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 Different)*
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 X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Selenium, potentially dissolvd	SAMPLE MEASUREMENT	*******	*******	*******	*******						
01323 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	7.8 30DA AVG	29 DAILY MX	ug/L		Twice per Month	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	1.08 30DA AVG	Req. Mon. DAILY MX	MGD	*******	*******	*******	*******		Continuous	Recorder (auto)
Mercury, total low level	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
50092 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	10 30DA AVG	*******	ug/L		Twice per Month	GRAB
Boron, total	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
82057 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	40 30DA AVG	*******	ug/L		Twice per Month	GRAB
Oil and grease visual	SAMPLE MEASUREMENT	*******			*******	*******	*******	*******			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	Req. Mon. INST MAX	abst= 0/prst = 1	*******	*******	*******	*******		Twice per Month	VISUAL

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Matt Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Ronald A Thompson	719-859-0111		4/18/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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 Different)*
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 [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloride [as Cl]	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	mg/L		Quarterly	GRAB
Sulfide- hydrogen sulfide [undissociated]	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
51202 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	mg/L		Quarterly	GRAB

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Matt Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Ronald G Thompson	719-859-2111		6/19/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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 Different)*
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- 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 [X]

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

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Matt Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Ronald A Thompson	719-359-0111		04/18/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

See I.D.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 & pimephales. 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 Different)*
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

PERMIT NUMBER	DISCHARGE NUMBER
CO0000906	007- A

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 [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*******	*******	*******		*******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	6.5 MINIMUM	*******	9 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*******	*******	*******	*******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	35 30DA AVG	70 MX 7D AV	mg/L		Twice per Month	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	*******	.5 DAILY MX	mL/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*******	*******	*******	*******						
00980 1 0 Effluent Gross	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 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	MGD	*******	*******	*******	*******		Continuous	Recorder (auto)

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Matt Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Randall H Thompson SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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)

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 Different)*
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	007- 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 007A
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloride [as Cl]	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	mg/L		Quarterly	GRAB
Arsenic, total recoverable	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	ug/L		Quarterly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	*******	*******	*******	*******						
01306 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cadmium, potentially dissolvd	SAMPLE MEASUREMENT	*******	*******	*******	*******						
01313 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Selenium, potentially dissolvd	SAMPLE MEASUREMENT	*******	*******	*******	*******						
01323 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	ug/L		Quarterly	GRAB
Boron, total	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
82057 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	ug/L		Quarterly	GRAB

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Matt Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Ronald L Hamm	719-859-0111	04/19/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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 Different)*
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	007- 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 007A
External Outfall

No Discharge [X]

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

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Matt Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Ronald G Thompson	719-859-0111		04/12/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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 Different)*
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- 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

Refuse Area Pond to Purgatoire River
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*******	*******	*******		*******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	6.5 MINIMUM	*******	9 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*******	*******	*******	*******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	35 30DA AVG	70 MX 7D AV	mg/L		Twice per Month	GRAB
Solids, settleable	SAMPLE MEASUREMENT	*******	*******	*******	*******	*******					
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	*******	.5 DAILY MX	mL/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*******	*******	*******	*******						
00980 1 0 Effluent Gross	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 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	MGD	*******	*******	*******	*******		Continuous	Recorder (auto)

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Matt Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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)
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 Different)*
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ADDRESS: 12250 Hwy 12
Weston, CO 81092
FACILITY: NEW ELK MINE
LOCATION: 12250 HWY 12
WESTON, CO 81091
ATTN: Matt Goldfarb, Pres

CO0000906	008- 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 008A
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloride [as Cl]	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	mg/L		Quarterly	GRAB
Arsenic, total recoverable	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	ug/L		Quarterly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	*******	*******	*******	*******						
01306 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cadmium, potentially dissolvd	SAMPLE MEASUREMENT	*******	*******	*******	*******						
01313 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Selenium, potentially dissolvd	SAMPLE MEASUREMENT	*******	*******	*******	*******						
01323 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	ug/L		Quarterly	GRAB
Boron, total	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
82057 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	ug/L		Quarterly	GRAB

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Matt Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Ronald G Thompson	719-859-0111		04/19/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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 Different)*
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 [X]

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

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Matt Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Rnald A Kemper	719-859 - 0111		04/18/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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 Different)*
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 Rive
External Outfall

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*******	*******	*******		*******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	6.5 MINIMUM	*******	9 MAXIMUM	SU		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*******	*******	*******	*******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	35 30DA AVG	70 MX 7D AV	mg/L		Twice per Month	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*******	*******	*******	*******						
00980 1 0 Effluent Gross	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 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	MGD	*******	*******	*******	*******		Twice per Month	Recorder (auto)

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
MATT Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Ronald G Thompson	719-859-0111		04/18/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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 Different)*
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- 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 010A
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloride [as Cl]	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	mg/L		Quarterly	GRAB
Arsenic, total recoverable	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	ug/L		Quarterly	GRAB
Copper, potentially dissolved	SAMPLE MEASUREMENT	*******	*******	*******	*******						
01306 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Cadmium, potentially dissolvd	SAMPLE MEASUREMENT	*******	*******	*******	*******						
01313 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Selenium, potentially dissolvd	SAMPLE MEASUREMENT	*******	*******	*******	*******						
01323 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	ug/L		Quarterly	GRAB
Boron, total	SAMPLE MEASUREMENT	*******	*******	*******	*******		*******				
82057 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	*******	*******	*******	Req. Mon. 30DA AVG	*******	ug/L		Quarterly	GRAB

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
MATT Goldfarb President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Rmatt H Goldfarb SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719-859-0111 AREA Code / NUMBER		04/18/2017 MM/DD/YYYY
TYPED OR PRINTED					

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