

0016

ACT 1091/0002  
#7

Super mine file UB  
cc cover letter: D Haddock



**Southern Utah Fuel Company**  
a subsidiary of The Coastal Corporation  
P.O. Box P • Salina, Utah 84654 • (801) 529-7428  
Mine: (801) 637-4880

**RECEIVED**  
APR 13 1990

DIVISION OF  
OIL, GAS & MINING

April 9, 1990

U. S. EPA, Region VIII  
Compliance Branch, 8WMC  
Denver Place, Suite 500  
999 18th Street  
Denver, CO 80202-2405

Dear Compliance Officer:

Enclosed are the March 1990 Discharge Monitoring Reports (DMRs), for Southern Utah Fuel Company's facility permit number UT0022918. All parameters for the outflows were within the permit limits.

Sincerely,  
SOUTHERN UTAH FUEL COMPANY

Wesley K. Sorensen  
Chief Engineer

WKS:cfc

xc: Lowell Braxton, DOGM  
Larry Theivagt, USFS  
Keith Welch, CSEC  
Patty Winslow, DOH

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME SOUTHERN UTAH FUEL CO  
 ADDRESS P O BOX F  
 SALINA UT 84654

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

UT0022918 (2-16) 001 A (17-19)  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL  
 MINE WTR DISCHG E. SPRG CANYON

Form Approved  
 OMB No. 2040-0004  
 Approval expires 9-30-85

NO DISCHARGE MARCH 1990

FACILITY  
 LOCATION  
 ATTN: KENNETH PAYNE, VP GEN MGR

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	03	01		90	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH		*****	*****			*****						
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.5 DAILY MX	*****	9.0 DAILY MX	SU		WEEKLY GRAB		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	*****						
00530 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	***	*****	*****	70 DAILY MX	MG/L		TWICE/GRAB MONTH		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	*****						
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	35 30 DA AV	35 MX 70 AV	MG/L		TWICE/GRAB MONTH		
OIL AND GREASE FREON EXTR-GRV METH	SAMPLE MEASUREMENT	*****	*****			*****						
00536 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT DAILY MX	*****	10 DAILY MX	MG/L		ONCE/GRAB MONTH		
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****						
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	2.0 DAILY MX	MG/L		TWICE/COMPOS MONTH		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				*****	*****	*****					
0050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MX	MGD	*****	*****	*****	***		TWICE/GRAB MONTH		
SOLIDS, TOTAL DISSOLVED (MG/L)	SAMPLE MEASUREMENT	*****	*****		*****	*****						
70295 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	700 30 DA AV	800 DAILY MX	MG/L		TWICE/GRAB MONTH		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE		
Ken Payne V.P. & G.M.								801 637-4880		90	04	09
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

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

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMTS. NO DISCHARGE SANITARY WASTES. SAMPLES SHALL BE TAKEN AT DISCHARGE FROM SEDIMENTATION POND TO E. SPRG CANYON.

NAME SOUTHERN UTAH FUEL CO  
ADDRESS P O BOX P  
SALINA UT 84654

UT0022918  
PERMIT NUMBER

002 A  
DISCHARGE NUMBER

F - FINAL  
SUR WTR RUNOFF E. SPRG CANYON

NO DISCHARGE - MARCH 1990

FACILITY  
LOCATION  
ATTN: KENNETH PAYNE, VP GEN MGR

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
90	03	01	TO	90	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR  
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****					
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	9.0	SU		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****	DAILY MN	*****	DAILY MX				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	*****					
00530 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	70	MG/L		TWICE/GRAB MONTH	
	SAMPLE MEASUREMENT	*****	*****		*****	*****					
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	25	35	MG/L		TWICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	30 DA AV	MX 70 AV				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****					
00545 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5	ML/L		WEEKLY GRAB	
	SAMPLE MEASUREMENT	*****	*****		*****	*****					
OIL AND GREASE FREON EXTR-GRAY METH	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	MG/L		ONCE/GRAB MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****					
0045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0	MG/L		TWICE/GRAB MONTH	
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
		REPORT	REPORT		*****	*****	*****	MGD		TWICE/GRAB MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Ken Payne,  
V.P. & G.M.  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Ken Payne*

TELEPHONE 801 637-4880  
DATE 90 04 09

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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

Form Approved. OMB No. 2040-0004 Approval expires 9-30-85

NAME SOUTHERN UTAH FUEL CO  
 ADDRESS P O BOX P  
 SALINA UT 84654

UT0022918  
 PERMIT NUMBER

002 A  
 DISCHARGE NUMBER

F - FINAL  
 SUR WTR RUNOFF E. SPRG CANYON

NO DISCHARGE - MARCH 1990

FACILITY  
 LOCATION  
 ATTN: KENNETH PAYNE, VP GEN MGR

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
90	03	01		90	03	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

MAJOR  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL DISSOLVED (MG/L)					*****	*****	*****				
70295 1 0 0	PERMIT REQUIREMENT	500	2000		*****	*****	*****	****		TWICE/GRAB	
EFFLUENT GROSS VALUE		30 DA AV	DAILY MX	LBS/DY				****		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Ken Payne, V.P. & G.M.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
		637-4880	90	04	09	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Ken Payne</i>	AREA CODE	NUMBER	YEAR	MO	DAY

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

NO DSCH OF FLOATING SOLIDS OR VISIBLE FOAM EXCEPT TRACE AMOUNTS. NO DSCH OF SANITARY WASTE. SAMPLES TO BE TAKEN AT DSCH FROM SED POND TO E SPRG CANYON. SEE PERM FOR STORM WTR DSCH (Q) EFF VARIANCE; EFF SMPLE COL DURING SW Q SHALL BE ANALYZED FOR SETTLEABLE SOLIDS (SS); IF SMPLE COL DURING NONSTORM Q RPT "NB" FOR SS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME SOUTHERN UTAH FUEL CO  
 ADDRESS P O BOX F  
 SALINA UT 84554

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

Form Approved  
 OMB No. 2040-0004  
 Approval expires 9-30-85  
 F - FINAL  
 MINE WTR DISCH QUITCHUPAH CRK

UT0022918  
 PERMIT NUMBER  
 005 A  
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
	79	03	01		79	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

FACILITY LOCATION  
 ATTN: KENNETH PAYNE, VP GEN MGR

MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (46-47)	AVERAGE (48-49)	MAXIMUM (50-51)			
PH		*****	*****		7.2	7.3		0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.5 DAILY MN	7.0 DAILY MN	50		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	*****		0	3/30	GRAB
00530 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	***	*****	*****	70 DAILY MN		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	*****		0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	30 DA AV 200 70 AV		WEEKLY	GRAB
OIL AND GREASE FREDN EXTRA-GRAV METH		*****	*****		< 0.2	< 0.2		0	1/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT DAILY MN	*****	*****		WEEKLY	GRAB
IRON, TOTAL (AS FE)		*****	*****		*****	0.12		0	2/30	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5.0 DAILY MN		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		1.450	1.467		*****	*****	*****	0	2/30	GRAB
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 DA AV	REPORT DAILY MN	REC	*****	*****	*****		WEEKLY	GRAB
SOLIDS, TOTAL DISSOLVED (MG/L)		*****	*****		*****	691	692	0	2/30	GRAB
70295 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	700 30 DA AV	800 DAILY MN		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Ken Payne, V.P. & G.M.	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	801	637-4880	90	04

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 NO DISCHG OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNTS, NO DISCHARGE SANITARY WASTES, SAMPLES SHALL BE TAKEN AT DISCHARGE FROM SETTLING POND TO QUITCHUPAH CREEK.



# Ford Chemical

## LABORATORY, INC.

Bacteriological and Chemical Analysis

40 WEST LOUISE AVENUE  
SALT LAKE CITY, UTAH 84115

PHONE 466-8761

LAB # 90-5088

### REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMITTEE NAME SOUTHERN UTAH FUEL COMPANY NPDES NO. UT-0022918  
 50% MORTALITY TEST: XX PASS      FAIL LC50 NONE % OUTFALL NO. PT 003  
 TEST ANIMAL & AGE CERIODAPHNIA <24 HOURS SAMPLE TYPE, TIME & DATE 3-56-90  
 ANALYSIS TIME & DATE: BEGIN 3-6-90/1:30 END 3-8-90/1:30

MEASUREMENTS	DILUTIONS ( % EFFLUENT )						
	0%	6%	12.5%	25%	50%	75%	100%
NO. AT START OF TEST	20	20	20	20	20	20	20
NO. LIVE AFTER 24 HRS.	20	20	20	20	20	18	18
NO. LIVE AFTER 48 HRS.	20	20	19	20	19	18	17
NO. LIVE AFTER 72 HRS.							
NO. LIVE AFTER 96 HRS.							
INITIAL DO: mg/l	8.3	8.3	8.4	8.5	8.5	8.6	8.6
DO; 24 HOURS: OLD/NEW	8.1 / 9.2	8.1 / 9.2	8.2 / 9.3	8.3 / 9.3	8.3 / 9.3	8.4 / 9.4	8.4 / 9.4
DO; 48 HOURS: OLD/NEW	7.8 / 7.9	7.8 / 7.8	7.9 / 8.0	7.9 / 8.2	8.0 / 8.2	8.0 / 8.5	8.0 / 8.5
DO; 72 HOURS: OLD/NEW	/	/	/	/	/	/	/
DO; 96 HOURS:							
INITIAL TEMP: °C	25	25	25	25	25	25	25
TEMP; 24 HRS: OLD/NEW	25 / 25	25 / 25	25 / 25	25 / 25	25 / 25	25 / 25	25 / 25
TEMP; 48 HRS: OLD/NEW	25 / 25	25 / 25	25 / 25	25 / 25	25 / 25	25 / 25	25 / 25
TEMP; 72 HRS: OLD/NEW	/	/	/	/	/	/	/
TEMP; 96 HRS:							

HARDNESS: RECEIVING WATER      EFFLUENT 380 RECON. WATER (if used) 360

INIT. TOTAL RESIDUAL CL<sub>2</sub>: 100% <0.01 INIT. PH: CONTROL 8.2 100% 7.8

INIT. NH<sub>3</sub> AS N: 100% <0.03 FINAL NH<sub>3</sub> AS N: 100% <0.03

FINAL PH: CONTROL 8.2 100% 7.8 ANALYST'S NAME LEWIS PINTAR

SIGNATURE/DATE *Lewis Pintar*  
4-2-90

CONFIDENCE LIMITS FOR THE LC(50) USING THE  
 MOVING AVERAGE - ANGLE METHOD

CONC	LOG CONC	MORTALITY	ANGLE	AVERAGE
100	2	15	22.7865	
75	1.875061	10	18.43495	18.04747
50	1.69897	5	12.92097	14.75896
25	1.39794	5	12.92097	12.92096
12	1.079181	5	12.92097	10.75385
6	.7781512	0	6.419619	

AVERAGE AND TRANSFORMED ANGLES DO NOT BRACKET 45 DEGREES.

5089

FORD CHEMICAL LABORATORY, INC.

BIOMONITORING  
TEST ORGANISMS

SPECIES Daphnia SOURCE Ford

DATE OF RECEIPT \_\_\_\_\_ AGE 24 hrs

CULTURE NO. 3590 ACCLIMATIZATION TIME 24 hrs

D.O. ACCLIMATIZATION  
DILUTION WATER 8.3

%DEATH AFTER ACCLIMATIZATION 0

HEALTH OF TEST ORGANISMS Good

COMMENTS: