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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2010	TO	02/28/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice Per Month	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice Per Month	COMP24

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ENFORCEMENT

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

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

ICIS 12/17/10

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

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice Per Month	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	COMP24
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24

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President (TYPED OR PRINTED)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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DISCHARGE MONITORING REPORT (DMR)

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SALMON, ID 83467

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	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2010	TO	02/28/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	COMP24
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	COMP24

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V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

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	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2010	TO	02/28/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	Mgal/d	******	******	******	******		Continuous	RCORDR
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	COMP24
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	GRAB
Flow	SAMPLE MEASUREMENT	******	******	******	******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	MEASRD

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COMPLIANCE AND ENFORCEMENT
OFFICE OF

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SALMON, ID 83467

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	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2010	TO	02/28/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	MEASRD
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	MEASRD

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DISCHARGE MONITORING REPORT (DMR)

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

NAME: IDAHO COBALT PROJECT
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SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2010	TO	02/28/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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

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

RECEIVED
NOV 29 2010
U.S. ENVIRONMENTAL PROTECTION
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2010	TO	02/28/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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

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

RECEIVED
NOV 29 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2010	TO	02/28/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

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

RECEIVED
NOV 29 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2010	TO	02/28/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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

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

NOV 2 9 2010
U.S. EPA REGION 10
ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2010	TO	02/28/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

RECEIVED NOV 2 9 2010 OFFICE OF ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2010	TO	02/28/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

RECEIVED NOV 2 9 2010

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice Per Month	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice Per Month	COMP24

RECEIVED
NOV 29 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

IPIS 12/17/10

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice Per Month	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	COMP24
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24

RECEIVED
NOV 2 9 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	COMP24
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	COMP24

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OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William G. Scales	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 improvisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
President					

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	Mgal/d	******	******	******	******		Continuous	RCORDR
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	COMP24
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	GRAB
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	MEASRD

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U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
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President	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	MEASRD
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	MEASRD

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ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED President					

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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TYPED OR PRINTED

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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TYPED OR PRINTED President					

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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US EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

RECEIVED
NOV 2 9 2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William G. Scales	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.				
President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

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FROM	01/01/2010	TO	01/31/2010

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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

FORMATION

Formation Capital Corporation, U.S.
812 Shoup Street
Salmon, ID 83467
Tel: 208.756.4578 Fax: 208.756.2573

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November 23, 2010

US EPA Region 10
NPDES Compliance Unit
1200 6th Avenue, Suite 900, OCE-133
Seattle WA 98101

Subject: NPDES Permit No. ID-002832-1, 2009 DMR Re-submittal

In October 2010, EPA provided Formation Capital Corporation, U.S. (Formation) the computer generated hardcopies of the discharge monitoring reports (DMR) for our National Pollutant Discharge Elimination System (NPDES) Permit No. ID-002832-1 for the Idaho Cobalt Project. Formation previously submitted DMRs in accordance with Permit requirements for calendar year 2009, however, Formation did not have the computer generated DMRs at that time. There were no discharges during calendar year 2009. The submittal enclosed with this letter includes the re-completed DMRs for the calendar year 2009.

The ambient surface water quality monitoring results documented in the DMRs (discharge numbers 001-B and 001-C) are based on water sampling and analysis protocols defined by Formation's 2007 Baseline Water Quality Monitoring Plan, which was again used for baseline sampling conducted in calendar years 2008 and 2009. This Baseline Plan was developed in concert with the U.S. Forest Service, Idaho Department of Environmental Quality, and the EPA; however, certain parameters (specifically, total Aluminum, dissolved Arsenic, total Cobalt, dissolved Lead, total Mercury, Nitrite and Nitrate as Nitrogen, and total Thallium) were analyzed using a higher method detection limit (MDL), as defined in the Baseline Plan, than the MDL specified by the Permit. We discovered this regrettable discrepancy in late 2009, after samples were already analyzed, and took corrective action to ensure the proper MDLs were specified for analyses conducted in calendar year 2010.

If you have any questions regarding this submittal, please contact our Environmental Manager at 208-756-4578 ext. 24 or via e-mail at prufe@formcap.com.

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.

Please allow my signature and certification in this cover letter to serve as the required signature for the enclosed DMRs.

Respectfully,

Preston F. Rufe, P.E.
Environmental Manager

Attachment:
1. DMRs for Calendar Year 2009

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

Form Approved
OMB No. 2040-0004

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

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LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2009	TO	12/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice Per Month	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice Per Month	COMP24

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President					

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

IPIR 1X1-3/1/10

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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice Per Month	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	COMP24
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24

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V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	COMP24
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	Mgal/d	******	******	******	******		Continuous	RCORDR
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	COMP24
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	GRAB
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	MEASRD

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2009	TO	12/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	MEASRD
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	MEASRD

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2009	TO	12/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President					

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

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2009	TO	12/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2009	TO	12/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President					
TYPED OR PRINTED					

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

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2009	TO	12/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge [X]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2009	TO	12/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

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

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

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NOV 2 9 2010
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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2009	TO	12/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

RECEIVED
NOV 2 9 2010
U S EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2009	TO	12/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2009	TO	12/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice Per Month	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice Per Month	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	COMP24
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	COMP24
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	Mgal/d	******	******	******	******		Continuous	RCORDR
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	COMP24
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	GRAB
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	MEASRD

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President					

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	MEASRD
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	MEASRD

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OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William G. Scales	I certify under penalty of law that this document and all attachments were prepared under my directing 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.				
President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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NOV 29 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President					

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

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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President					
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2009	TO	11/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice Per Month	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice Per Month	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	COMP24
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24

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

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	COMP24
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	COMP24

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V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: IDAHO COBALT PROJECT
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SALMON, ID 83467

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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	Mgal/d	******	******	******	******		Continuous	RCORDR
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	COMP24
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	GRAB
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	MEASRD

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President					

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V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	MEASRD
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	MEASRD

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President					
TYPED OR PRINTED					

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	4.93	deg C	******	******	******	******		04/YR	GR
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******	5386	gal/min	******	******	******	******		01/90	GR
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	10.2	mS/m		04/YR	GR
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******	11.89	mg/L		04/YR	GR
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.35	SU		04/YR	GR
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	<3	mg/L		04/YR	GR
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******	<0.05	mg/L		04/YR	GR
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******	<50	ug/L		04/YR	GR
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	42	mg/L		01/90	GR
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******	0.8	mg/L		04/YR	GR
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******	4	mg/L		04/YR	GR
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<6	ug/L		04/YR	GR
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<30	ug/L		04/YR	GR
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<1	ug/L		04/YR	GR
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<5	ug/L		04/YR	GR
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******	<10	ug/L		04/YR	GR
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******	<0.1	ug/L		04/YR	GR
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******	4	ug/L		04/YR	GR
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******	<1	ug/L		04/YR	GR
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******	<1	ug/L		04/YR	GR
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******	<0.1	ug/L		04/YR	GR
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******	<5	ug/L		04/YR	GR
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<80	ug/L		04/YR	GR
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<5	ug/L		04/YR	GR
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	63	mg/L		04/YR	GR
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******	<0.2	ug/L		04/YR	GR
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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

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

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	4.65	deg C	******	******	******	******		04/4R	GR
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******	4937	gal/min	******	******	******	******		01/90	GR
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	10.3	mS/m		04/4R	GR
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******	12.21	mg/L		04/4R	GR
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.95	SU		04/4R	GR
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	<3	mg/L		04/4R	GR
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******	<0.05	mg/L		04/4R	GR
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

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TITLE President				

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******	<50	ug/L		04/YR	GR
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	42	mg/L		01/90	GR
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******	0.9	mg/L		04/YR	GR
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******	4	mg/L		04/YR	GR
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<6	ug/L		04/YR	GR
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<30	ug/L		04/YR	GR
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<1	ug/L		04/YR	GR
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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TYPE OR PRINTER President					

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

Form Approved
OMB No. 2040-0004

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

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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<5	ug/L		04/YR	GR
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******	<10	ug/L		04/YR	GR
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******	<0.1	ug/L		04/YR	GR
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******	4	ug/L		04/YR	GR
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******	<1	ug/L		04/YR	GR
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******	<1	ug/L		04/YR	GR
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******	<0.1	ug/L		04/YR	GR
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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President			AREA Code	NUMBER	MM/DD/YYYY

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2009	TO	10/31/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******	<5	ug/L		04/YR	GR
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<80	ug/L		04/YR	GR
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	<5	ug/L		04/YR	GR
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	70	mg/L		04/YR	GR
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******	<0.2	ug/L		04/YR	GR
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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President				

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice Per Month	GRAB
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice Per Month	COMP24
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice Per Month	COMP24

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President				

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
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FACILITY: IDAHO COBALT PROJECT
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SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice Per Month	COMP24
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	COMP24
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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FACILITY: IDAHO COBALT PROJECT
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SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	COMP24
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	COMP24
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	COMP24

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

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	Mgal/d	******	******	******	******		Continuous	RCORDR
Toxicity, ceriodaphnia chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Toxicity, pimephales chronic	SAMPLE MEASUREMENT	******	******	******	******	******					
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Semiannual	COMP24
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	COMP24
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	GRAB
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	MEASRD

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

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

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	MEASRD
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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President				

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

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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President				

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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President				

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******			******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

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

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

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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

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

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467

FACILITY: IDAHO COBALT PROJECT
LOCATION: 45 MILES WEST OF SALMON
SALMON, ID 83467

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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President				

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ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2009	TO	09/30/2009

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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TYPED OR PRINTED President				

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