EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the <a href="https://www.npde.com/npack-need-to-the-number-or non-business email address)">non-business email address)</a>, confidential business information (e.g., non-business cell phone number or non

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

| Permit              |                                    |                               |          |                | _                      |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
|---------------------|------------------------------------|-------------------------------|----------|----------------|------------------------|--------------------|---------------------|------------------|--|-------------|--------------|---------------------------------------|-------------|--|-------------|------------------|--------------------------|-------------|-------------------------|----------------------|
| Permit #: COG850051 |                                    |                               |          | Permittee:     |                        |                    |                     | ty Mile Coal LLC |  | Facility:   | 6 MAIN       | 6 MAIN NORTH (6MN) SEDIMENTATION POND |             |  |             |                  |                          |             |                         |                      |
| Major:              |                                    | No                            |          |                |                        | Permittee Address: |                     |                  | 29515 Routt CR 27<br>Oak Creek, CO 80467 |             |              | Facility Location                     |             | 29515 ROUTT CR 33<br>LA PLATA COUNTY, CO 80467 |             |                  |                          |             |                         |                      |
| Permit              |                                    | 001<br>External Outfall       |          |                |                        | Discharge:         |                     |                  | <b>\</b><br>narge to Fish Creel          |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
| Report              | Dates & Status                     |                               |          |                |                        |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
| Monitoring Period:  |                                    | From 07/01/24 to 09/30/24     |          |                |                        | DMR Due Date:      |                     |                  | 10/28/24                                 |             |              | Status: NetDMR Validated              |             |  |             |                  |                          |             |                         |                      |
| Consid              | derations for Form Completion      | 1                             |          |                |                        |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
| Settlea             | ble solids limit waived for 10-yr, | 24 hr precip event subject to | o burden | of proof rec   | quirements ir          | n Part I.B.        | 6. Any additional c | lata shall b     | e supplied to the                        | division wi | thin 48 hour | S.                                    |             |  |             |                  |                          |             |                         |                      |
| Princip             | pal Executive Officer              |                               |          |                |                        |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
| First N             | ame:                               |                               |          |                |                        |                    |                     |                  |  |             | Telephone:   |                                       |             |  |             |                  |                          |             |                         |                      |
| Last Name:          |                                    |                               |          |                |                        |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
| No Dat              | ta Indicator (NODI)                |                               |          |                | ·                      |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
| Form N              | NODI:                              | <del></del>                   |          |                |                        |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
|                     | Parameter                          |                               |          |                |                        |                    |                     |                  | pading                                   |             |              | tuality or Concentrat                 |             |  |             | # of Ex          | c. Frequency of Analysis | Sample Type |                         |                      |
| Code                | Name                               |                               |          |                | Sample                 | Qualifier 1        | Value 1             | Qualifier 2      | Value 2                                  | Units       | Qualifier 1  | Value 1                               | Qualifier 2 | 2 Value 2                                      | Qualifier 3 | Value 3          | Units                    |             |                         |                      |
| 00400               | На                                 | 1 - Effluent Gross            | 0        |                | Permit Req.            |                    |                     |                  |  |             | >=           | 6.5 MINIMUM                           |             |  | <=          | 9.0 MAXIMUM      | 12 - SU                  | 0:          | 02/30 - Twice Per Month | GR - GRAB            |
|                     | <b>P</b>                           |                               |          |                | Value NODI             | ı                  |                     |                  |  |             |              | C - No Discharge                      |             |  |             | C - No Discharge |                          |             |                         |                      |
| 00545               | Solids, settleable                 |                               |          |                | Sample                 |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
|                     |                                    | 1 - Effluent Gross            | 0        |                | Permit Req.            |                    |                     |                  |  |             |              |                                       |             | Req Mon 30DA AVG                               |             | 0.5 DAILY MX     | 25 - mL/L                |             | 02/30 - Twice Per Month | GR - GRAB            |
|                     |                                    |                               |          |                | Value NODI             |                    |                     |                  |  |             |              |                                       |             | C - No Discharge                               |             | C - No Discharge |                          |             |                         |                      |
| 03582               | Oil and grease                     |                               | s 0      |                | Sample<br>Permit Req.  |                    |                     |                  |  |             |              |                                       |             |  | <=          | 10.0 INST MAX    | 19 - mg/L                |             | 77/77 - Contingent      | GR - GRAB            |
|                     |                                    | 1 - Effluent Gross            |          |                | Value NODI             |                    |                     |                  |  |             |              |                                       |             |  |             |                  | 13 mg/L                  |             | 7777 Contingent         | OK OKAD              |
|                     |                                    |                               |          |                | Sample                 |                    |                     |                  |  |             |              |                                       |             |  |             | C - No Discharge |                          |             |                         |                      |
| 50050               | Flow, in conduit or thru treatm    | ent plant 1 - Effluent Gross  | 0        |                | Permit Req.            |                    | Req Mon 30DA AVG    |                  | Req Mon DAILY MX                         | 03 - MGD    |              |                                       |             |  |             |                  |                          |             | 99/99 - Continuous      | RC - Recorder (auto) |
|                     |                                    |                               |          |                | Value NODI             | ı                  | C - No Discharge    |                  | C - No Discharge                         |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
| 70295               |                                    |                               |          |                | Sample                 |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
|                     | Solids, total dissolved            | 1 - Effluent Gross            | 0        |                | Permit Req.            |                    |                     |                  |  |             |              |                                       |             | Req Mon 30DA AVG                               |             | Req Mon DAILY MX | 19 - mg/L                |             | 01/90 - Quarterly       | GR - GRAB            |
|                     |                                    |                               |          |                | Value NODI             |                    |                     |                  |  |             |              |                                       |             | C - No Discharge                               |             | C - No Discharge |                          |             |                         |                      |
| 84066               |                                    |                               |          |                | Sample<br>Parmit Box   |                    |                     |                  | Dog Mon INST MAY                         | OD N O:V    | . 1          |                                       |             |  |             |                  |                          |             | 02/30 - Twice Per Month | VI VICUAL            |
|                     | Oil and grease visual              | 1 - Effluent Gross            | 0        |                | Permit Req. Value NODI |                    |                     |                  | Req Mon INST MAX  C - No Discharge       | 9P - N=0, 1 | =1           |                                       |             |  |             |                  |                          |             | 02/30 - Twice Per Month | VI - VISUAL          |
| 0                   | N                                  |                               |          |                | Value NODI             | 1                  |                     |                  | O - NO Discharge                         |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
|                     | ssion Note                         | cualizas for the Completion   | <b></b>  | Tue die e 45 - |                        | a fallaude         | والمالية والمالية   |                  | that vary I lait - Ni-                   |             |              |                                       | المعادة     | Camala Tuna                                    |             |                  |                          |             |                         |                      |
|                     | ameter row does not contain any    | values for the Sample nor     | ⊏illuent | rrading, the   | en none of th          | ie ioliowin        | g neids will be sub | milited for      | that row: Units, Nt                      | imber of E  | xcursions, I | requericy of Anal                     | ysis, and s | Sample Type.                                   |             |                  |                          |             |                         |                      |
|                     | heck Errors                        |                               |          |                |                        |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |
| No erro             | Drs.                               |                               |          |                |                        |                    |                     |                  |  |             |              |                                       |             |  |             |                  |                          |             |                         |                      |

Attachments

Comments

No attachments.

Report Last Saved By

Twenty Mile Coal LLC

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Date/Time: 2024-10-24 09:28 (Time Zone: -06:00)

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Name: Miranda Kawcak

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Date/Time: 2024-10-24 16:19 (Time Zone: -06:00)