



STATE OF
COLORADO

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

October DMR

1 message

Bill Bear <BBear@bowieresources.com>

Tue, Nov 8, 2016 at 1:08 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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October 2016 DMR.pdf

4761K

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

Form Approved
OMB No. 2040-0004

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

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

CO0044776
PERMIT NUMBER

001A
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2016 TO 10/31/2016

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
William Bear, Acting General Mgr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am a duly authorized officer or employee of the permittee, and that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
William Bear

TELEPHONE
970-929-5257
DATE
11/08/2016
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. QTRLY SAMPLING INSTRUCTIONS-I.C.10, PG. 10.

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
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

002A
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2016 TO 10/31/2016

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
William Bear, Acting General Mgr		970-929-5257	11/08/2016
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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

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

003A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

SR;DEER TRL DTC OR UNMD TRIB

External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2016 TO 10/31/2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	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
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Weekly	INSTAN
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
William Bear, Acting General Mgr		970-929-5257	11/08/2016
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

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

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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 MI NE OF TOWN ON CO HWY 133
PAONIA, CO 81428
ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

004A
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2016 TO 10/31/2016

No Discharge ☐

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	16	mg/L	0	1/30	Comp
00310 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30	45	mg/L		Monthly	COMPOS
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	58	58	mg/L	0	1/30	Comp
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	Opt. Mon. MX 7D AV	mg/L		Monthly	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.8	8.3	su	0	1/7	Inst
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 MINIMUM	9 MAXIMUM	su		Weekly	INSITU
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	9	mg/L	0	1/30	Comp
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30	45	mg/L		Monthly	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	56	56	mg/L	0	1/30	Comp
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	Opt. Mon. MX 7D AV	mg/L		Monthly	COMPOS
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0	mg/L	0	Cont	Grab
03582 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.000474	0.000956	Mgal/d	*****	*****	*****	*****	0	Cont	Rcordr
50050 10 Effluent Gross	PERMIT REQUIREMENT	0.0175 30DA AVG	Req. Mon. DAILY MIX	Mgal/d	*****	*****	*****	*****		Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William Bear, Acting General Mgr TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>William Bear</i>		TELEPHONE 970-929-5257	DATE 11/08/2016
			AREA Code NUMBER	MM/DD/YYYY MM/DD/YYYY

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

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

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

CO0044776
PERMIT NUMBER

004A
DISCHARGE NUMBER

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

No Discharge ☐

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 10/01/2016 TO 10/31/2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0010169	0.01598	Mgal/d					0	Cont	Rcordr
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d							
Chlorine, total residual	SAMPLE MEASUREMENT						0.18	mg/L	0	1/7	Grab
	PERMIT REQUIREMENT						INST MAX	mg/L			
50060 10 Effluent Gross	SAMPLE MEASUREMENT								0	1/30	Grab
	PERMIT REQUIREMENT										
Coliform, fecal general	SAMPLE MEASUREMENT								0	Monthly	GRAB
	PERMIT REQUIREMENT										
74055 10 Effluent Gross	SAMPLE MEASUREMENT								0	1/7	VI
	PERMIT REQUIREMENT										
Oil and grease visual	SAMPLE MEASUREMENT									Weekly	VISUAL
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
William Bear, Acting General Mgr	970-929-5257		11/08/2016
TYPED OR PRINTED	AREA Code		NUMBER
	MM/DD/YYYY		

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

William Bear

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

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CO0044776
PERMIT NUMBER

005A
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 10/01/2016 TO 10/31/2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	SU		Weekly	INSITU
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	*****	*****	*****	*****	*****	*****			
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
William Bear, Acting General Mgr		970-929-5257	11/08/2016
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2016 TO 10/31/2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	6.5 MINIMUM	*****	*****			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	INSITU
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Monthly	GRAB
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Monthly	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Monthly	GRAB
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Contingent	GRAB
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	INSTAN
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
William Bear, Acting General Mgr			970-929-5257	11/08/2016
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

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

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

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

CO0044776
PERMIT NUMBER

006X
DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 10/01/2016	TO 10/31/2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toxicity, ceriodaphnia chronic 61426 P 0 See Comments	SAMPLE MEASUREMENT	*****		*****		*****					
	PERMIT REQUIREMENT	*****		*****	Req. Mon. MO AV MN	*****		tox chronic		Quarterly	COMP-3
Toxicity, ceriodaphnia chronic 61426 S 0 See Comments	SAMPLE MEASUREMENT	*****		*****		*****					
	PERMIT REQUIREMENT	*****		*****	Req. Mon. MO AV MN	*****		tox chronic		Quarterly	COMP-3
Toxicity, pimephales chronic 61428 P 0 See Comments	SAMPLE MEASUREMENT	*****		*****		*****					
	PERMIT REQUIREMENT	*****		*****	Req. Mon. MO AV MN	*****		tox chronic		Quarterly	COMP-3
Toxicity, pimephales chronic 61428 S 0 See Comments	SAMPLE MEASUREMENT	*****		*****		*****					
	PERMIT REQUIREMENT	*****		*****	Req. Mon. MO AV MN	*****		tox chronic		Quarterly	COMP-3
%Effect Statre 7Day Chronic Ceriodaphnia TCP38 P 0 See Comments	SAMPLE MEASUREMENT	*****		*****		*****					
	PERMIT REQUIREMENT	*****		*****	Req. Mon. MO AV MN	*****		%		Quarterly	COMP-3
%Effect Statre 7Day Chronic Ceriodaphnia TCP38 S 0 See Comments	SAMPLE MEASUREMENT	*****		*****		*****					
	PERMIT REQUIREMENT	*****		*****	100 MN VALUE	*****		%		Quarterly	COMP-3
%Effect Statre 7Day Chronic Pimephales TCP6C P 0 See Comments	SAMPLE MEASUREMENT	*****		*****		*****					
	PERMIT REQUIREMENT	*****		*****	Req. Mon. MO AV MN	*****		%		Quarterly	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE		
William Bear, Acting General Mgr	970-929-5257		11/08/2016		
TYPED OR PRINTED	NUMBER		MM/DD/YYYY		
	AREA Code				
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 the requirements of the Act, and that I am a duly licensed and qualified person to evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

SEE PART 1A.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	006X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016
FROM	TO

DMR Mailing ZIP CODE: 81428
MINOR (SUBR MH) DELTA
CHRONIC WET TESTING FOR 006A
External Outfall
No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
William Bear, Acting General Mgr	970-929-5257		11/08/2016
TYPED OR PRINTED	NUMBER		MM/DD/YYYY
	AREA Code		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PART 1A.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)

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

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

CO0044776
PERMIT NUMBER

007A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428
MINOR (SUBR MH) DELTA
DSCHG OF SR TO GUNNISON RIVER
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2016 TO 10/31/2016

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	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
Oil and grease Visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Weekly	INSTAN
		*****	*****	*****	*****	*****			Weekly	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
William Bear, Acting General Mgr	970-929-5257		11/08/2016
TYPED OR PRINTED	NUMBER		MM/DD/YYYY
	970-929-5257		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
			

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

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

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

Form Approved
OMB No. 2040-0004

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

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

CO0044776
PERMIT NUMBER

008A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

DSCGH OF SR TO GUNNISON RIVER

External Outfall

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	*****	*****	*****	*****	*****	SU		Weekly	INSITU
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	*****	*****	*****	*****	*****	*****			
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
William Bear, Acting General Mgr		970-929-5257	11/08/2016
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

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

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

009A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

SR DSC/HUNNMD TRIB/HUBBARD CRK
External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2016 TO 10/31/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
William Bear, Acting General Mgr		970-929-5257	11/08/2016
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY

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

SETTLABLE SOLIDS LIMIT APPLIES ONLY IF <10YR/24HR PRECIP EVENT IS CLAIMED. IF CLAIM APPROVED BY WQOD, 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)

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	010A
PERMIT NUMBER	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
10/01/2016		10/31/2016

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
William Bear, Acting General Mgr	970-929-5257	11/08/2016
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 all information submitted for public release 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.

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)**

Form Approved
OMB No. 2040-0004

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

NAME: Bowie Resources LLC

ADDRESS: PO Box 483
Paonia, CO 81428

FACILITY: BOWIE NO. 2 MINE

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

ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

MIN06
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

MINE DRAINAGE TO GUNNISON RVR
External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2016 TO 10/31/2016

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by persons who are not employed by the permittee, and that I am a duly licensed professional engineer or geologist in the State of Colorado, and that the information submitted herein 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
William Bear, Acting General Mgr	970-929-5257	11/08/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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

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

MIN06
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

MINE DRAINAGE TO GUNNISON RVR
External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2016 TO 10/31/2016

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
William Bear, Acting General Mgr	970-929-5257	11/08/2016	
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: Bowtie Resources LLC
ADDRESS: PO Box 483
Paonia, CO 81428

FACILITY: BOWIE NO. 2 MINE

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

ATTN: BRADLEY E. HANSON, VICE PRES.

CO0044776
PERMIT NUMBER

MIN10
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 81428

MINOR

(SUBR MH) DELTA

MW TO UNBND TRIB TO HUBBARD CR
External Outfall

No Discharge ☒

MONITORING PERIOD
MM/DD/YYYY **TO** **MM/DD/YYYY**
10/01/2016 **TO** **10/31/2016**

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Cadmium, potentially dissolvd	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
01313 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Nickel, potentially dissolvd	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
01322 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Selenium, potentially dissolvd	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
01323 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Chromium, trivalent total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
04262 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
71900 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
William Bear, Acting General Mgr	970-929-5257		11/08/2016
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.