



## State of Utah

Department of  
Environmental Quality

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July 22, 2005

Mr. Mike Davis, Mine Engineer  
Canyon Fuel Company. LLC-SUFCO Mine  
397 South 800 West  
Salina, Utah 84654

Dear Mr. Davis:

Subject: Compliance Evaluation Inspections for SUFCO Mine UPDES  
Permit NO. UT0022918

On July 15, 2005 I met with you and conducted a Compliance Evaluation Inspection and Storm Water Pollution Prevention Plan Inspection in regards to your facility and the above referenced UPDES permit.

I appreciated your time to facilitate the inspections. Enclosed are the copies of the inspection reports for your records. If you have any questions, please contact me at (801) 538-6779 or by e-mail at [jstudenka@utah.gov](mailto:jstudenka@utah.gov).

Sincerely,

Jeff Studenka, Environmental Scientist  
Permits & Compliance Section

RECEIVED

JUL 28 2005

DIV. OF OIL, GAS & MINING

Enclosure

cc: Darcy O'Connor, EPA Region VIII (w/encl)  
Bruce Costa, Central Utah Health Dept. (w/encl)  
Roger Foisy, DEQ District Engineer, (w/encl)  
Pam Grubaugh-Littig, Division of Oil Gas & Mines, (w/encl)  
Tom Rushing (Storm Water Inspection only)

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## COMPLAINCE EVALUATION INSPECTION

### SOUTHERN UTAH FUEL COMPANY UT0022918

July 15, 2005

**DESCRIPTION OF SYSTEM:** SUFCO is an underground coal mining operation. It has three discharge points. Outfalls 001 and 003 are composed of mine water discharge. Outfall 001 has not discharged in several years and is not likely to discharge in the foreseeable future, while Outfall 003 discharges on a consistent basis from a mine portal breakout shaft. Outfall 002 is from a sedimentation pond, which drains the disturbed area and discharges on an intermittent basis. Outfall 001 drains to East Spring Canyon, which is a tributary of Quitchapah Creek. Outfall 002 drains from the sedimentation pond and discharges to Spring Creek, which is a tributary of Quitchapah Creek. Outfall 003 flows through Convulsion Canyon to Quitchapah Creek.

**CREDENTIALS, PURPOSE AND SCOPE:** Introductions were made and the purpose and scope of the inspection activities were discussed.

**NARRATIVE:** Jeff Studenka and Paul Krauth of the Division of Water Quality met with Mike Davis of SUFCO. The UPDES checklist and inspections were completed by Jeff Studenka. A brief tour of the facility was also conducted.

No flow was occurring at outfalls 001 and 002. Outfall 003 discharges on a continual basis and has not changed since the last inspection.

Total Suspended Solids (TSS) concentrations for the month of April 2005 exceeded the 30-day and 7-day averages, but not the daily maximum limit of 70 mg/L. SUFCO attributes the cause of the seasonal TSS exceedance to algae blooms in the sedimentation pond. TSS has not exceeded effluent limits since the April incident. The TSS effluent violation, in April 2005, will not be considered a deficiency in this report as the issue has already been noted and a collective response and potential solution has been to include a floating, barley-straw boom on the sedimentation pond to inhibit future algae growth.

**SUMMARY OF DEFICIENCIES**  
**SOUTHERN UTAH FUEL COMPANY**

**July 15, 2005**

**DEFICIENCIES**

1. None

**CORRECTIVE ACTION REQUIRED**

1. None

USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: VT 0022918

INSPECTION DATE: 7-15-05

FACILITY: CFL - Siteco

I. PERMIT VERIFICATION

- YES NO Inspection observations verify information contained in permit.
- Yes No N/A 1. Current copy of permit on site.
- Yes No N/A 2. Name, mailing address, contact, and phone number are correct in PCS. If not, indicate correct information on Form 3560.
- 3. Brief description of the wastewater treatment plant:  
Coal Mine dewatering and settling pond

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

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- Yes No  N/A 5. EPA/State has been notified of any new, different, or increased loading to the WWTP.
- Yes No N/A 6. Number and location of discharge points are as described in the permit.
- Yes No N/A 7. Name of receiving water(s) is/are correct.

Comments:

II. RECORDKEEPING AND REPORTING EVALUATION

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

- Yes  No  N/A 4. Sampling and analysis completed on parameters specified in permit.
- Yes  No  N/A 5. Sampling and analysis done in frequency specified by permit.

Comments:

YES  NO DMR completion meets the self-monitoring reporting requirements.

- Yes  No  N/A 1. Monitoring for required parameters is performed more frequently than required by permit. Parameter(s) \_\_\_\_\_

- Yes  No  N/A 2. Analytical results are consistent with the data reported on the DMRs.

- Yes  No  N/A 3. All data collected are summarized on the DMR.

- Yes  No  N/A 4. Monthly, weekly, and/or daily average loading values are calculated properly and reported on the DMR. (Effluent loadings are calculated using effluent flow.)

- Yes  No  N/A 5. The geometric mean is calculated and recorded for fecal coliform data.

- Yes  No  N/A 6. Weekly and monthly averaging is calculated properly and reported on the DMR.

- Yes  No  N/A 7. The maximum and minimum values of all data points are reported properly.

- Yes  No  N/A 8. The number of exceedances column (No. Ex.) is completed properly.

Comments: Generate own DMR's on excel spreadsheets

III. WHOLE EFFLUENT TOXICITY TESTING AND REPORTING

YES  NO WET sampling by permittee adequate to meet the conditions of the permit.

- Yes  No a. Chain of custody used.
- Yes  No b. Method of shipment and preservation adequate (iced to 4°C).
- Yes  No c. Type of sample collected Grab (as required by permit).
- Yes  No d. Holding time met (received w/in 36 hours).

- Yes  No  N/A 2. Lab reports/chain of custody sheets indicate temperature of sample at receipt by lab.
  - a. Indicate temperature \_\_\_\_\_

- Yes  No  N/A 3. Permittee has copy of the latest edition of testing methods or Region 8 protocol. (Latest version is July 1993 - Colorado has its own guidance.)

- Yes  No  N/A 4. Permittee reviews WET lab reports for adherence to test protocols.

- Yes  No  N/A 5. Lab has provided quality control data, i.e., reference toxicant control charts.

- Yes  No  N/A 6. Permittee has asked lab for QC data.
- Yes  No  N/A 7. Permittee maintains copies of WET lab reports on site for required 3 year period, and makes them available for review by inspectors.
- Yes  No  N/A 8. Evaluation and review of WET data by permittee adequate such that no follow up at lab is necessary. (Follow up to be conducted by EPA and/or State.)

Comments:

Consistently passed WET tests using W.E.T. lab (state certified)

IV. FACILITY SITE REVIEW

YES  NO Treatment facility properly operated and maintained.

Yes  No  N/A 1. Standby power or other equivalent provision is provided. Specify type:

\_\_\_\_\_

Yes  No  N/A 2. Facility has an alarm system for power or equipment failures. What kind of problems has the facility experienced due to power failures? \_\_\_\_\_

\_\_\_\_\_

Yes  No  N/A 3. Treatment control procedures are established for emergencies.

Yes  No  N/A 4. Facility can be by-passed (internal, collection system, total). Describe by-pass procedures: \_\_\_\_\_

\_\_\_\_\_

Yes  No  N/A 5. Regulatory agency was notified of any bypassing (treated and/or untreated).

Dates: \_\_\_\_\_

Yes  No  N/A 6. WWTP has adequate capacity to ensure against hydraulic ~~and/or organic overloads.~~ *N/A*

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

\_\_\_\_\_

Yes  No  N/A 8. O&M manual available and up-to-date.

Yes  No  N/A 9. Procedures for plant O&M, including preventive maintenance schedules, are established and performed on time. *BOGM requirements*

Yes  No  N/A 10. Adequate spare parts and supplies inventory (including flow meters) are maintained, as well as major equipment specifications and/or repair manuals.

Yes  No  N/A 11. Up-to-date maintenance and repair records are kept for major pieces of equipment.

12. Number of qualified operators and staff. N/A

How many?	Certification Level
<u>None</u>	<u>N/A</u>
_____	_____
_____	_____

Yes No  N/A 13. Certification level meets State requirement?

14. What procedures or practices are used to train new operators? N/A

V. SAFETY EVALUATION

- YES  NO Facility has the necessary safety equipment.
- Yes  No  N/A 1. Procedures are established for identifying out-of-service equipment. What are they?  
Lock out / Tag out
- Yes  No  N/A 2. Personal protective clothing provided (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, eye washes in labs).
- Yes No  N/A 3. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available. no lab on site
- Yes  No  N/A 4. Plant has general safety structures such as rails around or covers over tanks, pits, or wells. Plant is enclosed by a fence.
- Yes  No  N/A 5. Portable hoists for equipment removal available.
- Yes  No  N/A 6. All electrical circuitry enclosed and identified.
- Yes No  N/A 7. Chlorine safety is adequate and includes:  
a. NIOSH-approved 30-minute air pack.  
b. All standing chlorine cylinders chained in place.  
c. All personnel trained in the use of chlorine.  
d. Chlorine repair kit.  
e. Chlorine leak detector tied into plant alarm system.  
f. Ventilation fan with an outside switch.  
g. Posted safety precautions.
- Yes  No  N/A 8. Warning signs (no smoking, high voltage, nonpotable water, chlorine hazard, watch-your-step, and exit) posted.
- Yes  No  N/A 9. Gas/explosion controls such as pressure-vacuum relief valves, no smoking signs, explosimeters, and drip traps present near anaerobic digesters, enclosed screening or degritting chambers, and sludge-piping or gas-piping structures.
- Yes  No  N/A 10. Emergency phone numbers listed.

Yes  No  N/A 11. Plant is generally clean, free from open trash areas.

Yes  No  N/A 12. MSDS sheets, if required, are accessible by employees.

Comments: *well maintained & operated*

VI. FLOW MEASUREMENT

YES NO FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF PERMIT

A. PRIMARY EFFLUENT FLOW MEASUREMENT

1. General

Type of primary flow measurement device: Wier (CO2) w/er *CO1 does not discharge*  
*manual measurement if ever needed*

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

Where? 001 & 002 & 003

Yes  No  N/A 2. Flow measured at each outfall. Number of outfalls: 3

3. Frequency of routine inspection of primary flow device by operator:  
2x ~~day~~ month

4. Frequency of routine cleaning of primary flow device by operator:  
AS needed /week.

Yes  No  N/A 5. Influent flow is measured before all return lines.

Yes  No  N/A 6. Effluent flow is measured after all return lines.

Yes  No  N/A 7. Proper flow tables are used by facility personnel.

8. Design flow: 505 mgd.

Yes  No  N/A 9. Flow measurement equipment adequate to handle expected ranges of flow rate.

2. Open Channel Primary Flow Measuring Devices

Flumes

*N/A*

Type and size: \_\_\_\_\_ EFF

Yes  No  N/A 1. Flume is located in a straight section of the open channel, without bends immediately upstream or downstream.

Yes  No  N/A 2. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.

Yes  No  N/A 3. Flume is clean and free of obstructions, debris or deposits.

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

- |     |    |     |   |
|-----|----|-----|---|
| Yes | No | N/A | 5. Sides of flume throat are vertical and parallel.   |
| Yes | No | N/A | 6. Side walls of flume are vertical and smooth.   |
| Yes | No | N/A | 7. Flume head is being measured at proper location. (Location dependent on flume type - see NPDES Compliance Inspection Manual or ISCO book.) |
| Yes | No | N/A | 8. Flume is under free flow conditions at all times. (Flume is not submerged.)  |

Weirs

Type: 002 - V-notch EFF  
003 - Rectangular Same as previous CEI's

- |     |    |     |  |
|-----|----|-----|--|
| Yes | No | N/A | 1. Weir is level.  |
| Yes | No | N/A | 2. Weir plate is plumb and its top edges are sharp and clean.  |
| Yes | No | N/A | 3. Downstream edge of weir is chamfered at 45°.  |
| Yes | No | N/A | 4. There is free access for air below the nappe of the weir.   |
| Yes | No | N/A | 5. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences. |
| 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 x nappe area for upstream distance of 15H. (If not, is velocity of approach too high?)  |
| Yes | No | N/A | 8. Weir is under free-flow conditions at all times. (Weir is not submerged.)   |
| Yes | No | N/A | 9. The stilling basin of the weir is of sufficient size and clear of debris.   |
| Yes | No | N/A | 10. Head measurements are properly made by facility personnel.   |
| Yes | No | N/A | 11. Weir is free from leakage.   |

**3. Closed Channel Primary Measuring Devices**

Electromagnetic Meters N/A

Type and model: \_\_\_\_\_ EFF

- |     |    |     |  |
|-----|----|-----|--|
| Yes | No | N/A | 1. There is a straight length of pipe or channel before and after the flowmeter of at least 5 to 20 diameters. |
| Yes | No | N/A | 2. There are no sources of electric noise in the near vicinity.  |
| Yes | No | N/A | 3. Magnetic flowmeter is properly grounded.  |
| Yes | No | N/A | 4. Full pipe requirement is met.   |

Venturi Meters N/A

Type and model: \_\_\_\_\_ EFF

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

**B. Secondary Flow Measurement** N/A

**1. General**

1. What are the most common problems that the operator has had with the secondary flow measurement device? \_\_\_\_\_  
\_\_\_\_\_

Yes No N/A 2. Flow records properly kept.  
Yes No N/A a. All charts maintained in a file.  
Yes No N/A b. All calibration data kept.

Yes No N/A 3. Secondary device calibration records are kept.  
a. Frequency of secondary device calibration: \_\_\_\_\_ / year.

4. Frequency of flow totalizer calibration: \_\_\_\_\_ / year.

Yes No N/A 5. Secondary instruments (totalizers, recorders, etc.) are properly operated, calibrated, and maintained.

Floats

Type and model: \_\_\_\_\_ EFF

Bubblers

Type and model: \_\_\_\_\_ EFF

Ultrasonic

Type and model: \_\_\_\_\_ EFF

Electrical

Type and model: \_\_\_\_\_ EFF

Comments:

2. Flow Verification *N/A*

Accuracy of Flow Measurement (Secondary against Primary) <i>N/A</i>	
	Type and size of primary device
	EFF:
Reading from primary standard, feet and inches	
Equivalent to actual flow, mgd	
Facility-recorded flow from secondary device, mgd	
Percent Error	
Correction Factor	

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

Comments: *N/A*

VII. LABORATORY QUALITY ASSURANCE

YES  NO Laboratory procedures meet the requirements and intent of the permit.

Yes  No  N/A 1. Commercial laboratory is used.

Parameters	<i>WET</i>
Name	<i>W.E.T. Lab</i>
Address	<i>235 W. 400 S. American Fork, UT 84003</i>
Contact	<i>Lee Rawlings</i>
Phone	<i><del>801</del> (801) 763-0660</i>

Yes  No  N/A 2. According to the permittee, commercial laboratory is State certified (ND & UT only).

Yes  No  N/A 3. Written laboratory quality assurance manual is available, if the facility does its own lab work.

Yes  No  N/A 4. Quality control procedures are used. Specify: *internal studies*  
*performed*

Yes No  N/A 5. Calibration and maintenance of laboratory instruments and equipment is satisfactory.

Yes  No  N/A 6. Samples are analyzed in accordance with 40 CFR 136.

Yes  No  N/A 7. Results of last DMR/QA test available. Date: \_\_\_\_\_

Yes No  N/A 8. Facility lab does analyses for other permittees. If yes, list the facilities and their permit numbers.

VIII. COMPLIANCE SCHEDULE STATUS REVIEW *N/A*

YES  NO

The permittee is meeting the compliance schedule *for monitoring*

N/A

1. Is the facility subject to a compliance schedule either in its permit or in an order? If facility is subject to an order, note docket number: \_\_\_\_\_

2. What milestones remain in the schedule? \_\_\_\_\_

(Attach additional sheets as necessary.)

Yes  No  N/A

3. Facility is in compliance with unachieved milestones.

Yes  No  N/A

4. Facility has missed milestone dates, but will still meet the final compliance date.

IX. PERMITTEE SAMPLING EVALUATION

YES  NO

Sampling meets the requirements and intent of the permit.

Yes  No  N/A

1. Samples are taken at sampling location specified by permit.

Yes  No  N/A

2. Locations are adequate for representative samples.

Yes  No  N/A

3. Flow proportioned samples are obtained.

Yes  No  N/A

4. Permittee is using method of sample collection required by permit.

Required method: \_\_\_\_\_

If not, method being used is:

- Grab
- Manual
- Automatic composite

Yes  No  N/A

5. Sample collection procedures adequate and include:

Yes  No  N/A

a. Sample refrigeration during compositing.

Yes  No  N/A

b. Proper preservation techniques.

Yes  No  N/A

c. Containers in conformance with 40 CFR 136.3.

Yes  No  N/A

Specify any problems: \_\_\_\_\_

Comments:

*Completed by Jeff Studenka - Utah - SWP on 7-15-05*

ATTACHMENT A - PRE-INSPECTION WET FILE REVIEW

NPDES PERMIT #: UT0022918

INSPECTION DATE: 7-15-05

FACILITY: EFC-Sulco

Background

Yes  No 1. Are species required by permit used? Indicate below.

- Daphnia magna*
- Ceriodaphnia dubia*
- Pimephales promelas* (fathead minnow)

Yes  No  N/A 2. Has approval for alternating species been granted?

3. Test type

- Chronic
- Acute
- Both

4. Dilution water source: Creek or lab water

Yes  No  N/A  
 Yes  No  N/A  
a. meets EPA requirements  
~~b. if reconstituted, is water same hardness as receiving water?~~

Yes  No  N/A 5. Any modification authorization?

- CO2 headspace
- chronic sampling frequency
- dechlorination
- zeolite resin (ammonia removal)

Yes  No  N/A 6. Results indicate absence of toxicity? If not, indicate dates of failure and species:

Dates	Species

- Yes No  N/A 7. Evidence of accelerated testing if toxicity present?
- Yes No  N/A 8. TIE/TRE in progress?
- 9. What is sampling frequency for routine testing? Quarterly
- Yes No N/A 10. WET lab certified/inspected by State? *(Utah is developing a certification program for WET and has made some visits to labs.)*

Identity of WET lab used: W. E. T.  
 Contact Name Lee Rawlings  
 Phone Number 801-763-0660  
 Address 235 W. 400 S.  
American Fork, UT 84003

**Review of WET Lab Reports**

- Yes No N/A 1. Report format meets EPA Methods requirements? (see Weber et al., 1988, 1989)
- Yes No  N/A 2. Does lab report indicate which statistical method was used for chronic tests? (Region 8 and Colorado protocols)
- Yes No N/A 4. Does permittee submit complete WET lab report to EPA/State?

Summary of problems identified above: None

Facility:	<b>Canyon Fuels SUFCO</b>				
<b>Outfall: 001</b>	Month: April 2005				
Parameter:	Bench Sheet Values		DMR Reported Values		
<b>pH</b>	Sampling Info.	S.U.	Analysis Info.	S.U.	Holding Time (Days)
<b>No Discharge</b>					
	Daily Min	N/A	Daily Min	N/A	
	Daily Max	N/A	Daily Max	N/A	

Facility:	<b>Canyon Fuels SUFCO</b>				
<b>Outfall: 002</b>	Month: April 2005				
Parameter:	Bench Sheet Values		DMR Reported Values		
<b>pH</b>	Sampling Info.	S.U.	Analysis Info.	S.U.	Holding Time (Days)
	Apr-05	8.01	Instant	8.01	N/A
	Apr-05	7.96	Instant	7.96	N/A
	Daily Min	7.96	Daily Min	7.96	
	Daily Max	8.01	Daily Max	8.01	

Facility:	<b>Canyon Fuels SUFCO</b>				
<b>Outfall: 003</b>	Month: April 2005				
Parameter:	Bench Sheet Values		DMR Reported Values		
<b>pH</b>	Sampling Info.	S.U.	Analysis Info.	S.U.	Holding Time (Days)
	Apr-05	6.7	Instant	6.7	N/A
	Apr-05	6.85	Instant	6.85	N/A
	Daily Min	6.7	Daily Min	6.7	
	Daily Max	6.85	Daily Max	6.85	

Facility:	<b>Canyon Fuels SUFCO</b>				
Outfall: 001	Month: April 2005				
Parameter:	Bench Sheet Values		DMR Repoted Values		
<b>TSS</b>	Sampling Info.	Mg/l	Analysis Info.	Mg/l	Holding Time
<b>No Discharge</b>					
	30 Day Avg	N/A	30 Day Avg	N/A	
	Max 7 Day Avg	N/A	Max 7 Day Avg	N/A	
	Daily Max	N/A	Daily Max	N/A	

Facility:	<b>Canyon Fuels SUFCO</b>				
Outfall: 002	Month: April 2005				
Parameter:	Bench Sheet Values		DMR Repoted Values		
<b>TSS</b>	Sampling Info.	Mg/l	Analysis Info.	Mg/l	Holding Time
	Apr-05	17	Apr-05	N/A	ok
	Apr-05	49	Apr-05	N/A	ok
	30 Day Avg	33	30 Day Avg	33.0	
	Max 7 Day Avg	49	Max 7 Day Avg	49.0	
	Daily Max	49	Daily Max	49.0	

Facility:	<b>Canyon Fuels SUFCO</b>				
Outfall: 003	Month: April 2005				
Parameter:	Bench Sheet Values		DMR Repoted Values		
<b>TSS</b>	Sampling Info.	Mg/l	Analysis Info.	Mg/l	Holding Time
	Apr-05	<5	Apr-05	N/A	ok
	Apr-05	<5	Apr-05	N/A	ok
	30 Day Avg	<5	30 Day Avg	<5	
	Max 7 Day Avg	<5	Max 7 Day Avg	<5	
	Daily Max	<5	Daily Max	<5	

Facility:	Canyon Fuels SUFCO						
Outfall: 001	Month: April 2005						
Parameter:	Bench Sheet Values			DMR Reported Values			
Oil & Grease	Sampling Info.	Yes/No	Mg/l	Analysis Info.	Yes/No	Mg/l	Holding Time
<b>No Discharge</b>							
	30 Day Avg			30 Day Avg			
	Daily Max			Daily Max			

Facility:	Canyon Fuels SUFCO						
Outfall: 002	Month: April 2005						
Parameter:	Bench Sheet Values			DMR Reported Values			
Oil & Grease	Sampling Info.	Visual Yes/No	Mg/l	Analysis Info.	Visual Yes/No	Mg/l	Holding Time
	Apr-05	No	<2	Apr-05	No	N/A	ok
	Apr-05	No	<2	Apr-05	No	N/A	ok
	30 Day Avg	N/A		30 Day Avg	N/A		
	Daily Max	<2		Daily Max	<2		

Facility:	Canyon Fuels SUFCO						
Outfall: 003	Month: April 2005						
Parameter:	Bench Sheet Values			DMR Reported Values			
Oil & Grease	Sampling Info.	Visual Yes/No	Mg/l	Analysis Info.	Visual Yes/No	Mg/l	Holding Time
	Apr-05	No	N/A	Apr-05	No	N/A	N/A
	Apr-05	No	N/A	Apr-05	No	N/A	N/A
	30 Day Avg	N/A		30 Day Avg	N/A		
	Daily Max	N/A		Daily Max	N/A		

Facility:	<b>Canyon Fuels SUFCO</b>			
<b>Outfall: 001</b>	Month: April 2005			
Parameter:	Bench Sheet Values		DMR Repoted Values	
<b>Iron</b>	Sampling Info.	Mg/l	Analysis Date And Time	Mg/l
<b>No Discharge</b>				
	30 Day Avg		30 Day Avg	
	Daily Max		Daily Max	

Facility:	<b>Canyon Fuels SUFCO</b>			
<b>Outfall: 002</b>	Month: April 2005			
Parameter:	Bench Sheet Values		DMR Repoted Values	
<b>Iron</b>	Sampling Info.	Mg/l	Analysis Info.	Mg/l
				Holding Time
	Apr-05	0.34	Apr-05	0.34
	Apr-05	0.34	Apr-05	0.34
				ok
				ok
	30 Day Avg	N/A	30 Day Avg	N/A
	Daily Max	0.34	Daily Max	0.34

Facility:	<b>Canyon Fuels SUFCO</b>			
<b>Outfall: 003</b>	Month: April 2005			
Parameter:	Bench Sheet Values		DMR Repoted Values	
<b>Iron</b>	Sampling Info.	Mg/l	Analysis Info.	Mg/l
				Holding Time
	Apr-05	0.17	Apr-05	0.17
	Apr-05	0.17	Apr-05	0.17
				ok
				ok
	30 Day Avg	N/A	30 Day Avg	N/A
	Daily Max	0.17	Daily Max	0.17

Facility:	<b>Canyon Fuels SUFCO</b>				
<b>Outfall: 001</b>	Month: April 2005				
Parameter:	Bench Sheet Values		DMR Repoted Values		
<b>TDS</b>	Sampling Info.	Mg/l	Analysis Info.	Mg/l	Holding Time
<b>No Discharge</b>					
	30 Day Avg		30 Day Avg		
	Daily Max		Daily Max		

Facility:	<b>Canyon Fuels SUFCO</b>				
<b>Outfall: 002</b>	Month: April 2005				
Parameter:	Bench Sheet Values		DMR Repoted Values		
<b>TDS</b>	Sampling Info.	lbs/day	Analysis Info.	lbs/day	Holding Time
	Apr-05	N/A	Apr-05	N/A	ok
	Apr-05	N/A	Apr-05	N/A	ok
	30 Day Avg	N/A	30 Day Avg	N/A	
	Daily Max	104	Daily Max	104	

Facility:	<b>Canyon Fuels SUFCO</b>				
<b>Outfall: 003</b>	Month: April 2005				
Parameter:	Bench Sheet Values		DMR Repoted Values		
<b>TDS</b>	Sampling Info.	mg/L	Analysis Info.	mg/L	Holding Time
	Apr-05	685	Apr-05	N/A	ok
	Apr-05	N/A	Apr-05	N/A	ok
	30 Day Avg	N/A	30 Day Avg	N/A	
	Daily Max	685	Daily Max	685	

Facility:	<b>Canyon Fuels SUFCO</b>				
<b>Stream</b>	Year 04/05				
Parameter:	Bench Sheet Values		DMR Reported Values		
<b>Toxicity</b>	<b>Sampling Date And Time</b>	<b>Pass/Fail</b>	<b>Analysis Date</b>	<b>Pass/Fail</b>	<b>Holding Time</b>
	12/27/04 8:40	Pass	12/27/04 16:05	Pass	ok
	2/2/05 7:10	Pass	2/2/05 15:00	Pass	ok
	5/6/05 7:00	Pass	5/6/05 13:25	Pass	ok
	7/16/04 7:10	Pass	7/16/04 13:25	Pass	ok

Facility:	<b>Canyon Fuels SUFCO</b>				
<b>Stream</b>	Year 04/05				
Parameter:	Bench Sheet Values		DMR Reported Values		
<b>Toxicity</b>	<b>Sampling Date And Time</b>	<b>Pass/Fail</b>	<b>Analysis Date And Time</b>	<b>Pass/Fail</b>	<b>Holding Time</b>
	NA	NA	NA	NA	ok
	NA	NA	NA	NA	ok
	NA	NA	NA	NA	ok
	7/16/04 7:10	Pass	7/16/04 13:25	Pass	ok

Facility:	<b>Canyon Fuels SUFCO</b>				
<b>Outfall: 003</b>	Year 04/05				
Parameter:	Bench Sheet Values		DMR Reported Values		
<b>Toxicity</b>	<b>Sampling Date And Time</b>	<b>Pass/Fail</b>	<b>Analysis Date And Time</b>	<b>Pass/Fail</b>	<b>Holding Time</b>
	12/27/04 8:40	Pass	12/27/04 16:05	Pass	ok
	2/2/05 7:10	Pass	2/2/05 15:00	Pass	ok
	5/6/05 7:00	Pass	5/6/05 13:25	Pass	ok
	7/16/04 7:00	Pass	7/16/04 13:25	Pass	ok



