STATE OF COLORADO

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

Sept 2016 DMRs

1 message

Bill Bear <BBear@bowieresources.com> Thu, Oct 6, 2016 at 12:15 PM
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

Sept 2016 DMR.pdf
6683K

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	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

DMR Mailing ZIP CODE: 81428
MINOR
(SUBR MH) DELTA
SR/MINE WTR TO DEER TRAIL DTCH
External Outfall

No Discharge ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	******	******	******	Req. Mon. 30DA AVG	Req. 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	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Weekly	INSTAN
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bill Bear	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.	Wm A Bear	970-929-5257		10/06/2016
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)

SETTLEABLE 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 PROOFREQUIREMENTS. OIL & GREASE-I.B.1,3, PG 9. QRTRLY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Weekly	VISUAL

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		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	******	******	******	******	Req. Mon. 30DA AVG	Req. 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	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Weekly	INSTAN
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Weekly	VISUAL

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		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	******	******	******	******	Req. Mon. 30DA AVG	Req. 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	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Weekly	INSTAN
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	******			******	******	******	******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Weekly	VISUAL

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	12	12	mg/l	0	1/30	Comp
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 MX 7D AV	mg/L		Monthly	COMPOS
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	38	38	mg/l	0	1/30	Comp
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Opt. Mon. MX 7D AV	mg/L		Monthly	COMPOS
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	8.2	su	1	1/7	Inst
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	9 MAXIMUM	SU		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	8	mg/L	0	1/30	Comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 MX 7D AV	mg/L		Monthly	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L	0	1/30	Comp
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Opt. Mon. MX 7D AV	mg/L		Monthly	COMPOS
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	0	mg/L	0	Cont	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.000820	0.002492	Mgal/d	******	******	******	******	0	Cont	Rec
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.0115 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Continuous	RCORDR

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Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.009413	0.02062	Mgal/d	******	******	******	******	0	Cont	Recd
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	0.18	mg/L	0	1/7	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	.5 INST MAX	mg/L		Weekly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	391	408	mg/L	0	1/30	Grab
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	******	83	83	#/100mL	0	1/30	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	6000 30DA AVG	12000 MX7DGEOA	#/100mL		Monthly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	******	0	0	******	******	******	******	0	1/7	Vis
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. INST MAX	Y=1;N=0	******	******	******	******		Weekly	VISUAL

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

OIL & GREASE - I.B.1.E, PG. 9. QRTRLY 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	005A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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

No Discharge ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	******	******	******	Req. Mon. 30DA AVG	Req. 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	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Weekly	INSTAN
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SETTLEABLE 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 PROOFREQUIREMENTS. OIL & GREASE-I.B.1.E, PG 9. QRTRLY 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	005A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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

No Discharge ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

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

CO0044776	006A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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	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
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	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Weekly	INSTAN
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
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
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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)

OIL & GREASE - I.B.1.E, PG. 9. QRTRLY 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	006X
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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	VALUE	UNITS			
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******		******	******				
61426 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	tox chronic		Quarterly	COMP-3
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******		******	******				
61426 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	tox chronic		Quarterly	COMP-3
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******		******	******				
61428 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	tox chronic		Quarterly	COMP-3
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******		******	******				
61428 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	tox chronic		Quarterly	COMP-3
%Effect Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******		******	******				
TCP3B P 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	%		Quarterly	COMP-3
%Effect Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******		******	******				
TCP3B S 0 See Comments	PERMIT REQUIREMENT	******	******	******	100 MN VALUE	******	******	%		Quarterly	COMP-3
%Effect Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******		******	******				
TCP6C P 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	%		Quarterly	COMP-3

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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 & CONTROLWAS 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)*

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CO0044776	006X
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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	VALUE	UNITS			
%Effect Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******		******	******				
TCP6C S 0 See Comments	PERMIT REQUIREMENT	******	******	******	100 MN VALUE	******	******	%		Quarterly	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776	007A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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	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	******	******	******	******	Req. Mon. 30DA AVG	Req. 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	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Weekly	INSTAN
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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	VALUE	UNITS			
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
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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

DMR Mailing ZIP CODE: 81428
MINOR
(SUBR MH) DELTA
DSCGH 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	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	******	******	******	******	Req. Mon. 30DA AVG	Req. 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	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Weekly	INSTAN
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

SETTLEABLE 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 PROOFREQUIREMENTS. OIL & GREASE-I.B.1.E, PG 9. QRTRLY 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	008A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

DMR Mailing ZIP CODE: 81428
MINOR
(SUBR MH) DELTA
DSCGH 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	VALUE	UNITS			
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
Bill Bear	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.		970-929-5257		10/06/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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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 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428

ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776	009A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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

No Discharge ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	******	******	******	******	Req. Mon. 30DA AVG	Req. 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	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Weekly	INSTAN
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	Opt. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

CO0044776	009A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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

No Discharge ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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
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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
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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	010A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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

No Discharge ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Weekly	INSTAN
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	Opt. Mon. QRTR MAX	mg/L		Quarterly	GRAB
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
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OIL & GREASE - I.B.1.E, PG. 9. QRTRLY 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	010X
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2016	TO	09/30/2016

DMR Mailing ZIP CODE: 81428
MINOR
(SUBR MH) DELTA
CHRONIC WET TESTING FOR 010A
External Outfall

No Discharge ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******		******	******				
61426 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	tox chronic		Quarterly	COMP-3
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******		******	******				
61426 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MN VALUE	******	******	tox chronic		Quarterly	COMP-3
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******		******	******				
61428 P 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	tox chronic		Quarterly	COMP-3
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******		******	******				
61428 S 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MN VALUE	******	******	tox chronic		Quarterly	COMP-3
%Effect Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******		******	******				
TCP3B P 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	%		Quarterly	COMP-3
%Effect Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******		******	******				
TCP3B S 0 See Comments	PERMIT REQUIREMENT	******	******	******	100 MN VALUE	******	******	%		Quarterly	COMP-3
%Effect Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******		******	******				
TCP6C P 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AV MN	******	******	%		Quarterly	COMP-3

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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 & CONTROLWAS 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

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CO0044776	010X
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2016	TO	09/30/2016

DMR Mailing ZIP CODE: 81428
MINOR
(SUBR MH) DELTA
CHRONIC WET TESTING FOR 010A
External Outfall

No Discharge ☑

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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FACILITY: BOWIE NO. 2 MINE
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PAONIA, CO 81428

ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776	MN06
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

DMR Mailing ZIP CODE: 81428
MINOR
(SUBR MH) DELTA
MINE DRAINAGE TO 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	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Iron, dissolved (as Fe)	SAMPLE MEASUREMENT	******	******	******	******						
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Manganese, dissolved (as Mn)	SAMPLE MEASUREMENT	******	******	******	******						
01056 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Zinc, potentially dissolved	SAMPLE MEASUREMENT	******	******	******	******						
01303 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Silver, potentially dissolved	SAMPLE MEASUREMENT	******	******	******	******						
01304 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	******	******	******	******						
01306 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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ONCE 12 MONTHLY SAMPLES HAVE BEEN COLLECTED THE PERMITTEE IS REQUIREDTO SUBMIT A REQUEST FOR AREASONABLE POTENTIAL ANALYSIS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

CO0044776	MN06
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

DMR Mailing ZIP CODE: 81428
MINOR
(SUBR MH) DELTA
MINE DRAINAGE TO 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	VALUE	UNITS			
Cadmium, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******						
01313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Nickel, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******						
01322 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Selenium, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******						
01323 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
04262 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

ONCE 12 MONTHLY SAMPLES HAVE BEEN COLLECTED THE PERMITTEE IS REQUIREDTO 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	MN10
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2016	TO	09/30/2016

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

No Discharge ☑

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Iron, dissolved (as Fe)	SAMPLE MEASUREMENT	******	******	******	******						
01046 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Manganese, dissolved (as Mn)	SAMPLE MEASUREMENT	******	******	******	******						
01056 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Zinc, potentially dissolved	SAMPLE MEASUREMENT	******	******	******	******						
01303 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Silver, potentially dissolved	SAMPLE MEASUREMENT	******	******	******	******						
01304 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	******	******	******	******						
01306 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Bill Bear	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.	William A Bear	970-929-5257		10/06/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******						
01313 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Nickel, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******						
01322 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Selenium, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******						
01323 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
04262 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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