



STATE OF
COLORADO

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

RE: July 2016 DMR

1 message

Bill Bear <BBear@bowieresources.com>
To: "Musick - DNR, Jason" <jason.musick@state.co.us>

Wed, Sep 7, 2016 at 8:00 AM

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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From: Musick - DNR, Jason [mailto:jason.musick@state.co.us]
Sent: Wednesday, September 7, 2016 7:58 AM
To: Bill Bear <BBear@bowieresources.com>
Subject: July 2016 DMR

Morning Bill,

Just a quick heads-up. We haven't received the July 2016 DMR as of yet. On July 12 we received the June 2016 DMR under the title of July 2016 DMR. If you have the July copies would you mind shooting them over?

Thanks!

--

Jason Musick

Environmental Protection Specialist III

Coal Regulatory Program

P [303.866.3567](tel:303.866.3567) x 8134 | F [303.832.8106](tel:303.832.8106)

1313 Sherman Street, Room 215, Denver, CO 80203

jason.musick@state.co.us | <http://mining.state.co.us>



July 2016 DMR's.pdf
5044K

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

001A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

FROM 07/01/2016 TO 07/31/2016

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

SR/MINE WTR TO DEER TRAIL DTCH
External OutfallNo Discharge ☒

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

Wm A. Bean

TELEPHONE

970-929-5257

DATE

08/08/2016

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, PG 4-5 FOR BURDEN OF PROOF REQUIREMENTS. OIL & GREASE-I.B.1.3, PG 9. QTRLY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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PAONIA, CO 81428

ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776

PERMIT NUMBER

002A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

FROM 07/01/2016 TO 07/31/2016

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

SR/DEER TRL DTC OR UNMD TRIB
External OutfallNo Discharge ☒

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

Jake Wilson

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, to the best of my knowledge and belief, and that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

Wm A. Bant
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

970-929-5257

DATE

08/08/2016

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MONITORING PERIOD

MM/DD/YYYY

FROM 07/01/2016 TO 07/31/2016

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

SR;DEER TRL DTC OR UNMD TRIB
External OutfallNo 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			
pH		*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross		*****	*****	*****	6.5 MINIMUM	9 MAXIMUM	SU		Weekly	INSITU
Solids, total suspended		*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross		*****	*****	*****	*****	35 30DA AVG	mg/L		Monthly	GRAB
Solids, settleable		*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross		*****	*****	*****	*****	Reg. Mon. 30DA AVG	mL/L		Monthly	GRAB
Iron, total (as Fe)		*****	*****	*****	*****	*****				
01045 1 0 Effluent Gross		*****	*****	*****	*****	6000 DAILY MX	ug/L		Monthly	GRAB
Oil and grease		*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross		*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant		*****	*****	*****	*****	*****				
50050 1 0 Effluent Gross		Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****			Weekly	INSTAN
Oil and grease visual		*****	*****	*****	*****	*****				
84066 1 0 Effluent Gross		*****	Reg. Mon. INST MAX	Y=1;N=0	*****	*****			Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jake Wilson

TYPED OR PRINTED

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 on which this document is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Wm A Beard
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

970-929-5257

08/08/2016

AREA Code

NUMBER

MM/DD/YYYY

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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

FROM

MM/DD/YYYY TO
07/01/2016 07/31/2016

MONITORING PERIOD

MM/DD/YYYY

07/01/2016 07/31/2016

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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	mg/L	0	1/30	Comp
00310 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	mg/L		Monthly	COMPOS
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	38	mg/L	0	1/30	Comp
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	mg/L		Monthly	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.3	su	0	1/7	Inst
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 MINIMUM	su		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	mg/L	0	1/30	Comp
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	mg/L		Monthly	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	66	mg/L	0	1/30	Comp
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	mg/L		Monthly	COMPOS
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	mg/L	0	Cont	Grab
03582 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.001959	0.003988	Mgal/d	*****	*****	*****	0	Cont	Rcorder
50050 10 Effluent Gross	PERMIT REQUIREMENT	0.115 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		Continuous	RCORDER

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John A. B. B.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

970-929-5257

DATE

08/08/2016

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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.

DISCHARGE MONITORING REPORT (DMR)

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CO0044776
 PERMIT NUMBER

004A

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

WWTF TO DEER TRAIL DITCH
 External Outfall

FROM

MM/DD/YYYY

07/01/2016

TO

MM/DD/YYYY

07/31/2016

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant		0.007991	0.015045	Mgal/d	*****	*****	*****	0	Cont	Rcorder
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		Continuous	RCORDER
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	mg/L	0	1/7	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	mg/L		Weekly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	#/100mL	0	1/30	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	#/100mL		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	*****	0	N=0	*****	*****	*****	0	1/7	VI
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	Y=1;N=0	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jake Wilson

TYPED OR PRINTED

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Bradley E. Hanson
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

970-929-5257

DATE

08/08/2016

AREA Code

NUMBER

MM/DD/YYYY

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OIL & GREASE - I.B.1.E, PG. 9. QRTLY SAMPLING INSTRUCTIONS - I.C.10, PG. 10.

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CO0044776
 PERMIT NUMBER

005A
 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
 07/01/2016 TO 07/31/2016

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
pH	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	*****	9 MAXIMUM			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	SU		Weekly	INSITU
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	70 DAILY MX		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	Req. Mon. 30DA AVG		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	3000 30DA AVG		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	*****	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Jake Wilson

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE
 970-929-5257
 DATE
 08/08/2016
 AREA Code NUMBER
 MM/DD/YYYY

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ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER006A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

UNNAMED TRIB TO N. FRK GUNNISON RVR
External OutfallMONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2016 TO 07/31/2016No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Solids, total suspended	*****	*****	*****	*****	*****	*****			
00530 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

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970-929-5257

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006X

DISCHARGE NUMBER

C00044776

PERMIT NUMBER

MONITORING PERIOD

MM/DD/YYYY

FROM

07/01/2016

TO

07/31/2016

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

CHRONIC WET TESTING FOR 006A

External Outfall

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jake Wilson	TELEPHONE 970-929-5257		DATE 08/08/2016
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		MM/DD/YYYY 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.

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 NUMBER006X
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

CHRONIC WET TESTING FOR 006A
External OutfallNo Discharge ☒MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2016 TO 07/31/2016

FROM

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE
Jake Wilson				970-929-5257	08/08/2016
TYPED OR PRINTED	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.

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 NUMBER007A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

DSCHG OF SR TO GUNNISON RIVER
External Outfall

MONITORING PERIOD

MM/DD/YYYY

FROM

MM/DD/YYYY

TO 07/31/2016

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	VALUE			
pH		*****	*****	*****	*****	*****					
00400 1 0 Effluent Gross		*****	*****	*****	6.5 MINIMUM	*****		9 MAXIMUM			
Solids, total suspended		*****	*****	*****	*****	*****				Weekly	INSITU
00530 1 0 Effluent Gross		*****	*****	*****	*****	*****		70 DAILY MX		Monthly	GRAB
Solids, settleable		*****	*****	*****	*****	*****		35 30DA AVG			
00545 1 0 Effluent Gross		*****	*****	*****	*****	*****		Req. Mon. 30DA AVG		Monthly	GRAB
Iron, total (as Fe)		*****	*****	*****	*****	*****					
01045 1 0 Effluent Gross		*****	*****	*****	*****	*****		3000 30DA AVG		Monthly	GRAB
Oil and grease		*****	*****	*****	*****	*****					
03582 1 0 Effluent Gross		*****	*****	*****	*****	*****		10 INST MAX		Contingent	GRAB
Flow, in conduit or thru treatment plant											
50050 1 0 Effluent Gross		Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****		*****		Weekly	INSTAN
Oil and grease visual		*****	*****		*****	*****		*****			
84066 1 0 Effluent Gross		*****	Req. Mon. INST MAX	Y=1;N=0	*****	*****		*****		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, that I am a duly authorized officer of the permittee, and that the information submitted is true, accurate, and complete, to the best of my knowledge and belief, and 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

970-929-5257

08/08/2016

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. QRTLY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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 NUMBER008A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

DSCGH OF SR TO GUNNISON RIVER
External OutfallMONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2016 TO 07/31/2016No 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 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	35 30DA AVG	70 DAILY MX	mg/L		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00545 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mL/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	3000 30DA AVG	6000 DAILY MX	ug/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
03582 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
50050 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
84066 10 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	Y=1;N=0	*****	*****	*****	*****		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, 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

970-929-5257

DATE

08/08/2016

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. QRTLY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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

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
07/01/2016 TO 07/31/2016

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		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	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3000 30DA AVG	ug/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	mg/L		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	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. INST MAX	*****	*****	*****		Weekly	VISUAL

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 qualified professional engineer and that I am not providing false or misleading information. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, this 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
Jake Wilson			970-929-5257	08/08/2016
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.

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 NUMBERMN06
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

MINE DRAINAGE TO GUNNISON RVR
External OutfallMONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
07/01/2016 TO 07/31/2016No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Arsenic, total recoverable	*****	*****	*****	*****					
00978 10 Effluent Gross	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L			
Iron, total recoverable	*****	*****	*****	*****					
00980 10 Effluent Gross	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L			
Iron, dissolved (as Fe)	*****	*****	*****	*****					
01046 10 Effluent Gross	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L			
Manganese, dissolved (as Mn)	*****	*****	*****	*****					
01056 10 Effluent Gross	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L			
Zinc, potentially dissolved	*****	*****	*****	*****					
01303 10 Effluent Gross	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L			
Silver, potentially dissolved	*****	*****	*****	*****					
01304 10 Effluent Gross	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L			
Copper, potentially dissolved	*****	*****	*****	*****					
01306 10 Effluent Gross	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jake Wilson TYPED OR PRINTED	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.		TELEPHONE	DATE
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Wm. A. Bant</i>	970-929-5257		08/08/2016
		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.

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 NUMBERMN06
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

07/01/2016 TO 07/31/2016

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 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Nickel, potentially dissolved 01322 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	ug/L		Monthly	GRAB
Selenium, potentially dissolved 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

Jake Wilson

TYPED OR PRINTED

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Bradley E. Hanson

TELEPHONE

970-929-5257

DATE

08/08/2016

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.

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 NUMB

MN10
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

MW TO UNBD TRIB TO HUBBARD CR
External OutfallNo Discharge ☒

FROM	MONITORING PERIOD	
	MM/DD/YYYY	MM/DD/YYYY
	07/01/2016	TO 07/31/2016

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	*****	*****	*****	*****					
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L	Monthly	GRAB
00980 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L	Monthly	GRAB
Iron, dissolved (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****					
01046 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L	Monthly	GRAB
Manganese, dissolved (as Mn)	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****					
01056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L	Monthly	GRAB
Zinc, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****					
01303 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L	Monthly	GRAB
Silver, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****					
01304 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L	Monthly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****					
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		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 collection of the information and the methods and procedures used and 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.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
Jake Wilson					
TYPED OR PRINTED		TELEPHONE		DATE	
		970-929-5257		08/08/2016	
		AREA Code		MM/DD/YYYY	
		NUMBER			

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 A REASONABLE POTENTIAL ANALYSIS.

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

ERMIT NUMBER

MN10

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

MW TO UNNBD TRIB TO HUBBARD CR
External Outfall☒ No Discharge

FROM	MONITORING PERIOD		
	MM/DD/YYYY	TO	
	07/01/2016	07/31/2016	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, potentially dissolved 01313 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L	Monthly	GRAB	
Nickel, potentially dissolved 01322 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L	Monthly	GRAB	
Selenium, potentially dissolved 01323 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L	Monthly	GRAB	
Chromium, trivalent total recoverable 04262 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L	Monthly	GRAB	
Mercury, total (as Hg) 71900 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		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, I am aware that there is no other person or persons who have access to and are authorized to delete or materially alter this information. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
Jake Wilson		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TELEPHONE				DATE
970-929-5257				08/08/2016
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 A REASONABLE POTENTIAL ANALYSIS.