



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

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Sept 2016 DMR.pdf

6683K

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

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

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			
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	35 30DA AVG	70 DAILY MX	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Monthly	GRAB
00545 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Monthly	GRAB
01045 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	3000 30DA AVG	6000 DAILY MX	ug/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Contingent	GRAB
03582 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Quarterly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Quarterly	GRAB
70295 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bill Bear		970-929-5257	10/06/2016
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. QRTLY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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09/01/2016	09/30/2016
FROM	TO

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			
Oil and grease visual	84066 1 0 Effluent Gross	*****			*****	*****	*****	*****			
		*****	Req. Mon. INST MAX	Y=1;N=0	*****	*****	*****	*****		Weekly	VISUAL

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 the information submitted hereon 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.	TELEPHONE	DATE
Bill Bear	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	970-929-5257	10/06/2016
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

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PERMIT NUMBER
CO0044776

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

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

FACILITY: BOWIE NO. 2 MINE
LOCATION: 5 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428

ATTN: BRADLEY E. HANSON, VICE PRES.

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	mg/L		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. 30DA AVG	mL/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	*****	*****	*****	*****	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
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. QTRTR AVG	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Bill Bear	970-929-5257	10/06/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Bradley E. Hanson

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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER

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MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
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	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	*****				*****	*****	*****	*****			
84066 1 0 Effluent Gross	*****		Req. Mon. INST MAX	Y=1;N=0	*****	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Bill Bear	970-929-5257		10/06/2016
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 understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) for knowingly falsifying or submitting false information.

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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
Paonia, CO 81428

FACILITY: BOWIE NO. 2 MINE

LOCATION: 5 MINE OF TOWN ON CO HWY 133
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SR:DEER TRL DTC OR UNMD TRIB

External Outfall

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

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	*****	*****	*****	*****	*****				
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				

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SR:DEER TRL DTC OR UNMMD TRIB
External Outfall

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PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oil and grease visual	*****				*****	*****	*****			
84066 1 0 Effluent Gross	*****		Req. Mon. INST MAX	Y=1;N=0	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Bill Bear	970-929-5257		10/06/2016
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PARAMETER	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	*****	*****	*****	*****	12	mg/l	0	1/30	Comp
00310 10 Effluent Gross	*****	*****	*****	*****	30 30DA AVG	mg/L		Monthly	COMPOS
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	38	mg/l	0	1/30	Comp
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	Req. Mon. 30DA AVG	mg/L		Monthly	COMPOS
pH	*****	*****	*****	*****	7.8	su	1	1/7	Inst
00400 10 Effluent Gross	*****	*****	*****	*****	6.5 MINIMUM	su		Weekly	INSITU
Solids, total suspended	*****	*****	*****	*****	8	mg/L	0	1/30	Comp
00530 10 Effluent Gross	*****	*****	*****	*****	30 30DA AVG	mg/L		Monthly	COMPOS
Solids, total suspended	*****	*****	*****	*****	22	mg/L	0	1/30	Comp
00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	Req. Mon. 30DA AVG	mg/L		Monthly	COMPOS
Oil and grease	*****	*****	*****	*****	0	mg/L	0	Cont	Grab
03582 10 Effluent Gross	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	*****	0.000820	Mgal/d	*****	*****	*****	0	Cont	Rec
50050 10 Effluent Gross	*****	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Bill Bear TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE	DATE
			970-929-5257	10/06/2016
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OIL & GREASE - I.B.1.E, PG. 9. QRTLY SAMPLING INSTRUCTIONS - I.C.10, PG. 10.

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

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Bill Bear			970-929-5257	10/06/2016
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OIL & GREASE - I.B.1.E, PG. 9. QRTTRLY SAMPLING INSTRUCTIONS - I.C.10, PG. 10.

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		VALUE	VALUE	UNITS	VALUE	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	*****	*****	*****	*****	*****	*****	70 DAILY MX		Monthly	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Contingent	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Bill Bear
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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
970-929-5257
DATE
10/06/2016
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 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)

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

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
09/01/2016	09/30/2016
FROM	TO

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bill Bear		970-929-5257	10/06/2016
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. 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

006A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

UNNAMED TRIB TO N. FRK GUNNISON RVR
External Outfall

No Discharge ☒

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

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
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
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. QTR AVG	mg/L		Quarterly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Y=1;N=0	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Bill Bear TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 970-929-5257	DATE 10/06/2016
			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. 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)

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

006X
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
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	SAMPLE MEASUREMENT REQUIREMENT	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 Bill Bear TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 970-929-5257	DATE 10/06/2016
			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.

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

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
09/01/2016	09/30/2016

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Bill Bear	970-929-5257		10/06/2016
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

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 and all attachments are based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Walt Bandy
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

SEE PART I.A.8 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". IWCF=100%. ATTACH TOX RPT FORM TO DMR.

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 MINE 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

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

FROM

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	UNITS			
pH	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		Weekly	INSITU
Solids, total suspended	MEASUREMENT	*****	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Monthly	GRAB
Solids, settleable	MEASUREMENT	*****	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Monthly	GRAB
Iron, total (as Fe)	MEASUREMENT	*****	*****	*****	*****	*****	*****				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Monthly	GRAB
Oil and grease	MEASUREMENT	*****	*****	*****	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			Weekly	INSTAN
Solids, total dissolved	MEASUREMENT	*****	*****	*****	*****	*****	*****				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Bill Bear	970-929-5257	10/06/2016
TYPED OR PRINTED	AREA Code	NUMBER
		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.E, 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 MINE 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	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oil and grease visual		*****			*****	*****	*****			
84066-1 0 Effluent Gross		*****	Req. Mon. INST MAX	Y=1;N=0	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Bill Bear	970-929-5257		10/06/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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. QRTLRY 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 MINE 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
FROM MM/DD/YYYY TO MM/DD/YYYY
09/01/2016 TO 09/30/2016

No Discharge ☒

PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****				
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****				
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****				
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****				
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
Bill Bear			970-929-5257	10/06/2016
TYPED OR PRINTED			AREA Code	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 REPORTED MEASUREMENTS-SEE I.A.3, PP 4-5 FOR BURDEN OF PROOF REQUIREMENTS. OIL & GREASE-I.B.1.E, PG. 9. QRTLRY 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 MINE 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
09/01/2016 TO 09/30/2016

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			
Oil and grease visual	*****				*****	*****	*****	*****			
84066 1 0 Effluent Gross	*****			Y=1;N=0	*****	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Bill Bear	970-929-5257		10/06/2016
TYPED OR PRINTED	AREA Code	NUMBER	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.E, PG 9. QRTRLY 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 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 DSH/UNNMD TRIB/HUBBARD CRK
External Outfall

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

No Discharge ☒

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS			
pH	*****	*****	*****	*****	*****	*****	*****			
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
Solids, total dissolved	*****	*****	*****	*****	*****	*****	*****			
70295 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Bill Bear TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 970-929-5257	DATE 10/06/2016
			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 WQCD, TSS & IRON LIMITS WILL NOT BE APPLIED TO RPTD MEASUREMENTS-SEE I.A.3, P.G. 4-5 FOR BURDEN OF PROOF-REQUIREMENTS. OIL & GREASE - I.B.1.3, P.G. 9. QTRLY SAMPLING INSTRUCTIONS - I.C.10, P.G. 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 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 DSCH/UNNMD TRIB/HUBBARD CRK
External Outfall

No Discharge ☒

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual		*****			*****	*****	*****	*****			
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	970-929-5257		10/06/2016
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 qualified person to prepare and submit this report. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

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. QRTLY 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

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
09/01/2016 TO 09/30/2016

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	VALUE	UNITS			
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 MINIMUM	*****	SU		Weekly	INSITU
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Monthly	GRAB
01045 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Contingent	GRAB
Oil and grease	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
03582 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Quarterly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Quarterly	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
70295 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Quarterly	GRAB
Oil and grease visual	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
84066 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	VISUAL

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

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

OIL & GREASE - I.B.1.E, PG. 9. QTRTRY 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

010X
DISCHARGE NUMBER

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

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

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	*****	*****	*****	*****	*****	*****			

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 analyze the information submitted and that this document and all attachments are 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
Bill Bear			970-929-5257	10/06/2016
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 % EEFL AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONTROL WAS OBSERVED USING "S". RPT IC25 USING "P". IVC=100%. ATTACH TOX RPT FORM TO DMR.

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

010X
DISCHARGE NUMBER

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

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Bill Bear		970-929-5257	10/06/2016
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.

**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

MN08
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
09/01/2016 TO 09/30/2016

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	*****	*****	*****	*****	*****	*****			
00978 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Iron, total recoverable	*****	*****	*****	*****	*****	*****			
00980 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Iron, dissolved (as Fe)	*****	*****	*****	*****	*****	*****			
01046 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Manganese, dissolved (as Mn)	*****	*****	*****	*****	*****	*****			
01056 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Zinc, potentially dissolved	*****	*****	*****	*****	*****	*****			
01303 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Silver, potentially dissolved	*****	*****	*****	*****	*****	*****			
01304 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			
Copper, potentially dissolved	*****	*****	*****	*****	*****	*****			
01306 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			

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

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

MIN06
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
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	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 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	TELEPHONE		DATE
Bill Bear	970-929-5257		10/06/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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.

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

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 10 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
Bill Bear	970-929-5257	10/06/2016	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
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
09/01/2016 TO 09/30/2016

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	TELEPHONE		DATE
Bill Bear	970-929-5257	10/06/2016	
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
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.