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

Form Approved
OMB No. 2040-0004

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

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

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

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2010	TO	09/30/2010

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

No Discharge ☒

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

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OCT 18 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
[redacted]	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.		208	756-9578	OCT 14 2010
			AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge : NS - No Sample Required

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

10/28/10

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DISCHARGE MONITORING REPORT (DMR)

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SALMON, ID 83467

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

No Discharge ☒

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

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			AREA Code	NUMBER	MM/DD/YYYY

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

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President			AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge ☒

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

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President			AREA Code	NUMBER	MM/DD/YYYY

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

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SALMON, ID 83467

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

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2010	TO	09/30/2010

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

No Discharge ☒

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

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			AREA Code	NUMBER	MM/DD/YYYY

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SALMON, ID 83467

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SALMON, ID 83467

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

No Discharge ☒

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

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

No Discharge ☒

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Arsenic, dissolved (as As)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Nickel, dissolved (as Ni)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Silver, dissolved (as Ag)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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SALMON, ID 83467

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	MM/DD/YYYY		MM/DD/YYYY
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(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	******	******	******	******	******	NS	NS	NS	NS	NS
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
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	208	756 4578	OCT 14 2010
			AREA Code	NUMBER	MM/DD/YYYY

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

RECEIVED
OCT 18 2010

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

Form Approved
OMB No. 2040-0004

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

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

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

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2010	TO	09/30/2010

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

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.	PCRy	208	756 4578	OCT 14 2010
			AREA Code	NUMBER	MM/DD/YYYY

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

RECEIVED
OCT 18 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

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

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

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2010	TO	09/30/2010

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

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William G. Scales President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Pat Fry SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 756-4578 AREA Code NUMBER		OCT 14 2010 MM/DD/YYYY

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

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OCT 18 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

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

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

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2010	TO	09/30/2010

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

No Discharge ☒

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.		208	756-4578	OCT 14 2010
President			AREA Code	NUMBER	MM/DD/YYYY

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

RECEIVED
OCT 18 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

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

Form Approved
OMB No. 2040-0004

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

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

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

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2010	TO	09/30/2010

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

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
71900 6 0 Downstream 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	208	756-4578	OCT 14 2010
President			AREA Code	NUMBER	MM/DD/YYYY

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

RECEIVED
OCT 18 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-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2010	TO	08/31/2010

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

No Discharge ☒

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

RECEIVED
SEP 16 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.		208	756 4578	09/14/2010
TYPED OR PRINTED			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

No discharge from Outfall 001; NS – No sample required

ICB 9/22/10

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

Form Approved
OMB No. 2040-0004

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

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

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

ATTN: WILLIAM SCALES, PRESIDENT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2010	TO	08/31/2010

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

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	NS	NS	******	******	******	******	NS	NS	NS
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******	6284	gal/min	******	******	******	******	0	1/90	GR
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	~~gallons~~ gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

RECEIVED
SEP 1 6 2010

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	208 756 4578		09/14/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

No discharge from Outfall 001; NS – No sample required

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	08/01/2010	TO	08/31/2010

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

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	39	mg/L	0	1/90	GR
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00981 6 0 Downstream 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
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	208	756-4578	09/14/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

No discharge from Outfall 001; NS – No sample required

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	08/01/2010	TO	08/31/2010

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

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	NS	NS	******	******	******	******	NS	NS	NS
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Semiannual	GRAB
Flow rate	SAMPLE MEASUREMENT	******	6284	gal/min	******	******	******	******	0	1/90	GR
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Semiannual	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Semiannual	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.	PtFPy	208 756 4578		09/14/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

No discharge from Outfall 001; NS – No sample required

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	08/01/2010	TO	08/31/2010

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

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******	******	******	******	39	mg/L	0	1/90	GR
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Semiannual	GRAB
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NS	NS	NS	NS	NS
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Semiannual	GRAB

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SEP 6 2010
EPA REGION 10
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	208	756 4578	09/14/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

No discharge from Outfall 001; NS – No sample required

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

NAME: IDAHO COBALT PROJECT

ADDRESS: FORMATION CAPITAL CORP., U.S.
812 SHOUP STREET
SALMON ID 83467

FACILITY LOCATION: IDAHO COBALT PROJECT CICP
45 DEG 09'58", 114 DEG 21' 52"

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
ID-002832-001	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	07	01	TO	10	07	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TELEPHONE		DATE		
208	756-4578	10	08	10
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME: IDAHO COBALT PROJECT

ADDRESS: FORMATION CAPITAL CORP., U.S.
812 SHOUP STREET
SALMON ID 83467

FACILITY LOCATION: IDAHO COBALT PROJECT CICP
45 DEG 09'58", 114 DEG 21' 52"

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
ID-002832-001	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	06	01	TO	10	06	30

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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	208	756-4578	10	07	19
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Comment: An NPDES Water Quality Data Summary Report for May, 2010 is hereby attached for ambient surface water monitoring at WQ-24a, WQ-30 and WQ-28.

TELESTO
SOLUTIONS INCORPORATED

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OFFICE OF COMPLIANCE AND ENFORCEMENT

July 19, 2010

Mr. Preston Rufe
Environmental Manager
Formation Capital Corp., US
812 Shoup St.
Salmon, Idaho 83467

Re: NPDES Water Quality Data Summary, May 2010, NPDES Permit No. ID-002832-1

Dear Mr. Rufe:

In accordance with the National Pollutant Discharge (NPDES) Permit No. ID-002832-1 and the Quality Assurance Project Plan (QAPP) dated April 2010, water quality samples were collected at WQ-24A and WQ-30 on May 18, 2010. These samples were submitted to Columbia Analytical Services (CAS) in Kelso, WA for low level mercury analysis and to Energy Laboratories (Energy) for physical tests and analysis of nutrients, metals, and general parameters. Permit No. ID-002831-1, also requires reporting of any data from samples collected at WQ-28. One sample was collected at WQ-28 on May 17, 2010.

A summary of field and analytical data for samples collected at WQ-24a, WQ-30 and WQ-28 in May 2010 are included in Table 1. The reporting limits for ammonia as N and dissolved lead are the lowest reportable limits achievable by the laboratory; however, they are above the maximum method detection limits (MDLs) specified in the permit.

Two quality assurance/quality control items were identified during the review of the laboratory data for samples collected at WQ-24a and WQ-30. The trip blank, prepared by CAS, had concentrations of mercury reported at 0.16 ng/L. Additionally, one of the method blanks reported mercury concentrations of 0.12 ng/L. The reported concentrations in samples WQ-24a and WQ-30 were more than five times the concentrations reported in the trip and method blank. It is therefore, unlikely that the reported concentrations in WQ-24a or WQ-30 were biased high. The temperature of the cooler when it was logged at Energy was 6° C. Recommended sample temperature is 4° C or less.

Two QA/QC items were identified during the review of the laboratory data for samples collected at WQ-28. Dissolved cobalt was reported at a concentration higher than the total concentration in the sample collected at WQ-28. Field conductivity and laboratory conductivity measured in the sample collected from WQ-28 had a relative percent difference (RPD) greater than 20%.

Respectfully submitted,

Telesto Solutions, Inc.

April Lafferty
Senior Scientist

Cc:Jerry Hamilton

Colorado Office (Corporate)
2950 East Harmony Road, Suite 200
Fort Collins, Colorado 80528
970-484-7704 / 970-484-7789 (FAX)

Telesto Nevada, Incorporated
5490 Longley Lane
Reno, Nevada 89511
775-853-7776 / 775-853-9191(FAX)

Table 1 May 2010 Water Quality Summary

Analyte	Maximum MDL	WQ-24a	WQ-30	WQ-28
		5/17/2010	5/17/2010	5/18/2010
Alkalinity, Total		22	39	20
Aluminum, Dissolved				0.11
Aluminum, Total Recoverable	0.02	0.23	0.23	0.48
Ammonia-N	0.001	<0.05	<0.05	<0.05
Arsenic, Dissolved	0.002	<0.002	<0.002	<0.01
Arsenic, Total Recoverable				<0.01
Cadmium, Dissolved	0.0001	<0.0001	<0.0001	<0.0001
Cadmium, Total Recoverable				<0.0001
Calcium, Dissolved		6.78	6.86	6.11
Chloride	1.0	<0.5	<0.5	<0.5
Cobalt, Dissolved				<0.006
Cobalt, Total Recoverable	0.002	<0.002	<0.002	0.004
Copper, Dissolved	0.001	0.002	0.003	0.007
Copper, Total Recoverable				0.019
Dissolved Oxygen, Field	---	9.9	10.38	11.82
Conductivity (mS/cm)	---	0.056	0.057	0.052
Conductivity, Field (mS/cm)		0.048	0.047	
Flow, Field (cfs)	---	52	51	70
Fluoride				0.92
gage_height, Field (ft)			1.47	3.04
Hardness		20	21	18
Iron, Dissolved				0.07
Iron, Total Recoverable	0.03	0.17	0.18	0.49
Lead, Dissolved	0.0001	<0.001	<0.001	<0.001
Lead, Total Recoverable				<0.001
Magnesium, Dissolved		0.8	0.8	0.8
Manganese, Dissolved				<0.005
Manganese, Total Recoverable				0.011
Mercury, Dissolved				<0.0002
Mercury, Total	0.0000002	0.00000289	0.00000249	
Mercury, Total Recoverable		<0.0002	<0.0002	<0.0002
Nickel, Dissolved	0.005	<0.001	<0.001	<0.001
Nickel, Total Recoverable				<0.001
NO3+NO2 As N	10	<0.05	<0.05	<0.05
pH (Std. Units)	---	7.55	7.56	7.5
pH, Field (Std. Units)		7.75	7.88	7.1
Potassium, Dissolved				<2
Selenium, Dissolved				<0.001
Selenium, Total Recoverable	0.002	<0.001	<0.001	<0.001
Silver, Dissolved	0.0002	<0.0001	<0.0001	<0.0001
Silver, Total Recoverable				<0.0001
SO4	20	2	2	2
Sodium, Dissolved				2
Temperature, Field (Degrees Celsius)		8.28	7.66	6.2
Thallium, Total Recoverable	0.0003	<0.0003	<0.0003	
Total Dissolved Solids	---	35	44	45
Total Suspended Solids	5	5	5	16
Turbidity, Field (NTU)		5.6	3.4	5.9
Zinc, Dissolved	0.01	<0.005	<0.005	<0.005
Zinc, Total Recoverable				<0.005

All units mg/L unless otherwise noted.

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

NAME: IDAHO COBALT PROJECT

ADDRESS: FORMATION CAPITAL CORP., U.S.
812 SHOUP STREET
SALMON ID 83467

FACILITY LOCATION: IDAHO COBALT PROJECT CICP
45 DEG 09'58", 114 DEG 21' 52"

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
ID-002832-001	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	05	01	TO	10	05	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

RECEIVED
JUN 1 1 2010
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OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TELEPHONE		DATE		
208	756-4578	2010	06	09
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME IDAHO COBALT PROJECT

ADDRESS FORMATION CAPITAL CORP., U.S.
812 SHOUP STREET
SALMON ID 83467

FACILITY LOCATION IDAHO COBALT PROJECT CICP
45 DEG 09'58", 114 DEG 21' 52"

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DISCHARGE MONITORING REPORT (DMR)

Form Approved.
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ID-002832-001	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	04	01	TO	10	04	30

[X] Check here if No Discharge

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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MAY 7 2010
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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	208	756-4578	10	05	05
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

FORMATION

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

May 5, 2010

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

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MAY 7 2010
U S EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

IDEQ
Idaho Falls Regional Office
Attn: Water Division
900 N. Skyline Drive
Idaho Falls, ID 83402

Subject: NPDES Permit No. ID-002832-1

Pursuant to the signatory requirements specified in Part V.E.2 in the final NPDES permit no. ID-002832-1, I hereby submit this letter as a notification of change authorization related to signatory requirements. Hereafter, the position that will assume the responsibility of duly authorized agent will be the Environmental Manager. This position has overall responsibility for environmental matters for our company.

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Respectfully,

William G. Scales
President, Formation Capital Corp., US
Idaho Cobalt Project

cc:
Fish & Wildlife Service
National Marine Fisheries Service

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

NAME IDAHO COBALT PROJECT

ADDRESS FORMATION CAPITAL CORP., U.S.
812 SHOUP STREET
SALMON ID 83467

FACILITY LOCATION IDAHO COBALT PROJECT CICP
45 DEG 09'58", 114 DEG 21' 52"

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
ID-002832-001	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	03	01	TO	10	03	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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APR 5 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TELEPHONE		DATE		
208	756-4578	10	4	1
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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FEB 16 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

FORMATION

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

RECEIVED
FEB 16 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

February 11, 2010

Subject: NPDES Permit No:ID-002832-1
Quarterly Sampling for Flow\Hardness

To: US EPA Region 10
Attn: PCS Data Entry Team
1200 Sixth Avenue, Suite 900, OCE-133
Seattle, WA 98101

Dear Team:

In accordance with the monitoring requirements in Part I. D-7a of this permit, Formation Capital is required to sample for flow and hardness during the winter quarter (December through February) at certain sites (WQ-24, WQ-30) in Big Deer Cr. Due to access, safety and ice conditions, we were not able to meet this requirement during this recent winter quarter. These sites are approximately 4 miles up Big Deer Cr. from the location of the attached photo. There is no safe, alternative access to these sites during this specific winter quarter (CY2010). As illustrated by the attached photo we do expect icing conditions to be periodically prohibitive for accurate flow measurements during the winter quarter.

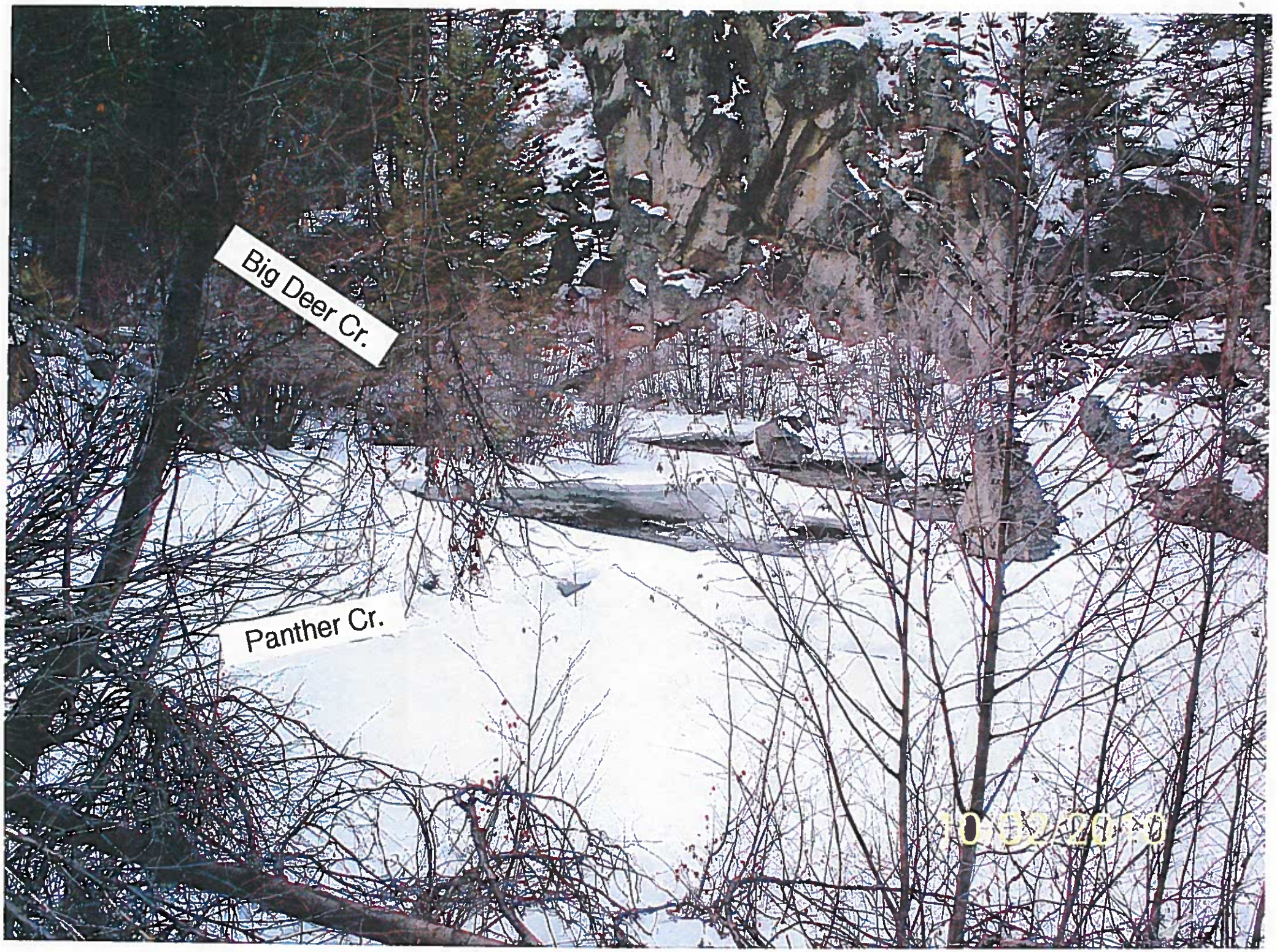
As we progress with the development of this project we expect to have safe alternative access to these sites, during all future winter quarters, regardless of seasonal conditions.

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.

Sincerely,

Guy Jeske
General Manager, Idaho Cobalt Project

cc: Idaho Department of Environmental Quality
National Marine Fisheries Service
U.S. Fish and Wildlife Service


Big Deer Cr.
Panther Cr.

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

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ADDRESS: FORMATION CAPITAL CORP., U.S.
812 SHOUP STREET
SALMON ID 83467

FACILITY LOCATION: IDAHO COBALT PROJECT CICP
45 DEG 09'58", 114 DEG 21' 52"

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
ID-002832-001	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	12	01	TO	09	12	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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JAN 11 2010
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TELEPHONE		DATE		
208	756-4578	10	1	07
AREA CODE	NUMBER	YEAR	MO	DAY

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

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DEC 14 2009
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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	208	756-4578	09	12	4
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

FORMATION

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

December 10, 2009

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

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

Idaho Department of Environmental Quality
Idaho Falls Regional Office (Attn: Water Division)
900 N. Skyline, Suite B
Idaho Falls ID 83402

National Marine Fisheries Service
Idaho State Habitat Office (Attn: Director)
10095 W Emerald
Boise ID 83704

U.S. Fish and Wildlife Service
Snake River Fish and Wildlife Office
1387 S Vinnell Way, Suite 368
Boise ID 83709

Subject: NPDES Permit No. ID-002832-1, Surface Water Monitoring Reports

Pursuant to the Monitoring Requirement I.D., Surface Water Monitoring, Formation Capital Corporation, U.S. (Formation) respectfully submits the Spring, Summer, and Fall Surface Water Monitoring Reports required by the National Pollutant Discharge Elimination System (NPDES) Permit No. ID-002832-1 for the Idaho Cobalt Project. Formation regrets that the Spring and Summer 2009 reports are being submitted late due to administrative error.

The surface water quality monitoring results documented in the attached reports are based on water sampling and analysis protocols defined by Formation's 2007 Baseline Water Quality Monitoring Plan, which was again used for baseline sampling conducted in calendar years 2008 and 2009. This Baseline Plan was developed in concert with the U.S. Forest Service, Idaho Department of Environmental Quality, and the EPA; however, certain parameters (specifically, Aluminum, Arsenic, Cobalt, Lead, Mercury, and Thallium) were analyzed using a higher method detection limit (MDL), as defined in the Baseline Plan, than the MDL specified by the Permit. We recently discovered this regrettable discrepancy and will take corrective action to ensure the proper MDLs are specified prior to our next surface water sampling event in the Spring quarter of 2010.

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Respectfully,

Guy C. Jeske, P.E.
General Manager, Idaho Cobalt Project

Attachments:
1. Spring Quarter Surface Water Sampling Results
2. Summer Quarter Surface Water Sampling Results
3. Fall Quarter Surface Water Sampling Results

ID 0028321

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

NAME IDAHO COBALT PROJECT

ADDRESS FORMATION CAPITAL CORP., U.S.
812 SHOUP STREET
SALMON ID 83467

FACILITY LOCATION IDAHO COBALT PROJECT CICP
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DISCHARGE MONITORING REPORT (DMR)

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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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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	208	756-4578	09	08	07
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME: IDAHO COBALT PROJECT

ADDRESS: FORMATION CAPITAL CORP., U.S.
812 SHOUP STREET
SALMON ID 83467

FACILITY LOCATION: IDAHO COBALT PROJECT CICP
45 DEG 09'58", 114 DEG 21' 52"

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
ID-002832-001	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	06	01	TO	09	06	30

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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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	208	756-4578	09	7	6
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME IDAHO COBALT PROJECT

ADDRESS FORMATION CAPITAL CORP., U.S.
812 SHOUP ST
SALMON ID 83467

FACILITY LOCATION IDAHO COBALT PROJECT CICP
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
ID-002832-1	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	05	01	TO	09	05	31

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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JUN - 4 2009
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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.	6/1/09	208	756-4578	09	6	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME IDAHO COBALT PROJECT

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812 SHOUP ST
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMIT NUMBER	DISCHARGE NUMBER
ID-002832-1	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	04	01	TO	09	04	30

[X] Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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MAY 15 2009
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OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TELEPHONE		DATE		
208	756-4578	09	5	13
AREA CODE	NUMBER	YEAR	MO	DAY

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