



NEW ELK COAL COMPANY

VIA Priority Mail

April 18, 2017

Colorado Department of Public Health & Environment
Water Quality Control Division
WQCD-PE-B2
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530

Re: Discharge Monitoring Reports
New Elk Mine - Permit No. CO0000906

Enclosed are the Discharge Monitoring Reports (DMR's) for the above referenced permit for the month of April and the first quarter of 2017.

No discharges occurred during the months of January, February and March of 2017; therefore, the DMRs all report no discharge.

Please contact me if there are any questions or if additional information is required.

Sincerely,

Ronald G. Thompson
Agent

122250 Hwy 12
Weston, CO 81091

PHONE	(719) 859-0111
FAX	((719) 845-0077
E-MAIL	ronthompson@newelkcoal.com

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if

NAME: New Elk Coal Company LLC
ADDRESS: 12250 Hwy 12
Weston, CO 81092

FACILITY: NEW ELK MINE
LOCATION: 12250 HWY 12
WESTON, CO 81091

ATTN: Matt Goldfarb, Pres

CO0000906	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 81092
MINOR

Mine Water to Purgatoire River
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Selenium, potentially dissolved	PERMIT REQUIREMENT	*****	*****	*****	*****					
01323 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	7.8	29		ug/L	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX			
Oil and grease	PERMIT REQUIREMENT	*****	*****	*****	*****					
03582 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	10	INST MAX		mg/L	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****					
50050 1 0	PERMIT REQUIREMENT	1.08	Reg. Mon. DAILY MX	MGD	*****				*****	Recorder (auto)
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****					
Mercury, total low level	PERMIT REQUIREMENT	*****	*****	*****	*****					
50092 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	10			ug/L	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG				
Boron, total	PERMIT REQUIREMENT	*****	*****	*****	*****					
82057 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	40			ug/L	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30DA AVG				
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	*****	*****					
84066 1 0	PERMIT REQUIREMENT	*****	Reg. Mon. INST MAX	abst=0, ppt=1	*****	*****	*****		*****	VISUAL
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****					

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 the qualified person or persons who manage the system have provided true, accurate, and complete information, to the best of my knowledge and belief, true, accurate, and complete, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Matt Goldfarb President			719-859-0111	4/18/2017
TYPED OR PRINTED			AREA Code	NUMBER

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

30 Day Average is highest monthly average during period reported. SAR calculation- see Appendix B, 31, pg 50. SAR- report calculated limit @ MLOC= EG, adjusted SAR @ MLOC= P. Oil & grease - see I.C.1.a, pg 5.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: New Elk Coal Company LLC
ADDRESS: 12250 Hwy 12
Weston, CO 81092

FACILITY: NEW ELK MINE
LOCATION: 12250 HWY 12
WESTON, CO 81091

ATTN: Matt Goldfarb, Pres

CO0000906	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 81092
MINOR

Quarterly Discharge for 001A
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Chloride [as Cl]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00940 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	GRAB
Effluent Gross Sulfide- Hydrogen sulfide [undissociated]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
51202 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	GRAB
Effluent Gross										

No Discharge

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 the system and procedures established to assure that qualified personnel properly gather, analyze, and summarize the information submitted, based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Matt Goldfarb President			[Signature]	719-859-2111	6/17/2017
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Quarterly monitoring - see Appendix B, 29, pg 49.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: New Elk Coal Company LLC
ADDRESS: 12250 Hwy 12
Weston, CO 81092

FACILITY: NEW ELK MINE
LOCATION: 12250 HWY 12
WESTON, CO 81091

ATTN: Matt Goldfarb, Pres

C00000906	001-X
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 81092
MINOR

Chronic WET Testing for 001A
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP3B P 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. SINGAMP	*****	*****	tox chronic		Quarterly	GRAB-3
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP3B S 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MN VALUE	*****	*****	tox chronic		Quarterly	GRAB-3
Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP3B T 0	PERMIT REQUIREMENT	*****	*****	*****	63 MN VALUE	*****	*****	tox chronic		Quarterly	GRAB-3
Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP6C P 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. SINGAMP	*****	*****	tox chronic		Quarterly	GRAB-3
Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP6C S 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MN VALUE	*****	*****	tox chronic		Quarterly	GRAB-3
Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TKP6C T 0	PERMIT REQUIREMENT	*****	*****	*****	63 MN VALUE	*****	*****	tox chronic		Quarterly	GRAB-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Matt Goldfarb</i> <i>President</i>	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 and implemented to assure the full, fair, accurate, and complete information submitted is to the best of my knowledge and belief, true and correct, 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 <i>Matt Goldfarb</i>	TELEPHONE 719-359-0111	DATE 04/18/2017
TYPED OR PRINTED			AREA CODE	NUMBER

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

See ID.2 for details of test procedure. Report NOEC using test code "S". Report IC25 using test code "P". Use test code "T" to report highest % lethality reported for IC25 and stat signif diff for ceriodaphnia & pinephales. IWC= 63%

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: New Elk Coal Company LLC
ADDRESS: 12250 Hwy 12
Weston, CO 81092
FACILITY: NEW ELK MINE
LOCATION: 12250 HWY 12
WESTON, CO 81091
ATTN: Matt Goldfarb, Pres

C00000906		007-A	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
03/01/2017		03/31/2017	

DMR Mailing ZIP CODE: 81092
MINOR

Runoff Pond 7/Purgatoire River
External Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
pH	PERMIT MEASUREMENT	*****	*****	*****		*****				
00400 1 0	PERMIT MEASUREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****						
00530 1 0	PERMIT MEASUREMENT	*****	*****	*****		35 30DA AVG	70 MX 7D AV		Twice per Month	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****						
00545 1 0	PERMIT MEASUREMENT	*****	*****	*****			.5 DAILY MX		Monthly	GRAB
Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****						
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****						
00980 1 0	PERMIT MEASUREMENT	*****	*****	*****		3000 30DA AVG	6000 DAILY MX		Twice per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT									
50050 1 0	PERMIT MEASUREMENT	*****	*****	*****						
Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****					Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 data, and on the basis of such inquiry, I am aware that there are no significant omissions, false information, including the possibility of time and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Matt Goldfarb President		<i>Matt Goldfarb</i>	719-859-4111	03/18/2017
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

30 Day Average is highest monthly average during period reported. TSS & total iron limits will be waived and settleable solids limits applied for <10YR, 24hr precip event.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: New Elk Coal Company LLC
ADDRESS: 12250 Hwy 12
Weston, CO 81092

DMR Mailing ZIP CODE: 81092
MINOR

FACILITY: NEW ELK MINE
LOCATION: 12250 HWY 12
WESTON, CO 81091

Quarterly Discharge for 007A
External Outfall

No Discharge ☒

ATTN: Matt Goldfarb, Pres

C00000906		007-Q	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
01/01/2017		03/31/2017	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. OF EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chloride [as Cl]	MEASUREMENT	*****	*****	*****	*****	*****	*****				
00940 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	mg/L		Quarterly	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Arsenic, total recoverable	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
00978 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Copper, potentially dissolved	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
01306 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Cadmium, potentially dissolved	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
01313 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Selenium, potentially dissolved	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
01323 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Mercury, total [as Hg]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
71900 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Bottom, total	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
82057 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				

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 the requirements of the law for this report. I am providing this information to assure that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Matt Goldfarb President				[Signature]		719-259-0111		01/18/2017	
TYPED OR PRINTED						AREA Code		NUMBER	

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

Quarterly monitoring - see Appendix B, 29, pg 49.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: New Elk Coal Company LLC
ADDRESS: 12250 Hwy 12
Weston, CO 81092

DMR Mailing ZIP CODE: 81092
MINOR

FACILITY: NEW ELK MINE
LOCATION: 12250 HWY 12
WESTON, CO 81091

Acute WET Testing for 007A
External Outfall

No Discharge ☒

ATTN: Matt Goldfarb, Pres

CO0000906	007-W
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
LC50 Static Renewal 48Hr Acute Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
TAM3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 MN VALUE	*****	*****	%	Quarterly	GRAB
LC50 Statte 96Hr Acute Primephales	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****			
TAN6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 MN VALUE	*****	*****	%	Quarterly	GRAB

No Discharge

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 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	DATE
Matt Goldfarb President				Matthew Thompson	719-859-0111	04/18/2017
TYPED OR PRINTED					AREA Code	NUMBER
						MM/DD/YYYY

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

See I.D.1 for details of test procedure. Report LC50 - Statistical point estimate which is lethal to 50% of test organisms (LC50) and attach acute toxicity test report 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
NAME: New Elk Coal Company LLC
ADDRESS: 12250 Hwy 12
Weston, CO 81092

DMR Mailing ZIP CODE: 81092
MINOR

Refuse Area Pond to Purgatoire River
External Outfall

FACILITY: NEW ELK MINE
LOCATION: 12250 HWY 12
WESTON, CO 81091

ATTN: Matt Goldfarb, Pres

CO0000906	008-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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	PERMIT REQUIREMENT	*****	*****	*****						
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM		Twice per Month	GRAB
Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****						
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****		35 30DA AVG	70 MX 7D AV		Twice per Month	GRAB
Effluent Gross Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****						
00545 1 0	PERMIT REQUIREMENT	*****	*****	*****		*****	.5 DAILY MX		Monthly	GRAB
Effluent Gross Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****						
00980 1 0	PERMIT REQUIREMENT	*****	*****	*****		3000 30DA AVG	6000 DAILY MX		Twice per Month	GRAB
Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****			
50050 1 0	PERMIT REQUIREMENT	Reg. Mon. 30DA AVG	Reg. Mon. DAILY MX	DGC DGD	*****	*****	*****		Continuous	Recorder (auto)
Effluent Gross	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision and I am a duly qualified person or supervisor who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Matt Goldfarb President			<i>Matt Goldfarb</i>	719-859-0111	04/13/2017
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

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

30 Day Average is highest monthly average during period reported. TSS & total iron limits will be waived and settleable solids limits applied for <10YR,24hr precip event.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if

NAME: New Elk Coal Company LLC

ADDRESS: 12250 Hwy 12

Weston, CO 81092

FACILITY: NEW ELK MINE

LOCATION: 12250 HWY 12

WESTON, CO 81091

ATTN: Matt Goldfarb, Pres

DMR Mailing ZIP CODE: 81092

MINOR

Quarterly Discharge for 008A

External Outfall

No Discharge ☒

C00000906		008-Q	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
01/01/2017		03/31/2017	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Chloride [as Cl]	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00940 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	mg/L		Quarterly	GRAB
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00978 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
01306 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
Cadmium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
01313 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
Selenium, potentially dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
01323 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
71900 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
Boron, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
82057 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 system is designed to assure that the information is true, accurate, and complete. I am not aware of any falsification of information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Matt Goldfarb President		[Signature]	719-889-0111	04/19/2017
TYPED OR PRINTED			AREA Code	NUMBER
			MM/DD/YYYY	

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

Quarterly monitoring - see Appendix B, 29, pg 49.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: New Elk Coal Company LLC
ADDRESS: 12250 Hwy 12
Weston, CO 81092

FACILITY: NEW ELK MINE
LOCATION: 12250 HWY 12
WESTON, CO 81091

ATTN: Matt Goldfarb, Pres

CO0000906	008-W
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE: 81092
MINOR

Acute WET Testing for 008A
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
IC50 Static Renewal 48Hr Acute	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
Ceriodaphnia dubia	PERMIT REQUIREMENT	*****	*****	*****	100 MN VALUE	*****	%		Quarterly	GRAB
TAM3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100 MN VALUE	*****	%		Quarterly	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****						
IC50 Statre 96Hr Acute	SAMPLE MEASUREMENT	*****	*****	*****						
Pimephales	PERMIT REQUIREMENT	*****	*****	*****						
TAN6C 1 0	PERMIT REQUIREMENT	*****	*****	*****						
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****						

N/D Discharge

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 the information reported 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.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Matt Goldfarb President			[Signature]	719-859-0111	04/18/2017
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

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

See I.D. 1 for details of test procedure. Report IC50 - Statistical point estimate which is lethal to 50% of test organisms (LC50) and attach acute toxicity test report 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
NAME: New Elk Coal Company LLC

ADDRESS: 12250 Hwy 12
Weston, CO 81092

FACILITY: NEW ELK MINE

LOCATION: 12250 HWY 12
WESTON, CO 81091

ATTN: Matt Goldfarb, Pres

CO0000906	010-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 81092
MINOR

Surface Runoff from SAE to Purgatoire River
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****						
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU	Twice per Month	GRAB
Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****						
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	35	30DA AVG	70 MX 7D AV	mg/L	Twice per Month	GRAB
Effluent Gross Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****						
00980 1 0	PERMIT REQUIREMENT	*****	*****	*****	3000	30DA AVG	6000 DAILY MX	ug/L	Twice per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****						
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Twice per Month	Recorder (auto)
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****						

No Discharge

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 analyze the information submitted, based on my inquiry of the person or persons who provided the information, and that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Matt Goldfarb President			<i>Matt Goldfarb</i>	719-889-6111	04/18/2017
TYPED OR PRINTED				AREA Code	NUMBER

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

30 Day Average is highest monthly average during period reported.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: New Elk Coal Company LLC
ADDRESS: 12250 Hwy 12
Weston, CO 81092

DMR Mailing ZIP CODE: 81092
MINOR

Quarterly Discharge for 010A
External Outfall

FACILITY: NEW ELK MINE
LOCATION: 12250 HWY 12
WESTON, CO 81091

CO0000906	010-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

No Discharge ☒

ATTN: Matt Goldfarb, Pres

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Chloride [as Cl]	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00940 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	mg/L		Quarterly	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
Arsenic, total recoverable	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
00978 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
Copper, potentially dissolved	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
01306 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
Cadmium, potentially dissolved	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
01313 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
Selenium, potentially dissolved	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
01323 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
Mercury, total [as Hg]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
71900 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
Boron, total	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	ug/L		Quarterly	GRAB
82057 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				

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 analyze the information submitted, based on my inquiry of the person or persons who provided the information. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Matt Goldfarb President		Matt Goldfarb	719-859-0111	04/18/2017
TYPED OR PRINTED			AREA code	NUMBER
				MM/DD/YYYY

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

Quarterly monitoring - see Appendix B, 29, pg 49.