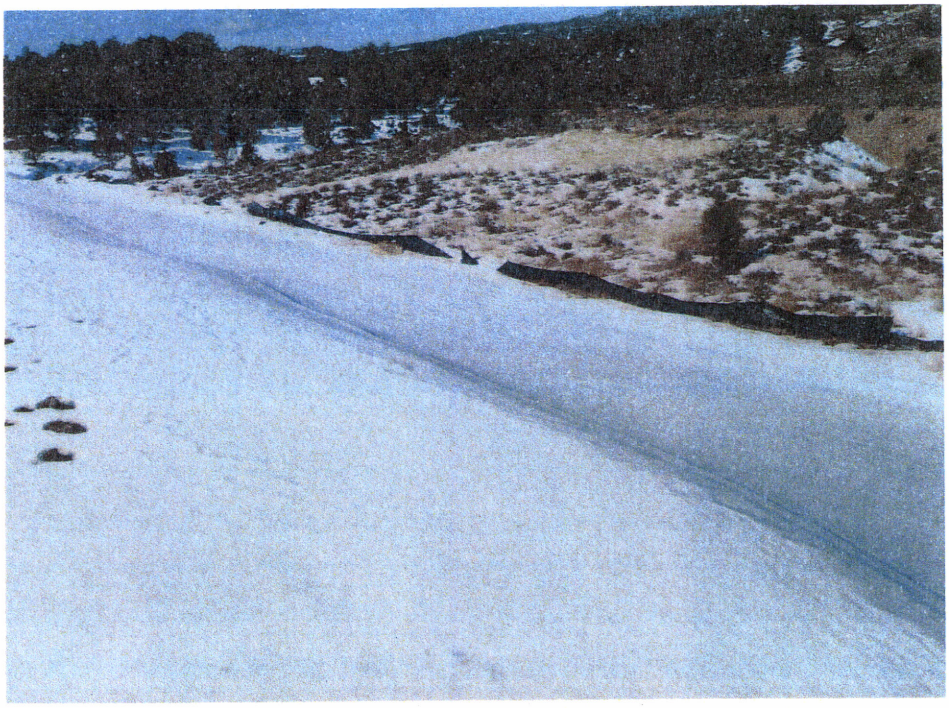

Photo #9: Condition of silt fence outside of pond #3

Photo #10: Open pit at the mine.

Photo #11: Coal being extracted from the open pit mine.

LIST OF ATTACHMENTS (appended to this narrative report with pictures and 3560-3 forms)

- State UPDES Inspection Checklist with attached data review sheets, DMRs for November and March of 2011
- UPDES Storm Water Industrial Inspection Checklist
- Photo log with 11 photos
- Table I: 2011 DMR Data for Coal Hollow Mine

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CHEMTECH-FORD
LABORATORIES

Certificate of Analysis

Lab Sample No.: 1109927-02

Name:	**Alton Coal Development, LLC**	***Mine Code:***	41	***Sample Date:***	11/21/2011 11:45 AM
Sample Site:	UPDES 003			***Receipt Date:***	11/23/2011 11:00 AM
Comments:				***Sampler:***	Kirk Nicholes
Sample Type:	Water			***Site No.:***	NA
Field pH:		***Field Temp. Deg. C :***			
Field Flow g/Min.:		***Field Cond. umhos/cm:***			

Parameter	Sample Result	Minimum Reporting Limit	Units	Analysis Date/Time	Analyst Initials	Analytical Method	Flag
Inorganic							
Oil & Grease (HEM)	ND	5	mg/L	11/30/2011 14:42	PM	EPA 1664A	
pH	8.5	0.1	pH Units	11/23/2011 16:00	JSH	SM 4500 H-B	SPH
Total Dissolved Solids (TDS)	1820	10	mg/L	11/23/2011 17:12	JSH	SM 2540 C	
Total Suspended Solids (TSS)	10	4	mg/L	11/28/2011 10:07	JSH	SM 2540 D	
Metals							
Iron, Total	0.04	0.02	mg/L	12/6/2011 14:27	PNM	EPA 200.7	
Selenium, Dissolved	ND	0.02	mg/L	12/1/2011 18:50	PNM	EPA 200.7	

Abbreviations

ND = Not detected at the corresponding Minimum Reporting Limit.
1 mg/L = one milligram per liter or 1 mg/Kg = one milligram per kilogram = 1 part per million.
1 ug/L = one microgram per liter or 1 ug/Kg = one microgram per kilogram = 1 part per billion.
1 ng/L = one nanogram per liter or 1 ng/Kg = one nanogram per kilogram = 1 part per trillion.

Flag Descriptions

SPH = Sample submitted past method specified holding time.

CHEMTECH-FORD
LABORATORIES

Certificate of Analysis

Lab Sample No.: 1109927-01

Name:	Alton Coal Development, LLC	**Mine Code:**	41	**Sample Date:**	11/21/2011 11:20 AM
Sample Site:	UPDES 005			**Receipt Date:**	11/23/2011 11:00 AM
Comments:				**Sampler:**	Kirk Nicholes
Sample Type:	Water			**Site No.:**	NA
Field pH:				**Field Temp. Deg. C :**	
Field Flow g/Min.:				**Field Cond. umhos/cm:**	

Parameter	Sample Result	Minimum Reporting Limit	Units	Analysis Date/Time	Analyst Initials	Analytical Method	Flag
Inorganic							
Oil & Grease (HEM)	6	5	mg/L	11/30/2011 14:42	PM	EPA 1664A	
pH	8.4	0.1	pH Units	11/23/2011 16:00	JSH	SM 4500 H-B	SPH
Total Dissolved Solids (TDS)	704	10	mg/L	11/23/2011 17:10	JSH	SM 2540 C	
Total Suspended Solids (TSS)	55	4	mg/L	11/28/2011 10:05	JSH	SM 2540 D	
Metals							
Iron, Total	0.83	0.02	mg/L	12/6/2011 14:23	PNM	EPA 200.7	
Selenium, Dissolved	ND	0.02	mg/L	12/1/2011 18:46	PNM	EPA 200.7	

Facility: Coal Hollow Project

Month of DMR: November 2011 Outfall: SUM A

Parameter	Sampling Date	Sampling Time	Analysis Date	Analysis Time	Holding time exceeded	Bench sheet reported value	Reported values (DMR) 30 day avg	Reported values (DMR) 7day avg	Reported values (DMR) Daily max	Calculated values from Insp. 30 day avg	Calculated values from Insp. 7 day avg	Calculated values from Insp. Daily max
TDS Loading												
From 003 ⇒ 0.06 tons/day												
From 005 ⇒ 0.02 tons/day												
			0.08 tons/day ⇒ Total TDS discharged in November 2011.									
			The DMR listed ⇒ 0.08 tons/day.									

Facility: Alton Coal - Coal Hollow Project
Outfall: 003 + 005

Month of DMR: Nov 2011 &
T-Fe for March 2011 DMR

Parameter	Req. Monitoring Frequency	Actual Monitoring Frequency	Type of Permit Violation
TSS	Monthly	Monthly	1. Exceeded effluent limits at outfall 005.
			2. Did not complete number of exceedances column properly.
TDS	Monthly	Monthly	Over 500 mg/L as a 30-Day average, but under 1 ton/day loading from all discharge points.
			In compliance with permit.
Total Fe	Monthly	Monthly	Entered wrong data for T-Fe on March 2011 DMR for 003 outfall
O+G	Monthly	Monthly	None
pH	Monthly	Monthly	Exceeded holding time for outfalls 003 + 005.
Flow	Monthly	Monthly	None

Facility: Coal Hollow Project

Month of DMR: November 2011 Outfall: 005

Parameter	Sampling Date	Sampling Time	Analysis Date	Analysis Time	Holding time exceeded	Bench sheet reported value	Reported values (DMR) 30 day avg	Reported values (DMR) 7day avg	Reported values (DMR) Daily max	Calculated values from Insp. 30 day avg	Calculated values from Insp. 7 day avg	Calculated values from Insp. Daily max
TSS	11/21	1120	11/28	1005	No	55 mg/L	55	55	55	55	55	55
Total-Fe	11/21	1120	12/6	1423	No	0.83 mg/L	—	—	0.83	—	—	0.83
TDS	11/21	1120	11/23	1710	No	704 mg/L	704	—	—	704	—	—
						TDS tonage ⇒ 704 mg/L X 0.0072 MGD X 8.34 lbs/gal = lbs/day						
												= 42.27 lbs/day
												= 0.021 tons/day
O&G	11/21	11/20	11/30	1442	No	6 mg/L	—	—	6	—	—	6
							min		max	min		max
pH	11/21	11/20	11/23	1610	Yes	*8.4 S.U.	8.4	—	8.4	8.4	—	8.4
Flow ⇒ Taken by bucket + stopwatch						7200 gal/day = 0.0072 MGD.						

* pH exceeded holding time.

Facility: Coal Hollow Project

Month of DMR: November 2011 Outfall: 003

Parameter	Sampling Date	Sampling Time	Analysis Date	Analysis Time	Holding time exceeded	Bench sheet reported value	Reported values (DMR) 30 day avg	7day avg	Daily max	Calculated values from Insp. 30 day avg	7 day avg	Daily max
TSS	11/21	1145	11/28	1007	No	10 mg/L	10	10	10	10	10	10
Total-Fe	11/21	1145	12/6	1427	NO	0.04 mg/L	—	—	0.04	—	—	0.04
TDS	11/21	1145	11/23	1712	No	1820 mg/L	1820	—	—	1820	—	—
						TDS fmgc ⇒ 1820 mg/L x 0.007200 MGD x 8.34 = lbs/day						
										= 109.29 lbs/day		
									= 109.29 lbs / 2000 lbs / Day			= 0.06 tons/day
O&G	11/21	1145	11/30	1442	No.	<5 mg/L	—	—	N.D*	—	—	<5
							min		max	min		max
pH	11/21	1145	11/23	1600	Yes	8.5 S.U.	8.5		8.5	8.5		8.5
Flow	⇒ taken by bucket + stop watch 7,200 gal/day = 0.0072 MGD.											

* ND = non-detect

Holding time for pH was exceeded.

Photo Log				
Photo Number	File Name	Description	Date/ Time	Photographer

G. NOTATIONS BY EVALUATOR

Check each of the following items in terms of their estimated adverse affect on the performance of the plant

Item	Major	Minor	None	Item	Major	Minor	None
Staff complement				Overloads			
Personnel training				Hydraulic			
Operating budget				Periodic			
Laboratory control				Continuous			
Instrumentation				Organic			
Industrial waste				Periodic			
Equipment failure				Continuous			
Treatment process				Overload causes			
Sludge handling				Infiltration			
Equipment maintenance				Combined sewers			
Spare parts inventory				Rapid population growth			
Power failure				Increased service area			
Other				Other			

Describe briefly the major problems indicated above or other pertinent information:

NA

PART V. WHOLE EFFLUENT TOXICITY (WET)

Yes No N/A 1. Whole Effluent Toxicity (WET) testing is required by the permit.

2. Are species required by permit used? Indicate below

_____ Daphina magna

_____ Ceriodaphnia dubia

_____ Pimephales promelas (fathead minnow)

_____ Other List: _____

Yes No N/A 3. Has approval for alternating species been granted?

4. Test Type: Acute: _____ Chronic: _____ (Indicate frequency required)

5. Dilution water source: _____

Yes No N/A a. Dilution water meets EPA requirements

Yes No N/A b. if reconstituted, is water same hardness as receiving water(s)?

Yes No N/A 6. Any modification authorization?

____ CO2 Headspace _____ Chronic Sampling Frequency

____ Dechlorination _____ Zeolite resin (ammonia removal)

Yes No N/A 7. Results indicate an absence of toxicity? If not indicate dates of failures and species:

Dates	Species
_____	_____
_____	_____
_____	_____

Yes No N/A 8. Evidence of accelerated testing if toxicity present?

Yes No N/A 8. TIE/TRE in progress?

Yes No N/A 10. Whole Effluent Toxicity (WET) testing is conducted by the laboratory.

Yes No N/A 11. Commercial laboratory used for WET

Name: _____

Address: _____

_____

Contact: _____

Phone: _____

Yes No N/A 12. WET testing protocols are clearly described.

Yes No N/A 13. Whole Effluent Toxicity (WET) culturing procedures are adequately documented for each organism tested.

Yes No N/A 14. Report format meets EPA requirements? (See *Weber el al.* 1988, 1989)

Yes No N/A 15. Does lab report indicate which statistical method was used for chronic tests?

Yes No N/A 16. Does permittee submit complete WET lab report to EPA/State?

Yes No N/A 17. Is the Lab State Certified? Certification Date _____

→ NELAC / state certified.

F. DATA HANDLING AND REPORTING

Yes No N/A 1. Uniformly apply round-off rules.

Yes No N/A 2. Establish significant figures for each analysis.

Yes No N/A 3. Use provision for cross-checking calculation.

Yes No N/A 4. Use correct formulas to calculate final results.

Yes No N/A 5. Control chart approach and statistical calculations for QC and report available and followed.

Yes No N/A 6. Report forms developed to provide complete data documentation and permanent records and to facilitate data processing.

Yes No N/A 7. Data reported in proper form and units.

Yes No N/A 8. Laboratory records readily available to regulatory agency for required time of 3 years.

Yes No N/A 9. Laboratory notebook or pre-printed data forms bound permanently to provide good documentation.

Yes No N/A 10. Computer data backed up with duplicate copies (i.e., electronic and hardcopy).

Yes No N/A 11. Efficient filing system exists, enabling prompt retrieval of information and channeling of report copies.

Yes No N/A 12. Data records allow recalculation of all results reported by the laboratory(ies) from the original unprocessed results (raw data) to the final results sent to EPA and the regulatory authority.

G. LABORATORY PERSONNEL

Yes No N/A 1. Enough analysts present to perform the analyses necessary.

Yes No N/A 2. Analysts have on hand the necessary references for EPA procedures being used.

Yes No N/A 3. Analysts trained in procedures performed through formal or informal training or certification programs.

V. COMPLIANCE SCHEDULE STATUS REVIEW

Yes No N/A 1. The Permittee is meeting the terms of the compliance schedule

Yes No N/A 2. Is the facility subject to a compliance schedule in it's permit or by an Order?

If the facility is subject to an Order, note Docket Number _____

3. What Milestones remain in the schedule?_____

_____

_____

Yes No N/A 4. Facility in compliance with unachieved milestones?

Yes No N/A 5. Facility has missed milestone dates.

Yes No N/A 6. Facility will still meet final compliance date.

Notes:

Company has no idea of answers to these questions. However, Chemtech-Ford is NELAC certified/certified by the State Health Laboratory.

D. LABORATORY FACILITIES AND EQUIPMENT

Yes No N/A 1. Proper grade laboratory pure water available for specific analysis.

Yes No N/A 2. Adequate bench, instrumentation, storage, and recordkeeping spaceavailable.

Yes No N/A 3. Clean and orderly work area available to help avoid contamination.

Yes No N/A 4. Dry, uncontaminated compressed air available.

Yes No N/A 5. Sufficiently ventilate fume hood.

Yes No N/A 6. Laboratory sufficiently lighted and ventilated.

Yes No N/A 7. Adequate electrical sources available.

Yes No N/A 8. Instruments/equipment in good condition.

Yes No N/A 9. Use proper safety equipment (lab coats, gloves, safety glasses,goggles, and fume hoods) when necessary.

Yes No N/A 10. Written requirements for daily operation of instruments available.

Yes No N/A 11. Standards and appropriate blanks available to perform daily check procedures.

Yes No N/A 12. Sources of standards documented and where possible traceable to a national standard (e.g., NIST).

Yes No N/A 13. Records of each set of analysis including order in which calibration, QC and samples were analyzed (i.e., analysis run logs or instrument run logs) available.

Yes No N/A 14. Written troubleshooting procedures for instruments available.

Yes No N/A 15. Schedule for required maintenance exists.

Yes No N/A 16. Proper volumetric glassware used.

Yes No N/A 17. Glassware properly cleaned.

Yes No N/A 18. Properly store standard reagents and solvents with the expiration dates clearly displayed on the containers.

Yes No N/A 19. Frequently checked working standards.

Yes No N/A 20. Discard standards after recommended shelf-life has expired.

Yes No N/A 21. Background reagents and solvents run with every series of samples.

Yes No N/A 22. Written procedures exists for cleanup, hazard response methods, and applications of correction methods for reagents and solvents.

Yes No N/A 23. Replace gas cylinders at 100-200 psi.

Notes: _____

_____

_____

E. LABORATORY'S PRECISION, ACCURACY, AND CONTROL PROCEDURES

Yes No N/A 1. Analyzed multiple replicates (blanks, duplicates, spikes, and splits) for each type of control check and information recorded.

Yes No N/A 2. Plotted precision and accuracy control methods used to determine whether valid, questionable, or invalid data are being generated from day to day.

Yes No N/A 3. Generate control samples introduced into the train of actual samples to ensure that valid data..

Yes No N/A 4. Precision and accuracy of the analyses are sufficient.

PART IV. LABORATORY QUALITY ASSURANCE CHECKLIST

A. LABORATORY INFO

Yes No N/A Commercial laboratory used

Name: Chem-Tech Ford

Address: _____

_____

Contact: _____

Phone: _____

Parameters: O&G, pH, TDS, TSS, T-Fe, Dissolved selenium

November 2011 DMR report

B. SAMPLE HANDLING PROCEDURES

Yes No N/A 1. Laboratory has sample custodian and a back-up custodian.

Yes No N/A 2. Access to laboratory area restricted to authorized personnel only.

Yes No N/A 3. Sample security area available within laboratory that is dry, clean, and isolated; has sufficient refrigerated space; and can be locked securely.

Yes No N/A 4. Lab personnel receive and log in all incoming samples.

Yes No N/A 5. Established chain-of-custody procedures followed.

Yes No N/A 6. Checks of proper preservation, container type, and holding times performed by lab personnel with the results fully documented.

Yes No N/A 7. Samples properly stored by lab personnel.

Yes No N/A 8. Samples distributed to analysts only by sample custodian.

Yes No N/A 9. Transfer of samples fully documented.

Yes No N/A 10. Accurate and up-to-date care and custody records for handling samples maintained.

Yes No N/A 11. Documentation and procedures for disposal of test samples and test standards.

NELAC certified.

C. LABORATORY PROCEDURES

Yes No N/A 1. Written laboratory QA manual available.

Yes No N/A 2. EPA-approved written analytical testing procedures used and protocols are easily accessible by laboratory personnel.

Yes No N/A 3. If alternate analytical procedures used, proper written approval obtained.

Yes No N/A 4. Calibration and maintenance of instruments and equipment satisfactory.

Yes No N/A 5. QA procedures used.

6. Duplicate samples are analyzed _____% of time.

7. Spiked samples are used _____% of time.

8. Samples are analyzed in accordance to *40 CRF 136.*

Yes No N/A Results of last DMR / QA test available. Date: _____

Yes No N/A Facility lab does analyses for other permittees. If yes, list the facilities and permit numbers.

Facility: _____ Permit # _____

Type: FLOAT / BUBBLER / ULTRASONIC / ELECTRICAL METERS /

Location: Influent / Effluent

Manufacturer : _____

Model: _____

What are the most common problems that the operator has had with the flowmeter?

_____

G. CALIBRATION AND MAINTENANCE OF TOTALIZERS AND SECONDARY FLOW MEASUREMENT DEVICES

NA

Yes No N/A 1. Flow totalizer properly calibrated.

Yes No N/A 2. Flow measurement equipment adequate to handle expected ranges of flow rates.

Yes No N/A 3. Frequency of routine inspection by proper operator:

_____/ Day / Week / Month / Year

Yes No N/A 5. Frequency of maintenance inspections by plant personnel:

_____/ Day / Week / Month / Year

Yes No N/A 5. Flowmeter calibration records kept. calibration: _____/Year

Yes No N/A 6. Calibration frequency adequate.

7. What is the most common problem(s) that the facility has had with the secondary flow measurement device?

_____

_____

Accuracy of Flow Measurement
(Secondary Device against Primary Device)

Size and Type of Primary Device: _____

Reading from Primary Device (Feet / inches): _____

Equivalent to Actual Flow (MGD) : _____

Facility Recorded Flow From Secondary Device: _____

Percent Error: _____ Correction Error: _____

Fill in the above only if the primary device has been correctly installed, or if the correction factor is know.

Notes: _____

Yes No N/A 10. Flume operating under free-flow conditions over existing range of flows.
Yes No N/A 11. Flume submerged under certain flow conditions.
Yes No N/A 12. Flume operation invariably free-flow.

C. WEIRS NA

Type and Size: _____ Influent / Effluent

Yes No N/A 1. Weir exactly level

Yes No N/A 2. Weir plate plumb and its top and edges sharp and clean.

Yes No N/A 3. Downstream edge of weir is chamfered at 45°.

Yes No N/A 4. Free access for air below the nappe of the weir.

Yes No N/A 5. Upstream channel of weir straight for at least four times the depth of water level and free from disturbances.

Yes No N/A 6. Distance from sides of weir to side of channel at least 2H.

Yes No N/A 7. Area of approach channel at least (8 × nappe area) for upstream distance of 15H.

Yes No N/A 8. If not, is velocity of approach too high?

Yes No N/A 9. Head measurements properly made by facility personnel.

Yes No N/A 10. Leakage does not occur around weir.

Yes No N/A 11. Use of proper flow tables by facility personnel.

Yes No N/A 12. The stilling basin of the weir is of sufficient size and clear of debris

D. ELECTROMAGNETIC METERS NA

Type and Size: _____ Influent / Effluent

Yes No N/A 1. Is there a straight length of pipe or channel before and after the flowmeter of at least 6 diameters?

Yes No N/A 2. If a magnetic flowmeter is used, are there sources of electric noise in the near vicinity?

Yes No N/A 3. Magnetic flowmeter is properly grounded.

Yes No N/A 4. Is the full pipe requirement met?

E. VENTURI METERS NA

Type and Size: _____ Influent / Effluent

Yes No N/A 1. Venturi meter is installed downstream from a straight and uniform section of pipe.

F. OTHER TYPES OF FLOW DEVICES

Type: FLOAT / BUBBLER / ULTRASONIC / ELECTRICAL METERS /

Location: Influent / Effluent NA

Manufacturer : _____

Model: _____

What are the most common problems that the operator has had with the flowmeter?

_____

PART III. FLOW MEASUREMENT INSPECTION CHECKLIST

A: GENERAL

Type of Primary Flow Measurement Device: Bucket & stop watch

Yes No N/A 1. Primary flow measuring device properly installed and maintained.

Where: There is no primary flow device.

Yes No N/A 2. Flow measured at each outfall? _____

Number of outfalls? 5 There are five discharge points identified in the permit.

Yes No N/A 3. Proper flow tables used by facility personnel

Not needed - under a general permit

4. Design flow: _____ MGD

001A & 001B are well oversized & have not discharged.
002 - well oversized & ~~has~~ has not discharged.
003 - has discharged.
004 - not built yet.
005 - No longer in existence, but will be rebuilt.

Yes No N/A 5. Flow records properly kept.

Yes No N/A 6. All charts maintained in a file.

Yes No N/A 7. All calibration data kept.

Yes No N/A 8. Influent flow measured before all return lines.

Yes No N/A 9. Effluent flow measured after all return lines.

Yes No N/A 10. Secondary instruments (totalizers, recorders, etc.) properly operated and maintained.

Yes No N/A 11. Spare parts stocked.

Yes No N/A 12. Effluent loadings calculated using effluent flow.

13. Frequency of routine inspection of primary flow device by operator.

_____ / Day / Week / Month / Year

14. Frequency of routine cleaning of primary flow device by operator.

_____ / Day / Week / Month / Year

Notes: _____

B. Flumes NA

Type and Size: _____ Influent / Effluent

Yes No N/A 1. Flow entering flume reasonably well-distributed across the channel and free of turbulence, boils, or other disturbances.

Yes No N/A 2. Cross-sectional velocities at entrance relatively uniform.

Yes No N/A 3. Flume clean and free of debris and deposits.

Yes No N/A 4. All dimensions of flume accurate and level.

Yes No N/A 5. Side walls of flume vertical and smooth.

Yes No N/A 6. Sides of flume throat vertical and parallel.

Yes No N/A 7. Flume head being measured at proper location.

Yes No N/A 8. Measurement of flume head zeroed to flume crest.

Yes No N/A 9. Flume properly sized to measure range of existing flow.

F. GUIDE - VISUAL OBSERVATION - UNIT PROCESS

Rating Codes: S = Satisfactory; IN = In Operation; U = Unsatisfactory; Out = Out of Operation; M = Marginal; N/A = Not Applicable

	Condition or Appearance	Rating	Comments
GENERAL	Grounds		
	Buildings		
	Potable water supply protection		
	Safety features		
	By-passes		
PRELIMINARY	Maintenance of collection lines		
	Pump stations		
	Ventilation		
	Bar screen(s)		
	Comminutor		
	Grit chamber		
	Disposal of screenings and grit		
PRIMARY	Settling tanks		
	Scum removal		
	Sludge removal		
	Effluent		
SLUDGE	Digesters		
	Sludge pumps		
	Drying beds		
	Disposal of sludge		
OTHER	Flow meter and recorder		
	Records		
	Lab controls		
	Treatment lagoons		
	Chlorinators		
	Contact tank and contact time		

Yes No N/A 15 Chlorine safety precautions are followed:

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 available

Yes No N/A e. Chlorine leak detector tied into plant alarm system

Yes No N/A f. Chlorine cylinders stored in adequately ventilated areas?

Yes No N/A g. Ventilation fan with an outside switch

Yes No N/A h. Posted safety precautions

Yes No N/A i. Existing emergency SOP and/or RMP or SPCC?

Yes No N/A 17. Emergency Action Plan on file with local fire department and appropriate emergency agency.

Yes No N/A 18. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available.

Yes No N/A 19. Facility post warning signs (no smoking, high voltage, non potable water, chlorine hazard, watch-your-step, and exit).

Notes:

PART II. FACILITY SITE REVIEW CHECKLIST

B. SAFETY EVALUATION

Yes No N/A 1. Facility uses diked/bermed oil/chemical storage tanks.

Yes No N/A 2. Facility maintains up-to-date equipment repair records.

Yes No N/A 3. Dated tags show out-of-service equipment

Yes No N/A a. facility/unit lock-out and tag-out procedures are being followed.

Yes No N/A 4. Facility schedules/performs routine and preventive maintenance on time.

Yes No N/A 5. Facility provides personal protective clothing (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, SCBA, eyewashes in labs). (Circle all that apply)

Yes No N/A 6. Safety devices are readily available:

Yes No N/A a. Fire extinguishers
Yes No N/A b. Oxygen deficiency/explosive gas indicator
Yes No N/A c. Self-contained breathing apparatus near entrance to chlorine room
Yes No N/A d. Safety harness
Yes No N/A e. First aid kits
Yes No N/A f. Ladders to enter manholes or wet wells
Yes No N/A g. Traffic control cones
Yes No N/A h. Safety buoy at activated sludge plants
Yes No N/A i. Life preservers for lagoons/tanks
Yes No N/A j. Fiberglass or wooden ladders for electrical work
Yes No N/A k. Portable cranes/hoists.

Yes No N/A 7. Plant has general safety structures such as rails around or covers over tanks, pits, or wells.

Yes No N/A 8. Emergency phone numbers are listed, including EPA and State.

Yes No N/A 9. Plant is generally clean, free from open trash areas.

Yes No N/A 10 All plant personnel are immunized for typhoid, tetanus, and hepatitis B.

Yes No N/A 11 No cross connections exist between a potable water supply and nonpotable source.

Yes No N/A 12 Anaerobic Digester Safety adequate

Yes No N/A a. Gas/explosion controls such as pressure-vacuum relief values
Yes No N/A b. No smoking signs
Yes No N/A c. Explosimeters
Yes No N/A d. Drip Traps
Yes No N/A e. Enclosed screening, de-gritting chambers
Yes No N/A f. Enclosed sludge-piping or gas-piping structures.

Yes No N/A 13 Facility has enclosed and identified all electrical circuitry. ⇒ No electricity to ponds

Yes No N/A 14 Personnel are trained in electrical work to be performed as well as safety procedures.

PART II. FACILITY SITE REVIEW CHECKLIST

A. OPERATION AND MAINTENANCE EVALUATION

Yes No N/A 1. Facility properly operates and maintains treatment units

Yes No N/A 2. Facility has standby power or other equivalent provision.

Yes No N/A 3. Adequate alarm system for power or equipment failures is available.

4. Sludge disposal procedures are appropriate:

Yes No N/A A: Disposal of sludge according to regulations

Yes No N/A B: State approval for sludge disposal received.

Yes No N/A 5. All treatment units, other than backup units, are in service.

Yes No N/A 6. Facility follows procedures for facility operation and maintenance.

Yes No N/A 7. Sufficient sludge is disposed of to maintain treatment process equilibrium.

Yes No N/A 8. Organizational Plan (chart) for operation and maintenance is provided.

Yes No N/A 9. Plan establishes operating schedules.

Yes No N/A 10. Facility has written emergency plan for treatment control.

11. Maintenance record system exists and includes:

Yes No N/A a. As-built drawings

Yes No N/A b. Shop drawings

Yes No N/A c. Construction specifications pondsfyes

Yes No N/A d. Maintenance history

Yes No N/A e. Maintenance costs

Yes No N/A f. Repair history

Yes No N/A g. Records of equipment repair and timely return to service.

Yes No N/A 12. Adequate number of qualified operators on-hand.

Grade I _____ Grade II _____ Grade III _____ Grade IV _____ Not Required _____

Yes No N/A 13. Facility has established procedures for training new operators. ⇒ This would be good idea.

Yes No N/A 14. Facility maintains adequate spare parts and supplies inventory.

Yes No N/A 15. Facility keeps instruction files for operation and maintenance of each item of major equipment.

Yes No N/A 16. Operation and maintenance manual is available.

Yes No N/A 17. Regulatory agency is notified of any bypassing. No bypassing

(Dates) _____

Yes No N/A 18. a. Hydraulic overflows and/or organic overloads are experienced.

Yes No N/A b. Untreated bypass discharge occurs during power failure.

Yes No N/A c. Untreated overflows occurred since last inspection.

Reason: _____

Yes No N/A d. Flows were observed in overflow or bypass channels.

Yes No N/A e. Checking for overflows is performed routinely.

Yes No N/A f. Overflows are reported to EPA or to the appropriate State agency as specified in the permit. If there were any

Yes (No) N/A 6. Analytical results are consistent with data reported on DMRs.

Yes (No) N/A a. The data moves accurately from the bench sheets to the DMR's.

} total iron problem for 3/2011 DMR

(Yes) No N/A b. The calculations are performed properly

(Yes) No N/A 7. All effluent data collected are summarized on the DMR

(Yes) No N/A 8. Sampling and analyses data are adequate and include:

(Yes) No N/A d. Dates, times, and location of sampling

(Yes) No N/A e. Name of individual performing sampling

(Yes) No N/A f. Analytical methods and techniques

(Yes) No N/A g. Results of analyses and calibration

(Yes) No N/A h. Dates of analyses

(Yes) No N/A i. Name of person performing analyses

Yes No (N/A) j. Instantaneous flow at grab sample stations.

(Yes) No N/A k. Monthly and weekly averaging is calculated properly and reported on the DMR where required by the permit

Yes (No) N/A l. Maximum and minimum values are reported properly and on the DMR.

⇒ On march 2011 DMR iron was not completed properly.

(Yes) No (N/A) m. Loading values are calculated using daily loading information. ⇒ TDS

Two samples were obtained and the lowen value was reported. This is not correct. The daily max should have been reported.

Yes No (N/A) n. Bacterial data are summarized as a geometric mean where required by the permit

Yes (No) N/A o. Number of exceedences completed properly

⇒ This apparent on the November 2011 DMR.

D. WHOLE EFFLUENT TOXICITY TESTING AND REPORTING

Yes No (N/A) 1. WET sampling by permittee adequate to meet the conditions of the permit.

Yes No N/A 2. Chain of Custody used.

3. Method of shipment. _____

Yes No N/A 4. Preservation Adequate (Iced to 4° C)

Yes No N/A 5. Lab reports/Chain of custody sheets indicate temperature of samples at time of receipt by lab.

6. Indicate Temperature _____

Yes No N/A 7. Permittee has copy of latest edition of testing methods or Region VIII protocol (July 1993)

Yes No N/A 8. Permittee reviews WET lab reports for adherence to test protocols.

Yes No N/A 9. Lab has provided quality control data. (*i.e.* Reference toxicant control charts)

Yes No N/A 10. Permittee has asked lab for Q/C data.

Yes No N/A 11. Permittee maintains copies of WET lab reports on site for the required 3 year period and makes them available to review by inspectors.

Yes No N/A 12. Evaluation and review of WET data by permittee adequate such that no follow up at lab is necessary.

NOTES:

B. RECORDKEEPING AND REPORTING EVALUATION

Yes No N/A 1. Records and reports maintained as required by permit.

Yes No N/A 2. All required information is available, complete, and current.

Yes No N/A 3. Information is maintained for a minimum of 3 years (5 years for sewage sludge).

Yes No N/A 4. If the facility monitors more frequently than required by permit (using approved methods), these are results reported. ⇒ Approved lab to Kirk ⇒ these results should be reported.

Yes No N/A 5. DMR"s submitted as required by the permit.

Yes No N/A 6. Monitoring records are adequate and include:

Yes No N/A a. Flow, pH, DO, etc., as required by permit. Field pH.

Yes No N/A b. Monitoring charts kept for 3 years (or 5 years for sewage sludge). ⇒ Flow measured monthly, not recorded on charts.

Yes No N/A c. Flow meter calibration records kept.

Yes No N/A d. Location data (latitude and longitude) of each outfall.

Yes No N/A 7. Laboratory equipment calibration and maintenance records are adequate. ⇒ They are not using a pH meter, so no records.

Yes No N/A 8. Plant records* are adequate and include:

Yes No N/A a. O & M Manual ⇒ Not sure manual is needed.

Yes No N/A b. "As built" Engineering Drawings

Yes No N/A c. Schedules and dates of equipment maintenance repairs

Yes No N/A d. Equipment supplies manual

Yes No N/A e. Equipment data cards?

*Required only for facilities built with Federal/State Construction Grant funds.

Yes No N/A 9. Pretreatment records are adequate and contain inventory of industrial waste contributors, including:

Yes No N/A a. Monitoring Data

Yes No N/A b. Inspection Reports

Yes No N/A c. Compliance Status Records

Yes No N/A d. Enforcement Actions

pH meter needed using laboratory pH. Explained that they needed to get pH on-site that from lab because holding time is exceeded. Also explained that they needed a pH log book or record of some kind. Gave them an example.

C. PERMITTEE SELF-MONITORING EVALUATION

Yes No N/A 1. Samples are taken at the sites requited by the permit.

Yes No N/A 2. Sample type adequate for representative samples. Type: _____

Yes No N/A 3. Flow proportioned samples obtained when required by the permit.

Yes No N/A 4. If applicable, automatic sampler used?

Type/Model: _____

Yes No N/A 5. Composite samples refrigerated during collecton.

a. Composite samples refrigerated during collecton.

b. Proper preservation techniques

c. Containers in conformance with *40 CFR 136*

Specify any problems: _____

UTAH DIVISIOIN OF WATER QUALITY
UPDES INSPECTION CHECKLIST

UPDES PERMIT # UTG040027 **INSPECTION DATE:** 2/23/12

FACILITY: Coal Hollow Project Alton Coal Development, LLC **INSPECTOR:** Mike Herkimer

Permit Effective Date: 12/1/2011 **Permit Expires** 4/30/13

PART I. VERIFICATION, RECORDKEEPING, AND REPORTING EVALUATION CHECKLIST

A. PERMIT VERIFICATION

Responsible Official: Larry W. Johnson, Mine Manager

Mailing Address: Alton Coal Development, LLC
463 North 100 West, Suite 1
Cedar City, UT. 84721

Brief Facility Description: Strip mine. Treatment is properly designed Sedimentation Ponds strategically located to drain & treat disturbed surface area.

Yes No N/A 1. Inspection observations verify information contained in permit.

Yes No N/A 2. Current copy of permit is onsite.

Yes No N/A 3. Name and mailing address of permittee are correct.

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

Yes No N/A 5. Notification was given to EPA/State of new, different, or increased discharges.

Yes No N/A 6. Facility maintains accurate records of influent volume, when appropriate

Yes No N/A 7. Number and location of discharge points are as described in permit.

Yes No N/A 8. Name and of receiving waters correct.

Name: Lower Robinson Creek & Sink Valley Wash, tributaries to Ranab Creek & the Colorado River.

Yes No N/A 9. All discharges are permitted.

Yes No N/A 10. The facility used Federal/State Construction Grant funds to build the plant.

Notes:

004 not built yet.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Nam*

NAME: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

DEC 28 2011 Utah Division of Water Quality

UTG040027	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	11/01/2011	TO 11/30/2011

DMR Mailing ZIP CODE: 84710
MINOR

Storm Water Runoff sediment pond #1
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				******	******	******	******		1/30	
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
Robert Nead / owner	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	8675331	12/27/2011
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

Sample for Oil and Grease if there is a Visual Sheen.

12/29/11

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	001B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2011	TO	11/30/2011

DMR Mailing ZIP CODE: 84710
MINOR

Storm Water Runoff sediment pond #1B
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bob Nead / Owner	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.	R. K. K. Nead	435 867-5331		12/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil & Grease if there is a Visual Sheen

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	002A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2011	TO	11/30/2011

DMR Mailing ZIP CODE: 84710
MINOR

Storm Water Runoff from Sediment Pond #2
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bob Nead / Owner	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.	B. Nead	435 867-5531		12/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil & Grease if their is a Visual Sheen.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	004A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2011	TO	11/30/2011

DMR Mailing ZIP CODE: 84710
MINOR

Ground Water and Storm Water from Sediment Pond 4
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bob Nead / Owner	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.	B. Kit Nead	435 867-5331		12/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil and Grease if there is a visual sheen

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	003A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2011	TO	12/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Ground Water and Storm Water from Sediment P
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	7,200	7,200	gal/d	******	******	******	******		1	MEASRD
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******	8.5	******	8.5	SU		1	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	10	10	10	mg/L		1	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******	******	******	******	0.04	mg/L		1	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NO	mg/L		1	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	1820	******	mg/L		1	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******	D		******	******	******	******		1	VISUAL
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bob Nead / Owner	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.	B. K. Nead	435-867-5[illegible]		12/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil and Grease if there is a visual sheen.

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: Alton Coal Development, LLC
ADDRESS: 463 North 100 West, Suite 1
Cedar City, UT 84720

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: KIRK NICHOLES

UTG040027	005-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2011	TO	11/30/2011

DMR Mailing ZIP CODE: 84720
MINOR

Ground Water and Storm Water from Sediment P
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	7,200	7,200	gal/d	******	******	******	******		1	MEASRD
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.4	SU		1	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	55	55	55	mg/L	2	1	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******	******	******	******	0.83	mg/L		1	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		1	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	704	******	mg/L		1	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******	0		******	******	******	******		1	VISUAL
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1,N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bob Nead / Owner	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.	B. Kirk Nicholes	435	867-5331	12/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Sample for Oil and Grease if there is a visual sheen

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	SUMA
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2011	TO	11/30/2011

DMR Mailing ZIP CODE: 84710
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	******	0.08	ton/d	******	******	******	******		1	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	1 DAILY MX	tons/d	******	******	******	******	******	Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bob Nead / Owner	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.	B. Kelly Nelson	435-867-5331		12/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Monique

Alton Coal Development, LLC
463 North 100 West, Suite 1
Cedar City, Utah 84720
Phone (435) 867-5331 • Fax (435) 867-1192

December 22, 2011

RECEIVED
DW
DEC 28 2011
Utah Division of Water Quality

Department of Environmental Quality
Division of Water Quality
Attn: Mike Herkimer
195 North 1950 West
Salt Lake City, UT 84114-4870

Dear Mr. Herkimer,

Enclosed is EPA forms 3320-1, Discharge Monitoring Report, for outfall at the Coal Hollow Mine. These forms are submitted for the period of November 1, 2011 to November 30, 2011 to document discharges that have occurred. Ponds 4 and Diversion Ditch 1 have not been complete as there has been no activity or disturbances associated with these structures.

If you have any questions or concerns, please do not hesitate to contact me at (435) 867-5331.

Sincerely,

B. Kirk Nicholes

B. Kirk Nicholes

Environmental Specialist

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

Mike Moal

Form Approved
OMB No. 2040-0004

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

NAME: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2011	TO	03/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Storm Water Runoff sediment pond #1
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Nead / Owner	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.	B.K.K. Nead	435-867-5331		04/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil and Grease if there is a Visual Sheen.

5/4/11 MR

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	001B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2011	TO	03/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Storm Water Runoff sediment pond #1B
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	,mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Nead / Owner	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.	B. K. [illegible]	435 867-5331		04/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil & Grease if there is a Visual Sheen

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	004A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2011	TO	03/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Ground Water and Storm Water from Sediment Pond 4
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Nead / Owner	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.	B. K. K. Nibel	435-867-5331		04/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil and Grease if there is a visual sheen

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	002A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2011	TO	03/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Storm Water Runoff from Sediment Pond #2
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	2,880	2,880	gal/d	******	******	******	******	0	1	MEASRD
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	7.9	SU	0	1	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	12	12	12	mg/L	0	1	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******	******	******	******	0.28	mg/L	0	1	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	ND	mg/L	0	1	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	850	******	mg/L	0	1	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******	0	N	******	******	******	******	0	1	VISUAL
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Nead / Owner	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.	R. Kirkbride	435-867-5311		04/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil & Grease if their is a Visual Sheen.

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	003A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	03/01/2011	TO 03/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Ground Water and Storm Water from Sediment Pond 3
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	21,600	21,600	gal/d	******	******	******	******	0	1	MEASRD
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.6	SU	0	1	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	48	48	48	mg/L	0	1	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******	******	******	******	0.27	mg/L	0	1	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	ND	mg/L	0	1	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	830	******	mg/L	0	1	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******	0	N	******	******	******	******	0	1	VISUAL
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Nead/Owner	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.	B. K. Nichols	435-867-5581		04/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil and Grease if there is a visual sheen.

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	SUMA
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2011	TO	03/31/2011

DMR Mailing ZIP CODE: 84710
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	******	0.09	ton/d	******	******	******	******	0	1	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	1 DAILY MX	ton/d	******	******	******	******		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Nead / Owner	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.	B. K. Nead	435-867-5331		04/27/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Alton Coal Development, LLC
463 North 100 West, Suite 1
Cedar City, Utah 84720
Phone (435) 867-5331 • Fax (435) 867-1192

April 27, 2011

Department of Environmental Quality
Division of Water Quality
Attn: Jeff Studenka
195 North 1950 West
Salt Lake City, UT 84114-4870

Dear Mr. Studenka,

Enclosed is EPA forms 3320-1, Discharge Monitoring Report, for outfall at the Coal Hollow Mine. These forms are submitted for the period of March 1, 2011 to March 31, 2011. Ponds 4, Diversion Ditch 1 and 4 have not been complete as there has been no activity or disturbances associated with these structures.

For the reporting period, Pond 2 and Pond 3 filled to capacity and overflowed with predominantly spring runoff. Pond 2 began flowing on March 14th and ceased on March 28th. Pond 3 began flowing on March 15th and ceased on March 25th. The concentration for Total Dissolved Solids for both Ponds 2 and 3 exceeded the 30-day average of 500 mg/L, thus the sum from all outfalls has been calculated at 173.6 lbs per day based on the daily max.

If you have any questions or concerns, please do not hesitate to contact me at (435) 867-5331.

Sincerely,

B. Kirk Nicholes

Environmental Specialist

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

RECEIVED NOV 29 2011 Utah Division of Water Quality

UTG040027	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	10/01/2011	TO 10/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Storm Water Runoff sediment pond #1
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Nead / owner	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.	B. Kirk Nelson	435-867-5371		11/21/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil and Grease if there is a Visual Sheen.

12/5/11 MA

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	001B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2011	TO	10/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Storm Water Runoff sediment pond #1B
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
Robert Nead / Owner	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.	435-867-5331		11/21/2011
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

Sample for Oil & Grease if there is a Visual Sheen

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	002A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2011	TO	10/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Storm Water Runoff from Sediment Pond #2
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Nead / Owner	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.	B. K. K. Nicholas	435-867-5338		11/21/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil & Grease if their is a Visual Sheen.

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	003A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2011	TO	10/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Ground Water and Storm Water from Sediment Pond 3
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
Robert Nead / owner	B.K.K.	435-867-5331		11/21/2011
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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.

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

Sample for Oil and Grease if there is a visual sheen.

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	004A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2011	TO	10/31/2011

DMR Mailing ZIP CODE: 84710
MINOR

Ground Water and Storm Water from Sediment Pond 4
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. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 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
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******		******				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Nead / Owner	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.	B. Kirk Nead	435-867-5331		11/21/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Sample for Oil and Grease if there is a visual sheen

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: Alton Coal Development, LLC
ADDRESS: 463 North 100 West, Suite 1
Cedar City, UT 84720
FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: KIRK NICHOLES

UTG040027	005-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2011	TO	10/31/2011

DMR Mailing ZIP CODE: 84720
MINOR

Ground Water and Storm Water from Sediment Pond
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	5,729	5,729	gal/d	******	******	******	******		1	MEASRD
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Monthly	MEASRD
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.1	SU		1	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 DAILY MN	******	9 DAILY MX	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	35	35	35	mg/L		1	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 30DA AVG	35 7 DA AVG	70 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	******	******	******	******	******	0.47	mg/L		1	Grab
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	ND	mg/L		1	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Monthly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	836	******	mg/L		1	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	******	mg/L		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******	0	N	******	******	******	******		1	Visual
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Opt. Mon. DAILY MX	Y=1;N=0	******	******	******	******		Monthly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Neal / Owner	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.	R.K.N. Nichols	435-867-5331		11/21/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Sample for Oil and Grease if there is a visual sheen

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: COAL HOLLOW MINE
ADDRESS: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

FACILITY: COAL HOLLOW MINE
LOCATION: 3 MILES SOUTHEAST OF ALTON, COUNTY RD 136
ALTON, UT 84710

ATTN: Robert Nead, Owner

UTG040027	SUMA
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2011	TO	10/31/2011

DMR Mailing ZIP CODE: 84710
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	******	0.02	ton/d	******	******	******	******	0	1	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	1 DAILY MX	ton/d	******	******	******	******		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Nead / Owner	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.	B. KK Nichols	435-867-5331		11/21/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

UPDES Storm Water
Industrial Inspection

Background Information

National Database Information	
Inspection Type	CEI **W**
UPDES ID Number	UTG 040027
Inspection Date	2/22/12
Inspector Type	EPA State EPA Oversight

General	
Inspector Name	Mike Herkimer
Telephone	(801) 536-4386
Entry Time	
Exit Time	

Facility Location Information				
Name/Location/ Mailing Address				
GPS Coordinates	Latitude		Longitude	
Receiving Water(s)	Lower Robinson Creek & Sink Valley Wash			
MS4's	None			

Contact Information		
	Name	Telephone
Owner/Permittee	Alton Coal Development, LLC	
Operator	Larry W. Johnson, Mine Manager	(435) 691-2983
Co-Permittee		
Facility Contact & Title	Mr Kirk Nichols	(435) 867-5331 off. (435) 691-1551 cell.
Authorized Official(s)	() () ()	

Site Information:	
Industrial Activity	Coal Mining.
SIC Code(s)	

Basic Permit Information *(circle one)*		
Permit Coverage	Y	N
Permit Type	General	Individual

Basic SWPPP Information		
SWPPP on site	Y	N
SWPPP Satisfactory*	Y	N

UPDES Storm Water
Industrial Inspection

Copy of NOI on site?	NA Y	N
NOI Date		

SWPPP Implementation Satisfactory	Y	N
*A Satisfactory SWPPP must be both current and complete (see pages 4, 5, and 6 of this checklist).		

General	
Industrial Activity	*(describe principal product, production rate, potential pollutants, areas exposed to precipitation, direction of storm water flow)* Sub Bituminous Coal
	(describe age and size of facility, number of employees, hours of operation) Began on Nov. 10, 2010, 28 employees, 4 10s. Crusher is 6-11 pm - 5 days per week

SWPPP Implementation *(complete in field)*

Storm Water Controls	
List the structural and non-structural controls employed by the facility.	*(provide a brief description of each)* **STRUCTURAL:** 150 ton trucks, 45 ton trucks **NON:** Water haul roads. Silt fences ? All runoff in the disturbed area appears to go to sedimentation ponds. This S.W. permit applies to small areas outside of the disturbed areas that may runoff to Robinson Creek, such as those areas on the outside of dikes associated with sedimentation ponds located next to Robinson Creek (001A & 001B & 002 & 003). These have silt fences that are in poor condition. Need to be redone.
Are the controls reasonable and installed correctly and maintained?	*(indicate "yes" or "no", or if not appropriate, explain)* yes.

SWPPP Implementation *(continued)*

Storm Water Controls (continued)
Also covered should be haul roads + rail lines.

UPDES Storm Water
Industrial Inspection

Provide a brief description of other controls that manage/prevent/ minimize storm water runoff.	*(e.g., erosion and sediment controls, exposure minimization, diversion structures, pollution prevention, inlet protection/control at storm drains)* Diversion ditches to avoid run onto the facility disturbed area.

Miscellaneous	
Any evidence of discharge to receiving waters?	*(e.g., storm water runoff, dry weather discharge, co-mingling of process waste water* None.
Do the storm water outfalls on site correspond with those listed on the site map and in SWPPP?	*(indicate "yes" or "no", or if not appropriate, explain)* Hay bales on ditches by haul roads. ~~Where are reports to ditches~~

SWPPP Review *(can be completed in office)*

General			**Notes:**
Is a copy of the SWPPP on site?	Y	N	
Did all "operators" and co-permittees sign the SWPPP?	Y	N	SWPPP - needs to be signed.
Did the signatures include the certification statement?	Y	N	
Were the signatories authorized to sign?	Y	N	
Is an individual/team responsible for developing/implementing SWPPP identified (e.g., pollution prevention team)?	Y	N	

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Are employee training records regarding storm water pollution prevention topics included in SWPPP?	Y	N	

Site Map			Notes:
Is there a site map?	Y	N	
Drainage patterns/ outfalls?	Y	N	⇒ better definition needed.
Identification of types of pollutants?	Y	N	
Location of major structural controls used to reduce pollutants in runoff?	Y	N	
Name of receiving water(s) or MS4's listed?	Y	N	
Is receiving water a tributary to waters of the U.S. (if "yes" indicate name of tributary)?	Y	N	Lower Robinson Creek to Kanab Creek to Colorado River
Location of significant materials exposed to storm water?	Y	N	
Locations of major spills occurring within 3 years from date of NOI?	Y	N	Couple small ones
Location of fueling, maintenance, loading and unloading, material storage, waste disposal?	Y	N	

SWPPP Review (*continued*)

Summary of Potential Pollutant Sources			Notes:
Description of activities, materials, features of site with potential to contribute significant amounts of pollutants to storm water?	Y	N	NA - not significant amount

Significant Spills & Leaks			Notes:
List of significant spills and leaks over 3 year time period, description of response taken, and actions to prevent similar spills in the future?	Y	N	

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Storm Water Controls			Notes:
Does the SWPPP describe the *non-structural* controls and structural controls that will be used to prevent/reduce discharge of pollutants in storm water runoff?	Y	N	Water all Primary + Secondary Roads, Magchloride on primary Roads Water is used for dust Control at the Crusher
Does the SWPPP describe other controls that will be used to prevent/reduce off-site tracking or blowing of sediment, dust and raw, final or waste materials, or other solid materials and floating debris?	Y	N	primary Road leaving site is of simular construction as the county Roads (graveled)
Does the SWPPP incorporate the 8 baseline controls (good housekeeping, minimizing exposure, PM, spill prevention/response procedures, routine inspections and comprehensive site evaluations, employee training, sediment and erosion control, runoff management)?	Y	N	
Does the SWPPP contain completed routine inspection reports/logs regarding reportable implementation of 8 baseline controls?	Y	N	
Does the SWPPP describe the pollutant or activity to be controlled by each selected control and provide an implementation schedule?	Y	N	All fueling and maintance activies are preformed above pond 1

SWPPP Review (*continued*)

Non-Storm Water Discharges			Notes:
Certification that facility has been tested for non-storm water discharges from the site?	Y	N	
Description of testing method, drainage points, observed results, and date of test?	Y	N	NA Described in ~~SEE~~ SWPPP

Monitoring			Notes:
Are samples collected within 30 minutes of measurable weather events occurring 72 hours after previous measurable weather event?	Y	N	But will be in the future

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Photograph Log
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Photo Log

Photo Number	File Name	Description	Date/ Time	Photographer
1		Sedimentation Pond #1	2/23 AM	Mike Herkimer
2		Outfall 001 from Sedimentation Pond #1 (in the far corner left side)	2/23 AM	Mike Herkimer
3		Sedimentation Pond 1B with Outfall 001B	2/23 AM	Mike Herkimer
4		Condition of Silt Fence on the outside of Pond 1B near lower Robinson Creek	2/23 AM	Mike Herkimer
5		Outfall 002 from Pond #2	2/23 AM	Mike Herkimer
6		Pond #3, Outfall 003 is in the far corner Outfall is riprap overflow spillway		
		and is not a decant operation such as in the first three ponds pictured above	2/23 AM	Mike Herkimer
7		Lower Robinson Creek upstream of the area the fifth pond once occupied	2/22 P.M.	Mike Herkimer
8		Lower Robinson Creek downstream of the area the fifth pond once occupied	2/22 PM	Mike Herkimer
9		Condition of silt fence outside of pond #3.	2/23 AM	Mike Herkimer
10		Open pit at the mine	2/23 AM	Mike Herkimer
11		Coal being extracted from the open pit mine.	2/23 AM	Mike Herkimer

Table #1

2011 DMR Data for Coal Hollow Mine

			J	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
Alton Coal Development	463 N. 100 W. Ste 1	Kirk Nicholes	F	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
UTG040027	Cedar City 84721	435-867-5331	M	Y@ 002	Y	0	2880 gpd	2880 gpd	7.9	7.9	12	NA	0.28	850	non-detect
Outfalls 001A,001B,002,004			A	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
sed. ponds			M	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			J	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
site under development			J	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
near Alton, Utah			A	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			S	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			O	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			N	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			D	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			J	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
Alton Coal Development			F	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
Outfall 003			M	Y	Y	2	21600 gpd	21600 gpd	7.6	7.6	48	NA	0.27	830	non-detect
			A	Y	Y	0	1900 gpd	1900 gpd	8.6	8.6	7	NA	0.1	1180/0.01	non-detect
2011			M	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			J	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			J	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			A	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			S	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			O	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			N	y	Y	0	7200 gpd	7200 gpd	8.5	8.5	10	na	0.04	1820	non-detect
			D	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND
			J	N											
Alton Coal Development			F	N											
			M	N											
Outfall 005			A	N											
			M	N											
Discharge point added to permit on Oct.1, 2011			J	N											
			J	N											
			A	N											
			S	N											
			O	Y	Y	1	5729 gpd	5729 gpd	8.1	8.1	35/35/35	NA	0.47	(836)/0.02 tpd	No visual
			N	Y	Y	2	7200 gpd	7200 gpd	8.4	8.4	55/55/55	na	0.83	(704)/0.08	0
			D	N	Y	0	ND	ND	ND	ND	ND	ND	ND	ND	ND