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	08/01/2009	TO	08/31/2009

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
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/YY

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

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 12/13/10 AC

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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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	08/01/2009	TO	08/31/2009

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

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President				

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OFFICE OF ENVIRONMENTAL ASSESSMENT

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

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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

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

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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	08/01/2009	TO	08/31/2009

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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OFFICE OF COMPLIANCE AND ENFORCEMENT

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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)

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SALMON, ID 83467

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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	08/01/2009	TO	08/31/2009

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2009	TO	08/31/2009

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					

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

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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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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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	08/01/2009	TO	08/31/2009

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	******	13.7	deg C	******	******	******	******		04/YR	GR
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******	7630	gal/min	******	******	******	******		01/90	GR
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	9.2	mS/m		04/YR	GR
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******	9.56	mg/L		04/YR	GR
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.95	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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TYPED OR PRINTED PRESIDENT				

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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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	08/01/2009	TO	08/31/2009

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	******	******	******	******	******	36	mg/L		01/90	GR
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******	0.7	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	******	******	******	******	******	5	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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President				

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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SALMON, ID 83467

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	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2009	TO	08/31/2009

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	******	******	******	******	******	<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

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				

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	08/01/2009	TO	08/31/2009

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	******	******	******	******	******	44	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	ng/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

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	08/01/2009	TO	08/31/2009

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	******	******	******	******	******	36	mg/L		01/90	GR
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******	0.7	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	******	******	******	******	******	5	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TITLE 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	08/01/2009	TO	08/31/2009

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	******	******	******	******	******	5	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

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	08/01/2009	TO	08/31/2009

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	******	******	******	******	******	52	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				

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-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2009	TO	07/31/2009

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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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					

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

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

ICIS 12/23/10 Az

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	07/01/2009	TO	07/31/2009

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

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NOV 2 9 2010
OFFICE OF COMPLIANCE

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

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	07/01/2009	TO	07/31/2009

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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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					

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	07/01/2009	TO	07/31/2009

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

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

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	07/01/2009	TO	07/31/2009

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

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

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	07/01/2009	TO	07/31/2009

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

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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	07/01/2009	TO	07/31/2009

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				

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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	07/01/2009	TO	07/31/2009

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

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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-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2009	TO	07/31/2009

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	******	******	******	******	******					
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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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	07/01/2009	TO	07/31/2009

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
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President				

TYPED OR PRINTED

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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	07/01/2009	TO	07/31/2009

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
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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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	07/01/2009	TO	07/31/2009

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
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President				

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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	07/01/2009	TO	07/31/2009

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

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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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	06/01/2009	TO	06/30/2009

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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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			
TYPED President			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

ICS 12/13/10 DR

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	06/01/2009	TO	06/30/2009

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

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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 [illegible] supervision in accordance with a system designed [illegible] 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
TYPE 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	06/01/2009	TO	06/30/2009

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

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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-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2009	TO	06/30/2009

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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OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPE 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	06/01/2009	TO	06/30/2009

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

RECEIVED
NOV 2 9 2010
U.S. EPA REGION 10
OFFICE OF ECOSYSTEMS, TOXICS 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	06/01/2009	TO	06/30/2009

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	******	5.18	deg C	******	******	******	******		04/YR	GR
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******	62837	gal/min	******	******	******	******		01/QU	GR
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	4.2	mS/m		04/YR	GR
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******	11.47	mg/L		04/YR	GR
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.57	SU		04/YR	GR
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	6	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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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		
TYPED OR PRINTED 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-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2009	TO	06/30/2009

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	******	******	******	******	******	<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	******	******	******	******	******	1.9	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	******	******	******	******	******	<1	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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EPA REGION 10
OFFICE OF COMPLIANCE AND 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.				
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)

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	06/01/2009	TO	06/30/2009

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	******	5.07	deg C	******	******	******	******		04/YR	GR
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******	65978	gal/min	******	******	******	******		01/90	GR
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	4.2	mS/m		04/YR	GR
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******	11.34	mg/L		04/YR	GR
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.46	SU		04/YR	GR
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	5	mg/L		04/YR	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/YR	GR
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

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

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TITLE President					

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	06/01/2009	TO	06/30/2009

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	------	------	------	------	------	<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	------	------	------	------	------	16	mg/L		01/90	GR
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	------	------	------	------	------	<0.5	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	------	------	------	------	------	2	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	------	------	------	------	------	160	ug/L		04/YR	GR
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	------	------	------	------	------	2	ug/L		04/YR	GR
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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William G. Scales			AREA Code	NUMBER	MM/DD/YYYY
President					

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	06/01/2009	TO 06/30/2009

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	******	******	******	******	******	<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	******	******	******	******	******	0.7	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	******	******	******	******	******	3	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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U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND 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

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	05/01/2009	TO	05/31/2009

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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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)

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

143 12/13/10 lk

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	05/01/2009	TO	05/31/2009

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

RECEIVED
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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

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	05/01/2009	TO	05/31/2009

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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OFFICE OF COMPLIANCE AND 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

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	05/01/2009	TO	05/31/2009

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	******	ANNL MAX	Mgal/yr	******	******	******	******		Continuous	MEASRD

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OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TITLE 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	05/01/2009	TO	05/31/2009

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					

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	05/01/2009	TO 05/31/2009

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	******	7.24	deg C	******	******	******	******		04/YR	GR
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******	51616	gal/min	******	******	******	******		01/90	GR
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	mS/m		04/YR	GR
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******	10.27	mg/L		04/YR	GR
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.57	SU		04/YR	GR
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	32	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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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-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2009	TO	05/31/2009

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	******	******	******	******	******	18	mg/L		01/90	GR
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******	<0.5	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	******	******	******	******	******	2	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	******	******	******	******	******	840	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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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	05/01/2009	TO	05/31/2009

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	******	******	******	******	******	< 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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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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	05/01/2009	TO	05/31/2009

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	******	6.39	deg C	******	******	******	******		04/4R	GR
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******	55206	gal/min	******	******	******	******		01/90	GR
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	5.0	mS/m		04/4R	GR
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******	10.36	mg/L		04/4R	GR
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.49	SU		04/4R	GR
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	34	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

RECEIVED
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U S EPA REGION 10

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	05/01/2009	TO	05/31/2009

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	******	******	******	******	******	18	mg/L		01/90	GR
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******	<0.5	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	******	******	******	******	******	2	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	******	******	******	******	******	850	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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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					

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	05/01/2009	TO	05/31/2009

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	******	******	******	******	******	5	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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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-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2009	TO	05/31/2009

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	******	******	******	******	******	1200	ug/L		04/YR	GR
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	23	ug/L		04/YR	GR
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	46	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

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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President			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-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2009	TO	04/30/2009

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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OFFICE OF COMPLIANCE AND ENFORCEMENT

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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	04/01/2009	TO	04/30/2009

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

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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	04/01/2009	TO	04/30/2009

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

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TYPE President					

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

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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

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	04/01/2009	TO	04/30/2009

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

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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

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	04/01/2009	TO	04/30/2009

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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TYPED OR PRINTED President					

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

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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
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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	04/01/2009	TO	04/30/2009

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

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OFFICE OF COMPLIANCE AND 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)

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	04/01/2009	TO	04/30/2009

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

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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)

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	04/01/2009	TO	04/30/2009

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

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OFFICE OF COMPLIANCE AND ENFORCEMENT

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TYPE President					

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	04/01/2009	TO	04/30/2009

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

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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	04/01/2009	TO	04/30/2009

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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TYPED OR PRINTED President					

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	04/01/2009	TO	04/30/2009

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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TYPE 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-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2009	TO	04/30/2009

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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OFFICE OF COMPLIANCE AND ENFORCEMENT

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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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	04/01/2009	TO	04/30/2009

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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EPA REGION 10

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