

## Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including strategies for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "*Permittee Name/Mailing Address* (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" in units specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0."
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g., Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g., Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "*no discharge*" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

## Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

## DISCHARGE MONITORING REPORT (DMR)

**NAME** Scout Investments, LLC  
**ADDRESS** 8301 E. Prentice Ave. Suite 100  
 Greenwood Village CO 80111

COG500411
PERMIT NUMBER

001-A
DISCHARGE NUMBER

**FACILITY** S&H Mine  
**LOCATION** 18311 WCR 23  
 Platteville, CO 80651  
 Lat: 40.2664 Long: -104.867639

MONITORING PERIOD								
YEAR		MO	DAY	TO	YEAR		MO	DAY
2017	1	1	2017		3	31		

NOTE: Read instructions before

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE									
pH	SAMPLE										
00400 1 0	PERMIT										
Effluent Gross	REQUIREMENT				6.5		9	SU		2x Monthly	Grab
Solids, Total Suspended	SAMPLE		MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
00530 1 0	PERMIT					30	45				
Effluent Gross	REQUIREMENT					30DA AVG	MX 7D AVG	mg/L		2x Monthly	Grab
Iron, Total Recoverable	SAMPLE										
00980 1 0	PERMIT					1	2				
Effluent Gross	REQUIREMENT					30DA AVG	Daily Max	mg/L		Weekly	Grab
Oil and Grease	SAMPLE										
03582 1 0	PERMIT						10				
Effluent Gross	REQUIREMENT						INST MAX	mg/L		Contingent	Grab
Flow, in Conduit or through treatment Plant	SAMPLE										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.	MGD							
Effluent Gross	REQUIREMENT	30DA AVG	Daily MX							Continuous	Recorder (Auto)
Oil and Grease Visual	SAMPLE										
84066 1 0	PERMIT		Req. Mon.	Y=1; N=0							
Effluent Gross	REQUIREMENT		INST MAX							2x Monthly	Visual
	SAMPLE										
	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 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.	TELEPHONE		DATE		
Jason VonLembke, PM		720	292-3813	2017	4	3
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO

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