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

NAME CYPRUS THOMPSON CREEK MINING C

ADDRESS P.O. BOX 62

CLAYTON ID 83227

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved. OMB No. 2040-0004 Approval expires 9-30-85

(2-16) ID0025402 PERMIT NUMBER

(17-19) 001 A DISCHARGE NUMBER

F - FINAL

DISCHARGE TO BUCKSKIN CREEK

RECEIVED JAN 15 1987 WATER COMPLIANCE SECTION EPA - REGION 10

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	12	01	TO	86	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 03)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		0	******	0		0		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	0	0		0		
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 DAILY AV	30 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0	0		******	******	******		0		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		NO	DISCHARGE							
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. G. Janes
General Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 208 NUMBER 838-2200

DATE: YEAR 87 MO 01 DAY 12

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

PCS, 1/21/87 DV

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

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

NAME CYPRUS THOMPSON CREEK MINING C

ADDRESS P.O. BOX 62

CLAYTON ID 83227

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved. OMB No. 2040-0004 Approval expires 9-30-85

F - FINAL

001 - SUBCHAPTER M MONITORING

RECEIVED JAN 15 1987 WATER COMPLIANCE SECTION

MAJOR (SUBR 03)

NOTE: Read instructions before completing this form.

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
ID0025402	001 B

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	10	01	TO	86	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

EPA - REGION 10

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******	0.009	******		0		
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT AVERAGE	******	MG/L		QTRLY	GRAB
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	<0.005	******		0		
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT AVERAGE	******	MG/L		QTRLY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	<0.01	******		0		
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT AVERAGE	******	MG/L		QTRLY	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	0.005	******		0		
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT AVERAGE	******	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. G. Janes
General Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
208	838-2200	87	01	12
AREA CODE	NUMBER	YEAR	MO	DAY

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

USE THIS DMR FOR REPORTING PARAMETERS AT 002 SAMPLED ON A QUARTERLY BASIS.

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

NAME CYPRUS THOMPSON CREEK MINING C

ADDRESS P.O. BOX 62

CLAYTON ID 83227

FACILITY

LOCATION

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

Form Approved. OMB No. 2040-0004 Approval expires 9-30-85

RECEIVED JAN 15 1987 WATER COMPLIANCE SECTION EPA - REGION 10

F - FINAL
DISCHARGE TO PAT HUGHES CREEK

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
ID0025402	002 A

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	86	12	01	TO	86	12	31

MAJOR (SUBR 03)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.9	******	8.5		0		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	39	191		0		
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 DAILY AV	30 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.005	.019		******	******	******		0		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. G. Janes
General Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
208	838-2200	87	01	12

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

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

NAME CYPRUS THOMPSON CREEK MINING C

ADDRESS P.O. BOX 62
CLAYTON ID 83227

FACILITY

LOCATION

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

Form Approved. OMB No. 2040-0004 Approval expires 9-30-85

RECEIVED
JAN 15 1987
WATER COMPLIANCE SECTION
EPA REGION 10

(2-16)	(17-19)
ID0025402	002 B
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
002--QUARTERLY MONITORING
MAJOR (SUBP. 03)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	10	01	TO	86	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******	0.007	******		0		
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT AVERAGE	******	MG/L		QTRLY	GRAB
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	< 0.005	******		0		
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT AVERAGE	******	MG/L		QTRLY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	< 0.01	******		0		
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT AVERAGE	******	MG/L		QTRLY	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	0.013	******		0		
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT AVERAGE	******	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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TELEPHONE		DATE		
208	838-2200	87	01	12
AREA CODE	NUMBER	YEAR	MO	DAY

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

USE THIS DMR FOR REPORTING PARAMETERS AT 002 SAMPLED ON A QUARTERLY BASIS.