



STATE OF
COLORADO

Musick - DNR, Jason <jason.musick@state.co.us>

August DMR's

1 message

Bill Bear <BBear@bowieresources.com>

Tue, Sep 6, 2016 at 9:34 AM

To: "Musick - DNR, Jason" <jason.musick@state.co.us>

Bill Bear



Bowie Resources, LLC

A Subsidiary of Bowie Resource Partners, LLC

PO Box 1488

Paonia, CO 81428

O: (970) 929-5257

M: (970) 261-2906

bbear@bowieresources.com

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August 2016 DMR.pdf

4746K

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: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

SR/MINE WTR TO DEER TRAIL DTCH

External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 08/01/2016 TO 08/31/2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	9 MAXIMUM	SU		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	35 30DA AVG	70 DAILY MX		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3000 30DA AVG	6000 DAILY MX		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Y=1:N=0	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jake Wilson		970-929-5257	09/06/2016
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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

SETTLABLE SOLIDS LIMIT APPLIES ONLY IF <10YR.24HR PRECIP EVENT IS CLAIMED. IF CLAIM APPROVED BY WQCD, TSS & IRON LIMITS WILL NOT BE APPLIED TO REPORTED MEASUREMENTS-SEE I.A.3, PG 4-5 FOR BURDEN OF PROOF REQUIREMENTS. OIL & GREASE-I.B.1.3, PG 9, QTRTRY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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

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

NAME: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

002A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

SR:DEER TRL DTC OR UNMD TRIB

External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2016 TO 08/31/2016

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Solids, settleable	*****	*****	*****	*****	*****	*****			
00545 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Iron, total (as Fe)	*****	*****	*****	*****	*****	*****			
01045 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Oil and grease	*****	*****	*****	*****	*****	*****			
03582 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Oil and grease Visual	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Jake Wilson	970-929-5257		09/06/2016
TYPED OR PRINTED	NUMBER		MM/DD/YYYY
	970-929-5257		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
			

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

SETTLABLE SOLIDS LIMIT APPLIES ONLY IF <=10YR.24HR PRECIP EVENT IS CLAIMED. IF CLAIM APPROVED BY WQCD,TSS & IRON LIMITS WILL NOT BE APPLIED TO REPORTED MEASUREMENTS-SEE I.A.3, PP 4-5 FOR BURDEN OF PROOF REQUIREMENTS. OIL & GREASE-I.B.1.3, PG 9. QTRLY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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

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LOCATION: 5 MINE OF TOWN ON CO HWY 133
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ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

003A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR (SUBR MH) DELTA
SR:DEER TRL DTC OR UNMD TRIB
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2016	TO 08/31/2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	9 MAXIMUM	SU		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	35 30DA AVG	70 DAILY MX		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3000 30DA AVG	6000 DAILY MX		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	Y=1,N=0	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Jake Wilson	970-929-5257	09/06/2016	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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)

SETTLABLE SOLIDS LIMIT APPLIES ONLY IF <=10YR,24HR PRECIP EVENT IS CLAIMED. IF CLAIM APPROVED BY WOOD, TSS & IRON LIMITS WILL NOT BE APPLIED TO REPORTED MEASUREMENTS-SEE I.A.3, PP 4-5 FOR BURDEN OF PROOF REQUIREMENTS. OIL & GREASE-I.B.1.E, PG 9. QRTLY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: PO Box 483
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FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

004A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR (SUBR MH) DELTA
WWTF TO DEER TRAIL DITCH
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2016 TO 08/31/2016

No Discharge ☐

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	8	8	mg/L	0	1/30	Comp
00310 1 0 Effluent Gross	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Monthly	COMPOS
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	35	35	mg/L	0	1/30	Comp
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	Req. Mon. 30DA AVG	Opt. Mon. MX 7D AV	mg/L		Monthly	COMPOS
pH	*****	*****	*****	*****	7.6	8.2	su	0	1/7	Inst
00400 1 0 Effluent Gross	*****	*****	*****	*****	6.5 MINIMUM	9 MAXIMUM	su		Weekly	INSITU
Solids, total suspended	*****	*****	*****	*****	0	0	mg/L	0	1/30	Comp
00530 1 0 Effluent Gross	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Monthly	COMPOS
Solids, total suspended	*****	*****	*****	*****	53	53	mg/L	0	1/30	Comp
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	Req. Mon. 30DA AVG	Opt. Mon. MX 7D AV	mg/L		Monthly	COMPOS
Oil and grease	*****	*****	*****	*****	*****	0.0	mg/L	0	Cont	Grab
03582 1 0 Effluent Gross	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	0.000809	0.001417	Mgal/d	*****	*****	*****	*****	0	Cont	Rcordr
50050 1 0 Effluent Gross	.0115 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jake Wilson TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William A. Benson</i>		TELEPHONE 970-929-5257	DATE 09/06/2016
			AREA Code NUMBER	MM/DD/YYYY MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
OIL & GREASE - I.B.1.E., PG. 9. QRTLY SAMPLING INSTRUCTIONS - I.C.10, PG. 10.

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: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

004A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR (SUBR MH) DELTA
WWTF TO DEER TRAIL DITCH
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2016 TO 08/31/2016

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	50050 G 0 Raw Sewage Influent	0.009444	0.01590	Mgal/d	*****	*****	*****	*****	0	Cont	Rcordr
Chlorine, total residual	50060 1 0 Effluent Gross	*****	*****	Mgal/d	*****	*****	*****	*****		Continuous	RCORDR
Coliform, fecal general	74055 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	mg/L	0	1/7	Grab
Oil and grease visual	84066 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	mg/L		Weekly	GRAB
								#/100mL	0	1/30	Grab
								#/100mL		Monthly	GRAB
								*****	0	1/7	VI
								*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jake Wilson TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 970-929-5257	DATE 09/06/2016
			AREA Code MM/DD/YYYY	NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
OIL & GREASE - I.B.1.E., PG. 9. QRTLY SAMPLING INSTRUCTIONS - I.C.10, PG. 10.

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

Form Approved
OMB No. 2040-0004

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

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ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

005A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR (SUBR MH) DELTA
SR/DEER TRL DTC OR UNMD TRIB
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2016	TO 08/31/2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	35 30DA AVG	70 DAILY MX	mg/L		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	mL/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3000 30DA AVG	6000 DAILY MX	ug/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Reg. Mon. INST MAX	Y=1:N=0	*****	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jake Wilson		970-929-5257	09/06/2016
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

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

SETTLABLE SOLIDS LIMIT APPLIES ONLY IF <10YR.24HR PRECIP EVENT IS CLAIMED. IF CLAIM APPROVED BY WQCD,TSS & IRON LIMITS WILL NOT BE APPLIED TO REPORTED MEASUREMENTS-SEE I.A.3, PP 4-5 FOR BURDEN OF PROOF REQUIREMENTS. OIL & GREASE-I.B.1.E, PG 9. QTRLY SAMPLING INSTRUCTIONS - I.C.10, PG. 10.

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

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

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ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

006A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

UNNAMED TRIB TO N. FRK GUNNISON RVR
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	9 MAXIMUM	SU	*****		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	35 30DA AVG	70 DAILY MX	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3000 30DA AVG	6000 DAILY MX	ug/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
Jake Wilson			970-929-5257	09/06/2016
TYPED OR PRINTED	AREA Code		NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
OIL & GREASE - I.B.1.E, PG. 9, QRTLY SAMPLING INSTRUCTIONS - I.C.10, PG. 10.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ADDRESS: PO Box 483
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FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MINE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

006X
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR
(SUBR MH) DELTA
CHRONIC WET TESTING FOR 006A
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2016 TO 08/31/2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, ceriodaphnia chronic 61426 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	tox chronic		Quarterly	COMP-3
Toxicity, ceriodaphnia chronic 61426 S 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	tox chronic		Quarterly	COMP-3
Toxicity, pimephales chronic 61428 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	tox chronic		Quarterly	COMP-3
Toxicity, pimephales chronic 61428 S 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	tox chronic		Quarterly	COMP-3
%Effect Statre 7Day Chronic Ceriodaphnia TCP3B P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	%		Quarterly	COMP-3
%Effect Statre 7Day Chronic Ceriodaphnia TCP3B S 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	%		Quarterly	COMP-3
%Effect Statre 7Day Chronic Pimephales TCP6C P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	%		Quarterly	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Jake Wilson	970-929-5257		09/06/2016
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)

SEE PART I.A.6 FOR DETAILS OF TESTPROCEDURE. RPT RESULTS OF LETHALITY DERIVS AS "%EFFECT". GROWTH ANDREPROD DERIVS AS "TOXICITY". RPT LOWEST % EFFL AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONTROL WAS OBSERVED USING "S". RPT IC25 USING "P". IWC=100%. ATTACH TOX RPT FORM TO DMR.

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: Bowie Resources LLC
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FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MINE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

006X
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR
(SUBR MH) DELTA
CHRONIC WET TESTING FOR 006A
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2016	TO 08/31/2016

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
%Effect State 7Day Chronic Pimephales	*****	*****	*****	*****	*****	*****			
TCP6C S 0	*****	*****	*****	*****	*****	*****			
See Comments		100 MN VALUE				%		Quarterly	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Jake Wilson	970-929-5257		09/06/2016
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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, evaluate, and report 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 civil 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)

SEE PART I.A.6 FOR DETAILS OF TESTPROCEDURE. RPT RESULTS OF LETHALITY DERIVS AS "%EFFECT". GROWTH ANDREPROD DERIVS AS "TOXICITY". RPT LOWEST % EFFL AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONTROL WAS OBSERVED USING "S". RPT IC25 USING "P". IWC=100%. ATTACH TOX RPT FORM TO DMR.

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: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428

FACILITY: BOWIE NO. 2 MINE

LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428

ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

007A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

DSCHG OF SR TO GUNNISON RIVER
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	9 MAXIMUM	SU		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	35 30DA AVG	70 DAILY MX		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3000 30DA AVG	6000 DAILY MX		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	Y=1;N=0	*****	*****	*****		Weekly	VISUAL

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jake Wilson

TYPED OR PRINTED



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

970-929-5257

AREA Code NUMBER

DATE

09/06/2016

MM/DD/YYYY

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

SETTLABLE SOLIDS LIMIT APPLIES ONLY IF <10YR.24HR PRECIP EVENT IS CLAIMED. IF CLAIM APPROVED BY WQCD, TSS & IRON LIMITS WILL NOT BE APPLIED TO REPORTED MEASUREMENTS-SEE I.A.3, PP 4-5 FOR BURDEN OF PROOF REQUIREMENTS. OIL & GREASE-I.B.1.E., PG. 9. QRTLY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428

FACILITY: BOWIE NO. 2 MINE

LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428

ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

008A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

DSCGH OF SR TO GUNNISON RIVER

External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2016 TO 08/31/2016

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	SU		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Jake Wilson	970-929-5257		09/06/2016
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)

SETTLABLE SOLIDS LIMIT APPLIES ONLY IF <10YR.24HR PRECIP EVENT IS CLAIMED. IF CLAIM APPROVED BY WOOD, TSS & IRON LIMITS WILL NOT BE APPLIED TO REPORTED MEASUREMENTS-SEE I.A.3, PP 4-5 FOR BURDEN OF PROOF REQUIREMENTS. OIL & GREASE-I.B.1.E, PG 9. QRTLY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MINE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

009A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR
(SUBR MH) DELTA
SR DSC/HUNNMD TRIB/HUBBARD CRK
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2016 TO 08/31/2016

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	SU		Weekly	INSITU
Solids, total suspended	*****	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	mg/L		Monthly	GRAB
Solids, settleable	*****	*****	*****	*****	*****	*****	*****			
00545 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	mg/L		Monthly	GRAB
Iron, total (as Fe)	*****	*****	*****	*****	*****	*****	*****			
01045 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	ug/L		Monthly	GRAB
Oil and grease	*****	*****	*****	*****	*****	*****	*****			
03582 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	*****	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jake Wilson TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Uthman A. Beaudin</i>		TELEPHONE 970-929-5257	DATE 09/06/2016
			AREA Code MMDDYYYY	NUMBER MMDDYYYY

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

SETTLABLE SOLIDS LIMIT APPLIES ONLY IF <10YR/24HR PRECIP EVENT IS CLAIMED. IF CLAIM APPROVED BY WQCD, TSS & IRON LIMITS WILL NOT BE APPLIED TO RPTD MEASUREMENTS-SEE I.A.3.PG. 4-5 FOR BURDEN OF PROOF REQUIREMENTS. OIL & GREASE - I.B.1.3, PG. 9. QTRLY SAMPLING INSTRUCTIONS - I.C.10, PG. 10.

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: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

010A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR (SUBR MH) DELTA
MW TO UNNMD TRIB/HUBBARD CREEK
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2016 TO 08/31/2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Monthly	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jake Wilson	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 and complete, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 970-929-5257	DATE 09/06/2016
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
OIL & GREASE - I.B.1.E, PG. 9. QRTLY SAMPLING INSTRUCTIONS - I.C.10, PG. 10.

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: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

MIN06
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR (SUBR MH) DELTA
MINE DRAINAGE TO GUNNISON RVR
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 08/01/2016 TO 08/31/2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Iron, dissolved (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Manganese, dissolved (as Mn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Zinc, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Silver, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
01306 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Jake Wilson	970-929-5257		09/06/2016
TYPED OR PRINTED	NUMBER		MM/DD/YYYY
	AREA Code		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ONCE 12 MONTHLY SAMPLES HAVE BEEN COLLECTED THE PERMITTEE IS REQUIRED TO SUBMIT A REQUEST FOR AREASONABLE POTENTIAL ANALYSIS.

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: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

MN06
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR (SUBR MH) DELTA
MINE DRAINAGE TO GUNNISON RVR
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2016	TO 08/31/2016

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Cadmium, potentially dissolved 01313 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Nickel, potentially dissolved 01322 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Selenium, potentially dissolved 01323 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Chromium, trivalent total recoverable 04262 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Mercury, total (as Hg) 71900 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Jake Wilson	970-929-5257		09/06/2016
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer or geologist in the State of Colorado, and I am not aware of any false or misleading information contained herein. 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)

ONCE 12 MONTHLY SAMPLES HAVE BEEN COLLECTED THE PERMITTEE IS REQUIRED TO SUBMIT A REQUEST FOR AREASONABLE POTENTIAL ANALYSIS.

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: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

MIN10
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

MW TO UNNBD TRIB TO HUBBARD CR
External Outfall

No Discharge ☒

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2016	TO 08/31/2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Iron, dissolved (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Manganese, dissolved (as Mn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Zinc, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Silver, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
01306 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Jake Wilson	970-929-5257		09/06/2016
TYPED OR PRINTED	NUMBER		MM/DD/YYYY
	AREA Code		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ONCE 12 MONTHLY SAMPLES HAVE BEEN COLLECTED THE PERMITTEE IS REQUIRED TO SUBMIT A REQUEST FOR AREASONABLE POTENTIAL ANALYSIS.

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: Bowie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428
FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

MN10
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR (SUBR MH) DELTA
MW TO UNNBD TRIB TO HUBBARD CR
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
08/01/2016 TO 08/31/2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Cadmium, potentially dissolvd 01313 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Nickel, potentially dissolvd 01322 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Selenium, potentially dissolvd 01323 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Chromium, trivalent total recoverable 04262 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Mercury, total (as Hg) 71900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am a duly authorized officer of the permittee, and that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Jake Wilson				970-929-5257	09/06/2016
TYPED OR PRINTED				AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ONCE 12 MONTHLY SAMPLES HAVE BEEN COLLECTED THE PERMITTEE IS REQUIRED TO SUBMIT A REQUEST FOR AREASONABLE POTENTIAL ANALYSIS.