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Form Approved OMB No. 2040-0004 expires on 07/31/2026

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 [NEDES Self-Reporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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|                                                                                                                                                                     |                                                  |                     |                                        |                    |                                        |                                                                      |                                                                           |                  |                       |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------|----------------------------------------|--------------------|----------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|------------------|-----------------------|--------------|
| Permit #:                                                                                                                                                           | CO0000132                                        | Permittee:          | Oxbow Mining LLC                       | Facility:          | SANBORN CRK & ELK CRK MINES            |                                                                      |                                                                           |                  |                       |              |
| Major:                                                                                                                                                              | No                                               | Permittee Address:  | PO Box 535<br>Someraset, CO 81434-0535 | Facility Location: | 3737 HIGHWAY 133<br>SOMERSET, CO 81434 |                                                                      |                                                                           |                  |                       |              |
| Permitted Feature:                                                                                                                                                  | 012<br>External Outfall                          | Discharge:          | 012-X<br>Chronic WET Testing for 012A  |                    |                                        |                                                                      |                                                                           |                  |                       |              |
| Report Dates & Status                                                                                                                                               |                                                  | DMR Due Date:       | 07/28/25                               | Status:            | NetDMR Validated                       |                                                                      |                                                                           |                  |                       |              |
| Monitoring Period:                                                                                                                                                  | From 04/01/25 to 06/30/25                        |                     |                                        |                    |                                        |                                                                      |                                                                           |                  |                       |              |
| Considerations for Form Completion                                                                                                                                  |                                                  |                     |                                        |                    |                                        |                                                                      |                                                                           |                  |                       |              |
| See ID.1 for details of test procedure. Rpt NOEC using test code "P". Beginning 10-1-21, rpt highest number between "P" and "S" at "T" for each parameter. IWC=100% |                                                  |                     |                                        |                    |                                        |                                                                      |                                                                           |                  |                       |              |
| Principal Executive Officer                                                                                                                                         |                                                  |                     |                                        |                    |                                        |                                                                      |                                                                           |                  |                       |              |
| First Name:                                                                                                                                                         | Mike                                             | Title:              | President                              | Telephone:         | 970-929-5122                           |                                                                      |                                                                           |                  |                       |              |
| Last Name:                                                                                                                                                          | Ludlow                                           |                     |                                        |                    |                                        |                                                                      |                                                                           |                  |                       |              |
| No Data Indicator (NODI)                                                                                                                                            |                                                  |                     |                                        |                    |                                        |                                                                      |                                                                           |                  |                       |              |
| Form NODI:                                                                                                                                                          |                                                  |                     |                                        |                    |                                        |                                                                      |                                                                           |                  |                       |              |
| Code                                                                                                                                                                | Permitter Name                                   | Monitoring Location | Screen #                               | Param. NODI        | Sample Permit Req. Value NODI          | Quantity of Loading<br>Qualifier 1 Value 1 Qualifier 2 Value 2 Units | Quality or Concentration<br>Qualifier 1 Value 1 Qualifier 2 Value 2 Units | # of Ex          | Frequency of Analysis | Sample Type  |
| TKP3B                                                                                                                                                               | Static Renewal 7 Day Chronic Ceriodaphnia dubia  | P - See Comments    | 0                                      | -                  |                                        | Req Mon SINGSAMP<br>C - No Discharge                                 |                                                                           | 2G - tox chronic | 0190 - Quarterly      | G3 - 3 Grabs |
| TKP3B                                                                                                                                                               | Static Renewal 7 Day Chronic Ceriodaphnia dubia  | S - See Comments    | 0                                      | -                  |                                        | Req Mon MN VALUE<br>C - No Discharge                                 |                                                                           | 2G - tox chronic | 0190 - Quarterly      | G3 - 3 Grabs |
| TKP3B                                                                                                                                                               | Static Renewal 7 Day Chronic Ceriodaphnia dubia  | T - See Comments    | 0                                      | -                  |                                        | Req Mon MN VALUE<br>C - No Discharge                                 |                                                                           | 2G - tox chronic | 0190 - Quarterly      | G3 - 3 Grabs |
| TKP6C                                                                                                                                                               | Static Renewal 7 Day Chronic Pimephales promelas | P - See Comments    | 0                                      | -                  |                                        | Req Mon SINGSAMP<br>C - No Discharge                                 |                                                                           | 2G - tox chronic | 0190 - Quarterly      | G3 - 3 Grabs |
| TKP6C                                                                                                                                                               | Static Renewal 7 Day Chronic Pimephales promelas | S - See Comments    | 0                                      | -                  |                                        | Req Mon MN VALUE<br>C - No Discharge                                 |                                                                           | 2G - tox chronic | 0190 - Quarterly      | G3 - 3 Grabs |
| TKP6C                                                                                                                                                               | Static Renewal 7 Day Chronic Pimephales promelas | T - See Comments    | 0                                      | -                  |                                        | Req Mon MN VALUE<br>C - No Discharge                                 |                                                                           | 2G - tox chronic | 0190 - Quarterly      | G3 - 3 Grabs |

|                                                                                                                                                                                                                            |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Submission Note                                                                                                                                                                                                            |                  |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |                  |
| Edit Check Errors                                                                                                                                                                                                          |                  |
| No errors.                                                                                                                                                                                                                 |                  |
| Comments                                                                                                                                                                                                                   |                  |
| Attachments                                                                                                                                                                                                                |                  |
| No attachments.                                                                                                                                                                                                            |                  |
| Report Last Saved By                                                                                                                                                                                                       | Oxbow Mining LLC |

User: GHGSMITHOXBOW  
Name: Douglas Smith  
E-Mail: doug.smith@oxbow.com  
Date/Time: 2025-07-02 10:57 (Time Zone: -06:00)

Report Last Signed By

User: GHGSMITHOXBOW  
Name: Douglas Smith  
E-Mail: doug.smith@oxbow.com  
Date/Time: 2025-07-02 11:30 (Time Zone: -06:00)

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|                                    |                                                    |                     |                    |                                        |                                   |                                        |           |
|------------------------------------|----------------------------------------------------|---------------------|--------------------|----------------------------------------|-----------------------------------|----------------------------------------|-----------|
| Permit #:                          | CO0000132                                          |                     | Permittee:         | Oxbow Mining LLC                       | Facility:                         | SANBORN CRK & ELK CRK MINES            |           |
| Major:                             | No                                                 |                     | Permittee Address: | PO Box 535<br>Somerseet, CO 81434-0535 | Facility Location:                | 3737 HIGHWAY 133<br>SOMERSET, CO 81434 |           |
| Permitted Feature:                 | 012<br>External Outfall                            |                     | Discharge:         | 012-Q<br>Quarterly Monitoring for 012A |                                   |                                        |           |
| Report Dates & Status              | From 04/01/25 to 06/30/25                          |                     | DMR Due Date:      | 07/28/25                               | Status: NoDMR Validated           |                                        |           |
| Monitoring Period:                 |                                                    |                     |                    |                                        |                                   |                                        |           |
| Considerations for Form Completion | Quarterly monitoring - see Appendix B, #34, pg 17. |                     |                    |                                        |                                   |                                        |           |
| Principal Executive Officer        |                                                    |                     |                    |                                        |                                   |                                        |           |
| First Name:                        | Mike                                               | Title:              | President          | Telephone:                             |                                   |                                        |           |
| Last Name:                         | Ludlow                                             |                     |                    |                                        |                                   |                                        |           |
| No Data Indicator (NODI):          |                                                    |                     |                    |                                        |                                   |                                        |           |
| Form NODI:                         |                                                    |                     |                    |                                        |                                   |                                        |           |
| Circle                             | Parameter Name                                     | Monitoring Location | Seasons            | Sample Permit Req Value NODI           | Quantity or Loading Value 1       | Quantity or Concentration Value 2      | Units     |
| 70295                              | Solids, total dissolved                            | 1 - Effluent Gross  | 0                  | --                                     | Req Mon 30DA AVG C - No Discharge | Req Mon DAILY MX C - No Discharge      | 19 - mg/L |
|                                    |                                                    |                     |                    |                                        | 0190 - Quarterly                  | GR - Grab                              |           |

Submission Note  
If a parameter row does not contain any values for the Sample or Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments  
No attachments

Report Last Saved By  
Oxbow Mining LLC

User:  
GHGSMITHOXBOW  
Douglas Smith  
doug.smith@oxbow.com  
2025-07-02 10:57 (Time Zone: -06:00)

Name:  
E-Mail:  
Date/Time:

Report Last Signed By  
User:  
GHGSMITHOXBOW  
Douglas Smith  
doug.smith@oxbow.com  
2025-07-02 11:00 (Time Zone: -06:00)

Name:  
E-Mail:  
Date/Time:



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| <b>Permit</b>                                                                                                                                                                                                                                         |                                    | <b>CO0000132</b>                 |                       | <b>Permittee:</b>            |                     | <b>Oxbow Mining LLC</b>                       |         | <b>Facility:</b>          |             | <b>SANBORN CRK &amp; ELK CRK MINES</b>         |             |         |       |                                                 |                                         |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|-----------------------|------------------------------|---------------------|-----------------------------------------------|---------|---------------------------|-------------|------------------------------------------------|-------------|---------|-------|-------------------------------------------------|-----------------------------------------|-----------------------------------|
| <b>Major:</b>                                                                                                                                                                                                                                         |                                    | <b>No</b>                        |                       | <b>Permittee Address:</b>    |                     | <b>PO Box 535<br/>Somerset, CO 81434-0535</b> |         | <b>Facility Location:</b> |             | <b>3737 HIGHWAY 133<br/>SOMERSET, CO 81434</b> |             |         |       |                                                 |                                         |                                   |
| <b>Permitted Feature:</b>                                                                                                                                                                                                                             |                                    | <b>012<br/>External Outfall</b>  |                       | <b>Discharge:</b>            |                     | <b>012-A<br/>Sediment Pond to Elk Creek</b>   |         |                           |             |                                                |             |         |       |                                                 |                                         |                                   |
| <b>Report Dates &amp; Status</b>                                                                                                                                                                                                                      |                                    | <b>From 06/01/25 to 06/30/25</b> |                       | <b>DMR Due Date:</b>         |                     | <b>07/28/25</b>                               |         | <b>Status:</b>            |             | <b>NetDMR Validated</b>                        |             |         |       |                                                 |                                         |                                   |
| <b>Considerations for Form Completion</b>                                                                                                                                                                                                             |                                    |                                  |                       |                              |                     |                                               |         |                           |             |                                                |             |         |       |                                                 |                                         |                                   |
| <b>TSS &amp; Total Recoverable Iron limits will be waived, and Settleable Solids Lmt applied for &lt;=10yr 24hr precip event. 30 day avg is highest monthly avg during period reported. Report calculated SAR at MLOC=EG; adjusted SAR at MLOC=P.</b> |                                    |                                  |                       |                              |                     |                                               |         |                           |             |                                                |             |         |       |                                                 |                                         |                                   |
| <b>Principal Executive Officer</b>                                                                                                                                                                                                                    |                                    |                                  |                       |                              |                     |                                               |         |                           |             |                                                |             |         |       |                                                 |                                         |                                   |
| <b>First Name:</b>                                                                                                                                                                                                                                    |                                    | <b>Mike</b>                      |                       | <b>Title:</b>                |                     | <b>President</b>                              |         | <b>Telephone:</b>         |             | <b>970-929-5122</b>                            |             |         |       |                                                 |                                         |                                   |
| <b>Last Name:</b>                                                                                                                                                                                                                                     |                                    | <b>Ludlow</b>                    |                       |                              |                     |                                               |         |                           |             |                                                |             |         |       |                                                 |                                         |                                   |
| <b>No Data Indicator (NODI)</b>                                                                                                                                                                                                                       |                                    |                                  |                       |                              |                     |                                               |         |                           |             |                                                |             |         |       |                                                 |                                         |                                   |
| <b>Form NODI:</b>                                                                                                                                                                                                                                     |                                    |                                  |                       |                              |                     |                                               |         |                           |             |                                                |             |         |       |                                                 |                                         |                                   |
| Code                                                                                                                                                                                                                                                  | Parameter Name                     | Monitoring Location              | Station # Permit NODI | Sample Permit Req Value NODI | Quantity or Loading | Value 1                                       | Value 2 | Units                     | Qualifier 1 | Qualifier 2                                    | Qualifier 3 | Value 3 | Units | # of Ex. Frequency of Analysis                  | Sample Type                             |                                   |
| 00010                                                                                                                                                                                                                                                 | Temperature, water deg, centrifuge | 1 - Effluent Gross               | 0                     | -                            |                     |                                               |         |                           |             |                                                |             |         |       | Req Mon DAILY MX 04 - deg C<br>C - No Discharge | 99/99 - Continuous                      | RC - Recorder (auto)              |
| 00094                                                                                                                                                                                                                                                 | Conductivity                       | 1 - Effluent Gross               | 0                     | -                            |                     |                                               |         |                           |             |                                                |             |         |       | Req Mon 30DA AVG<br>C - No Discharge            | 7B - dS/m                               | 02/30 - Twice Per Month GR - Grab |
| 00400                                                                                                                                                                                                                                                 | pH                                 | 1 - Effluent Gross               | 0                     | -                            |                     |                                               |         |                           |             |                                                |             |         |       | 9.0 MAXIMUM<br>C - No Discharge                 | 12 - SU                                 | 01/30 - Monthly                   |
| 00440                                                                                                                                                                                                                                                 | Bicarbonate Ion- [as HCO3]         | 1 - Effluent Gross               | 0                     | -                            |                     |                                               |         |                           |             |                                                |             |         |       | Req Mon DAILY MX 19 - mg/L<br>C - No Discharge  | 02/30 - Twice Per Month GR - Grab       |                                   |
| 00530                                                                                                                                                                                                                                                 | Solids, total suspended            | 1 - Effluent Gross               | 0                     | -                            |                     |                                               |         |                           |             |                                                |             |         |       | 30.0 30DA AVG<br>C - No Discharge               | 19 - mg/L                               | 01/30 - Monthly                   |
| 00918                                                                                                                                                                                                                                                 | Calcium, total recoverable         | 1 - Effluent Gross               | 0                     | -                            |                     |                                               |         |                           |             |                                                |             |         |       | Req Mon DAILY MX 19 - mg/L<br>C - No Discharge  | 02/30 - Twice Per Month GR - Grab       |                                   |
| 00921                                                                                                                                                                                                                                                 | Magnesium, total recoverable       | 1 - Effluent Gross               | 0                     | -                            |                     |                                               |         |                           |             |                                                |             |         |       | Req Mon DAILY MX 19 - mg/L<br>C - No Discharge  | 02/30 - Twice Per Month GR - Grab       |                                   |
| 00923                                                                                                                                                                                                                                                 | Sodium, total recoverable          | 1 - Effluent Gross               | 0                     | -                            |                     |                                               |         |                           |             |                                                |             |         |       | Req Mon DAILY MX 19 - mg/L<br>C - No Discharge  | 02/30 - Twice Per Month GR - Grab       |                                   |
| 00931                                                                                                                                                                                                                                                 | Sodium adsorption ratio            | EG - Effluent Gross              | 0                     | -                            |                     |                                               |         |                           |             |                                                |             |         |       | Req Mon DAILY MX 1U - Ratio<br>C - No Discharge | 02/30 - Twice Per Month CA - Calculated |                                   |
| 00931                                                                                                                                                                                                                                                 | Sodium adsorption ratio            | P - See Comments                 | 0                     | -                            |                     |                                               |         |                           |             |                                                |             |         |       | Req Mon DAILY MX 1U - Ratio<br>C - No Discharge | 02/30 - Twice Per Month CA - Calculated |                                   |

|       |                                            |                    |   |   | Value NOD                   | C - No Discharge                  | C - No Discharge          |                                  |
|-------|--------------------------------------------|--------------------|---|---|-----------------------------|-----------------------------------|---------------------------|----------------------------------|
| 00940 | Chloride [as Cl]                           | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon 30DA AVG C - No Discharge | 19 - mg/L                 | 0230 - Twice Per Month GR - Grab |
| 00978 | Arsenic, total recoverable                 | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon 30DA AVG C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 00980 | Iron, total recoverable                    | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | <=                                | 28 - ug/L                 | 0130 - Monthly GR - Grab         |
| 01046 | Iron, dissolved [as Fe]                    | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon 30DA AVG C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01056 | Manganese, dissolved [as Mn]               | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon 30DA AVG C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01074 | Nickel, total recoverable                  | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon 30DA AVG C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01113 | Cadmium, total recoverable                 | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon DAILY MX C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01114 | Lead, total recoverable                    | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon DAILY MX C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01118 | Chromium, total recoverable                | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon 30DA AVG C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01303 | Zinc, potentially dissolved                | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon DAILY MX C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01306 | Copper, potentially dissolved              | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon 30DA AVG C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01313 | Cadmium, potentially disolved              | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon DAILY MX C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01314 | Chromium, trivalent, potentially dissolved | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon 30DA AVG C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01318 | Lead, potentially dissolved                | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon DAILY MX C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01319 | Manganese, potentially dissolved           | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon DAILY MX C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01322 | Nickel, potentially dissolved              | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon DAILY MX C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 01323 | Selenium, potentially dissolved            | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon DAILY MX C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
| 03582 | Oil and grease                             | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | <=                                | 10.0 INST MAX 19 - mg/L   | 77777 - Contingent GR - Grab     |
| 04262 | Chromium, trivalent total recoverable      | 1 - Effluent Gross | 0 | - | Sample Permit Req Value NOD | Req Mon DAILY MX C - No Discharge | 28 - ug/L                 | 0230 - Twice Per Month GR - Grab |
|       |                                            |                    |   |   | Permit Req <=               | 0.004 30DA AVG                    | Req Mon DAILY MX 03 - M3D | IN - Instantaneous               |





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 |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |      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|               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |        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|----------------------------------------------------|-------------------------|---------------------|----------------------------------------|-------------------------------|----------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------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| Permit #:                                          | CO0000132               | Permittee:          | Oxbow Mining LLC                       | Facility:                     | SANBORN CRK & ELK CRK MINES            |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |             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|               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |        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              |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |          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            |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |            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        |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |                |   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               |
| Major:                                             | No                      | Permittee Address:  | PO Box 535<br>Somerset, CO 81434-0535  | Facility Location:            | 3737 HIGHWAY 133<br>SOMERSET, CO 81434 |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               | 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     |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |   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| Permitted Feature:                                 | 009<br>External Outfall | Discharge:          | 009-Q<br>Quarterly Monitoring for 001A |                               |                                        |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |             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| Report Dates & Status                              |                         | DMR Due Date:       | 07/28/25                               | Status:                       | NotDMR Validated                       |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |             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| Monitoring Period:                                 |                         |                     |                                        |                               |                                        |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |             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| Considerations for Form Completion                 |                         |                     |                                        |                               |                                        |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |             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|               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |        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| Quarterly monitoring - see Appendix B, #34, pg 17. |                         |                     |                                        |                               |                                        |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |             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| Principal Executive Officer                        |                         |                     |                                        |                               |                                        |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |             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| First Name:                                        | Mike                    | Title:              | President                              | Telephone:                    | 970-929-5122                           |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |             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| No Data Indicator (NODI)                           |                         |                     |                                        |                               |                                        |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |             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| Form NODI:                                         |                         |                     |                                        |                               |                                        |             |             |             |             |             |             |             |             |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |              |             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| Concentration                                      | Parameter               | Monitoring Location | Station #                              | Sample Permit Req. Value NODI | Qualifier 1                            | Qualifier 2 | Qualifier 3 | Qualifier 4 | Qualifier 5 | Qualifier 6 | Qualifier 7 | Qualifier 8 | Qualifier 9 | Qualifier 10 | Qualifier 11 | Qualifier 12 | Qualifier 13 | Qualifier 14 | Qualifier 15 | Qualifier 16 | Qualifier 17 | Qualifier 18 | Qualifier 19 | Qualifier 20 | Qualifier 21 | Qualifier 22 | Qualifier 23 | Qualifier 24 | Qualifier 25 | Qualifier 26 | Qualifier 27 | Qualifier 28 | Qualifier 29 | Qualifier 30 | Qualifier 31 | Qualifier 32 | Qualifier 33 | Qualifier 34 | Qualifier 35 | Qualifier 36 | Qualifier 37 | Qualifier 38 | Qualifier 39 | Qualifier 40 | Qualifier 41 | Qualifier 42 | Qualifier 43 | Qualifier 44 | Qualifier 45 | Qualifier 46 | Qualifier 47 | Qualifier 48 | Qualifier 49 | Qualifier 50 | Qualifier 51 | Qualifier 52 | Qualifier 53 | Qualifier 54 | Qualifier 55 | Qualifier 56 | Qualifier 57 | Qualifier 58 | Qualifier 59 | Qualifier 60 | Qualifier 61 | Qualifier 62 | Qualifier 63 | Qualifier 64 | Qualifier 65 | Qualifier 66 | Qualifier 67 | Qualifier 68 | Qualifier 69 | Qualifier 70 | Qualifier 71 | Qualifier 72 | Qualifier 73 | Qualifier 74 | Qualifier 75 | Qualifier 76 | Qualifier 77 | Qualifier 78 | Qualifier 79 | Qualifier 80 | Qualifier 81 | Qualifier 82 | Qualifier 83 | Qualifier 84 | Qualifier 85 | Qualifier 86 | Qualifier 87 | Qualifier 88 | Qualifier 89 | Qualifier 90 | Qualifier 91 | Qualifier 92 | Qualifier 93 | Qualifier 94 | Qualifier 95 | Qualifier 96 | Qualifier 97 | Qualifier 98 | Qualifier 99 | Qualifier 100 | Qualifier 101 | Qualifier 102 | Qualifier 103 | Qualifier 104 | Qualifier 105 | Qualifier 106 | Qualifier 107 | Qualifier 108 | Qualifier 109 | Qualifier 110 | Qualifier 111 | Qualifier 112 | Qualifier 113 | Qualifier 114 | Qualifier 115 | Qualifier 116 | Qualifier 117 | Qualifier 118 | Qualifier 119 | Qualifier 120 | Qualifier 121 | Qualifier 122 | Qualifier 123 | Qualifier 124 | Qualifier 125 | Qualifier 126 | Qualifier 127 | Qualifier 128 | Qualifier 129 | Qualifier 130 | Qualifier 131 | Qualifier 132 | Qualifier 133 | Qualifier 134 | Qualifier 135 | Qualifier 136 | Qualifier 137 | Qualifier 138 | Qualifier 139 | Qualifier 140 | Qualifier 141 | Qualifier 142 | Qualifier 143 | Qualifier 144 | Qualifier 145 | Qualifier 146 | Qualifier 147 | Qualifier 148 | Qualifier 149 | Qualifier 150 | Qualifier 151 | Qualifier 152 | Qualifier 153 | Qualifier 154 | Qualifier 155 | Qualifier 156 | Qualifier 157 | Qualifier 158 | Qualifier 159 | Qualifier 160 | Qualifier 161 | Qualifier 162 | Qualifier 163 | Qualifier 164 | Qualifier 165 | Qualifier 166 | Qualifier 167 | Qualifier 168 | Qualifier 169 | Qualifier 170 | Qualifier 171 | Qualifier 172 | Qualifier 173 | Qualifier 174 | Qualifier 175 | Qualifier 176 | Qualifier 177 | Qualifier 178 | Qualifier 179 | Qualifier 180 | Qualifier 181 | Qualifier 182 | Qualifier 183 | Qualifier 184 | Qualifier 185 | Qualifier 186 | Qualifier 187 | Qualifier 188 | Qualifier 189 | Qualifier 190 | Qualifier 191 | Qualifier 192 | Qualifier 193 | Qualifier 194 | Qualifier 195 | Qualifier 196 | Qualifier 197 | Qualifier 198 | Qualifier 199 | Qualifier 200 | Qualifier 201 | Qualifier 202 | Qualifier 203 | Qualifier 204 | Qualifier 205 | Qualifier 206 | Qualifier 207 | Qualifier 208 | Qualifier 209 | Qualifier 210 | Qualifier 211 | Qualifier 212 | Qualifier 213 | Qualifier 214 | Qualifier 215 | Qualifier 216 | Qualifier 217 | Qualifier 218 | Qualifier 219 | Qualifier 220 | Qualifier 221 | Qualifier 222 | Qualifier 223 | Qualifier 224 | Qualifier 225 | Qualifier 226 | Qualifier 227 | Qualifier 228 | Qualifier 229 | Qualifier 230 | Qualifier 231 | Qualifier 232 | Qualifier 233 | Qualifier 234 | Qualifier 235 | Qualifier 236 | Qualifier 237 | Qualifier 238 | Qualifier 239 | Qualifier 240 | Qualifier 241 | Qualifier 242 | Qualifier 243 | Qualifier 244 | Qualifier 245 | Qualifier 246 | Qualifier 247 | Qualifier 248 | Qualifier 249 | Qualifier 250 | Qualifier 251 | Qualifier 252 | Qualifier 253 | Qualifier 254 | Qualifier 255 | Qualifier 256 | Qualifier 257 | Qualifier 258 | Qualifier 259 | Qualifier 260 | Qualifier 261 | Qualifier 262 | Qualifier 263 | Qualifier 264 | Qualifier 265 | Qualifier 266 | Qualifier 267 | Qualifier 268 | Qualifier 269 | Qualifier 270 | Qualifier 271 | Qualifier 272 | Qualifier 273 | Qualifier 274 | Qualifier 275 | Qualifier 276 | Qualifier 277 | Qualifier 278 | Qualifier 279 | Qualifier 280 | Qualifier 281 | Qualifier 282 | Qualifier 283 | Qualifier 284 | Qualifier 285 | Qualifier 286 | Qualifier 287 | Qualifier 288 | Qualifier 289 | Qualifier 290 | Qualifier 291 | Qualifier 292 | Qualifier 293 | Qualifier 294 | Qualifier 295 | Qualifier 296 | Qualifier 297 | Qualifier 298 | Qualifier 299 | Qualifier 300 | Qualifier 301 | Qualifier 302 | Qualifier 303 | Qualifier 304 | Qualifier 305 | Qualifier 306 | Qualifier 307 | Qualifier 308 | Qualifier 309 | Qualifier 310 | Qualifier 311 | Qualifier 312 | Qualifier 313 | Qualifier 314 | Qualifier 315 | Qualifier 316 | Qualifier 317 | Qualifier 318 | Qualifier 319 | Qualifier 320 | Qualifier 321 | Qualifier 322 | Qualifier 323 | Qualifier 324 | Qualifier 325 | Qualifier 326 | Qualifier 327 | Qualifier 328 | Qualifier 329 | Qualifier 330 | Qualifier 331 | Qualifier 332 | Qualifier 333 | Qualifier 334 | Qualifier 335 | Qualifier 336 | Qualifier 337 | Qualifier 338 | Qualifier 339 | Qualifier 340 | Qualifier 341 | Qualifier 342 | Qualifier 343 | Qualifier 344 | Qualifier 345 | Qualifier 346 | Qualifier 347 | Qualifier 348 | Qualifier 349 | Qualifier 350 | Qualifier 351 | Qualifier 352 | Qualifier 353 | Qualifier 354 | Qualifier 355 | Qualifier 356 | Qualifier 357 | Qualifier 358 | Qualifier 359 | Qualifier 360 | Qualifier 361 | Qualifier 362 | Qualifier 363 | Qualifier 364 | Qualifier 365 | Qualifier 366 | Qualifier 367 | Qualifier 368 | Qualifier 369 | Qualifier 370 | Qualifier 371 | Qualifier 372 | Qualifier 373 | Qualifier 374 | Qualifier 375 | Qualifier 376 | Qualifier 377 | Qualifier 378 | Qualifier 379 | Qualifier 380 | Qualifier 381 | Qualifier 382 | Qualifier 383 | Qualifier 384 | Qualifier 385 | Qualifier 386 | Qualifier 387 | Qualifier 388 | Qualifier 389 | Qualifier 390 | Qualifier 391 | Qualifier 392 | Qualifier 393 | Qualifier 394 | Qualifier 395 | Qualifier 396 | Qualifier 397 | Qualifier 398 | Qualifier 399 | Qualifier 400 | Qualifier 401 | Qualifier 402 | Qualifier 403 | Qualifier 404 | Qualifier 405 | Qualifier 406 | Qualifier 407 | Qualifier 408 | Qualifier 409 | Qualifier 410 | Qualifier 411 | Qualifier 412 | Qualifier 413 | Qualifier 414 | Qualifier 415 | Qualifier 416 | Qualifier 417 | Qualifier 418 | Qualifier 419 | Qualifier 420 | Qualifier 421 | Qualifier 422 | Qualifier 423 | Qualifier 424 | Qualifier 425 | Qualifier 426 | Qualifier 427 | Qualifier 428 | Qualifier 429 | Qualifier 430 | Qualifier 431 | Qualifier 432 | Qualifier 433 | Qualifier 434 | Qualifier 435 | Qualifier 436 | Qualifier 437 | Qualifier 438 | Qualifier 439 | Qualifier 440 | Qualifier 441 | Qualifier 442 | Qualifier 443 | Qualifier 444 | Qualifier 445 | Qualifier 446 | Qualifier 447 | Qualifier 448 | Qualifier 449 | Qualifier 450 | Qualifier 451 | Qualifier 452 | Qualifier 453 | Qualifier 454 | Qualifier 455 | Qualifier 456 | Qualifier 457 | Qualifier 458 | Qualifier 459 | Qualifier 460 | Qualifier 461 | Qualifier 462 | Qualifier 463 | Qualifier 464 | Qualifier 465 | Qualifier 466 | Qualifier 467 | Qualifier 468 | Qualifier 469 | Qualifier 470 | Qualifier 471 | Qualifier 472 | Qualifier 473 | Qualifier 474 | Qualifier 475 | Qualifier 476 | Qualifier 477 | Qualifier 478 | Qualifier 479 | Qualifier 480 | Qualifier 481 | Qualifier 482 | Qualifier 483 | Qualifier 484 | Qualifier 485 | Qualifier 486 | Qualifier 487 | Qualifier 488 | Qualifier 489 | Qualifier 490 | Qualifier 491 | Qualifier 492 | Qualifier 493 | Qualifier 494 | Qualifier 495 | Qualifier 496 | Qualifier 497 | Qualifier 498 | Qualifier 499 | Qualifier 500 | Qualifier 501 | Qualifier 502 | Qualifier 503 | Qualifier 504 | Qualifier 505 | Qualifier 506 | Qualifier 507 | Qualifier 508 | Qualifier 509 | Qualifier 510 | Qualifier 511 | Qualifier 512 | Qualifier 513 | Qualifier 514 | Qualifier 515 | Qualifier 516 | Qualifier 517 | Qualifier 518 | Qualifier 519 | Qualifier 520 | Qualifier 521 | Qualifier 522 | Qualifier 523 | Qualifier 524 | Qualifier 525 | Qualifier 526 | Qualifier 527 | Qualifier 528 | Qualifier 529 | Qualifier 530 | Qualifier 531 | Qualifier 532 | Qualifier 533 | Qualifier 534 | Qualifier 535 | Qualifier 536 | Qualifier 537 | Qualifier 538 | Qualifier 539 | Qualifier 540 | Qualifier 541 | Qualifier 542 | Qualifier 543 | Qualifier 544 | Qualifier 545 | Qualifier 546 | Qualifier 547 | Qualifier 548 | Qualifier 549 | Qualifier 550 | Qualifier 551 | Qualifier 552 | Qualifier 553 | Qualifier 554 | Qualifier 555 | Qualifier 556 | Qualifier 557 | Qualifier 558 | Qualifier 559 | Qualifier 560 | Qualifier 561 | Qualifier 562 | Qualifier 563 | Qualifier 564 | Qualifier 565 | Qualifier 566 | Qualifier 567 | Qualifier 568 | Qualifier 569 | Qualifier 570 | Qualifier 571 | Qualifier 572 | Qualifier 573 | Qualifier 574 | Qualifier 575 | Qualifier 576 | Qualifier 577 | Qualifier 578 | Qualifier 579 | Qualifier 580 | Qualifier 581 | Qualifier 582 | Qualifier 583 | Qualifier 584 | Qualifier 585 | Qualifier 586 | Qualifier 587 | Qualifier 588 | Qualifier 589 | Qualifier 590 | Qualifier 591 | Qualifier 592 | Qualifier 593 | Qualifier 594 | Qualifier 595 | Qualifier 596 | Qualifier 597 | Qualifier 598 | Qualifier 599 | Qualifier 600 | Qualifier 601 | Qualifier 602 | Qualifier 603 | Qualifier 604 | Qualifier 605 | Qualifier 606 | Qualifier 607 | Qualifier 608 | Qualifier 609 | Qualifier 610 | Qualifier 611 | Qualifier 612 | Qualifier 613 | Qualifier 614 | Qualifier 615 | Qualifier 616 | Qualifier 617 | Qualifier 618 | Qualifier 619 | Qualifier 620 | Qualifier 621 | Qualifier 622 | Qualifier 623 | Qualifier 624 | Qualifier 625 | Qualifier 626 | Qualifier 627 | Qualifier 628 | Qualifier 629 | Qualifier 630 | Qualifier 631 | Qualifier 632 | Qualifier 633 | Qualifier 634 | Qualifier 635 | Qualifier 636 | Qualifier 637 | Qualifier 638 | Qualifier 639 | Qualifier 640 | Qualifier 641 | Qualifier 642 | Qualifier 643 | Qualifier 644 | Qualifier 645 | Qualifier 646 | Qualifier 647 | Qualifier 648 | Qualifier 649 | Qualifier 650 | Qualifier 651 | Qualifier 652 | Qualifier 653 | Qualifier 654 | Qualifier 655 | Qualifier 656 | Qualifier 657 | Qualifier 658 | Qualifier 659 | Qualifier 660 | Qualifier 661 | Qualifier 662 | Qualifier 663 | Qualifier 664 | Qualifier 665 | Qualifier 666 | Qualifier 667 | Qualifier 668 | Qualifier 669 | Qualifier 670 | Qualifier 671 | Qualifier 672 | Qualifier 673 | Qualifier 674 | Qualifier 675 | Qualifier 676 | Qualifier 677 | Qualifier 678 | Qualifier 679 | Qualifier 680 | Qualifier 681 | Qualifier 682 | Qualifier 683 | Qualifier 684 | Qualifier 685 | Qualifier 686 | Qualifier 687 | Qualifier 688 | Qualifier 689 | Qualifier 690 | Qualifier 691 | Qualifier 692 | Qualifier 693 | Qualifier 694 | Qualifier 695 | Qualifier 696 | Qualifier 697 | Qualifier 698 | Qualifier 699 | Qualifier 700 | Qualifier 701 | Qualifier 702 | Qualifier 703 | Qualifier 704 | Qualifier 705 | Qualifier 706 | Qualifier 707 | Qualifier 708 | Qualifier 709 | Qualifier 710 | Qualifier 711 | Qualifier 712 | Qualifier 713 | Qualifier 714 | Qualifier 715 | Qualifier 716 | Qualifier 717 | Qualifier 718 | Qualifier 719 | Qualifier 720 | Qualifier 721 | Qualifier 722 | Qualifier 723 | Qualifier 724 | Qualifier 725 | Qualifier 726 | Qualifier 727 | Qualifier 728 | Qualifier 729 | Qualifier 730 | Qualifier 731 | Qualifier 732 | Qualifier 733 | Qualifier 734 | Qualifier 735 | Qualifier 736 | Qualifier 737 | Qualifier 738 | Qualifier 739 | Qualifier 740 | Qualifier 741 | Qualifier 742 | Qualifier 743 | Qualifier 744 | Qualifier 745 | Qualifier 746 | Qualifier 747 | Qualifier 748 | Qualifier 749 | Qualifier 750 | Qualifier 751 | Qualifier 752 | Qualifier 753 | Qualifier 754 | Qualifier 755 | Qualifier 756 | Qualifier 757 | Qualifier 758 | Qualifier 759 | Qualifier 760 | Qualifier 761 | Qualifier 762 | Qualifier 763 | Qualifier 764 | Qualifier 765 | Qualifier 766 | Qualifier 767 | Qualifier 768 | Qualifier 769 | Qualifier 770 | Qualifier 771 | Qualifier 772 | Qualifier 773 | Qualifier 774 | Qualifier 775 | Qualifier 776 | Qualifier 777 | Qualifier 778 | Qualifier 779 | Qualifier 780 | Qualifier 781 | Qualifier 782 | Qualifier 783 | Qualifier 784 | Qualifier 785 | Qualifier 786 | Qualifier 787 | Qualifier 788 | Qualifier 789 | Qualifier 790 | Qualifier 791 | Qualifier 792 | Qualifier 793 | Qualifier 794 | Qualifier 795 | Qualifier 796 | Qualifier 797 | Qualifier 798 | Qualifier 799 | Qualifier 800 | Qualifier 801 | Qualifier 802 | Qualifier 803 | Qualifier 804 | Qualifier 805 | Qualifier 806 | Qualifier 807 | Qualifier 808 | Qualifier 809 | Qualifier 810 | Qualifier 811 | Qualifier 812 | Qualifier 813 | Qualifier 814 | Qualifier 815 | Qualifier 816 | Qualifier 817 | Qualifier 818 | Qualifier 819 | Qualifier 820 | Qualifier 821 | Qualifier 822 | Qualifier 823 | Qualifier 824 | Qualifier 825 | Qualifier 826 | Qualifier 827 | Qualifier 828 | Qualifier 829 | Qualifier 830 | Qualifier 831 | Qualifier 832 | Qualifier 833 | Qualifier 834 | Qualifier 835 | Qualifier 836 | Qualifier 837 | Qualifier 838 | Qualifier 839 | Qualifier 840 | Qualifier 841 | Qualifier 842 | Qualifier 843 | Qualifier 844 | Qualifier 845 | Qualifier 846 | Qualifier 847 | Qualifier 848 | Qualifier 849 | Qualifier 850 | Qualifier 851 | Qualifier 852 | Qualifier 853 | Qualifier 854 | Qualifier 855 | Qualifier 856 | Qualifier 857 | Qualifier 858 | Qualifier 859 | Qualifier 860 | Qualifier 861 | Qualifier 862 | Qualifier 863 | Qualifier 864 | Qualifier 865 | Qualifier 866 | Qualifier 867 | Qualifier 868 | Qualifier 869 | Qualifier 870 | Qualifier 871 | Qualifier 872 | Qualifier 873 | Qualifier 874 | Qualifier 875 | Qualifier 876 | Qualifier 877 | Qualifier 878 | Qualifier 879 | Qualifier 880 | Qualifier 881 | Qualifier 882 | Qualifier 883 | Qualifier 884 | Qualifier 885 | Qualifier 886 | Qualifier 887 | Qualifier 888 | Qualifier 889 | Qualifier 890 | Qualifier 891 | Qualifier 892 | Qualifier 893 | Qualifier 894 | Qualifier 895 | Qualifier 896 | Qualifier 897 | Qualifier 898 | Qualifier 899 | Qualifier 900 | Qualifier 901 | Qualifier 902 | Qualifier 903 | Qualifier 904 | Qualifier 905 | Qualifier 906 | Qualifier 907 | Qualifier 908 | Qualifier 909 | Qualifier 910 | Qualifier 911 | Qualifier 912 | Qualifier 913 | Qualifier 914 | Qualifier 915 | Qualifier 916 | Qualifier 917 | Qualifier 918 | Qualifier 919 | Qualifier 920 | Qualifier 921 | Qualifier 922 | Qualifier 923 | Qualifier 924 | Qualifier 925 | Qualifier 926 | Qualifier 927 | Qualifier 928 | Qualifier 929 | Qualifier 930 | Qualifier 931 | Qualifier 932 | Qualifier 933 | Qualifier 934 | Qualifier 935 | Qualifier 936 | Qualifier 937 | Qualifier 938 | Qualifier 939 | Qualifier 940 | Qualifier 941 | Qualifier 942 | Qualifier 943 | Qualifier 944 | Qualifier 945 | Qualifier 946 | Qualifier 947 | Qualifier 948 | Qualifier 949 | Qualifier 950 | Qualifier 951 | Qualifier 952 | Qualifier 953 | Qualifier 954 | Qualifier 955 | Qualifier 956 | Qualifier 957 | Qualifier 958 | Qualifier 959 | Qualifier 960 | Qualifier 961 | Qualifier 962 | Qualifier 963 | Qualifier 964 | Qualifier 965 | Qualifier 966 | Qualifier 967 | Qualifier 968 | Qualifier 969 | Qualifier 970 | Qualifier 971 | Qualifier 972 | Qualifier 973 | Qualifier 974 | Qualifier 975 | Qualifier 976 | Qualifier 977 | Qualifier 978 | Qualifier 979 | Qualifier 980 | Qualifier 981 | Qualifier 982 | Qualifier 983 | Qualifier 984 | Qualifier 985 | Qualifier 986 | Qualifier 987 | Qualifier 988 | Qualifier 989 | Qualifier 990 | Qualifier 991 | Qualifier 992 | Qualifier 993 | Qualifier 994 | Qualifier 995 | Qualifier 996 | Qualifier 997 | Qualifier 998 | Qualifier 999 | Qualifier 1000 | Qualifier 1001 | Qualifier 1002 | Qualifier 1003 | Qualifier 1004 | Qualifier 1005 | Qualifier 1006 | Qualifier 1007 | Qualifier 1008 | Qualifier 1009 | Qualifier 1010 | Qualifier 1011 | Qualifier 1012 | Qualifier 1013 | Qualifier 1014 | Qualifier 1015 | Qualifier 1016 | Qualifier 1017 | Qualifier 1018 | Qualifier 1019 | Qualifier 1020 | Qualifier 1021 | Qualifier 1022 | Qualifier 1023 | Qualifier 1024 | Qualifier 1025 | Qualifier 1026 | Qualifier 1027 | Qualifier 1028 | Qualifier 1029 | Qualifier 1030 | Qualifier 1031 | Qualifier 1032 | Qualifier 1033 | Qualifier 1034 | Qualifier 1035 | Qualifier 1036 | Qualifier 1037 | Qualifier 1038 | Qualifier 1039 | Qualifier 1040 | Qualifier 1041 | Qualifier 1042 | Qualifier 1043 | Qualifier 1044 | Qualifier 1045 | Qualifier 1046 | Qualifier 1047 | Qualifier 1048 | Qualifier 1049 | Qualifier 1050 | Qualifier 1051 | Qualifier 1052 | Qualifier 1053 | Qualifier 1054 | Qualifier 1055 | Qualifier 1056 | Qualifier 1057 | Qualifier 1058 | Qualifier 1059 | Qualifier 1060 | Qualifier 1061 | Qualifier 1062 | Qualifier 1063 | Qualifier 1064 | Qualifier 1065 | Qualifier 1066 | Qualifier 1067 | Qualifier 1068 | Qualifier 1069 | Qualifier 1070 | Qualifier 1071 | Qualifier 1072 | Qualifier 1073 | Qualifier 1074 | Qualifier 1075 | Qualifier 1076 | Qualifier 1077 | Qualifier 1078 | Qualifier 1079 | Qualifier 1080 | Qualifier 1081 | Qualifier 1082 | Qualifier 1083 | Qualifier 1084 | Qualifier 1085 | Qualifier 1086 | Qualifier 1087 | Qualifier 1088 | Qualifier 1089 | Qualifier 1090 | Qualifier 1091 | Qualifier 1092 | Qualifier 1093 | Qualifier 1094 | Qualifier 1095 | Qualifier 1096 | Qualifier 1097 | Qualifier 1098 | Qualifier 1099 | Qualifier 1100 | Qualifier 1101 | Qualifier 1102 | Qualifier 1103 | Qualifier 1104 | Qualifier 1105 | Qualifier 1106 | Qualifier 1107 | Qualifier 1108 | Qualifier 1109 | Qualifier 1110 | Qualifier 1111 | Qualifier 1112 | Qualifier 1113 | Qualifier 1114 |



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| <b>P Permit</b>                           | <b>CO0000132</b>                                                                                                                                                                 | <b>Permittee:</b><br>Oxbow Mining LLC                               | <b>Facility:</b><br>SANBORN CRK & ELK CRK MINES                    |                                               |                                        |                                        |                                  |                    |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------|--------------------|
| <b>Major:</b>                             | No                                                                                                                                                                               | <b>Permittee Address:</b><br>PO Box 535<br>Someraset, CO 81434-0535 | <b>Facility Location:</b><br>3737 HIGHWAY 133<br>SOMERSET CO 81434 |                                               |                                        |                                        |                                  |                    |
| <b>Permitted Feature:</b>                 | 009 External Outfall                                                                                                                                                             | <b>Discharge:</b>                                                   |                                                                    |                                               |                                        |                                        |                                  |                    |
| <b>Report Dates &amp; Status</b>          | From 06/01/25 to 06/30/25                                                                                                                                                        | <b>DMR Due Date:</b>                                                | <b>Status:</b>                                                     |                                               |                                        |                                        |                                  |                    |
| <b>Monitoring Period:</b>                 | 07/28/25                                                                                                                                                                         |                                                                     | <b>NetDMR Validated</b>                                            |                                               |                                        |                                        |                                  |                    |
| <b>Considerations for Form Completion</b> | TSS & Total Recoverable Iron Limits will be waived, and settleable solids limit applied for <=10YR, 24hr precip event. 30 day avg is highest monthly avg during period reported. |                                                                     |                                                                    |                                               |                                        |                                        |                                  |                    |
| <b>Principal Executive Officer</b>        |                                                                                                                                                                                  | <b>Title:</b>                                                       | <b>Telephone:</b>                                                  |                                               |                                        |                                        |                                  |                    |
| <b>First Name:</b>                        | Mike                                                                                                                                                                             | <b>President</b>                                                    | 970-923-5122                                                       |                                               |                                        |                                        |                                  |                    |
| <b>Last Name:</b>                         | Ludlow                                                                                                                                                                           |                                                                     |                                                                    |                                               |                                        |                                        |                                  |                    |
| <b>No Data Indicator (NODI)</b>           | -                                                                                                                                                                                |                                                                     |                                                                    |                                               |                                        |                                        |                                  |                    |
| Order                                     | Parameter Name                                                                                                                                                                   | Measuring Location Station # Param. NODI                            | Quarter 1<br>Sample Permit Req Value NODI                          | Quarter 2<br>Units Qualifier 1 Value 1        | Quarter 3<br>Units Qualifier 2 Value 2 | Quarter 4<br>Units Qualifier 3 Value 3 | # of Ex<br>Frequency of Analysis | Sample Type        |
| 00400                                     | pH                                                                                                                                                                               | 1 - Effluent Gross 0 -                                              |                                                                    | >= 6.5 MINIMUM<br>C - No Discharge            | <= 9.0 MAXIMUM<br>C - No Discharge     | 12 - SU                                | 01/30 - Monthly                  | GR - Grab          |
| 00530                                     | Solids, total suspended                                                                                                                                                          | 1 - Effluent Gross 0 -                                              |                                                                    | <= 35.0 300A AVG<br>C - No Discharge          | <= 70.0 MX 7D AV<br>C - No Discharge   | 19 - mg/L                              | 01/30 - Monthly                  | GR - Grab          |
| 00980                                     | Iron, total recoverable                                                                                                                                                          | 1 - Effluent Gross 0 -                                              |                                                                    | <= 1000.0 300A AVG<br>C - No Discharge        | <= 6000.0 DAILY MX<br>C - No Discharge | 28 - ug/L                              | 01/30 - Monthly                  | GR - Grab          |
| 50050                                     | Flow, in conduit or thru treatment plant                                                                                                                                         | 1 - Effluent Gross 0 -                                              | Sample Permit Req <= Value NODI                                    | Req Mon DAILY MX 03 - MGD<br>C - No Discharge |                                        |                                        | 01/30 - Monthly                  | IN - Instantaneous |

**Submission Note**

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

[Edit Check Errors](#)

**No errors.**

**Comments**

**Attachments**

**Report Last Saved By**  
Oxbow Mining LLC

**User:**  
Name: GHGSMITHOXBOW  
Douglas Smith  
E-Mail: doug.smith@oxbow.com  
Date/Time: 2025-07-02 10:59 (Time Zone: -06:00)  
**Report Last Signed By**  
GHGSMITHOXBOW

Name:  
E-Mail:  
Date/Time:

Douglas Smith  
doug.smith@oxbow.com  
2025-07-02 11:00 (Time Zone: -06:00)