



Energy Fuels Resources

April 25, 2012

Colorado Department of Health
Water Quality Control Division
WQCD-P-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

RE: Submittal of March 2012 Discharge Monitoring Report

To Whom It May Concern:

Energy Fuels Resources Corporation (Energy Fuels) is providing the attached Discharge Monitoring Report (DMR) for the month of March 2012. The Whirlwind Mine water treatment plant is located at 30100 5/10 Road, Gateway, Colorado 81522. Discharge of treated water from the Whirlwind Mine is allowed in accordance with Colorado Discharge Permit System (CDPS) permit number CO-0047562.

As of December 9, 2009 Energy Fuels has suspended dewatering of the mine and is allowing the mine water to accumulate within the mine workings. Accordingly, there was no treated mine water discharge in March 2012.

Please contact me at (303) 974-2151 if you need any additional information.

Sincerely,

Ryan Ellis

Cc: Russ Means (DRMS)
Scott Gerwe (BLM - Grand Junction Field Office)
Dick White, Frank Filas (Energy Fuels)

Attachment: March 2012 DMR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME ENERGY FUELS RESOURCES CORP.

ADDRESS WHIRLWIND PROJECT

31525 ROAD 70

NUCLA

CO 81424

FACILITY WHIRLWIND PROJECT

LOCATION GATEWAY

CO 81522

ATTN: STEPHEN ANTHONY, EXEC VP/COO

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

CD0047562

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MINOR

(SUBR DW)

F - FINAL

MESA

POST TRMNT DISCH TO LUMSDEN CR

MONITORING PERIOD

FROM YEAR 12 MO 03 DAY 01 TO YEAR 12 MO 03 DAY 31

*** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH		*****	*****			*****		(12)					
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	9.0			WEEKLY	GRAB		
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM		MAXIMUM	GU					
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			(19)					
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	20	30			WEEKLY	COMPOS		
	PERMIT REQUIREMENT	*****	*****	*****		30DA AVG	MX 7D AV	MG/L					
SELENIUM, TOTAL RECO VERABLE		*****	*****		*****			(28)					
00981 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	20	REPORT			WEEKLY	COMPOS		
	PERMIT REQUIREMENT	*****	*****	*****		30DA AVG	DAILY MX	UG/L					
ARSENIC, TOTAL (AS AS)		*****	*****		*****			(28)					
01002 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	100	REPORT			WEEKLY	COMPOS		
	PERMIT REQUIREMENT	*****	*****	*****		30DA AVG	DAILY MX	UG/L					
ZINC TOTAL RECOVERABLE		*****	*****		*****			(28)					
01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	500	1000			WEEKLY	COMPOS		
	PERMIT REQUIREMENT	*****	*****	*****		30DA AVG	DAILY MX	UG/L					
CADMIUM TOTAL RECOVERABLE		*****	*****		*****			(28)					
01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	10	REPORT			WEEKLY	COMPOS		
	PERMIT REQUIREMENT	*****	*****	*****		30DA AVG	DAILY MX	UG/L					
OIL AND GREASE		*****	*****		*****	*****		(19)					
02582 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	10			CONTING	GRAB		
	PERMIT REQUIREMENT	*****	*****	*****			INST MAX	MG/L		MENT			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE					
Ryan Ellis Env. Eng TYPED OR PRINTED						303 974-2157		12	4	25			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			YEAR	MO	DAY

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

QUARTERLY SAMPLING & REPORTING INSTRUCTIONS - SEE I.C. 9, PAGE 9. OIL AND GREASE - SEE I.C. 15.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME ENERGY FUELS RESOURCES CORP.

ADDRESS WHIRLWIND PROJECT
31525 ROAD 90

FACILITY NUCLA CO B1424

LOCATION WHIRLWIND PROJECT
GATEWAY CO B1522

ATTN: STEPHEN ANTHONY, EXEC VP/COD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)C00047562
PERMIT NUMBER001 A
DISCHARGE NUMBER

MINOR

(SUBR DW)

F - FINAL

POST TRMNT DISCH TO LUMSDEN CR MESA

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
12 03 01 12 03 31

*** NO DISCHARGE 1/1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
RADIUM 226, DISSOLVED 09503 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		*****	(17)					
	PERMIT REQUIREMENT	*****	*****	****	*****	3 30DA AVG	*****	PCI/L		WEEKLY	COMPOS		
MANGANESE, TOTAL RECOVERABLE 11123 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(28)					
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA AVG	REPORT DAILY MX	UG/L		WEEKLY	COMPOS		
RADIUM 226 + RADIUM 228, TOTAL 11503 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(17)					
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	PCI/L		WEEKLY	COMPOS		
URANIUM, TOTAL AS UG 08 22706 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(28)					
	PERMIT REQUIREMENT	*****	*****	****	*****	700 30DA AVG	1100 DAILY MX	UG/L		WEEKLY	COMPOS		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(02)	*****	*****	*****						
	PERMIT REQUIREMENT	0.03 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CORDR		
SOLIDS, TOTAL DISSOLVED 70295 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)					
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		STRLY	GRAB		
CHEMICAL OXYGEN DEMAND (COD) 81017 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)					
	PERMIT REQUIREMENT	*****	*****	****	*****	100 30DA AVG	200 DAILY MX	MG/L		WEEKLY	COMPOS		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE					
Ryan Ellis Env. Eng. TYPED OR PRINTED						303 974-2151		12	4	25			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			YEAR	MO	DAY

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

QUARTERLY SAMPLING & REPORTING INSTRUCTIONS - SEE I. C. 9, PAGE 9. OIL AND GREASE - SEE I. C. 15.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME ENERGY FUELS RESOURCES CORP.

ADDRESS WHIRLWIND PROJECT

31525 ROAD 90

NUCLA

CD 81424

FACILITY WHIRLWIND PROJECT

LOCATION GATEWAY

CD 81522

ATTN: STEPHEN ANTHONY, EXEC VP/CDD

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

000047562

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MINOR

(SUBR DW)

F - FINAL

MESA

POST TRMT DISCH TO LUMSDEN CR

MONITORING PERIOD

FROM YEAR 12 MO 03 DAY 01 TO YEAR 12 MO 03 DAY 31

*** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****		(94)	*****	*****	*****				
B4066 1 0 0	PERMIT REQUIREMENT	*****	REPORT YES=1		*****	*****	*****	****		WEEKLY	VISUAL
EFFLUENT GROSS VALUE			INST MAX NO=0					*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE			
Ryan Ellis Env. Eng TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	303 974-2151	12	4
		AREA CODE	NUMBER	YEAR	MO	DAY

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

QUARTERLY SAMPLING & REPORTING INSTRUCTIONS - SEE I. C. 9, PAGE 9. OIL AND GREASE - SEE I. C. 15.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME ENERGY FUELS RESOURCES CORP.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MINOR

(SUBR DW)

F - FINAL

MESA

ADDRESS WHIRLWIND PROJECT

71425 ROAD 70

NUCLA

CO 81424

FACILITY WHIRLWIND PROJECT

LOCATION GATEWAY

CO 81522

ATTN: STEPHEN ANTHONY, EXEC VP/COO

C000475A2

PERMIT NUMBER

MON 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
12	06	01		12	06	31

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOCIABLE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT GODA AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
BERYLLIUM, TOTAL (AS BE)	SAMPLE MEASUREMENT	*****	*****		*****			(28)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT GODA AVG	REPORT DAILY MX	UG/L		ONCE/ MONTH	COMPOS
ARSENIC, TOTAL (AS B)	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT GODA AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
NICKEL	SAMPLE MEASUREMENT	*****	*****		*****			(28)			
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT GODA AVG	REPORT DAILY MX	UG/L		ONCE/ MONTH	COMPOS
LEAD	SAMPLE MEASUREMENT	*****	*****		*****			(28)			
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT GODA AVG	REPORT DAILY MX	UG/L		ONCE/ MONTH	COMPOS
VANADIUM, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****			(28)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT GODA AVG	REPORT DAILY MX	UG/L		ONCE/ MONTH	COMPOS
CHROMIUM, TRIVALENT	SAMPLE MEASUREMENT	*****	*****		*****			(28)			
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT GODA AVG	REPORT DAILY MX	UG/L		ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Ryan Ellis

Env. Eng.
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

303.974.2151

AREA CODE

NUMBER

DATE

12 4 25

YEAR

MO

DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME ENERGY FUELS RESOURCES CORP.

ADDRESS WHIRLWIND PROJECT

31225 ROAD 90

NUCLA

CO 81424

FACILITY WHIRLWIND PROJECT

LOCATION GATEWAY

CO 81522

ATTN: STEPHEN ANTHONY, EXEC VP/COO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

000047562

PERMIT NUMBER

001 X

DISCHARGE NUMBER

MINOR

(SUBR DW)

F - FINAL

MESA

CHRONIC WET TESTING FOR 001A

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	12	01	01		12	03	31

*** NO DISCHARGE [X] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PERFECT STATE 7DAY OHR CERIODAPHNIA 10000 P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	***	REPORT SINGSAMP	*****	*****	PER-CENT		OTRLY	COMP-3
PERFECT STATE 7DAY OHR CERIODAPHNIA 10000 P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	***	REPORT MN VALUE	*****	*****	PER-CENT		OTRLY	COMP-3
PERFECT STATE 7DAY OHR PINEPHALES 10000 P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	***	REPORT SINGSAMP	*****	*****	PER-CENT		OTRLY	COMP-3
PERFECT STATE 7DAY OHR PINEPHALES 10000 P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	***	REPORT MN VALUE	*****	*****	PER-CENT		OTRLY	COMP-3
TOXICITY, CERIODAPHNIA CHRONIC 10000 P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	***	REPORT SINGSAMP	*****	*****	CHRONC TOXCTY		OTRLY	COMP-3
TOXICITY, CERIODAPHNIA CHRONIC 10000 P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	***	REPORT MN VALUE	*****	*****	CHRONC TOXCTY		OTRLY	COMP-3
TOXICITY, PINEPHALES CHRONIC 10000 P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	***	REPORT SINGSAMP	*****	*****	CHRONC TOXCTY		OTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Ryan Ellis

Env. Eng.

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

303 974-2151 12 4 25

AREA CODE

NUMBER

YEAR

MO

DAY

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

SEE PART 1, 4, 3 OF PERMIT FOR DETAILS OF TEST PROCEDURE. RTP LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BETWEEN TEST & CONT USING CODE "B". RPT 1025 USING CODE "P". ATTACH CHRON TOX TEST RPT TO DMR.


PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME ENERGY FUELS RESOURCES CORP.
ADDRESS WHIRLWIND PROJECT
31225 ROAD 90
NUCLA CO 81424
FACILITY WHIRLWIND PROJECT
LOCATION GATEWAY CO 81522
ATTN: STEPHEN ANTHONY, EXEC VP/COD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
000047562
PERMIT NUMBER
001 X
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
MINOR
(SUBR DW)
F - FINAL
CHRONIC WET TESTING FOR 001A
MESA
*** NO DISCHARGE [X] ***
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	01	01		12	03	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOXICITY, PIMERHALES CHRONIC 81425 8 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(20)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT MN VALUE	*****	*****	CHRONC TOXCTY			STRLY COMF-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE			
Ryan Ellis Env. Engo TYPED OR PRINTED			303 974-2151	12	4	25	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PART 1, A, 3 OF PERMIT FOR DETAILS OF TEST PROCEDURE RTP LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BETWEEN TEST & CONT U SING CODE "S". RPT 1025 USING CODE "P". ATTACH CHRON TOX TEST RPT TO DMR.