Cyprus Thompson Creek

Post Office Box 62
Clayton, Idaho 83227
Telephone (208) 838-2200

July 3, 1986

RECEIVED
JUL 10 1986
IDAHO OPERATIONS OFFICE

Chief, Water Compliance
EPA Regional X, Mail Stop 513
1200 Sixth Avenue
Seattle, Washington 98101

Reference: Cyprus Thompson Creek Mining Company
Permit #ID 022540-2

Subject: NPDES Discharge Monitoring Reports

Dear Sir or Madam:

Enclosed are the second quarter and June 1986 discharge monitoring reports for point sources 001 and 002 at Cyprus Thompson Creek Mining Company.

Due to personnel changes, spring runoff turbidity at the four Thompson Creek stations were missed. However, turbidity was taken at point sources 001 and 002 and is attached.

If you have any questions, please advise.

Very truly yours,

A. R. Jacobs

Alex R. Jacobs
General Manager

ARJ:BSM:rk/d

Enclosures

cc: Idaho Dept. of Health & Welfare, Boise
File P-12-e
W. Scarburgh, EPA, Boise

CYPRUS

TURBIDITY - CYPRUS

	001	002				
3/7	no flow	6.4				
3/13	no flow	2.5				
3/21	no flow	2.0				
3/27	no flow	3.0				
4/4	no flow	4.0				
4/11	2.6	6.0				
4/17	1.6	2.2				
4/24	4.5	6.0				
5/2	2.4	2.0				
5/8	1.8	2.8				
5/15	1.8	1.4				
5/23	2.6	2.4				
5/30	8.5	3.6				
6/5	-	-				
6/13	-	1.2	TC-1	TC-2	TC-3	TC-4
6/18	-	1.2	1.8	1.8	1.6	2.2
6/27	3.4	-	1.8	1.8	1.6	2.2

Attachment A
Permit #ID 022540-2
July 7, 1986

Subject: pH Exceedances at Pat Hughes Creek and Buckskin Creek

Recent elevated pH readings at the two above point sources have been attributed to carbon dioxide reduction in the settling ponds and weirs due to algae bloom. If high pH continues, a more aggressive monitoring program will be implemented.

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

NAME CYPRUS THOMPSON CREEK MINES

ADDRESS P. O. BOX 62

CLAYTON ID 83227

FACILITY

LOCATION A. R. JACOBS

ATTN: M. D. MARTIN, GEN'L MGR.

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) 002 A — DISCHARGE NUMBER

F - FINAL

DISCHARGE TO PAT HUGHES CREEK

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	06	01	TO	86	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 031)

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	******	******		7.6	******	8.6		0		
00400 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	<1	2.0		0		
00530 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	20 DAILY AV	30 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.604	2.33		******	******	******		0		
50050 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	****** DAILY AV	****** 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

A. R. Jacobs
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 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

A. R. Jacobs

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
208	838-2200	86	07	08
AREA CODE	NUMBER	YEAR	MO	DAY

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 MINES

ADDRESS P. O. BOX 62

CLAYTON ID 83227

FACILITY

LOCATION A. R. JACOBS

ATTN: M. O. MARTIN, GEN'L MGR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

(2-16) PERMIT NUMBER: ID0025402

(17-19) DISCHARGE NUMBER: 002 B

F - FINAL

002--QUARTERLY MONITORING

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	04	01	TO	86	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 03)

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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)
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******	0.009	******		0		
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	****** AVERAGE	******	MG/L		QTRLY	GRAB
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	<0.005	******		0		
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	****** AVERAGE	******	MG/L		QTRLY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	<0.01	******		0		
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	****** AVERAGE	******	MG/L		QTRLY	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	0.026	******		0		
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	****** AVERAGE	******	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. R. Jacobs
General Manager

TYPED OR PRINTED

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N A

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
208	838-2200	86	07	08
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 MINES

ADDRESS P. O. BOX 62

CLAYTON ID 83227

FACILITY

LOCATION A. R. JACOBS

ATTN: M. D. MARTIN, GEN'L MGR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
ID0025402	001 8

F - FINAL

001--QUARTERLY MONITORING

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	04	01	TO	86	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 03)

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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	******	******		******	0.011	******		0		
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	****** AVERAGE	******	MG/L		QTRLY	GRAB
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	<0.005	******		0		
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	****** AVERAGE	******	MG/L		QTRLY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	<0.01	******		0		
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	****** AVERAGE	******	MG/L		QTRLY	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	0.012	******		0		
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	****** AVERAGE	******	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
A. R. Jacobs General Manager	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 U.S.C. § 1001 AND 33 U.S.C. § 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	208	838-2200	86	07	08
TYPED OR PRINTED			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 MINES

ADDRESS P. O. BOX 62
CLAYTON ID 83227

FACILITY

LOCATION A. R. JACOBS

ATTN: M. D. MARTIN, GEN'L MGR.

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	86	06	01	TO	86	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 03)

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PH	SAMPLE MEASUREMENT	******	******		7.4	******	9.3		0		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	2.0	5.0		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	1.15	2.47		******	******	******		0		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****** DAILY AV	****** 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

A. R. Jacobs
General Manager

TYPED OR PRINTED

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A. A. [illegible]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
208	838-2200	86	07	08
AREA CODE	NUMBER	YEAR	MO	DAY

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

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