207B . NM0022306 0013
MOLYCORP INC- QUESTA DIVISION
QUESTA NM 87556-0469

$00380208

Rec#380208 /WA/NP/EN/

04

13
N
09
2
2
3
0
6

Dme's FYU4
06
07

9389785

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA,

FACILITY: QUESTA MINE

LOCATION: TAOS

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

S# 22306

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

NM 875/SD
1 - Permit 58
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - Correspondence
6 - Other
7 - DMR Clerk's Initials

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	31

*** NO DISCHARGE [X] ***

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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT				******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT				******						
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT				******						
00951 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT				******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT				******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

RECEIVED
JAN 18 2000
6EN-W

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

PROCESS WATER

External Outall

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	31

*** NO DISCHARGE [X] ***

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			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT				******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT				******						
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT				******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT				******						
01055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT				******						
01062 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT				******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT				******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy Torres

General Mine Manager

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.

Roy Torres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (575)5867637 (area code NUMBER)

DATE: 08 | 01 | 14 (YEAR | MO | DAY)

RECEIVED

JAN 18 2008

6EN-W

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	12	01	07	12	31

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******						
01501 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT				******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 18 2008
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
SEEPAGE FROM TAILINGS IMPOUNDMENT
External Outfall

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	31

*** 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			
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.43	SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.93	1.93	LBS/DY	******	0.45	0.45	MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

RECEIVED
JAN 18 2008
6EN-W

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

SEEPAGE FROM TAILINGS IMPOUNDMENT

External Outfall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	31

*** 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			
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.505	0.640	MGD	******	******	******	MG/L	0	CONTIN UOUS	RCORDR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 18 2008
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY REPORTING FOR OUTFALL 002
External Outfall

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

*** 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			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	16.48	16.48	LBS/DY	******	<4	<4	MG/L	0	1/90	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		QTRLY	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	4.94	4.94	LBS/DY	******	1.2	1.2	MG/L	0	1/90	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.4 MO AVG	16.4 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		QTRLY	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	5.36	5.36	LBS/DY	******	1.3	1.3	MG/L	0	1/90	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		QTRLY	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/90	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		QTRLY	COMP24

RECEIVED
JAN 18 2008
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	31

*** NO DISCHARGE [X] ***

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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 18 2008
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIRMENTS IN PART II. H OF THIS PERMIT

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 18 2008
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

PERIODIC MINE DRAINAGE

External Outfall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	31

*** NO DISCHARGE [X] ***

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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 18 2008
SEN W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306 — PERMIT NUMBER

005 A — DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 07 | MO 12 | DAY 01 TO YEAR 07 | MO 12 | DAY 31

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 18 2008
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

WHEN DISCHARGING.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0		
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0		
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******			******	******		0		
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******			******	******		0		
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******		0		
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******		0		
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JAN 18 2008
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 7-DAY CHRONIC TOXICITY

External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

*** NO DISCHARGE [X] ***

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			
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TOP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TPP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TPP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TQP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TQP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JAN 18 2008
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 7-DAY CHRONIC TOXICITY

External Outall

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

*** 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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	COMP24
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	COMP24
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******		0	1/90	COMP24
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JAN 18 2008
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 7-DAY CHRONIC TOXICITY

External Outall

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

*** 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			
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TOP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TPP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TPP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		16.77	******	******	%	0	1/90	COMP24
TQP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		20.54	******	******	%	0	1/90	COMP24
TQP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JAN 18 2008
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX4 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

RECEIVED
JAN 18 2008
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX5 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

RECEIVED
JAN 18 2008
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(575)5867637 area code NUMBER	08 | 01 | 14 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

*** NO DISCHARGE [X] ***

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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT				******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT				******						
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT										
00951 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT				******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT				******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		WEEKLY	COMP24

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Viol. Notice
5 - NCR
6 - Correspondence
7 - CMS
Date Filed
Clerk's Initls.

RECEIVED
JAN 02 2008
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 12 | 11 YEAR | MO | DAY

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

*** NO DISCHARGE [X] ***

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			
COPPER, TOTAL (AS CU) 01042 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				******						
	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				******						
	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB) 01051 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				******						
	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN) 01055 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				******						
	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO) 01062 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				******						
	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN) 01092 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				******						
	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL) 01105 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				******						
	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

RECEIVED JAN 02 2008 GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625	07 | 12 | 11
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******						
01501 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT				******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 0 2 2008
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 12 | 11 YEAR | MO | DAY

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

SEEPAGE FROM TAILINGS IMPOUNDMENT

External Outfall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

RECEIVED JAN 0 2 2008 GEN-W

PARAMETER		QUANTITY OR LOADING VALUE	VALUE	UNITS	QUALITY OR CONCENTRATION VALUE	VALUE	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.26	******	7.49	SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.46	1.46	LBS/DY	******	0.37	0.37	MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 12 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

SEEPAGE FROM TAILINGS IMPOUNDMENT

External Outfall

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

*** 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			
ALUMINUM, TOTAL (AS AL) 01105 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.497	0.643	MGD	******	******	******	MG/L	0	CONTIN UOUS	RCORDR
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG) 71900 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JAN 02 2008 GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 12 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED JAN 02 2008 OEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner Manager, Environmental and Public Policy 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	(505)5867625 area code NUMBER	07 | 12 | 11 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIRMENTS IN PART II. H OF THIS PERMIT

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

*** NO DISCHARGE [X] ***

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			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED JAN 02 2008 GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 12 | 11 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT		******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JUL 0 2 2008
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 12 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

*** NO DISCHARGE [X] ***

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			
SILVER, TOTAL (AS AG) 01077 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN) 01092 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL) 01105 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES) 39350 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG) 71900 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 02 2008
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 12 | 11 YEAR | MO | DAY

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

WHEN DISCHARGING.

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

NAME: CHEVRON MINING INC.- QUESTA MINES

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

1 - Permit file
2 - AQB AQ mail
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

MONITORING PERIOD

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

*** NO DISCHARGE [X] ***

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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT				******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT				******						
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT				******						
00951 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT				******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT				******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 11 | 12 YEAR | MO | DAY

RECEIVED
JUL 13 2012
GEN-W

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

*** NO DISCHARGE [X] ***

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			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT				******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT				******						
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT				******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT				******						
01055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT				******						
01062 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT				******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT				******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 11 | 12 YEAR | MO | DAY

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

RECEIVED
NOV 15 2007
6EN-W

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

*** NO DISCHARGE [X] ***

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			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******						
01501 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT				******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 11 | 12 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

SEEPAGE FROM TAILINGS IMPOUNDMENT

External Outfall

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

*** 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			
PH	SAMPLE MEASUREMENT	******	******		7.36	******	7.53	SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.65	1.65	LBS/DY	******	0.4	0.4	MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 11 | 12 YEAR | MO | DAY
TYPED OR PRINTED				

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

NOV 15 2007

6EN-W

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING CODE: 87556
MAJOR
SEEPAGE FROM TAILINGS IMPOUNDMENT
External Outfall

*** 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			
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.511	0.682	MGD	******	******	******	MG/L	0	CONTIN UOUS	RCORDR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 15 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625	07 | 11 | 12
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
NOV 15 2007
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 11 | 12 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIRMENTS IN PART II. H OF THIS PERMIT

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

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

*** NO DISCHARGE [X] ***

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			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JUL 11 2012
OCD-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 11 | 12 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 11 | 12 YEAR | MO | DAY

RECEIVED
JUL 2007

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

*** NO DISCHARGE [X] ***

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			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 11 | 12 YEAR | MO | DAY
TYPED OR PRINTED				

RECEIVED
NOV 15 2007
6EN-W

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

RECEIVED
OCT 17 2007
6EN-W

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

1 - Permit/CD
2 - AO & AO mat!
3 - DMR's
4 - Vio. Sum. Lo
5 - NCR
6 - Date Filed
7 - Clerk's Initi.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT				******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT				******						
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT				******						
00951 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT				******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT				******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY

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

FEB 27 2008

022306

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

NAME: CHEVRON MINING INC. - QUESTA MINE

ADDRESS: P.O. BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

OCT 17 2007

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

*** NO DISCHARGE [X] ***

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			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT				******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT				******						
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT				******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT				******						
01055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT				******						
01062 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT				******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT				******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: CHEVRON MINING INC. QUESTA MINE
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

OCT 17 2007

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

*** NO DISCHARGE [X] ***

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			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******						
01501 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT				******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: CHEVRON MINING INC. QUESTA MINE

ADDRESS: P.O BOX 469

QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

RECEIVED
OCT 17 2007
GEN-W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

SEEPAGE FROM TAILINGS IMPOUNDMENT

External Outfall

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
PH	SAMPLE MEASUREMENT	******	******		7.26	******	7.45	SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	C[illegible]
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	C[illegible]24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]4
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.54	1.54	LBS/DY	******	0.38	0.38	MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: CHEVRON MINING INC. - QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS

ATTN: GENERAL MINE MANAGER

RECEIVED
OCT 17 2007
NM
GEN-W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

SEEPAGE FROM TAILINGS IMPOUNDMENT

External Outfall

MONITORING PERIOD

FROM YEAR 07 | MO 09 | DAY 01 TO YEAR 07 | MO 09 | DAY 30

*** 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			
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.513	0.687	MGD	******	******	******	MG/L	0	CONTIN UOUS	R[illegible]
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY

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

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469

QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES GENERAL MINE MANAGER

RECEIVED OCT 17 2007

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY REPORTING FOR OUTFALL 002

External Outfall

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17.44	17.44	LBS/DY	******	<4	<4	MG/L	0	1/90	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		QTRLY	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	4.36	4.36	LBS/DY	******	1.0	1.0	MG/L	0	1/90	C
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.4 MO AVG	16.4 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		QTRLY	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	4.36	4.36	LBS/DY	******	1.0	1.0	MG/L	0	1/90	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		QTRLY	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	2/90	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED OCT 17 2007 EEN-W

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

NAME: CHEVRON MINING INC.- QUESTA MINE
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

RECEIVED
OCT 17 2007
GEN-W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

*** NO DISCHARGE [X] ***

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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	C[illegible]4
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIRMENTS IN PART II. H OF THIS PERMIT

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469

QUESTA NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

RECEIVED OCT 17 2007 6EN-W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

PERIODIC MINE DRAINAGE

External Outfall

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

*** NO DISCHARGE [X] ***

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			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

RECEIVED
OCT 17 2007
GEN W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

*** NO DISCHARGE [X] ***

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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	C[illegible]4
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469

QUESTA, NM 87556

RECEIVED OCT 17 2007

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

PERIODIC MINE DRAINAGE

External Outfall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	09	30

*** NO DISCHARGE [X] ***

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			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]4
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625	07 | 10 | 15
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CHEVRON MINING INC.- QUESTA MINE
ADDRESS: P.O BOX 469
QUESTA, NM 87556
FACILITY: QUESTA MINE
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

RECEIVED
OCT 17 2007
6EN-W

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

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	TX1 Q

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0		
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0		
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******			******	******		0		
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******			******	******		0		
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******		0		
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******		0		
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	C[illegible]4
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)
NAME: CHEVRON MINING INC. - QUESTA MINE
ADDRESS: P.O BOX 469
QUESTA, NM 87556

RECEIVED
OCT 17 2007
GWQB-W

FACILITY: QUESTA MINE
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	TX1 Q

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

*** NO DISCHARGE [X] ***
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			
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TOP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TPP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TPP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TQP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TQP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: CHEVRON MINING INC.-QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

RECEIVED
OCT 17 2007
GEN-W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

*** 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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	COMP24
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	C[illegible]
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	C[illegible]4
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	C[illegible]4
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******		0	1/90	COMP24
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625	07 | 10 | 15
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

NAME: CHEVRON MINING INC.-QUESTA MINE

ADDRESS: P.O BOX 469

QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

RECEIVED OCT 17 2007

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 7-DAY CHRONIC TOXICITY

External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

*** 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			
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES TOP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA TPP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	[illegible]
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES TPP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA TQP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		25.75	******	******	%	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES TQP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		10.16	******	******	%	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX4 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625	07 | 10 | 15
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: CHEVRON MINING INC.- QUESTA MINE

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: QUESTA MINE

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX5 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	09	30

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 10 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT				******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT				******						
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT				******						
00951 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT				******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]4
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT				******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		WEEKLY	COMP24

1 - Permit/CD
2 - AC & AC mat
3 - Dist
4 - Vio
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 09 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
SEP 14 2007
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

*** NO DISCHARGE [X] ***
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			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT				******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT				******						
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT				******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT				******						
01055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT				******						
01062 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT				******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT				******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 09 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
SEP 14 2007

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

*** NO DISCHARGE [X] ***
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			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******						
01501 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT				******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
SEP 14 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625	07 | 09 | 11
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
SEEPAGE FROM TAILINGS IMPOUNDMENT
External Outfall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 07 | MO 08 | DAY 01 TO YEAR 07 | MO 08 | DAY 31

*** 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			
PH	SAMPLE MEASUREMENT	******	******		7.38	******	7.51	SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	C[illegible]
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	C[illegible]4
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]4
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.61	1.61	LBS/DY	******	0.39	0.39	MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 09 | 11 YEAR | MO | DAY

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

RECEIVED
SEP 14 2007
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

DMR MAILING CODE: 87556

MAJOR

SEEPAGE FROM TAILINGS IMPOUNDMENT

External Outfall

*** 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			
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.510	0.693	MGD	******	******	******	MG/L	0	CONTIN UOUS	R
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
SEP 14 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 09 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
SEP 14 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 09 | 11 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIRMENTS IN PART II. H OF THIS PERMIT

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]4
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
SEP 14 2007
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 09 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	005 A

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	C[illegible]4
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
SEP 14 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 09 | 11 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

*** NO DISCHARGE [X] ***
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			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT		******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]4
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
SEP 14 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 09 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME RAMAH WATER AND SANITATION

ADDRESS PO BOX 419
RAMAH NM 87321

FACILITY RAMAH WATER AND SANITATION

LOCATION RAMAH NM 87321

ATTN: RON MORSBACH, PRESIDENT

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

Form Approved. OMB No. 2040-0004

RECEIVED OCT 29 2007

PERMIT NUMBER	DISCHARGE NUMBER
NM0023396	001 A

MINOR

F - FINAL
TOTAL FACILITY DISCHARGE

*** NO DISCHARGE ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	08	31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<.95	******	(26)	******	<4.0	<4.0	(19)		once/Month	Grab
	PERMIT REQUIREMENT	14.5 MO AVG	******	LBS/DY	******	30 30DA AVG	45 7 DA AVG	MG/L		ONCE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.6	******	7.8	(12)		2/31	Grab
	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.19	******	(26)	******	5.0	5.0	(19)		once/month	Grab
	PERMIT REQUIREMENT	14.5 MO AVG	******	LBS/DY	******	30 30DA AVG	45 7 DA AVG	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.032873	0.040,873	(03)	******	******	******			23/31	Instant
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT 7 DA AVG	MGD	******	******	******	******		TWICE/WEEK	INSTAN
CHLORINE, TOTAL RESIDUAL 50060 A 0 0 DISINFECT,PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	******	0.00	(19)		2/31	Grab
	PERMIT REQUIREMENT	******	******	******	******	******	0.099 INST MAX	MG/L		ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<1	<1	(13)		once/Month	Grab
	PERMIT REQUIREMENT	******	******	******	******	500 30DAVGEO	500 7DAV GEO	#/100ML		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/GD
2 - AO & AC mail
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
8 - Date Filed
9 - Client's Inits.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Beverly J Moody
Vice 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.

Beverly J Moody

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
505-783	4556	07	10	25

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

JAN 30 2008

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT				******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT				******						
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT				******						
00951 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT										
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT				******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		WEEKLY	COMP24

RECEIVED
AUG 13 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
Anne Wagner
Manager, Environmental and Public Policy
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: (505)5867625 (area code NUMBER)
DATE: 07 | 08 | 10 (YEAR | MO | DAY)

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

*** NO DISCHARGE [X] ***
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			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT				******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT				******						
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT				******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT				******						
01055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT				******						
01062 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT				******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT				******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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, ACC[illegible] 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	(505)5867625 area code NUMBER	07 | 08 | 10 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
AUG 13 2007
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	07	31

*** NO DISCHARGE [X] ***

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			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******						
01501 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT				******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 08 | 10 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
AUG 13 2007
GEN-

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING CODE: 87556
MAJOR
SEEPAGE FROM TAILINGS IMPOUNDMENT
External Outfall

*** 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			
PH	SAMPLE MEASUREMENT	******	******		7.31	******	7.49	SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	C[illegible]
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.39	1.39	LBS/DY	******	0.32	0.32	MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 08 | 10 YEAR | MO | DAY

RECEIVED
AUG 13 2007
6EN-W

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING CODE: 87556
MAJOR
SEEPAGE FROM TAILINGS IMPOUNDMENT
External Outfall

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.511	0.634	MGD	******	******	******	MG/L	0	CONTIN UOUS	R[illegible]
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 13 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 08 | 10 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	07	31

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 13 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner Manager, Environmental and Public Policy 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	(505)5867625 area code NUMBER	07 | 08 | 10 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIRMENTS IN PART II. H OF THIS PERMIT

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 13 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 08 | 10 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	TO	07	07	31

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 13 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 08 | 10 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]4
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 13 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 08 | 10 YEAR | MO | DAY

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

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

NAME RAMAH WATER AND SANITATION

ADDRESS PO BOX 419
RAMAH NM 87321

FACILITY RAMAH WATER AND SANITATION

LOCATION RAMAH NM 87321

ATTN: RON MORSBACH, PRESIDENT

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

Form Approved.
OMB No. 2040-0004

RECEIVED
OCT 29 2007
GEN W

PERMIT NUMBER	DISCHARGE NUMBER
NM0023396	001 A

MINOR

F - FINAL

TOTAL FACILITY DISCHARGE

*** NO DISCHARGE ***

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

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.66	******	(26)	******	8.7	8.7	(19)		once/month	Grab
	PERMIT REQUIREMENT	14.5 MO AVG	******	LBS/DY	******	30 30DA AVG	45 7 DA AVG	MG/L		ONCE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.5	******	7.5	(12)		once/month	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.98	******	(26)	******	13.00	13.0	(19)		once/month	Grab
	PERMIT REQUIREMENT	14.5 MO AVG	******	LBS/DY	******	30 30DA AVG	45 7 DA AVG	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.043,763	0.069,291	(03)	******	******	******			18/31	Instant
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT 7 DA AVG	MGD	******	******	******	**** ****		TWICE/WEEK	INSTAN
CHLORINE, TOTAL RESIDUAL 50060 A 0 0 DISINFECT,PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	******	0.00	(19)		1/31	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.099 INST MAX	MG/L		ONCE/MONTH	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	27.0	27.0	(13)		1/Month	Grab
	PERMIT REQUIREMENT	******	******			500 30DAVGEO	500 7DAV GEO	#/100ML		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Beverly J Moody
Vice 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.

Beverly J Moody
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505-783 4556		07	10	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

JAN 30 2008

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

NAME RAMAH WATER AND SANITATION

ADDRESS PO BOX 419
RAMAH NM 87321

FACILITY RAMAH WATER AND SANITATION

LOCATION RAMAH NM 87321

ATTN: RON MORSBACH, PRESIDENT

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

Form Approved
OMB No. 2040-0004

RECEIVED
OCT 29 2007
6EN-W

PERMIT NUMBER	DISCHARGE NUMBER
NM0023396	001 A

MINOR

F - FINAL

TOTAL FACILITY DISCHARGE

*** NO DISCHARGE ***

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

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.84	******	(26)	******	<4.0	<4.0	(19)		1/30	Grab
	PERMIT REQUIREMENT	14.5 MO AVG	******	LBS/DY	******	30 30DA AVG	45 7 DA AVG	MG/L		ONCE/ MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.4	******	7.9	(12)		2/30	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.84	******	(26)	******	<4.0	<4.0	(19)		1/30	Grab
	PERMIT REQUIREMENT	14.5 MO AVG	******	LBS/DY	******	30 30DA AVG	45 7 DA AVG	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.024,709	0.027,063	(03)	******	******	******			20/30	Instant
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT 7 DA AVG	MGD	******	******	******	**** ****		TWICE/ WEEK	INSTAN
CHLORINE, TOTAL RESIDUAL 50060 A 0 0 DISINFECT,PRCS CMPLT	SAMPLE MEASUREMENT	******	******		******	******	0.00	(19)		2/30	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.099 INST MAX	MG/L		ONCE/ MONTH	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	108	108	(13)		1/30	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	500 30DAVGEO	500 7DAV GEO	#/ 100ML		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

1 - Permit/CD
2 - AO & AO mat
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Beverly J Moody
Vice-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.

Beverly J Moody
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
505-783	4556	07	10	25

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

JAN 30 2008

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 1 - 87556 it/CD
2 - AO & AO mail
3 - DMR's
4 - Vio. Sum. Log
5 - Misc.
6 - Correspondence

RECEIVED
JUL 16 2007
ENW

MAJOR
PROCESS WATER
External Outfall
*** NO DISCHARGE [X] ***

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	06	01	07	06	30

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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT				******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT				******						
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT				******						
00951 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT				******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT				******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	001 A

DMR MAILING CODE: 87556

MAJOR
PROCESS WATER
External Outall

RECEIVED
JUL 16 2007

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	06	01	07	06	30

*** NO DISCHARGE [X] ***

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			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT				******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT				******						
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT				******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT				******						
01055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT				******						
01062 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT				******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT				******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR
PROCESS WATER

RECEIVED
JUL 16 2007
GEN-W

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

External Outall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******						
01501 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT				******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV S Hall

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

RECEIVED JUL 16 2007 External Outfall 6EN-W

DMR MAILING CODE: 87556

MAJOR

SEEPAGE FROM TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

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			
PH	SAMPLE MEASUREMENT	******	******		7.34	******	7.43	SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.60	1.60	LBS/DY	******	0.37	0.37	MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR SEEPAGE FROM TAILINGS IMPOUNDMENT
External Outfall

RECEIVED
JUL 16 2007
GEN-VV

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

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			
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.522	0.683	MGD	******	******	******	MG/L	0	CONTIN UOUS	RCORDR
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	1/30	COMP24
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

S Hale

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	002 Q

DMR MAILING CODE: 87556

MAJOR

QUARTERLY REPORTING FOR OUTFALL 002

External Outfall

RECEIVED JUL 16 2007 GEN-WW

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

*** 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			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17.83	18.36	LBS/DY	******	<4	<4	MG/L	0	2/90	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		QTRLY	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	5.75	5.75	LBS/DY	******	1.3	1.3	MG/L	0	1/90	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.4 MO AVG	16.4 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		QTRLY	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	6.05	6.05	LBS/DY	******	1.30	1.30	MG/L	0	1/90	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		QTRLY	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L	0	2/90	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

RECEIVED JUL 16 2007 6EN-W

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIRMENTS IN PART II. H OF THIS PERMIT

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

S Hale

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	004 A

DMR MAILING CODE: 87556

MAJOR

PERIODIC MINE DRAINAGE

External Outfall

RECEIVED JUL 10 2007 SENLW

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	06	01	07	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY

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

WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

Shell

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

RECEIVED
JUL 16 2007
GEN-W

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

*** NO DISCHARGE [X] ***

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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	005 A

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

RECEIVED JUL 16 2007 OEN-W

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	06	30

*** NO DISCHARGE [X] ***

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			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

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

WHEN DISCHARGING.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

S Hale

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR
QUARTERLY 7 DAY CHRONIC TOXICITY
External Outall

RECEIVED
JUL 16 2007
OCN-W

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1 22415 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2 22416 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia TGP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas TGP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA TLP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES TLP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA TOP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

S Hall

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Dual

RECEIVED
JUL 10 2007
GENW

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TOP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TPP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TPP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TQP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TQP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner	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	(505)5867625	07 | 07 | 13
Manager, Environmental and Public Policy			area code NUMBER	YEAR | MO | DAY
TYPED OR PRINTED				

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	TX2 Q

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 7-DAY CHRONIC TOXICITY

RECEIVED
JUL 16 2007
GEN W

External Outfall

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

*** 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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	COMP24
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	COMP24
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******		0	1/90	COMP24
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

S/Ice

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

DMR MAILING CODE: 87556

RECEIVED
JUL 16 2007
External Outreach
6ENW

QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

*** 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			
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES TOP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA TPP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES TPP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA TQP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		33.34	******	******	%	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES TQP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		19.88	******	******	%	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

SHeller

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX4 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

External Outall

RECEIVED JUL 16 2007 OEN-W

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 07 | 13 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX5 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

External Outfall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

RECEIVED JUL 10 2007 GEN-W

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	06	30

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner	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	(505)5867625	07 | 07 | 13
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (1) SC

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	04	01	07	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 05 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
MAY 30 2007
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	001 A

MAJOR
F - FINAL
PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)		-	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 05 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
MAY 30 2007
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

MAY 30 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 05 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.1	******	7.52	(12) SU	0	1/7	[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.39	1.39	(26) LBS/DY	******	0.33	0.33	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	C[redacted]4
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	CO[redacted]24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 05 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
MAY 30 2007
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 07 | MO 04 | DAY 01 TO YEAR 07 | MO 04 | DAY 30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.519	0.659	(03) MGD	******	******	******		0	CONTIN UOUS	R[illegible]
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 05 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
MAY 30 2007
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 07 | MO 04 | DAY 01 TO YEAR 07 | MO 04 | DAY 30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** **	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			[redacted]
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	CO[illegible]24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

VED
MAY 30 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
Anne Wagner
Manager, Environmental and Public Policy
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: (505)5867625 (area code NUMBER)

DATE: 07 | 05 | 14 (YEAR | MO | DAY)

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625	07 | 05 | 14
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

RECEIVED
MAY 30 2007
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625	07 | 05 | 14
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

RECEIVED
MAY 30 2007
6EN-W

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
005 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 07 | MO 04 | DAY 01 TO YEAR 07 | MO 04 | DAY 30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
Anne Wagner
Manager, Environmental and Public Policy
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: (505)5867625 (area code NUMBER)
DATE: 07 | 05 | 14 (YEAR | MO | DAY)

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

RECEIVED
MAY 30 2007
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DMR MAILING CODE: 87556

MAJOR

PROCESS WATER

External Outall

*** NO DISCHARGE [X] ***

RECEIVED
JUN 18 2007
6EN-W

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT				******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					[redacted]
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT				******						
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT				******						
00951 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT				******						[redacted]
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	[redacted]4
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT				******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 06 | 14 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outall

RECEIVED
JUN 18 2007
GEN-W

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT				******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT				******						
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT				******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT				******						
01055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT				******						
01062 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT				******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT				******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 06 | 14 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DMR MAILING CODE: 87556
MAJOR
PROCESS WATER
External Outfall

*** NO DISCHARGE [X] ***

RECEIVED
JUN 18 2007
GEN W

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******						
01501 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT				******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 06 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

~~DMR MAILING CODE:~~ 87556
MAJOR
SEEPAGE FROM TAILINGS IMPOUNDMENT
External Outfall

RECEIVED
JUN 18 2007
GEN W

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

*** 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			
PH	SAMPLE MEASUREMENT	******	******		7.03	******	7.52	SU		1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L		1/30	C[redacted]
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L		1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L		1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L		1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0	MG/L		1/30	C[redacted]4
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	C[redacted]4
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.54	1.54	LBS/DY	******	0.33	0.33	MG/L		1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 06 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DMR MAILING CODE 87556
MAJOR
SEEPAGE FROM TAILINGS IMPOUNDMENT
External Outfall

*** NO DISCHARGE ***

RECEIVED
JUN 18 2007
GEN-W

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0			1/30	COMP24
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.545	0.705	MGD	******	******	******			CONTIN UOUS	R[illegible]R
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	LBS/DY	******	0	0			1/30	COMP24
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 06 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

RECEIVED
JUN 18 2007
GEN. W.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 06 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIRMENTS IN PART II. H OF THIS PERMIT

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: [illegible]
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

RECEIVED
JUN 18 2007
GEN-W

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

*** NO DISCHARGE THIS MONTH ***

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			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 06 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall

RECEIVED
JUN 18 2007
OENW

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

*** NO DISCHARGE [X] ***

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			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 06 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING. SEE ALSO ADDITIONAL SAMPLING REQUIREMENTS IN PART II.H OF THIS PERMIT

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

DMR MAILING CODE: 87556
MAJOR
PERIODIC MINE DRAINAGE
External Outfall
*** NO DISCHARGE [X] ***

RECEIVED
JUN 18 2007
6EN-W

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******						
01077 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******						
01105 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******						
39350 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******						
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 06 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

Steep

Molycorp Inc.
3.5 Miles East of Questa on State Road 38
PO Box 469
Questa, NM 87556-0469
(505) 586-7637

RECEIVED
JUN 18 2007
6EN-W

Molycorp

Roy A. Torres
General Mine Manager

CERTIFIED MAIL RETURN RECEIPT

June 14, 2007

Ms. Sonia Hall
Water Enforcement Branch (6EN-WC)
U.S. Environmental Protection Agency
1445 Ross Avenue, Suite 1200
Dallas, TX 75202

Re: DMRs - NPDES Permit No. NM0022306 (Effective 10/01/06)

Dear Ms. Hall:

Enclosed are the June 2007 DMRs associated with NPDES Permit No. NM0022306 for Outfalls 001, 002, 004 and 005. Please be advised that no discharge occurred from Outfalls 001, 004 or 005 for the month of June.

Should you have any questions regarding these reports or require additional information, please contact Armando Martinez, Sr. Environmental Specialist, at (505) 586-7639.

Sincerely,

Roy A. Torres

Roy A. Torres

Enclosures

cc: NMED SWQB
A. Martinez, Molycorp

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

1 SC

MAJOR

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	01	01	07	03	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES TLP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES TOP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	QTRLY	C[illegible]4
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES TPP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA TLP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA TOP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI TPP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	QTRLY	C[illegible]4
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	C[illegible]4
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 2 4 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 05 | 21 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
TX2 Q — DISCHARGE NUMBER

MAJOR (1) SC

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

*** 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			
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		0	0	******	Pass/ Fail	0	QTRLY	COMP24
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	REPORT MO AV MIN	******	Pass/ Fail		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales Promelas	SAMPLE MEASUREMENT	******	******		0	0	******	Pass/ Fail	0	QTRLY	[illegible]
TGP6C Effluent Gross	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	REPORT MO AV MIN	******	Pass/ Fail		QTRLY	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		31.32	31.32	******	%	0	QTRLY	COMP24
TQP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	REPORT MO AV MIN	******	%		QTRLY	COMP24
Coef Of Var Statre 7Day Pimephales	SAMPLE MEASUREMENT	******	******		11.42	11.42	******	%	0	QTRLY	COMP24
TQP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	REPORT MO AV MIN	******	%		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 24 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 05 | 21 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR 1 SO

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/90	COMP24
TLP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	1/90	C[illegible]
TOP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	1/90	COMP24
TPP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/90	COMP24
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	1/90	COMP24
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	1/90	C[illegible]4
TPP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	C[illegible]4
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 24 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine General Manager** 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	(505)5867637 area code NUMBER	07 | 05 | 21 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) SC

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** 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			
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		0	0	******	Pass/ Fail	0	QTRLY	COMP24
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	REPORT MO AV MIN	******	Pass/ Fail		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales Promelas	SAMPLE MEASUREMENT	******	******		0	0	******	Pass/ Fail	0	QTRLY	C[illegible]
TGP6C Effluent Gross	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	REPORT MO AV MIN	******	Pass/ Fail		QTRLY	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		28.81	28.81	******	%	0	QTRLY	COMP24
TQP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	REPORT MO AV MIN	******	%		QTRLY	COMP24
Coef Of Var Statre 7Day Pimephales	SAMPLE MEASUREMENT	******	******		9.33	9.33	******	%	0	QTRLY	COMP24
TQP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	REPORT MO AV MIN	******	%		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 24 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 05 | 21 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX4 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) 30

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** NO DISCHARGE [X] ***

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			
Pass/Fail Statre 48-Hr Daphnia Pulex TEM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	Pass/ Fail		QTRLY	COMP24
NOEC Value 48-Hr Daphnia Pulex TOM3D Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	C[illegible]
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	%		QTRLY	COMP24
Coef Of Var Statre 48-Hr Daphnia Pulex TQM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	%		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 24 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 05 | 21 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX5 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) SC

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** NO DISCHARGE [X] ***

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			
Pass/Fail Statre 48-Hr Daphnia Pulex TEM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	Pass/ Fail		QTRLY	COMP24
NOEC Value 48-Hr Daphnia Pulex TOM3D Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	C[illegible]
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	%		QTRLY	COMP24
Coef Of Var Statre 48-Hr Daphnia Pulex TQM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	%		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 24 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 05 | 21 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX4 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) SC

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

*** NO DISCHARGE [X] ***

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			
Pass/Fail Statre 48-Hr Daphnia Pulex TEM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	Pass/ Fail		QTRLY	COMP24
NOEC Value 48-Hr Daphnia Pulex TOM3D Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	C[illegible]
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	%		QTRLY	COMP24
Coef Of Var Statre 48-Hr Daphnia Pulex TQM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	%		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 24 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625	07 | 05 | 21
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX5 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) SC

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

*** NO DISCHARGE [X] ***

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			
Pass/Fail Statre 48-Hr Daphnia Pulex TEM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	Pass/ Fail		QTRLY	COMP24
NOEC Value 48-Hr Daphnia Pulex TOM3D Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	C[illegible]
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	%		QTRLY	COMP24
Coef Of Var Statre 48-Hr Daphnia Pulex TQM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******				******		0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 48-Hr MIN	REPORT 30 Day AV MIN	******	%		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 2 4 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 05 | 21 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		ONCE/ MONTH	COMP24

1 - Permit/CO
2 - AS & CO mail
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - Permitted Clerk's Units.

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867637 area code NUMBER	07 | 04 | 10 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

S Hall

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867637 area code NUMBER	07 | 04 | 10 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	03	01	07	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867637	07 | 04 | 10
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV. S Hall

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******	(9A)	0		
TLP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******	(23)	0		
TOP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******	(23)	0		
TPP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(9A)			
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TPP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867637 area code NUMBER	07 | 04 | 10 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV. SHdell

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	03	01	07	03	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.38	******	7.75	(12) SU	0	1/7	[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.50	1.50	(26) LBS/DY	******	0.35	0.35	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	[redacted]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	[redacted]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867637	07 | 04 | 10
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV. S Head

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.524	0.638	(03) MGD	******	******	******		0	CONTIN UOUS	R[illegible]
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867637	07 | 04 | 10
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV. S Hall

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	01	01	07	03	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	16.44	16.44	(26) LBS/DY	******	<4	<4	(19) MG/L	0	2/90	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		QTRLY	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/90	C[illegible]
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		QTRLY	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	5.75	5.75	(26) LBS/DY	******	1.4	1.4	(19) MG/L	0	2/90	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.4 MO AVG	16.4 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		QTRLY	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	5.34	5.34	(26) LBS/DY	******	1.30	1.30	(19) MG/L	0	2/90	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		QTRLY	COMP24

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867637 area code NUMBER	07 | 04 | 10 YEAR | MO | DAY

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

- Submit TX4Q + TX5Q
  DMR showing
  NO Discharge

- ~~Note~~ I need to
  send PPDMRs
  they need to put
  parameters in same
  order as PPDMR.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)* S. Hall

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES TLP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES TOP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	QTRLY	C[illegible]
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES TPP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA TLP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA TOP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	QTRLY	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI TPP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	QTRLY	C[illegible]
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	CO[illegible]24
TGP3B TGP6C TQP3B TQP6C TQP6C	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867637 area code NUMBER	07 | 04 | 10 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867637 area code NUMBER	07 | 04 | 10 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV. S. Hall

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867637	07 | 04 | 10
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

WHEN DISCHARGING.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
APR 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867637	07 | 04 | 10
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

WHEN DISCHARGING.

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

NAME: MOLYCORP INC. QUESTA DIV. S. Hall

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
APR 17 2007
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867637 area code NUMBER	07 | 04 | 10 YEAR | MO | DAY

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

WHEN DISCHARGING.

S. Hall

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	02	01	07	02	28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

1 - Permit
2 - AO
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - Date Filed
Clerk's Initials

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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 VIOLATION.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 03 | 12 YEAR | MO | DAY

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

RECEIVED
MAR 16 2007
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

S. Hall

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	02	01	07	02	28

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 03 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	001 A

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAR 16 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 03 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.21	******	7.75	(12) SU	0	1/7	[illegible]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.28	1.28	(26) LBS/DY	******	0.31	0.31	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	[illegible]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 03 | 12 YEAR | MO | DAY

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

RECEIVED
MAR 16 2007
GEN-W

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.529	0.729	(03) MGD	******	******	******		0	CONTIN UOUS	R
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAR 16 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 03 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAR 1 8 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	07 | 03 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 07 | MO 02 | DAY 01 TO YEAR 07 | MO 02 | DAY 28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED MAR 16 2007 6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	07 | 03 | 12 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
005 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 07 MO 02 DAY 01 TO YEAR 07 MO 02 DAY 28

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAR 16 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 03 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	02	01	TO	07	02	28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	********		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAR 1 6 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	07 | 03 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

S Hall

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR ____ 1 - Permit/OD
2 - AO & AO mat'l
F - FINAL 3 - DMR's
PROCESS WATER Via Sum. Log
5 - NCR
6 - Correspondence

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

Clerk's

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.01 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED
FEB 22 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 02 | 15 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

S Hall

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

RECEIVED
FEB 22 2007
GEN-WW

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 02 | 15 YEAR | MO | DAY

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

S Hall

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
FEB 22 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 02 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

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

S Hall

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.11	******	7.72	(12) SU	0	1/7	[illegible]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.23	1.23	(26) LBS/DY	******	0.3	0.3	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	[illegible]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED FEB 22 2007 6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 02 | 15 YEAR | MO | DAY

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

S Hall

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.527	0.641	(03) MGD	******	******	******		0	CONTIN UOUS	R[illegible]
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
FEB 22 2007
OFN-VV

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 02 | 15 YEAR | MO | DAY

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

Shall

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED FEB 12 2007 GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 02 | 15 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
FEB 22 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 02 | 15 YEAR | MO | DAY

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

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
FEB 22 2007
SEN W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 02 | 15 YEAR | MO | DAY

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

S Hall

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
005 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******					
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
FEB 22 2007
GEN W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 02 | 15 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1 22415 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2 22416 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia TGP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas TGP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA TLP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES TLP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA TOP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

*** NO DISCHARGE [X] ***

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			
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES TOP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**********	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA TPP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**********	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES TPP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**********	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA TQP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**********	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES TQP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**********	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	COMP24
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	CO[illegible]
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	CO[illegible]
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	CO[illegible]
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******			1/90	COMP24
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

*** 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			
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TOP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	CO[illegible]
TPP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TPP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		28.81	******	******	%	0	1/90	COMP24
TQP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		9.33	******	******	%	0	1/90	COMP24
TQP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX4 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
External Outall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX5 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
External Outall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Anne Wagner

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: (505)5867625 (area code NUMBER)

DATE: 07 | 06 | 25 (YEAR | MO | DAY)

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

*** NO DISCHARGE [X] ***
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			
Whole effluent Toxicity - retest #1 22415 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2 22416 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia TGP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas TGP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA TLP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES TLP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******		0		
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COM
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA TOP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECE
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
TX1 Q — DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 07 | MO 01 | DAY 01 TO YEAR 07 | MO 03 | DAY 31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES TOP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA TPP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES TPP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA TQP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES TQP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	COMP24
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	CO[illegible]
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	CO[illegible]
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	CO[illegible]
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******			1/90	COMP24
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TOP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	CO[illegible]
TPP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TPP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		31.32	******	******	%	0	1/90	COMP24
TQP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		11.42	******	******	%	0	1/90	COMP24
TQP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX4 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
TX5 Q — DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 07 | MO 01 | DAY 01 TO YEAR 07 | MO 03 | DAY 31

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1 22415 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******				
	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2 22416 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******				
	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex TEM3D 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex TOM3D 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex TQM3D 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner	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	(505)5867625	07 | 06 | 25
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

RECEIVED
JAN 17 2007
6EN-W

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

*** NO DISCHARGE [X] ***

NOTE: *Read instructions before completing this form.*

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)				(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

REC JAN 17 2007 GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

MAJOR

F - FINAL
PROCESS WATER

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******	(9A)	0		
TLP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******	(23)	0		
TOP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******	(23)	0		
TPP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(9A)			
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TPP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	12	01	06	12	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.22	******	7.7	(12) SU	0	1/7	[illegible]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.56	1.56	(26) LBS/DY	******	0.37	0.37	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	[illegible]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED
JAN 17 2007
SEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.532	0.667	(03) MGD	******	******	******		0	CONTIN UOUS	R[illegible]R
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17.75	18.79	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	2/90	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		QTRLY	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/90	[illegible]
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		QTRLY	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	5.62	7.05	(26) LBS/DY	******	1.3	1.5	(19) MG/L	0	2/90	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.4 MO AVG	16.4 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		QTRLY	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	5.75	5.85	(26) LBS/DY	******	1.30	1.40	(19) MG/L	0	2/90	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		QTRLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
QUARTERLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	10	01	06	12	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES TLP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES TOP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	1/90	C[redacted]4
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES TPP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
~~LF P/F LETH~~ STATRE 7 DAY CHR CERIODAPHNIA TLP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA TOP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	1/90	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI TPP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		48	******	******	(23)	0	1/90	C[redacted]4
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		QTRLY	COM24
TGP6C TGP3B TQP6C TQP3B	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

22415
22416

armando
sent revised
DMRs for
this
✓

Missing:

DMR's: TX4Q
TX5Q

on TX2Q
missing parameter
TGP3B TQP3B
TGP6C TQP6C

10/06
11/06
12/31/06
01/07-3/31/07

Out fall
TX4Q
TX5Q

also for mem
TX4Q + TX5Q
in reply to phone
call 3/17/07

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 17 2007
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	********		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED JAN 17 2007 6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 17 2007
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	********		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 17 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	07 | 01 | 12 YEAR | MO | DAY

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

Molycorp Inc.
3.5 Miles East of Questa on State Road 38
P.O. Box 469
Questa, NM 87556
(505) 586-7625

Molycorp

Anne Wagner, PhD
Manager, Environmental and Public Policy

CERTIFIED MAIL RETURN RECEIPT

June 25, 2007

Ms. Sonia Hall
Water Enforcement Branch (6EN-WC)
U.S. Environmental Protection Agency
1445 Ross Avenue, Suite 1200
Dallas, TX 75202

Re: Revised Bio-monitoring DMRs – NPDES Permit No. NM0022306

Dear Ms. Hall:

As stated in the May 21, 2007 Molycorp letter to EPA, Molycorp has revised the bio-monitoring Discharge Monitoring Reports (DMRs) using the electronic DMR forms that were approved by EPA on June 14, 2007. Enclosed are the revised forms for 4th quarter 2006 and 1st quarter 2007 for discharge numbers TX1Q, TX2Q, TX4Q, and TX5Q.

Should you have any questions regarding these reports or require additional information, please contact Armando Martinez, Sr. Environmental Specialist, at (505) 586-7639.

Sincerely,

Anne Wagner

Enclosures

cc: NMED SWQB
A. Martinez, Molycorp

AUG 13 2007
1 - Permit/CD
2 - CD & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - [illegible]
8 - Case Filed
9 - Clerk's Inits.

RECEIVED
JUN 25 2007
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 7-DAY CHRONIC TOXICITY

External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0		
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0		
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******			******	******		0		
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******			******	******		0		
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******		0		
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******		0		
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED JUN 25 2007 6EN-W

1 - Permit/CD 2 - 10 & AQ matl 3 - DMR's 4 - Log 5 - NOR 6 - Correspondence 7 - CRAS Date Filed Clerk's Initials

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	TX1 Q

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TOP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TPP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TPP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TQP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******				
TQP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	TX2 Q

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 7-DAY CHRONIC TOXICITY

External Outall

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** 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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	COMP24
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	C[illegible]4
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	C[illegible]
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******			1/90	COMP24
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** 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			
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TOP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TPP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TPP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		28.81	******	******	%	0	1/90	COMP24
TQP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		9.33	******	******	%	0	1/90	COMP24
TQP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX4 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX5 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	12	31

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner	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	(505)5867625	07 | 06 | 25
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	01	01	07	03	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0		
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0		
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******			******	******		0		
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******			******	******		0		
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******		0		
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******		0		
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******				
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX1 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

*** NO DISCHARGE [X] ***

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			
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES TOP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA TPP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES TPP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA TQP3B 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES TQP6C 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy**	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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556

MAJOR

QUARTERLY 7-DAY CHRONIC TOXICITY

External Outall

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	COMP24
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******			******	******		0	1/90	C[illegible]4
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
Pass/Fail Statre 7Day Pimephales promelas	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TGP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	COMP24
TLP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		0	******	******		0	1/90	C[illegible]
TLP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******			1/90	COMP24
TOP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX2 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 7-DAY CHRONIC TOXICITY
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

*** 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			
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TOP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TPP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		48	******	******	%	0	1/90	COMP24
TPP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		31.32	******	******	%	0	1/90	COMP24
TQP3B 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		11.42	******	******	%	0	1/90	COMP24
TQP6C 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	******	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX4 Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
External Outall

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
07	01	01	07	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent Toxicity - retest #1 22415 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******				
	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2 22416 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******				
	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex TEM3D 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex TOM3D 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex TQM3D 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******				******				
	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner **Manager, Environmental and Public Policy** 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	(505)5867625 area code NUMBER	07 | 06 | 25 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

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

NM0022306	TX5 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	03	31

DMR MAILING CODE: 87556
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
External Outall

*** NO DISCHARGE [X] ***

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			
Whole effluent Toxicity - retest #1	SAMPLE MEASUREMENT	******	******				******				
22415 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
Whole effluent Toxicity - retest #2	SAMPLE MEASUREMENT	******	******				******				
22416 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	******	******				******				
TEM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PASS=0 FAIL=1		QTRLY	COMP24
NOEL LETHAL STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TOM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24
Coef Of Var STATRE 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	******	******				******				
TQM3D 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	PER-CENT		QTRLY	COMP24

RECEIVED
JUN 25 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Anne Wagner	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	(505)5867625	07 | 06 | 25
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	10	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	****			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			[redacted]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED NOV 17 2006 GEN. W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	06 | 11 | 13 YEAR | MO | DAY

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

Osc

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	10	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

RECEIVED
NOV 17 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 11 | 13 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) SC
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	10	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 17 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine General Manager**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 11 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	10	31

0 SC

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.0093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.24	******	7.42	(12) SU	0	1/7	[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.63	1.63	(26) LBS/DY	******	0.39	0.39	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	[redacted]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	[redacted]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED NOV 17 2006 6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine General Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 11 | 13 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR Yes

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	10	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.547	0.726	(03) MGD	******	******	******		0	CONTIN UOUS	R[illegible]R
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 17 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 11 | 13 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 06 MO 10 DAY 01 TO YEAR 06 MO 10 DAY 31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			[redacted]
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	C[illegible]24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

NOV 17 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	06 | 11 | 13 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 06 | MO 10 | DAY 01 TO YEAR 06 | MO 10 | DAY 31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
NOV 17 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 11 | 13 YEAR | MO | DAY

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

Osd

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	10	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
NOV 17 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 11 | 13 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
005 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 06 MO 10 DAY 01 TO YEAR 06 MO 10 DAY 31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			[redacted]
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			[redacted]
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED NOV 17 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	06 | 11 | 13 YEAR | MO | DAY

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

002A 10/31/07

TX40 3/31/07

TXEP 3/31/07

Molycorp Inc.
3.5 Miles East of Questa, State Road 38
P.O. Box 469
Questa, NM 87556
(505) 586-7638

Molycorp

RECEIVED
JAN 10 2007
6EN-W

Jay Gear, P.G.
Sr. Environmental Specialist

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

January 5, 2007

Ms. Sonia Hall (6EN-WC)
U.S. EPA Region 6
Water Enforcement Branch
1445 Ross Avenue, Suite 1200
Dallas, TX 75202-2733

Re: Molycorp, Inc. – NPDES Permit No. NM0022306 (Effective 10/1/2006)

Dear Ms. Hall:

Molycorp has reviewed your December 26, 2006 letter regarding missing cyanide and total iron information for the October 2006 Outfall 002 Discharge Monitoring Report (DMR). Molycorp resubmitted the October 2006 Outfall 002 DMRs that included total cyanide on December 14, 2006. As stated in that letter, the October DMRs were resubmitted after a permit ambiguity involving the limits and frequency of analysis for total cyanide was corrected by the EPA in correspondence dated November 9, 2006. A copy of EPA's November 9, 2006 letter, Molycorp's December 14, 2006 letter, and the corrected October 2006 Outfall 002 DMRs are enclosed.

Total iron was not reported on the October Outfall 002 DMR because the NPDES Permit NM0022306 does not specify discharge limitations for total iron, only monthly analysis. Molycorp believes this is a permit ambiguity for total iron and is working with EPA to establish those discharge limitations. After the permit is corrected by EPA, Molycorp will resubmit the Outfall 002 DMRs to include total iron for those months that iron was not reported.

The total iron laboratory analytical results of the October 2006 Outfall 002 discharge indicated that total iron was not detected above the reporting limit of 0.1 milligrams per liter (mg/L). Therefore, for DMR reporting purposes, the following values would be reported for October 2006 Outfall 002:

Parameter	Monthly Average	Daily Maximum	Monthly Average	Daily Max
Total Iron	0.418 lbs/day	0.418 lbs/day	<0.1 mg/L	<0.1 mg/L

If you have any questions or need further information, please contact me at (505) 586-7638 or Armando Martinez at (505) 586-7639.

Sincerely,

Jay Gear

JUL 05 2007

Enclosures

cc: Scott Wilson, EPA Region 6 (6WQ-PP)
Marcy Leavitt, NMED SWQB
Program Manager, NMED SWQB

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY
FROM	06	10	01
TO	06	10	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

RECEIVED
JAN 10 2007
6EN-W

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.24	******	7.42	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.63	1.63	(26) LBS/DY	******	0.39	0.39	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

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

The October 2006 DMRs are resubmitted due to a potential permit ambiguity. The revised DMRs contain results for Cyanide.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 06 | MO 10 | DAY 01 TO YEAR 06 | MO 10 | DAY 31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.547	0.726	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 10 2007
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres General Mine Manager 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
The October 2006 DMRs are resubmitted due to a potential permit ambiguity. The revised DMRs contain results for Cyanide.

Molycorp Inc.
3.5 Miles East of Questa on State Road 38
PO Box 469
Questa, NM 87556-0469
(505) 586-7639

Armando Martinez
Sr. Environmental Specialist

Molycorp

CERTIFIED MAIL RETURN RECEIPT

December 14, 2006

Ms. Sonia Hall
Water Enforcement Branch (6EN-WC)
U.S. Environmental Protection Agency
1445 Ross Avenue, Suite 1200
Dallas, TX 75202

Re: NPDES Permit No. NM0022306 – Outfall 002 October 2006 DMRs

Dear Ms. Hall:

Molycorp is resubmitting the October 2006 Outfall 002 DMRs because the frequency of analysis for cyanide was not specified in the August 29, 2006 NPDES permit. In a letter dated November 9, 2006, the EPA corrected the permit which incorporated the change that requires monthly reporting of cyanide. The attached DMRs contain the October results for cyanide.

Should you have any questions or concerns regarding these reports or require additional information, please contact me at (505) 586-7639.

Sincerely yours,

Armando Martinez

Enclosures

cc: NMED SWQB

RECEIVED
JAN 10 2007

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TEXAS 75202-2733

NOV 09 2006

CERTIFIED MAIL: RETURN RECEIPT REQUESTED (7004 1160 0003 0360 9637)

Roy Torres
Operations Manager
Molycorp, Questa Mine
P.O. Box 469
Questa, NM 87556

RECEIVED
JAN 10 2007
6EN-VV

Re: NPDES Permit No. NM0022306
Public Notice of Final Decision

Dear Mr. Torres:

The permit recently issued to Molycorp, contains several typographical errors. Following regulations listed at 40CFR122.63(a), the following minor permit modifications are made:

PAGE 6, 9, and 10 OF PART I
Errors in the cyanide limits and monitoring requirements were corrected.

PAGE 8 OF PART I
The footnotes were corrected

PAGE 2 OF PART II
An error in the composite sampling language was corrected.

PAGE 6 OF PART II
Outdated methods were corrected

The corrected page(s) are enclosed.

If you have any questions on any aspect of this minor permit modification, please feel free to contact the permit writer, J. Scott Wilson, by telephone at:214-665-7511, FAX:214-665-2191, or E-mail: wilson.js@epa.gov.

Sincerely yours,

Willie Lane
Chief
Permits Section (6WQ-PP)

Enclosure(s)

cc (w/enclosures): New Mexico Environment Department

Total Lead STORET: 01051	0.55	0.82	0.1	0.15
Total Manganese STORET: 01055	5.46	8.2	1.0	1.5
Total Mercury (*3) STORET: 71900	0.0006	0.00093	0.00011	0.00017
Total Mercury (*4) STORET: 71900	0.000336	0.0005	0.001	0.0014
Total Molybdenum STORET: 01062	9.6	14.7	3.3	5.03
Total Zinc STORET: 01092	0.58	0.58	0.2	0.2
Total Aluminum STORET: 01105	0.169	0.254	0.058	0.087

PARAMETERS/STORET CODES	MONITORING REQUIREMENTS	
	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow STORET: 50050	Continuous	Record
Total Suspended Solids STORET: 00530	1/Quarter	24-Hr. Composite (*5)
Total Arsenic STORET: 01002	1/Month	24-Hr. Composite (*5)
Total Cadmium STORET: 01027	1/Month	24-Hr. Composite (*5)
Total Copper STORET: 01042	1/Month	24-Hr. Composite (*5)
Total Cyanide STORET: 00720	1/Month	24-Hr. Composite (*3)
Fluoride STORET: 00951	1/Quarter	24-Hr. Composite (*5)
Total Iron STORET: 01045	1/Month	24-Hr. Composite (*5)
Total Lead STORET: 01051	1/Month	24-Hr. Composite (*5)
Total Manganese STORET: 01055	1/Month	24-Hr. Composite (*5)
Total Mercury STORET: 71900	1/Month	24-Hr. Composite (*5)
Total Molybdenum STORET: 01062	1/Quarter	24-Hr. Composite (*5)
Total Zinc STORET: 01092	1/Quarter	24-Hr. Composite (*5)
Total Aluminum STORET: 01105	1/Month	24-Hr. Composite (*5)

RECEIVED
JAN 10 2007

RECEIVED
JAN 10 2007

WHOLE EFFLUENT TOXICITY TESTING

PARAMETERS/STORET CODES	DISCHARGE LIMITATIONS/REPORTING REQUIREMENTS QUALITY (PERCENT % UNLESS STATED) MONTHLY AVG MINIMUM	7-DAY MINIMUM
Whole Effluent Toxicity Testing (*6) (7-Day Static Renewal)		
Pimephales promelas		
STORET: TLP6C	****	Report
STORET: TOP6C	****	Report
STORET: TPP6C	****	Report
Ceriodaphnia dubia		
STORET: TLP3B	****	Report
STORET: TOP3B	****	Report
STORET: TPP3B	****	Report

Species Quality Reporting Units: Pass = 0, Fail = 1

PARAMETERS/STORET CODES	MONITORING REQUIREMENTS FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole Effluent Toxicity Testing (7-Day Static Renewal)		
Pimephales promelas		
STORET: TLP6C	1/quarter	24-Hr. Composite (*5)
STORET: TOP6C	1/quarter	24-Hr. Composite (*5)
STORET: TPP6C	1/quarter	24-Hr. Composite (*5)
Ceriodaphnia dubia		
STORET: TLP3B	1/quarter	24-Hr. Composite (*5)
STORET: TOP3B	1/quarter	24-Hr. Composite (*5)
STORET: TPP3B	1/quarter	24-Hr. Composite (*5)

SAMPLING LOCATION(S) AND OTHER REQUIREMENTS

SAMPLING LOCATION(S)

Samples taken in compliance with the monitoring requirements specified above shall be taken at the following location(s): After collection of the combined seepage from the tailings impoundment and prior to discharge to the Red River.

DEFINITIONS

The term "runoff" shall mean the flow of storm water resulting from precipitation or snow/ice melt coming into contact with the industrial facility property.

The term "uncontaminated runoff" shall mean runoff which does not come into contact (other than incidental) with any raw material, intermediate product, finished product, by-product, or waste product located on the industrial facility property.

NO DISCHARGE REPORTING

If there is no discharge event at this outfall during the sampling month, place an "X" in the NO DISCHARGE box located in the upper right corner of the preprinted Discharge Monitoring Report.

FLOATING SOLIDS OR VISIBLE FOAM

There shall be no discharge of floating solids or visible foam in other than trace amounts.

FLOW MEASUREMENTS

"Estimate" flow measurements shall not be subject to the accuracy provisions established at Part III.C.6. The daily flow value may be estimated using best engineering judgment.

FOOTNOTES

*1 Requirements for this parameter are effective during the period beginning the effective date of the permit and lasting through one (1) day prior to three (3) years from the effective date of the permit.

*2 Requirements for this parameter are effective during the period beginning three (3) years from the effective date of the permit and lasting through the expiration date of the permit.

*3 Requirements for this parameter are effective during the period beginning the effective date of the permit and lasting until EPA approves the New Mexico State Standards for Interstate and Intrastate Surface Waters (20.6.4 NMAC, effective 7/17/05).

*4 Requirements for this parameter are effective beginning the date EPA approves the New Mexico State Standards for Interstate and Intrastate Surface Waters (20.6.4 NMAC, effective 7/17/05) and lasting through the expiration date of the permit.

*5 See Part II.C.

*6 See Part II.I.

*7 These limits shall again be in effect if discharge at Outfall 001 ceases.

RECEIVED
JAN 10 2007

RECEIVED
JAN 10 2007
6EN-W

OUTFALL 002
Discharge Type: Continuous
Latitude 36°41'31.36"N, Longitude 105°37'16.58"W
Elevation: 7226.3 feet

During the period beginning after commencement of discharge at Outfall 001 and lasting through the expiration date of the permit or until discharge at Outfall 001 ceases (*7) ,

the permittee is authorized to discharge seepage from the tailings impoundment to the Red River in Segment No. 20.6.4.122 of the Rio Grande Basin.

Such discharges shall be limited and monitored by the permittee as specified below:

pH RANGE

PARAMETERS/STORET CODES	DISCHARGE LIMITATIONS/REPORTING REQUIREMENTS	
	QUALITY (UNITS AS STATED)	
	MINIMUM	MAXIMUM
pH (Standard Units) STORET: 00400	6.6	8.8

PARAMETERS/STORET CODES	MONITORING REQUIREMENTS	
	FREQUENCY OF ANALYSIS	SAMPLE TYPE
pH (Standard Units) STORET: 00400	1/Week	Grab

CHEMICAL/PHYSICAL/BIOCHEMICAL

PARAMETERS/STORET CODES	DISCHARGE LIMITATIONS/REPORTING REQUIREMENTS			
	QUANTITY/LOADING (LBS/DAY UNLESS STATED)		QUALITY/CONCENTRATION (mg/L UNLESS STATED)	
	MONTHLY AVG	DAILY MAX	MONTHLY AVG	DAILY MAX
Flow STORET: 50050	Report MGD	Report MGD	****	****
Total Suspended Solids STORET: 00530	109	164	20	30
Total Arsenic STORET: 01002	0.2	0.32	0.039	0.059
Total Cadmium (*1) STORET: 01027	0.016	0.024	0.003	0.0044
Total Cadmium (*2) STORET: 01027	0.0022	0.0033	0.0004	0.0006
Total Copper STORET: 01042	0.175	0.27	0.032	0.049
Total Cyanide STORET: 00720	0.02	0.029	0.0147	0.022
Fluoride STORET: 00951	16.4	16.4	3.0	3.0

RECEIVED
JAN 10 2007
6EN-W

Total Lead STORET: 01051	0.13	0.19	0.023	0.035
Total Manganese STORET: 01055	5.46	8.2	1.0	1.5
Total Mercury (*3) STORET: 71900	0.000087	0.00013	0.000016	0.000024
Total Mercury (*4) STORET: 71900	0.0029	0.0045	0.001	0.0015
Total Molybdenum (*3) STORET: 01062	4.13	6.2	1.34	2.01
Total Molybdenum (*4) STORET: 01062	3.9	5.8	1.32	1.98
Total Zinc STORET: 01092	0.58	0.58	0.2	0.2
Total Aluminum STORET: 01105	0.169	0.25	0.058	0.087
Total Gross Alpha (*8) STORET: 01501	N/A	N/A	19.8 pCi/l	29.7 pCi/l

PARAMETERS/STORET CODES	MONITORING REQUIREMENTS	
	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow STORET: 50050	Continuous	Record
Total Suspended Solids STORET: 00530	1/Quarter	24-Hr. Composite (*5)
Total Arsenic STORET: 01002	1/Month	24-Hr. Composite (*5)
Total Cadmium STORET: 01027	1/Month	24-Hr. Composite (*5)
Total Copper STORET: 01042	1/Month	24-Hr. Composite (*5)
Total Cyanide STORET: 00720	1/Month	24-Hr. Composite (*3)
Fluoride STORET: 00951	1/Quarter	24-Hr. Composite (*5)
Total Iron STORET: 01045	1/Month	24-Hr. Composite (*5)
Total Lead STORET: 01051	1/Month	24-Hr. Composite (*5)
Total Manganese STORET: 01055	1/Month	24-Hr. Composite (*5)
Total Mercury STORET: 71900	1/Month	24-Hr. Composite (*5)
Total Molybdenum STORET: 01062	1/Quarter	24-Hr. Composite (*5)
Total Zinc STORET: 01092	1/Quarter	24-Hr. Composite (*5)
Total Aluminum STORET: 01105	1/Month	24-Hr. Composite (*5)
Radiation: Total Gross Alpha (*9) STORET: 01501	1/Week	Grab

RECEIVED
JAN 10 2007
GEN-W

WHOLE EFFLUENT TOXICITY TESTING

PARAMETERS/STORET CODES	DISCHARGE LIMITATIONS/REPORTING REQUIREMENTS QUALITY (PERCENT % UNLESS STATED) MONTHLY AVG MINIMUM	7-DAY MINIMUM
Whole Effluent Toxicity Testing (*4)		
(7-Day Static Renewal)		
Pimephales promelas		
STORET: TLP6C	****	Report
STORET: TOP6C	****	Report
STORET: TPP6C	****	Report
Ceriodaphnia dubia		
STORET: TLP3B	****	Report
STORET: TOP3B	****	Report
STORET: TPP3B	****	Report

Species Quality Reporting Units: Pass = 0, Fail = 1

PARAMETERS/STORET CODES	MONITORING REQUIREMENTS FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole Effluent Toxicity Testing		
(7-Day Static Renewal)		
Pimephales promelas		
STORET: TLP6C	1/quarter	24-Hr. Composite (*5)
STORET: TOP6C	1/quarter	24-Hr. Composite (*5)
STORET: TPP6C	1/quarter	24-Hr. Composite (*5)
Ceriodaphnia dubia		
STORET: TLP3B	1/quarter	24-Hr. Composite (*5)
STORET: TOP3B	1/quarter	24-Hr. Composite (*5)
STORET: TPP3B	1/quarter	24-Hr. Composite (*5)

SAMPLING LOCATION(S) AND OTHER REQUIREMENTS

SAMPLING LOCATION(S)

Samples taken in compliance with the monitoring requirements specified above shall be taken at the following location(s): After collection of the combined seepage from the tailings impoundment and prior to discharge to the Red River.

DEFINITIONS

The term "runoff" shall mean the flow of storm water resulting from precipitation or snow/ice melt coming into contact with the industrial facility property.

The term "uncontaminated runoff" shall mean runoff which does not come into contact (other than incidental) with any raw material, intermediate product, finished product, by-product, or waste product located on the industrial facility property.

RECEIVED
JAN 10 2007
6EN-W

observation shall be reported to the Agencies within fourteen days of identification of the change. This fourteen day reporting requirement applies to Portal Spring (located below the Sugar Shack South Rock Pile in the vicinity of the Old Mill), Spring 13, and Spring 39. This permit may be reopened if any significant increase in discharge or seepage occurs or if it is determined that existing seepage in other locations is hydrologically connected to the mine.

B. 24-HOUR ORAL REPORTING: DAILY MAXIMUM LIMITATION VIOLATIONS

Under the provisions of Part III.D.7.b.(3) of this permit, violations of daily maximum limitations for the following pollutants shall be reported orally to EPA Region 6, Compliance and Assurance Division, Water Enforcement Branch (6EN-W), Dallas, Texas, within 24 hours from the time the permittee becomes aware of the violation followed by a written report in five days.

C. COMPOSITE SAMPLING (24-HOUR)

The term "24-hour composite sample" means a sample consisting of a minimum of three (3) aliquots of effluent collected at regular intervals over a normal 24-hour operating period and combined in proportion to flow or a sample continuously collected in proportion to flow over a normal 24-hour operating period.

D. CYANIDE EFFLUENT TEST PROCEDURES

To comply with the sampling and analysis requirements for total cyanide and cyanide amenable to chlorination, the permittee shall use an approved test procedure at 40CFR136. If the analysis of cyanide amenable to chlorination is subject to matrix interferences, the weak acid dissociable cyanide method (Method 4500 CN I - Standard Methods, latest edition approved in 40CFR136) may be substituted for this parameter. The permittee may use ion chromatographic separation - amperometric detection (IC method) as a substitute for the colorimetric detection steps in any of the above cyanide methods. No other modifications of the above methods are authorized by this provision unless such modifications are approved in writing by the permitting authority.

E. MOLYBDENUM EFFLUENT TEST PROCEDURES

The Molycorp thiocyanate colorimetric method is approved for the analysis of molybdenum unless subsequently determined to be inappropriate by the NMED or EPA.

F. TAILINGS SPILL MONITORING REQUIREMENTS

As soon as practicable after the arrival of Molycorp's environmental staff at the site of a tailings spill that reaches the Red River, but no later than two (2) hours after arrival at the site, water quality sampling shall commence. Samples shall be taken at three sites:

(1) Approximately 100 feet above the point where tailings enter the river;

(2) Approximately 100 feet below the point where tailings enter the river; and

(3) Approximately one-half mile below the point where tailings enter the river.

All samples shall be properly preserved and analyzed for:

Chemical Oxygen Demand
Total Suspended Solids
Total Arsenic
Total Cadmium
Total Copper
Total Cyanide
Fluoride
Total Iron
Total Lead
Total Manganese
Total Mercury
Total Molybdenum
Total Zinc
Total Aluminum
Total Boron
Total Chromium
Total Cobalt
Total Selenium
Total Vanadium
Total Beryllium
Total Nickel
Total Silver
Un-ionized Ammonia (as N)
Total Residual Chlorine
Temperature
pH

RECEIVED
JAN 10 2007
6EN-W

The results of the analysis shall be submitted to the EPA and the NMED within 30 days following a tailings spill.

Consistent with the procedures described in the Preventative Maintenance and Surveillance Plan and the Contingency Action and Reporting Plan (June 1975), a written report containing the following information will be sent to the EPA and the NMED within ten (10) days following any spill:

(1) Date of Spill.

RECEIVED
JAN 10 2007
6EN-W

I. MINIMUM QUANTIFICATION LEVEL (MQL)

If any individual analytical test result is less than the minimum quantification level listed below, a value of zero (0) may be used for that individual result for the Discharge Monitoring Report (DMR) calculations and reporting requirements.

Pollutant	MQL ug/l	REQUIRED EPA Test Method	Pollutant	MQL ug/l	REQUIRED EPA Test Method
Aluminum	100	202.2 or 200.7	Cyanide	10	335.2
Antimony	60	200.7	Lead	5	239.2 or 200.7
Arsenic	10	206.2 or 200.7	Mercury	0.2	245.1
Barium	10	208.2	Molybdenum	30	200.7
Beryllium	5	200.7	Nickel	40	200.7
Cadmium	1	213.2 or 200.7	Selenium	5	270.2
Chromium	10	200.7	Silver	2	272.2
Chromium (III) (trivalent)	10	200.7	Thallium	10	279.2
Chromium (VI) (hexavalent)	10	200.7	Zinc	20	200.7
Copper	10	220.2 or 200.7	Total Phenols	5	420.1
2,3,7,8-TCDD	0.00001	625 Scan	PCB-1242	1.0	608
Aldrin	0.05	608	PCB-1254	1.0	608
Chlordane	0.2	608	PCB-1221	1.0	608
DDT	0.1	608	PCB-1232	1.0	608
Dieldrin	0.1	608	PCB-1248	1.0	608
Toxaphene	5	608	PCB-1260	1.0	608
Tetrachloroethylene	10	624	PCB-1016	1.0	608
Benzo(a)pyrene	10	625			
Hexachlorobenzene	10	625			

The permittee may develop an effluent specific method detection limit (MDL) in accordance with Appendix B to 40CFR136. For any pollutant for which the permittee determines an effluent specific MDL, the permittee shall send to the EPA Region 6 NPDES Permits Branch (6WQ-P) a report containing QA/QC documentation, analytical results, and calculations necessary to demonstrate that the effluent specific MDL was correctly calculated. An effluent specific minimum quantification level (MQL) shall be determined in accordance with the following calculation:

$$MQL = 3.3 \times MDL$$

RECEIVED
JAN 10 2007

Upon written approval by the EPA Region 6 NPDES Permits Branch (6WQ-P), the effluent specific MQL may be utilized by the permittee for all future Discharge Monitoring Report (DMR) calculations and reporting requirements.

J. WHOLE EFFLUENT TOXICITY TESTING (7-DAY CHRONIC NOEC FRESHWATER)

1. SCOPE AND METHODOLOGY

a. The permittee shall test the effluent for toxicity in accordance with the provisions in this section.

APPLICABLE TO FINAL OUTFALL(S):	001 and 002
REPORTED ON DMR AS FINAL OUTFALL:	002
CRITICAL DILUTION (%):	12% when discharge is only made at Outfall 002 and 40% when discharge is made concurently from Outfall 001 and 002
EFFLUENT DILUTION SERIES (%):	3%, 6%, 12%, 24%, and 48% when discharge is only made from Outfall 002
	23%, 30%, 40%, 53%, and 71% when discharge is concurrently made from Outfalls 001 and 002
COMPOSITE SAMPLE TYPE:	Defined at PART I
TEST SPECIES/METHODS:	40 CFR Part 136

Ceriodaphnia dubia chronic static renewal survival and reproduction test, Method 1002.0, EPA/600/4-91/002 or the most recent update thereof. This test should be terminated when 60% of the surviving females in the control produce three broods or at the end of eight days, whichever comes first.

Pimephales promelas (Fathead minnow) chronic static renewal 7-day larval survival and growth test, Method 1000.0, EPA/600/4-91/002, or the most recent update thereof. A minimum of five (5) replicates with eight (8) organisms per replicate must be used in the control and in each effluent dilution of this test.

b. The NOEC (No Observed Lethal Effect Concentration) is defined as the greatest effluent dilution at and below which lethality that is statistically different from

SC1

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 / PERMIT NUMBER
001 A DISCHARGE NUMBER

1 - Permit/CD
2 - AO & AO matl
MAJOR - DMR's
4 - Vio. Sum. Log
F - FINAL
PROCESS WATER
7 - CRAS
Date Filed
Clerk's Initials

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD
FROM YEAR 06 MO 11 DAY 01 TO YEAR 06 MO 11 DAY 30

***** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.4 MO AVG	2.11 DAILY MX	LBS/DY	******	0.039 MO AVG	0.059 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.021 DAILY MX	LBS/DY	******	0.0004 MO AVG	0.0006 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED
DEC 22 2005
6EN-W

JUL 05 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

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

SC1

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	01	TO	06	11	30

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14 MO AVG	1.75 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.82 MO AVG	1.25 DAILY MX	LBS/DY	******	0.023 MO AVG	0.035 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	47 MO AVG	70.8 DAILY MX	LBS/DY	******	1.32 MO AVG	1.98 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		WEEKLY	COMP24

RECEIVED
DEC 22 2005
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

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

SC 1

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	001 A

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	11	01	06	11	30

MAJOR

F - FINAL
PROCESS WATER

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
DEC 22 2005
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

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

SC 1

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	01	TO	06	11	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	**	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.31	******	7.44	(12) SU	0	1/7	[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.48	1.50	(26) LBS/DY	******	0.3	0.3	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	[redacted]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED
DEC 22 2005
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

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

SC1

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	01	TO	06	11	30

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.517	0.726	(03) MGD	******	******	******		0	CONTIN UOUS	R[illegible]R
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
DEC 22 2005
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

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

5c1

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	30	TO	06	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.063 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
DEC 22 2005
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

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

SC1

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	01	TO	06	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
DEC 22 2005
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

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

WHEN DISCHARGING.

SC1

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	01	TO	06	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.255 MO AVG	0.340 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.002 MO AVG	0.0025 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.013 MO AVG	0.017 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.63 MO AVG	0.084 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
DEC 22 2005
GENEW

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager**	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.	Roy Torres	(505)5867637	06 | 12 | 14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	area code NUMBER	YEAR | MO | DAY

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

WHEN DISCHARGING.

SC

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	11	01	TO	06	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
DEC 22 2005
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

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

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

REVISED

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, GENERAL MINE MANAGER

rec'd 1/5/07

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	10	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0006 MO AVG	0.00093 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.24	******	7.42	(12) SU	0	1/7	[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.6 MINIMUM	******	8.8 MAXIMUM	SU		WEEKLY	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.63	1.63	(26) LBS/DY	******	0.39	0.39	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.46 MO AVG	8.2 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.55 MO AVG	0.82 DAILY MX	LBS/DY	******	0.1 MO AVG	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	C[redacted]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.2 MO AVG	1.8 DAILY MX	LBS/DY	******	0.22 MO AVG	0.33 DAILY MX	MG/L		ONCE/ MONTH	COM[redacted]24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.026 MO AVG	0.038 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
The October 2006 DMRs are resubmitted due to a potential permit ambiguity. The revised DMRs contain results for Cyanide.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: GENERAL MINE MANAGER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	10	31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.032 MO AVG	0.049 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.547	0.726	(03) MGD	******	******	******		0	CONTIN UOUS	R[illegible]R
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
Reported cyanide↗	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 12 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
The October 2006 DMRs are resubmitted due to a potential permit ambiguity. The revised DMRs contain results for Cyanide.

Molycorp Inc.
3.5 Miles East of Questa on State Road 38
PO Box 469
Questa, NM 87556-0469
(505) 586-7639

Armando Martinez
Sr. Environmental Specialist

Molycorp

CERTIFIED MAIL RETURN RECEIPT

RECEIVED
JAN 05 2007
6EN-W

December 14, 2006

Ms. Sonia Hall
Water Enforcement Branch (6EN-WC)
U.S. Environmental Protection Agency
1445 Ross Avenue, Suite 1200
Dallas, TX 75202

Re: NPDES Permit No. NM0022306 – Outfall 002 October 2006 DMRs

Dear Ms. Hall:

Molycorp is resubmitting the October 2006 Outfall 002 DMRs because the frequency of analysis for cyanide was not specified in the August 29, 2006 NPDES permit. In a letter dated November 9, 2006, the EPA corrected the permit which incorporated the change that requires monthly reporting of cyanide. The attached DMRs contain the October results for cyanide.

Should you have any questions or concerns regarding these reports or require additional information, please contact me at (505) 586-7639.

Sincerely yours,

Armando Martinez

Enclosures

cc: NMED SWQB

1 - Permit/CD
2 - AO & AO mat'l
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Initls.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

(1) SC
22306

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	C
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Clark's Initials
5 - NOR
6 - Correspondence
7 - CRAS
Date

RECEIVED
OCT 17 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 10 | 13 YEAR | MO | DAY

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

MAR 22 2007

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	[illegible]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		ONCE/ MONTH	COMP24

RECEIVED
OCT 17 2006
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 10 | 13 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
OCT 17 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 10 | 13 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

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

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	50.64	50.64	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.19	******	7.58	(12) SU	0	1/7	[illegible]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	20.26	20.26	(26) LBS/DY	******	<4	<4	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	7.34	7.34	(26) LBS/DY	******	1.45	1.45	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP[illegible]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED
OCT 17 2000
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 10 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

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

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.507	0.507	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	[illegible]
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.82	1.82	(26) LBS/DY	******	0.36	0.36	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	6.23	6.23	(26) LBS/DY	******	1.23	1.23	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	[illegible]
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	[illegible]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED
OCT 17 2006
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 10 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

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

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.564	0.726	(03) MGD	******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	[illegible]
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
OCT 17 2006
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 10 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	[redacted]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
OCT 17 2006
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 10 | 13 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)		******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
OCT 17 2006
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 10 | 13 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	[illegible]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
OCT 17 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 10 | 13 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
005 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
OCT 17 2006
CEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	06 | 10 | 13 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

1 - Permit/CD
2 - AO & AO mod
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	08	01	06	08	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

RECEIVED
SEP 13 2000
6EN-W

Date Filed
CRAS Initials

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	C
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 09 | 11 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	08	01	06	08	31

MAJOR

F - FINAL
PROCESS WATER

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

RECEIVED
SEP 13 2006
GEN-MY

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	[redacted]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 09 | 11 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

(1) SC

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
SEP 13 2011
BEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 09 | 11 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

RECEIVED SEP 13 2011 ENV

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31

MAJOR (1) SC [redacted]

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	48.38	48.38	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.38	******	7.43	(12) SU	0	1/7	[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	19.36	19.36	(26) LBS/DY	******	<4	<4	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	6.77	6.77	(26) LBS/DY	******	1.4	1.4	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	[redacted]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 09 | 11 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

RECEIVED
SEP 13 2005
GEN. W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) S[redacted]

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.484	0.484	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	C[redacted]
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.98	1.98	(26) LBS/DY	******	0.41	0.41	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	6.29	6.29	(26) LBS/DY	******	1.30	1.30	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	C[redacted]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 09 | 11 YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	08	01	06	08	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.594	0.726	(03) MGD	******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	[illegible]
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED SEP 1 3 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 09 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	[redacted]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
SEP 13 2000
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 09 | 11 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) SC[redacted]

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	08	01	06	08	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			[redacted]
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	[redacted]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
SEP 13 2006
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 09 | 11 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR OSC [redacted]

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	[redacted]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
SEP 1 3 2011
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 09 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

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

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR 05

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	[redacted]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	06 | 09 | 11 YEAR | MO | DAY

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

SC

RECEIVED
AUG 14 2006
6EN-W

Molycorp Inc.
3.5 Miles East of Questa on State Road. 38
PO Box 469
Questa, NM 87556-0469
(505) -586-7637

Molycorp

CERTIFIED MAIL RETURN RECEIPT

August 10, 2006

Ms. Sonia Hall
Water Enforcement Branch (6EN-WC)
U.S. Environmental Protection Agency
1445 Ross Avenue, Suite 1200
Dallas, TX 75202

RECEIVED
AUG 14 2006
6EN-W

Re: DMRS - NPDES Permit No. NM0022306

Dear Ms. Hall:

Enclosed are the DMRs for the month of July, 2006 for Permit No. NM0022306, Outfalls 001, 002, 004 and 005. Please be advised that no discharge occurred from Outfalls 001, 004 or 005 for the month of July.

Also Enclosed are the Bio-Monitoring DMRs for samples taken during the first half of 2006 for outfall 002 for permit No. NM0022306. The results consist of the semi-annual *Ceriodaphnia dubia* monitoring. Please be advised that there was no discharge from outfall 001 during the first half of 2006. Therefore no samples were available for bio-monitoring.

Should you have any questions or concerns regarding these reports or require additional information, please contact Armando Martinez, Environmental Compliance Specialist, at (505) 586-7639 or Scott Honan, Environmental Compliance Supervisor, at (760) 856-7656.

Sincerely yours,

Roy A. Torres

Roy A. Torres
General Mine Manager
Questa Division

1 - Permit/CD
2 - AO & AO matl
SC 3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

Enclosures

cc: NMED SWQB
A. Martinez, Molycorp

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	07	31

*** NO DISCHARGE [X]

NOTE: Read instructions before completing this form.

22306

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - SMAB

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	CO
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED
AUG 14 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	07	01	06	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		ONCE/ MONTH	COMP24

RECEIVED
AUG 14 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	001 A

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	07	01	06	07	31

MAJOR

F - FINAL
PROCESS WATER

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 1 4 2006
GEN W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	07	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	50.31	50.31	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.24	******	7.58	(12) SU	0	1/7	[illegible]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	20.12	20.12	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	6.03	6.03	(26) LBS/DY	******	1.2	1.2	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED AUG 1 4 2006 GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 06 MO 07 DAY 01 TO YEAR 06 MO 07 DAY 31

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.503	0.503	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	C[illegible]
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.91	1.91	(26) LBS/DY	******	0.38	0.38	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	6.54	6.54	(26) LBS/DY	******	1.30	1.30	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED AUG 1 4 2016 GEN-MM

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	07	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.593	0.726	(03) MGD	******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	C
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 14 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F. - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	C[illegible]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 14 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 16 2006
6EN-

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	07	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	C[illegible]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 14 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 14 2006
RCN W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX1 S
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
1/6 MONTHS 7-DAY CHRONIC TOXIC
*** NO DISCHARGE [X] ***

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 06 MO 02 DAY 01 TO YEAR 06 MO 07 DAY 31

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(9A)			
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ONCE/ 6MONTH	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TPP38 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 14 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 S
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

1/6 MONTHS 7-DAY CHRONIC TOXIC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	07	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/6 MONTH	COMP24
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ONCE/ 6MONTH	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/6 MONTH	CO[illegible]
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/6 MONTH	COMP24
TPP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 14 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **General Mine Manager** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 08 | 10 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

Daniel

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)				(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	CO[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)				(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - 20 DAY
Date Filed
Clerk's Initials

RECEIVED JUN 18 2006 OCD ARTESIA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 07 | 14 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

D Sonia

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	CO[illegible]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 07 | 14 YEAR | MO | DAY

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

RECEIVED JUN 18 2006

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	001 A

MAJOR

F - FINAL
PROCESS WATER

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

JUN 18 2008

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 07 | 14 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	06	01	TO	06	06	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	50.82	50.82	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.23	******	7.61	(12) SU	0	1/7	G[illegible]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	20.33	20.33	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	7.11	7.11	(26) LBS/DY	******	1.4	1.4	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	CO[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 07 | 14 YEAR | MO | DAY

RECEIVED JUN 18 2014

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	06	01	TO	06	06	30

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	1.47	1.47	(26) LBS/DY	******	0.29	0.29	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.98	1.98	(26) LBS/DY	******	0.39	0.39	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	6.1	6.1	(26) LBS/DY	******	1.20	1.20	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 07 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED JUN 18 2006

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

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

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.592	0.726	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	CO
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED JUN 18 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres	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.	Roy Torres	(505)5867637	06 | 07 | 14
Manager, Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	area code NUMBER	YEAR | MO | DAY
TYPED OR PRINTED				

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED JUN 18 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
Roy A. Torres
Manager, Operations
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.

Roy Torres
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (505)5867637 (area code NUMBER)

DATE: 06 | 07 | 14 (YEAR | MO | DAY)

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	06	01	TO	06	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	CO[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

JUN 18 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres	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.	Roy Torres		
Manager, Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	06 | 07 | 14
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	06	01	TO	06	06	30

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	CO[illegible]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

JUN 18 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 07 | 14 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	06	01	TO	06	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	CO[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 07 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED JUL 08 2014

Molycorp, Inc.
Molybdenum Group
P.O. Box 469
Questa, NM 87556-0469
Telephone (505) 586-0212
Facsimile (505) 586-0811

Sonia

Molycorp

CERTIFIED MAIL RETURN RECEIPT

June 14, 2006

Ms. Waudelle Strickley
Water Enforcement Branch (6EN-WC)
U.S. Environmental Protection Agency
1445 Ross Avenue, Suite 1200
Dallas, TX 75202

Re: DMRS - NPDES Permit No. NM0022306

Dear Ms. Strickley:

Enclosed are the DMRs for the month of May, 2006 for Permit No. NM0022306, Outfalls 001, 002, 004 and 005. Please be advised that no discharge occurred from Outfalls 001, 004 or 005 for the month of May.

Should you have any questions or concerns regarding these reports or require additional information, please contact Armando Martinez, Environmental Compliance Specialist, at (505) 586-7639 or Scott Honan, Environmental Compliance Supervisor, at (760) 856-7656.

Sincerely yours,

Roy A. Torres

Roy A. Torres
Manager, Operations
Questa Division

1 - Permit/CD
2 - AO & AO mail
3 - DMR's
4 - Vio. Sum. Let
5 - NOR
6 - Correspondence
7 - CRAG
Date Filed
Clerk's mtg.

RECEIVED
JUN 20 2006
6EN-W

Enclosures

cc: NMED SWQB
S. Honan, Molycorp

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	[redacted]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 06 | 14 YEAR | MO | DAY

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

RECEIVED JUN 20 2006 6EN-W

JAN 09 2007

1 - Permit/CD
2 - AO & AO mail
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - Date Filed
Clerk's Inits.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	C
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 06 | 14 YEAR | MO | DAY

RECEIVED
JUN 20 2006
GEN-W

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	05	01	06	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUN 20 2006
ENW

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 06 | 14 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	51.32	51.32	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.35	******	7.53	(12) SU	0	1/7	[illegible]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	20.53	20.53	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	5.08	5.08	(26) LBS/DY	******	0.99	0.99	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 06 | 14 YEAR | MO | DAY

RECEIVED
JUN 20 2006
6PD-N-W

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.513	0.513	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	C[illegible]4
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.80	1.80	(26) LBS/DY	******	0.35	0.35	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	6.16	6.16	(26) LBS/DY	******	1.20	1.20	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COM[illegible]
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	RECEIVED JUN 20 2006	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 06 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.601	0.721	(03) MGD	******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	C[illegible]4
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JUN 20 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 06 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	C[illegible]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JUN 20 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 06 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JUN 20 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 06 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

WHEN DISCHARGING.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	C[illegible]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JUN 20 2006
GENERAL

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 06 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JUN 20 2006

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 06 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	06	04	01		06	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

1 - Permit/CD
2 - AO & AOV
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 05 | 08 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
MAY 1 1 2006
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	CO[illegible]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 05 | 08 YEAR | MO | DAY

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

RECEIVED
MAY 1 1 2006
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 1 1 2006
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	06 | 05 | 08
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	50.31	50.31	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.34	******	7.53	(12) SU	0	1/7	[illegible]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	20.12	20.12	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	5.03	5.03	(26) LBS/DY	******	1.0	1.0	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED MAY 1 1 2008 SEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 05 | 08 YEAR | MO | DAY
TYPED OR PRINTED				

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.503	0.503	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	C[illegible]
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.81	1.81	(26) LBS/DY	******	0.36	0.36	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	6.04	6.04	(26) LBS/DY	******	1.20	1.20	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	C[illegible]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED MAY 1 2006 6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	06 | 05 | 08
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

FROM YEAR 06 MO 04 DAY 01 TO YEAR 06 MO 04 DAY 30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.604	0.726	(03) MGD	******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	C[illegible]
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 11 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 05 | 08 YEAR | MO | DAY
TYPED OR PRINTED				

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	CO[illegible]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAY 1 1 2005
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 05 | 08 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	CO
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAY 1 1 2006
OCD-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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	(505)5867637	06 | 05 | 08
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 06 | MO 04 | DAY 01 TO YEAR 06 | MO 04 | DAY 30

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	CO[illegible]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAY 11 2006
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	06 | 05 | 08 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAY 1 1 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 05 | 08 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	001 A

MAJOR

F - FINAL
PROCESS WATER

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 04 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
APR 17 2006
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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	(505)5867637 area code NUMBER	06 | 04 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

RECEIVED
APR 17 2006
6EN-W

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 04 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
APR 1 7 2006
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	50.73	50.73	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.38	******	7.42	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	20.29	20.29	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	8.61	8.61	(26) LBS/DY	******	1.70	1.70	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 04 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
APR 17 2006
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.507	0.507	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.67	1.67	(26) LBS/DY	******	0.3	0.3	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	6.09	6.09	(26) LBS/DY	******	1.20	1.20	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 04 | 11 YEAR | MO | DAY
TYPED OR PRINTED				

RECEIVED
APR 17 2006
6EN-W

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.607	0.717	(03) MGD	******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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	(505)5867637	06 | 04 | 11
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE

APR 17 2006

6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 04 | 11 YEAR | MO | DAY

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

APR 17 2006

6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	06 | 04 | 11 YEAR | MO | DAY

RECEIVED
2006
SEN-W

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	CO[illegible]24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy A. Torres

Manager, Operations

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 (505)5867637 area code NUMBER

DATE 06 | 04 | 11 YEAR | MO | DAY

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

WHEN DISCHARGING.

RECE

APR 1 2 2011

SEN-W

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	03	01	TO	06	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	06 | 04 | 11 YEAR | MO | DAY

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

2006
6EN-W

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Corr.
5 - Correspondence
6 - Chron
7 - Chem - Info.

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
06	02	01	06	02	28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy A. Torres

Manager, Operations

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.

Roy A Torres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (505)5867637 (area code NUMBER)

DATE: 06 | 03 | 15 (YEAR | MO | DAY)

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

RECEIVED MAR 21 2006 6EN-W

RECEIVED MAY 21 2006 6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	06 | 03 | 15
Manager, Operations				
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

RECEIVED
MAR 2 1 2006
6EN-W

RECEIVED
MAY 2 1 2009
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 06 | MO 02 | DAY 01 TO YEAR 06 | MO 02 | DAY 28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED MAY 2 1 2005 6EN-W

RECEIVED MAR 2 1 2006 6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 03 | 15 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	48.47	48.47	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.38	******	7.6	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	19.39	19.39	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	8.24	8.73	(26) LBS/DY	******	1.75	1.80	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	06 | 03 | 15
Manager, Operations			area code NUMBER	YEAR | MO | DAY
TYPED OR PRINTED				

RECEIVED
MAY 2 1 2005
6EN-W

RECEIVED
MAR 2 1 2006
6EN-W

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 06 MO 02 DAY 01 TO YEAR 06 MO 02 DAY 28

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.485	0.485	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.70	1.70	(26) LBS/DY	******	0.34	0.35	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	5.33	5.33	(26) LBS/DY	******	1.10	1.10	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 03 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED MAY 2 1 2005 6EN-W

RECEIVED MAR 2 1 2006 6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 06 | MO 02 | DAY 01 TO YEAR 06 | MO 02 | DAY 28

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.603	0.726	(03) MGD	******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAR 21 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 03 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL)(COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAR 2 1 2006
6EN-W

RECEIVED
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 03 | 15 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAY 21 2015
6EN-W

RECEIVED
MAR 21 2016
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	06 | 03 | 15 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAR 21 2006
6EN-W

RECEIVED
MAY 31 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	06 | 03 | 15 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	02	28

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAR 21 2006
6EN-W

RECEIVED
MAR 21 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	06 | 03 | 15 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1)S · C

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	107 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

1 - Permit/CD
2 - AO & AO mail
3 - DMR's
4 - Vio. Sum. Log
5 - MCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres Manager, Operations 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

RECEIVED
FEB 22 2006
6EN-W

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

① S.C.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

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

RECEIVED
FEB 22 2006
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

(1) S.C.
MAJOR

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
FEB 22 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

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

① S.C.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	49.06	49.06	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.37	******	7.57	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	19.62	19.62	(26) LBS/DY	******	<4	<4	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	6.38	6.38	(26) LBS/DY	******	1.3	1.3	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED FEB 22 2006 6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

① S.C.
MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.491	0.491	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.91	1.91	(26) LBS/DY	******	0.39	0.39	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	5.89	5.89	(26) LBS/DY	******	1.20	1.20	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED FEB 22 2006 GEN-WV

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

0 S.C.
MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 06 | MO 01 | DAY 01 TO YEAR 06 | MO 01 | DAY 31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.599	0.726	(03) MGD	******	******	******	**** ****	0	CONTIN UOUS	RCORDR
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******			CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP[illegible]
	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
FEB 22 2006
6EN W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 06 | MO 01 | DAY 01 TO YEAR 06 | MO 01 | DAY 31

Os.c

MAJOR

F - FINAL
MINE DRAINAGE

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
FEB 22 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres Manager, Operations 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

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

0 S.C

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

MAJOR

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
FEB 22 2006
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
005 A — DISCHARGE NUMBER

O.S.C.

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
FEB 22 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

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

① S.C

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	01	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
FEB 22 2006
GEN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	06 | 02 | 15
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX1 S
PERMIT NUMBER	DISCHARGE NUMBER

0 S.C.

MAJOR

F - FINAL

1/6 MONTHS 7-DAY CHRONIC TOXIC

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	08	01	TO	06	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(9A)			
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ONCE/ 6MONTH	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TPP38 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
FEB 22 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX1 Y
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
YEARLY 7-DAY CHRONIC TOXIC

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	02	01	TO	06	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******	(9A)			
TLP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ANNUAL	COMP24
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TOP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ANNUAL	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TPP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ANNUAL	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
FEB 22 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	TX2 S
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
1/6 MONTHS 7-DAY CHRONIC TOXIC

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	08	01	TO	06	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA TLP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/6 MONTH	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ONCE/ 6MONTH	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA TOP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/6 MONTH	COM
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI TPP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/6 MONTH	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
FEB 22 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	06 | 02 | 15
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
TX2 Y — DISCHARGE NUMBER

① S.C.
MAJOR
F - FINAL
YEARLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 05 | MO 02 | DAY 01 TO YEAR 06 | MO 01 | DAY 31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/12 MONTH	COMP24
TLP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ANNUAL	COMP24
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/12 MONTH	COM[illegible]
TOP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		MONTH	COMP24
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/12 MONTH	COMP24
TPP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ANNUAL	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
FEB 22 2006
6EN-W

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	06 | 02 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR ① WS.

F - FINAL
PROCESS WATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy A. Torres

Manager, Operations

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.

Roy A. Torres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (505)5867637 area code NUMBER

DATE: 05 | 01 | 13 YEAR | MO | DAY

1 - Permit
2 - AO & AO mail
3 - DMR's
4 - Vio.
5 - Insp.
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

RECEIVED
JAN 19 2005
6W-EA-(1)

FEB 24 2005

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR O.W.S.

F - FINAL
PROCESS WATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	05 | 01 | 13
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

RECEIVED
JAN 19 2005
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

MAJOR O.W.S.

F - FINAL
PROCESS WATER

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	05 | 01 | 13
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

RECEIVED
JAN 19 2005
6W-EA-(1)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) W-S.
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	36.09	36.96	(26) LBS/DY	******	<10	<10	(19) MG/L	0	2/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.39	******	7.52	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	14.43	14.78	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	2/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	5.60	5.91	(26) LBS/DY	******	1.55	1.60	(19) MG/L	0	2/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	05 | 01 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
JAN 19 2005
6W-EA-(1)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) W.S.

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.361	0.37	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	2/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	2.12	2.44	(26) LBS/DY	******	0.59	0.66	(19) MG/L	0	2/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	4.88	5.54	(26) LBS/DY	******	1.35	1.50	(19) MG/L	0	2/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	05 | 01 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
JAN 19 2005
6W-EA-(1)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) W-S.
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.438	0.720	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
JAN 9 2005
6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	05 | 01 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MAJOR (1) W-S.
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 19 2005
6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres Manager, Operations 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	05 | 01 | 13 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

MAJOR OW-S

F - FINAL
MINE DRAINAGE

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 19 2005
6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	05 | 01 | 13 YEAR | MO | DAY

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

WHEN DISCHARGING.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

OW.S

MAJOR

F - FINAL
MINE DRAINAGE

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ***	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 1 9 2005
6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	05 | 01 | 13 YEAR | MO | DAY

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

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

OW-5.

MAJOR

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
JAN 19 2005
OWQB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	05 | 01 | 13 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy A. Torres

Manager, Operations

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.

Roy A. Torres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (505)5867637 area code NUMBER

DATE: 04 | 12 | 14 YEAR | MO | DAY

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

RECEIVED
DEC 17 2004
6W-EA

1 - Permitted
2 - AO & AO mail
3 - DMR's
5 - Correspondence
7 - CRAB
Clerk's Initials

JAN 28 2005

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 12 | 14 YEAR | MO | DAY

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

RECEIVED
DEC 17 2004
6W-EA

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	04 | 12 | 14
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

RECEIVED
DEC 17 2004
6W-EA

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	11	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	32.92	35.72	(26) LBS/DY	******	<10.0	<10.0	(19) MG/L	0	2/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.18	******	7.44	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13.17	14.29	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	2/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	4.80	5.12	(26) LBS/DY	******	1.48	1.70	(19) MG/L	0	2/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 12 | 14 YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
DEC 17 2004
6W-EA

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	11	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.329	0.357	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	2/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.85	1.86	(26) LBS/DY	******	0.563	0.61	(19) MG/L	0	2/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	4.64	4.82	(26) LBS/DY	******	1.43	1.60	(19) MG/L	0	2/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	04 | 12 | 14
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
DEC 17 2004
GWQB

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	11	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.400	0.464	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 12 | 14 YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE

RECEIVED
DEC 17 2004
6W-EA

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 12 | 14 YEAR | MO | DAY

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

RECEIVED
DEC 17 2004
6W-EA

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 04 MO 11 DAY 01 TO YEAR 04 MO 11 DAY 30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 12 | 14 YEAR | MO | DAY

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

RECEIVED
DEC 17 2004
6W-EA

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 12 | 14 YEAR | MO | DAY

RECEIVED
DEC 17 2004
6W-EA

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	11	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG) 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES) 39350 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 12 | 14 YEAR | MO | DAY

RECEIVED
DEC 17 2004
6W-EA

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

① WS

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	10	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres	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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 11 | 15 YEAR | MO | DAY
Manager, Operations TYPED OR PRINTED				

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

RECEIVED
NOV 19 2004
6W-EA

DEC 14 2004

1 - Permitee
2 - NMED
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Initials

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) US

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	10	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 11 | 15 YEAR | MO | DAY

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

RECEIVED
NOV 19 2004
6W-EA

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	10	31

MAJOR

F - FINAL
PROCESS WATER

(1) WS

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 1 0 2014
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 11 | 15 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) WS
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	10	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	35.97	35.97	(26) LBS/DY	******	<10.0	<10.0	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.27	******	7.4	(12) SU	0	1/7	GR[illegible]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	14.39	14.39	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	3.38	3.38	(26) LBS/DY	******	0.94	0.94	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COM[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 11 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
NOV 19 2004
6W-EA

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) WS
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 04 MO 10 DAY 01 TO YEAR 04 MO 10 DAY 31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.36	0.36	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.91	1.91	(26) LBS/DY	******	0.48	0.48	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	4.32	4.32	(26) LBS/DY	******	1.20	1.20	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 11 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
NOV 10 2004
6W-EA

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) WS
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	10	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.433	0.495	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
NOV 9 2004
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 11 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (1) WS

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	10	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
NOV 10 2004
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres Manager, Operations 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	(505)5867637 area code NUMBER	04 | 11 | 15 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR ① MS

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	10	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
NOV 1 0 2004
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 11 | 15 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

MINE DRAINAGE

① W5

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	10	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
NOV 9 2004
GW-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 11 | 15 YEAR | MO | DAY

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

WHEN DISCHARGING.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

MINE DRAINAGE

1 WS

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	10	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
NOV 1 0 2004
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 11 | 15 YEAR | MO | DAY

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

WHEN DISCHARGING.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy A. Torres

Manager, Operations

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.

Roy A. Torres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: area code (505) 586 7637 NUMBER

DATE: 04 | 10 | 13 YEAR | MO | DAY

1 - Permit/CD
2 - AO & AO matl
3 - Viol
4 - Viol
5 - MOR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

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

RECEIVED
OCT 18 2004
6W-EA-(1)

NOV 19 2004

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	001 A

MAJOR

F - FINAL
PROCESS WATER

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 10 | 13 YEAR | MO | DAY

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

RECEIVED
OCT 18 2004
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	001 A

MAJOR

F - FINAL
PROCESS WATER

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 10 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
OCT 18 2004
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

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

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	34.22	34.22	(26) LBS/DY	******	<10.0	<10.0	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.37	******	7.47	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13.69	13.69	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	4.79	4.79	(26) LBS/DY	******	1.40	1.40	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 10 | 13 YEAR | MO | DAY

RECEIVED
OCT 18 2004
6W-EA-(1)

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.342	0.342	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.81	1.81	(26) LBS/DY	******	0.53	0.53	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	4.45	4.45	(26) LBS/DY	******	1.30	1.30	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 10 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
OCT 18 2004
GW EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

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

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.415	0.517	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	04 | 10 | 13
Manager, Operations			area code NUMBER	YEAR | MO | DAY
TYPED OR PRINTED				

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
OCT 1 8 2004
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	04 | 10 | 13
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

RECEIVED
OCT 18 2004
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 10 | 13 YEAR | MO | DAY

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

WHEN DISCHARGING.

RECEIVED
OCT 18 2004
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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	(505)5867637	04 | 10 | 13
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

RECEIVED
OCT 18 2004
6W-EA-(1)

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 10 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

OCT 18 2004
GW-EA-(T)

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	08	31

MAJOR

F - FINAL

PROCESS WATER

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

RECEIVED SEP 16 2004 6W-EA

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy A. Torres

Manager, Operations

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.

Roy A. Torres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (505)5867637 area code NUMBER

DATE: 04 09 14 YEAR | MO | DAY

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

OCT 06 2004

3 - DMR's
9 - Correspondence
7 - ORAS
Date Filed
Clerk's Initials

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	08	31

MAJOR
F - FINAL
PROCESS WATER

*** NO DISCHARGE [X] ***

RECEIVED
SEP 16 200
6W-EA

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	04 | 09 | 14
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	08	31

MAJOR
F - FINAL
PROCESS WATER

*** NO DISCHARGE [X] ***

RECEIVED
SEP 16 2004
6W-EA

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	04 | 09 | 14
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	08	31

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

*** NO DISCHARGE ***

RECEIVED SEP 16 2004 GW EA

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	34.96	35.29	(26) LBS/DY	******	<10.0	<10.0	(19) MG/L	0	2/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.33	******	7.5	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13.99	14.12	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	2/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	4.20	4.94	(26) LBS/DY	******	1.20	1.40	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 09 | 14 YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

RECEIVED
SEP 17 6 2004
6W-EA

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 04 MO 08 DAY 01 TO YEAR 04 MO 08 DAY 31

*** ~~NO DISCHARGE~~

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.349	0.352	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	2/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.79	1.91	(26) LBS/DY	******	0.51	0.54	(19) MG/L	0	2/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	4.37	4.5	(26) LBS/DY	******	1.25	1.30	(19) MG/L	0	2/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 09 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

RECEIVED SEP 16 2004 6W-EA

MAJOR
F FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	08	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.415	0.726	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	2/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	04 | 09 | 14
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	08	31

MAJOR
F - FINAL
MINE DRAINAGE

*** NO DISCHARGE [X] ***

RECEIVED
SEP 16 2004
6W-EA

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 09 | 14 YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	08	31

MAJOR
F - FINAL
MINE DRAINAGE

*** NO DISCHARGE [X] ***

RECEIVED SEP 16 2004 SWEA

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG) 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES) 39350 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	04 | 09 | 14
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
E FINAL
MINE DRAINAGE

RECEIVED
SEP 16 2004
6W-EA

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	08	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 09 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

RECEIVED
SEP 16 2004
6W-EA

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	08	31

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 09 | 14 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 S
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

1/6 MONTHS 7-DAY CHRONIC TOXIC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(9A)			
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ONCE/ 6MONTH	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TPP38 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								2 - AO & AO matl		
	PERMIT REQUIREMENT								4 - File Sum. Log		
	SAMPLE MEASUREMENT								6 - Correspondence		
	PERMIT REQUIREMENT								Date Filed		

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 09 | 08 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

Rec'd 9/10/04

OCT 2004

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	TX2 S

MAJOR

F - FINAL

1/6 MONTHS 7-DAY CHRONIC TOXIC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	07	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA TLP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/6 MONTH	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ONCE/ 6MONTH	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA TOP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/6 MONTH	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI TPP3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/6 MONTH	COMP24
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 09 | 08 YEAR | MO | DAY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

Recd 9/10/04

Molycorp, Inc.
P.O. Box 469
3.5 Miles East of Questa on State Road 38
Questa, NM 87556-0469
Telephone: (505) 586-0212
Facsimile: (714) 985-7410

MOLYCORP, INC.
Questa Division

Fax

To:	Ms. Waudelle Strickley	**From:**	Armando Martinez
Fax:	(214) 665-2168	**Pages:**	3 including cover
Phone:	(214) 665-7491	**Date:**	9/8/2004
Re:	**NPDES Permit No. NM0022306 – Bio-monitoring DMRs**	**CC:**	

☑ **Urgent** ☑ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

● **Comments:**

Dear Ms. Strickley

Please find attached the bio-monitoring results of analyses taken during the first half of 2004 for outfall 002 for permit No. NM0022306. The attached DMRs were inadvertently not included with the July 2004 DMRs. A formal signed hardcopy will be included with the August 2004 DMRs which will be submitted during the month of September. The results consist of the semi-annual *Ceriodaphnia dubia* monitoring. Please be advised that there was no discharge from outfall 001 during the first half of 2004. Therefore no samples were available for bio-monitoring. Please feel free to contact me if you have any questions or require additional information.

Sincerely,

Armando Martinez
Environmental Compliance Specialist
Molycorp, Inc.
P.O Box 469
Questa, NM 87556-0469
☎Phone: (505) 586-7639
Fax: 714-985-7410
e-mail: amarti@molycorp.com

ROC - 8/8/04 - Need to send original now to avoid it being any later - Already 10 days late - ds.

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the original message to the sender at the above address via the U.S. Postal Service. Thank you.

SEP 27 2004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

NM0022306	TX1 S
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
1/6 MONTHS 7-DAY CHRONIC TOXIC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	07	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(9A)			
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ONCE/ 6MONTH	COMP2
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP2
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TPP38 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres Manager, Operations	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 09 | 08 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469

QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NM0022306	TX2 S
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

1/6 MONTHS 7-DAY CHRONIC TOXIC

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	07	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/6 MONTH	COMP2
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ONCE/ 6MONTH	COMP2
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/6 MONTH	COM
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP2
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/6 MONTH	COMP2
TPP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres Manager, Operations	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 09 | 08 YEAR | MO | DAY
TYPED OR PRINTED				

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

Sep-08-04 12:20 From-MOLYCORP INC. +5055860811 T-765 P.03/03 F-287

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy A. Torres

Manager, Operations

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: (505) 586 7637 (area code NUMBER)

DATE: 04 | 08 | 06 (YEAR | MO | DAY)

RECEIVED
AUG 10 2004
6W-EA

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

SEP 03 2004

2 - AO & AO mail
3 - DMR's
5 - Correspondence
7 - CRAS
Date Filed
Clerk's Initials

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 08 | 06 YEAR | MO | DAY
TYPED OR PRINTED				

RECEIVED
AUG 10 2004
6W-EA

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	001 A

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 1 0 2004
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 08 | 06 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	07	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	34.80	34.80	(26) LBS/DY	******	<10.0	<10.0	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.15	******	7.44	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13.92	13.92	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	3.83	3.83	(26) LBS/DY	******	1.10	1.10	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 08 | 06 YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
AUG 1 0 2004
6W-EA

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	07	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.348	0.348	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.60	1.60	(26) LBS/DY	******	0.46	0.46	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	4.87	4.87	(26) LBS/DY	******	1.40	1.40	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 08 | 06 YEAR | MO | DAY
TYPED OR PRINTED				

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
AUG 1 0 2006
6W-EA

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	07	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.434	0.503	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
AUG 10 2006
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 08 | 06 YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 10 2004
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 08 | 06 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 1 8 2004
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 08 | 06 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	07	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 10 2006
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 08 | 06 YEAR | MO | DAY
TYPED OR PRINTED				

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	07	31

MAJOR

F - FINAL
MINE DRAINAGE

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG) 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES) 39350 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
AUG 1 9 2004
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 08 | 06 YEAR | MO | DAY
TYPED OR PRINTED				

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

WHEN DISCHARGING.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy A. Torres

Manager, Operations

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.

Roy A. Torres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (505)5867637 (area code NUMBER)

DATE: 04 | 07 | 12 (YEAR | MO | DAY)

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

JUL 29 2004

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 07 | 12 YEAR | MO | DAY

RECEIVED
APR 15 2004
6W-EA

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 07 | 12 YEAR | MO | DAY
TYPED OR PRINTED				

RECEIVED
2004
6W-EA

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	43.31	43.31	(26) LBS/DY	******	<10.0	<10.0	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.26	******	7.47	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17.33	17.33	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	4.55	4.55	(26) LBS/DY	******	1.05	1.05	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	04 | 07 | 12
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

JU4
OW-EA

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.433	0.433	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	2.21	2.21	(26) LBS/DY	******	0.51	0.51	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	5.41	5.41	(26) LBS/DY	******	1.25	1.25	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0.1	0.1	(26) LBS/DY	******	0.023	0.023	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 07 | 12 YEAR | MO | DAY

RECEIVED 2004 OWQCA

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.477	0.588	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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	(505)5867637	04 | 07 | 12
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

RECEIVED JUL 15 2004 6W-EA

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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	(505)5867637	04 | 07 | 12
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

6WQ-EA

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE(TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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	(505)5867637	04 | 07 | 12
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

MAY 1 5 2004
6W-EA

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 07 | 12 YEAR | MO | DAY

RECEIVED JUL 15 2004 6W-FA

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	005 A

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 07 | 12 YEAR | MO | DAY

RECEIVED
JUL 15 2004
GW-FA

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

WHEN DISCHARGING.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy A. Torres

Manager, Operations

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.

Roy A. Torres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER: (505)5867637

DATE: 04 | 06 | 15 (YEAR | MO | DAY)

RECEIVED
JUN 17 2004
6W-EA-(1)

Permit
2 - AO & AO matl
3 - Correspondence
Date Filed
Clerk's Inits.

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 06 | 15 YEAR | MO | DAY

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

RECEIVED
JUN 17 2004
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 06 | 15 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
JUN 17 2004
6W-EA-(1)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	39.71	39.71	(26) LBS/DY	******	<10.0	<10.0	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.22	******	7.62	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	15.89	15.89	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	7.15	7.15	(26) LBS/DY	******	1.80	1.80	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 06 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
JUN 17 2004
6W-EA-(1)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.397	0.397	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.99	1.99	(26) LBS/DY	******	0.5	0.5	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	5.16	5.16	(26) LBS/DY	******	1.30	1.30	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 06 | 15 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE

RECEIVED
JUN 17 2004
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.504	0.648	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 06 | 15 YEAR | MO | DAY

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

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
JUN 17 2004
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 06 | 15 YEAR | MO | DAY

RECEIVED
JUN 17 2004
6W-EA-(1)

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 06 | 15 YEAR | MO | DAY

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

RECEIVED
JUN 17 2004
6W-EA-(1)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	05	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 06 | 15 YEAR | MO | DAY

RECEIVED
JUN 17 2004
6W-EA-(1)

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
005 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 04 | MO 05 | DAY 01 TO YEAR 04 | MO 05 | DAY 31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 06 | 15 YEAR | MO | DAY

RECEIVED
JUN 17 2004

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	04	01	TO	04	04	30

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
Roy A. Torres
Manager, Operations
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.

Roy A. Torr
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (505)3867637
area code + NUMBER

DATE: 04 | 05 | 13
YEAR | MO | DAY

1 - Permit/CD
2 - AO & AO mail
3 - Viol. Tracking Log
5 - NOR
6 - Correspondence
7 - Other
Date Filed
Clerk's Inits.

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

RECEIVED
MAY 18 2004
6W-EA-(1)

JUN 03 2004

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 05 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
MAY 18 2004
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

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

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 18 2004
6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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	(505)5867637	04 | 05 | 13
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	04	01	TO	04	04	30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	40.88	40.88	(26) LBS/DY	******	<10.0	<10.0	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.32	******	7.49	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	16.36	16.36	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	6.54	6.54	(26) LBS/DY	******	1.60	1.60	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 05 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
MAY 18 2004
6W-EA-(1)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.409	0.409	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.92	1.92	(26) LBS/DY	******	0.47	0.47	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	4.91	4.91	(26) LBS/DY	******	1.20	1.20	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 05 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
MAY 18 2004
6W-EA-(1)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.469	0.560	(03) MGD	******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAY 18 2004
6W-EA (1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 05 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
04	04	01	04	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAY 8 2004
OVV-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	04	01	TO	04	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAY 18 2004
OW-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 05 | 13 YEAR | MO | DAY

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

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	04	01	TO	04	04	30

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAY 1 8 2004
6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 05 | 13 YEAR | MO | DAY

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

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	04	01	TO	04	04	30

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAY 1 8 2004
6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 05 | 13 YEAR | MO | DAY

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

WHEN DISCHARGING.

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	01	TO	04	03	31

① W-5

MAJOR

F - FINAL
PROCESS WATER

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 04 | 14 YEAR | MO | DAY

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

RECEIVED
APR 19 2004
6W-EA-(1)

1 - [illegible]
2 - [illegible]
3 - [illegible]
4 - [illegible]
5 - [illegible]
6 - Correspondence
7 - CRD
Date Filed
Clerk's Inits.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

① W-S

MAJOR

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	01	TO	04	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 04 | 14 YEAR | MO | DAY

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

RECEIVED
APR 19 2004
6W-EA-(1)

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

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	01	TO	04	03	31

MAJOR OW-S

F - FINAL
PROCESS WATER

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 04 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

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

RECEIVED
APR 19 2004
6W-EA-(1)

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

0W-5

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 04 | MO 03 | DAY 01 TO YEAR 04 | MO 03 | DAY 31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	40.06	40.06	(26) LBS/DY	******	<10.0	<10.0	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.21	******	7.45	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	16.02	16.02	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	6.41	6.41	(26) LBS/DY	******	1.60	1.60	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED APR 19 2004 6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 04 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

O.W.S.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	01	TO	04	03	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.401	0.401	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	1.84	1.84	(26) LBS/DY	******	0.46	0.46	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	4.81	4.81	(26) LBS/DY	******	1.20	1.20	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

RECEIVED
APR 19 2004
6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 04 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

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

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	01	TO	04	03	31

OWS

MAJOR

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.470	0.547	(03) MGD	******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
APR 19 2004
6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	By A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 04 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

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

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

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

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

(1) W-S
MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 04 MO 03 DAY 01 TO YEAR 04 MO 03 DAY 31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
APR 19 2004
6W-EA (1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres Manager, Operations 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	(505)5867637 area code NUMBER	04 | 04 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING.

OW-8

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	01	TO	04	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
APR 19 2004

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 04 | 14 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING.

(1) W-8

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	01	TO	04	03	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED APR 19 2004 6W-EA-(1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 04 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	01	TO	04	03	31

(1) W-S

MAJOR

F - FINAL
MINE DRAINAGE

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
APR 19 2004
6W-EA (1)

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 04 | 14 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COM[redacted]
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRA[redacted]
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			[redacted]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COM[redacted]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			[redacted]
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 03 | 10 YEAR | MO | DAY
TYPED OR PRINTED			

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

RECEIVED
MAR 17 2004
6W-EA

MAR 30 2004

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP[redacted]
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			[redacted]
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COMP[redacted]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			[redacted]
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COM[redacted]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			[redacted]
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 03 | 10 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

RECEIVED
MAR 17 2004
6W-FA

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GR[illegible]
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				[illegible]
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCOR[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										[illegible]
	PERMIT REQUIREMENT										[illegible]
	SAMPLE MEASUREMENT										[illegible]
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 03 | 10 YEAR | MO | DAY
TYPED OR PRINTED			

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

RECEIVED
MAR 1 7 2010
6W-EA

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	39.10	39.10	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COM[redacted]
PH	SAMPLE MEASUREMENT	******	******		7.07	******	7.39	(12) SU	0	1/7	GR[redacted]
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRA[redacted]
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	15.62	15.62	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	6.25	6.25	(26) LBS/DY	******	1.60	1.60	(19) MG/L	0	1/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COM[redacted]
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COM[redacted]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP[redacted]
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 03 | 10 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
MAR 17 2004
6W-EA

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.391	0.391	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	2.11	2.11	(26) LBS/DY	******	0.54	0.54	(19) MG/L	0	1/30	COMP24
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.9 MO AVG	4.38 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	5.08	5.08	(26) LBS/DY	******	1.30	1.30	(19) MG/L	0	1/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Roy A. Torres

Manager, Operations

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.

Roy A. Torres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (505)5867637 (area code NUMBER)

DATE: 04 | 03 | 10 (YEAR | MO | DAY)

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
MAR 17 2004
6W-FA

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.485	0.570	(03) MGD	******	******	******		0	CONTINUOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCO[illegible]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COM[illegible]
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/MONTH	COMP[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED
MAR 17 2004
QUESTA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 03 | 10 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COM[illegible]
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRA[illegible]
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COM[illegible]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
APR 7 2004
GW-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 03 | 10 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	004 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP[redacted]
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			[redacted]
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP[redacted]
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			[redacted]
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COM[redacted]
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			[redacted]
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAR 17 2004
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 03 | 10 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP[illegible]
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRA[illegible]
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COM[illegible]
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
17 2010
GW-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 03 | 10 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	02	29

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG) 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP[illegible]
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COMP[illegible]
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES) 39350 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COM[illegible]
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

RECEIVED
MAR 17 2004
6W-EA

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy A. Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 03 | 10 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	08	01	TO	04	01	31

10 DS

MAJOR

F - FINAL

1/6 MONTHS 7-DAY CHRONIC TOXIC

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(9A)			
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ONCE/ 6MONTH	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******			******	******	(23)			
TPP38 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT							1 - Permit/CD			
	PERMIT REQUIREMENT							2 3 - Data			
	SAMPLE MEASUREMENT							5 NOR		Log	
	PERMIT REQUIREMENT							6 7		Correspondence	
	SAMPLE MEASUREMENT								Clerk's Inits.		
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

MAR 30 2004

RECEIVED FEB 18 2004 6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
NM0022306	TX2 S

MAJOR (1) DS

F - FINAL

1/6 MONTHS 7-DAY CHRONIC TOXIC

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	08	01	TO	04	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/6 MONTH	COMP24
TLP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ONCE/ 6MONTH	COMP24
NOEL LETHAL STATRE 7 DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/6 MONTH	COMP24
TOP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
NOEL SUB-LTH STATRE 7DAY CHR CERIODAPHNI	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/6 MONTH	COMP24
TPP3B 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ONCE/ 6MONTH	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

RECEIVED
FEB 18 2004
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX1 Y
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR ODS

F - FINAL
YEARLY 7-DAY CHRONIC TOXIC

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	02	01	TO	04	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES TLP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(9A)			
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ANNUAL	COMP24
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES TOP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ANNUAL	COM
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES TPP6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ANNUAL	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

RECEIVED
FEB 18 2004
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	TX2 Y
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (DS)

F - FINAL
YEARLY 7-DAY CHRONIC TOXICITY

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	02	01	TO	04	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LF P/F LETH STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		0	******	******	(9A)	0	1/12 MONTH	COMP24
TLP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PASS=0 FAIL=1		ANNUAL	COMP24
NOEL LETHAL STATRE 7 DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/12 MONTH	COMP24
TOP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		MONTH	COMP
NOEL SUB-LTH STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		67	******	******	(23)	0	1/12 MONTH	COMP24
TPP6C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT 7 DA MIN	******	******	PER-CENT		ANNUAL	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. ABOVE.

RECEIVED
FEB 1 0 2004
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	01	01	TO	04	01	31

MAJOR

F - FINAL
PROCESS WATER

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT			(26)	******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2147 MO AVG	3220 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******	(26)		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			(26)	******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	716 MO AVG	1073 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT			(26)	******			(19)			
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.249 MO AVG	0.374 DAILY MX	LBS/DY	******	0.007 MO AVG	0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT			(26)	******			(19)			
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	107 MO AVG	107 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT			(26)	******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.94 MO AVG	13.42 DAILY MX	LBS/DY	******	0.25 MO AVG	0.375 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(26)	******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.107 MO AVG	0.157 DAILY MX	LBS/DY	******	0.003 MO AVG	0.0044 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

RECEIVED
FEB 18 2004
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (M) DS

F - FINAL
PROCESS WATER

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	01	01	TO	04	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(26)	******			(19)			
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 MO AVG	2.22 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY	MG/L		WEEKLY	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(26)	******			(19)			
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.5 MO AVG	21.5 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY	MG/L		ONCE/ MONTH	COM
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT			(26)	******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.1 MO AVG	1.65 DAILY MX	LBS/DY	******	0.031 MO AVG	0.046 DAILY MX	MG/L		WEEKLY	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	53.7 DAILY MX	LBS/DY	******	1.0 MO AVG	1.5 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT			(26)	******			(19)			
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	35.8 MO AVG	71.6 DAILY MX	LBS/DY	******	1.0 MO AVG	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT			(26)	******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.16 MO AVG	7.16 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT			(26)	******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.075 MO AVG	3.11 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

RECEIVED
FEB 18 2004
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

PROCESS WATER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	01	01	TO	04	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, TOTAL	SAMPLE MEASUREMENT	******	******		******			(17)			
01501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	19.8 MO AVG	29.7 DAILY MX	PCI/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCO
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT			(26)	******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.00057 MO AVG	0.00086 DAILY MX	LBS/DY	******	0.000016 MO AVG	0.000024 DAILY MX	MG/L		WEEKLY	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637	04 | 02 | 13
TYPED OR PRINTED			area code NUMBER	YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR ODS

F - FINAL

SEEPAGE FR/TAILINGS IMPOUNDMENT

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	01	01	TO	04	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	49.15	49.15	(26) LBS/DY	******	<10	<10	(19) MG/L	0	1/30	COMP24
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	175 MO AVG	263 DAILY MX	LBS/DY	******	60 MO AVG	90 DAILY MX	MG/L		ONCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.19	******	7.45	(12) SU	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	19.66	19.66	(26) LBS/DY	******	<4.0	<4.0	(19) MG/L	0	1/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	58 MO AVG	87.6 DAILY MX	LBS/DY	******	20 MO AVG	30 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0429 MO AVG	0.064 DAILY MX	LBS/DY	******	0.0147 MO AVG	0.022 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLUORIDE, TOTAL (AS F)	SAMPLE MEASUREMENT	7.52	9.84	(26) LBS/DY	******	1.68	2.00	(19) MG/L	1	2/30	COMP24
00951 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	8.75 MO AVG	8.75 DAILY MX	LBS/DY	******	3.0 MO AVG	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.25 MO AVG	1.88 DAILY MX	LBS/DY	******	0.429 MO AVG	0.644 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.014 MO AVG	0.02 DAILY MX	LBS/DY	******	0.0048 MO AVG	0.007 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY

RECEIVED
FEB 18 2004
6EN-W

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

NM0022306 — PERMIT NUMBER
002 A — DISCHARGE NUMBER

MAJOR
F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 04 | MO 01 | DAY 01 TO YEAR 04 | MO 01 | DAY 31

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.12 MO AVG	0.18 DAILY MX	LBS/DY	******	0.041 MO AVG	0.062 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	0.492	0.492	(26) LBS/DY	******	<0.1	<0.1	(19) MG/L	0	1/30	COMP24
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.75 MO AVG	1.75 DAILY MX	LBS/DY	******	0.6 MO AVG	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.63 MO AVG	0.95 DAILY MX	LBS/DY	******	0.216 MO AVG	0.325 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	2.55	3.05	(26) LBS/DY	******	0.55	0.62	(19) MG/L	0	2/30	COMP24
01055 1 0 1 ADMIN EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.8 MO AVG	11.67 DAILY MX	LBS/DY	******	2.67 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MOLYBDENUM, TOTAL (AS MO)	SAMPLE MEASUREMENT	5.8	6.39	(26) LBS/DY	******	1.25	1.30	(19) MG/L	0	2/30	COMP24
01062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.6 MO AVG	14.7 DAILY MX	LBS/DY	******	3.3 MO AVG	5.03 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.58 MO AVG	0.58 DAILY MX	LBS/DY	******	0.2 MO AVG	0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.169 MO AVG	0.254 DAILY MX	LBS/DY	******	0.058 MO AVG	0.087 DAILY MX	MG/L		ONCE/ MONTH	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

RECEIVED
FEB 1 8 2004
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (DS)

F - FINAL
SEEPAGE FR/TAILINGS IMPOUNDMENT

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	01	01	TO	04	01	31

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.535	0.726	(03) MGD	******	******	******		0	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	RCORDR
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	0	0	(26) LBS/DY	******	0	0	(19) MG/L	0	1/30	COMP24
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.000336 MO AVG	0.0005 DAILY MX	LBS/DY	******	0.00011 MO AVG	0.00017 DAILY MX	MG/L		ONCE/ MONTH	COM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY

RECEIVED
FEB 18 2004
6EN-W

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
AO 01-1204 EFF. 2/2/01 CONTAINED INTERIM LIMIT FOR TOTAL MANGANESE.

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MAJOR 19DS

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 04 MO 01 DAY 01 TO YEAR 04 MO 01 DAY 31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres Manager, Operations 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY

RECEIVED
FEB 18 2004
6EN-W

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

NM0022306 — PERMIT NUMBER
004 A — DISCHARGE NUMBER

MAJOR
F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION
LOCATION: TAOS NM
ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD
FROM YEAR 04 | MO 01 | DAY 01 TO YEAR 04 | MO 01 | DAY 31

*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COM
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING.

RECEIVED
FEB 18 2004
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*
NAME: MOLYCORP INC. QUESTA DIV.
ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR 10DS

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	01	01	TO	04	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	******	******		******			(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	125 MO AVG	125 DAILY MX	MG/L		DAILY	COMP24
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	20 MO AVG	30 DAILY MX	MG/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******			(19)			
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.48 MO AVG	0.644 DAILY MX	MG/L		DAILY	COMP24
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******			(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0037 MO AVG	0.0055 DAILY MX	MG/L		DAILY	COMP24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******			(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.033 MO AVG	0.049 DAILY MX	MG/L		DAILY	COMP24
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******			(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.3 MO AVG	0.455 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations** 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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
WHEN DISCHARGING.

RECEIVED
FEB 18 2004
6EN-W

PERMITTEE NAME/ADDRESS: *(Include Facility Name/Location if different)*

NAME: MOLYCORP INC. QUESTA DIV.

ADDRESS: P.O BOX 469
QUESTA, NM 87556

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NM0022306	005 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR IDS

F - FINAL
MINE DRAINAGE

FACILITY: MOLYCORP INC. QUESTA DIVISION

LOCATION: TAOS NM

ATTN: ROY TORRES, MANAGER/OPERATIONS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	01	01	TO	04	01	31

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

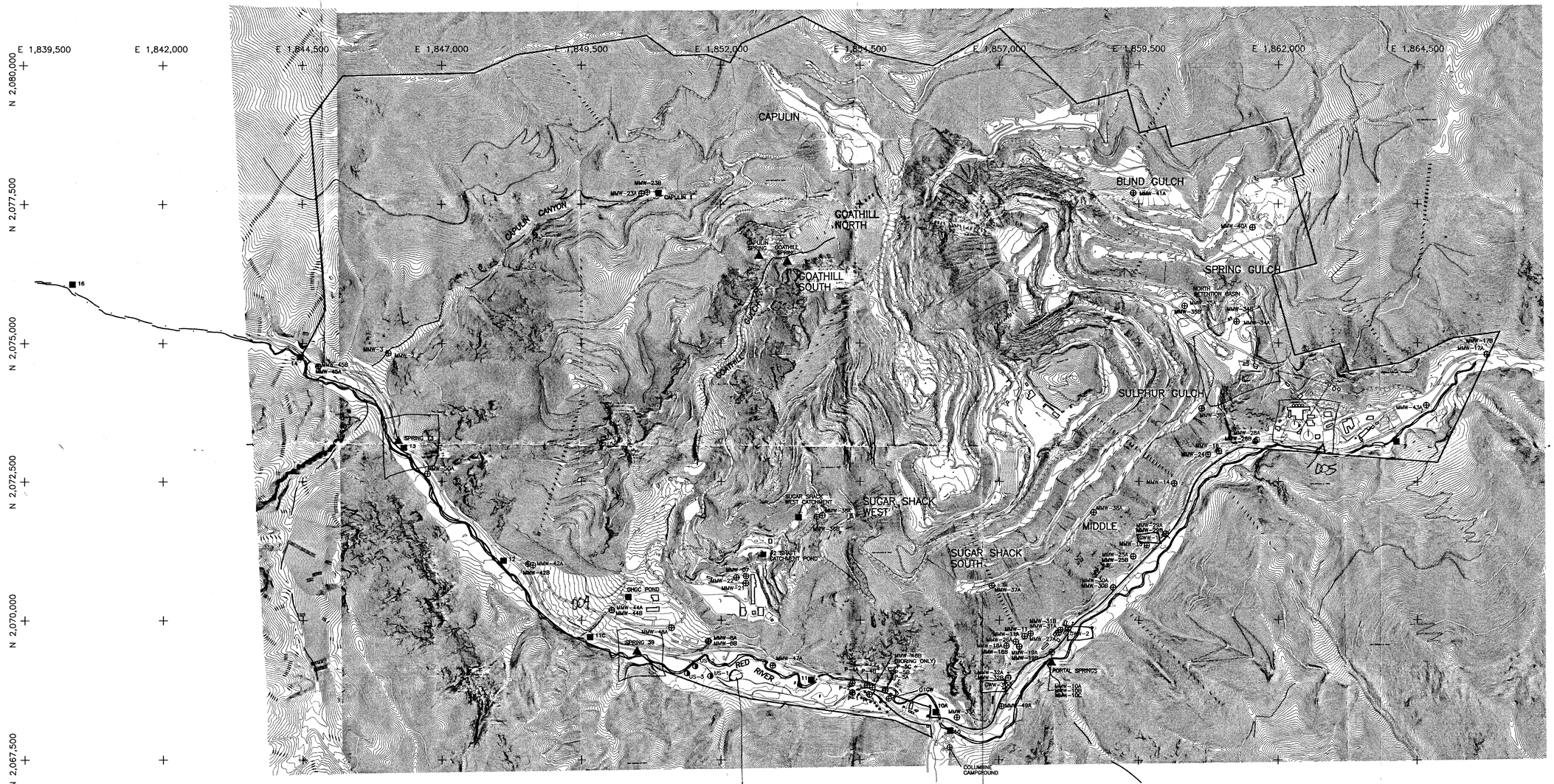
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	******	******		******			(19)			
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.003 MO AVG	0.005 DAILY MX	MG/L		ONCE/ MONTH	COMP24
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******			(19)			
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		DAILY	COM
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******			(19)			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	0.75 DAILY MX	MG/L		ONCE/ MONTH	COMP24
CHLORDANE (TECH MIX. AND METABOLITES)	SAMPLE MEASUREMENT	******	******		******			(19)			
39350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		ONCE/ MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE		(3)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0127 MO AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	******	******		******			(19)			
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0.0016 MO AVG	0.0024 DAILY MX	MG/L		DAILY	COMP24

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Roy A. Torres **Manager, Operations**	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.	Roy Torres SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505)5867637 area code NUMBER	04 | 02 | 13 YEAR | MO | DAY
TYPED OR PRINTED				

RECEIVED
FEB 18 2004
6EN-W

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

WHEN DISCHARGING.



LEGEND

- GROUNDWATER MONITORING WELL OR PRIVATE WELL
- GROUNDWATER EXTRACTION WELL
- SUMP WELL
- ACTIVE SPRING
- SURFACE WATER SAMPLING LOCATION

2007 TOPOGRAPHY PROVIDED BY CHEVRON MINING INC.

0 1000 2000 3000
SCALE IN FEET

REV	DESCRIPTION OF REVISION	BY	DATE

CHEVRON MINING INC.
QUESTA MINE
Questa, New Mexico

URS
URS Center
8181 East Tufts Avenue
Denver, CO 80237
(303) 694-2770

WARNING
0 Ø 1
IF THIS BAR DOES NOT MEASURE 1" THEN DRAWING IS NOT TO SCALE

DESIGNED: MTS
DRAWN: RAM
CHECKED: MTS
PEER REVIEWED: MCS
PROJECT MANAGER: SLM
DATE: 1/19/09

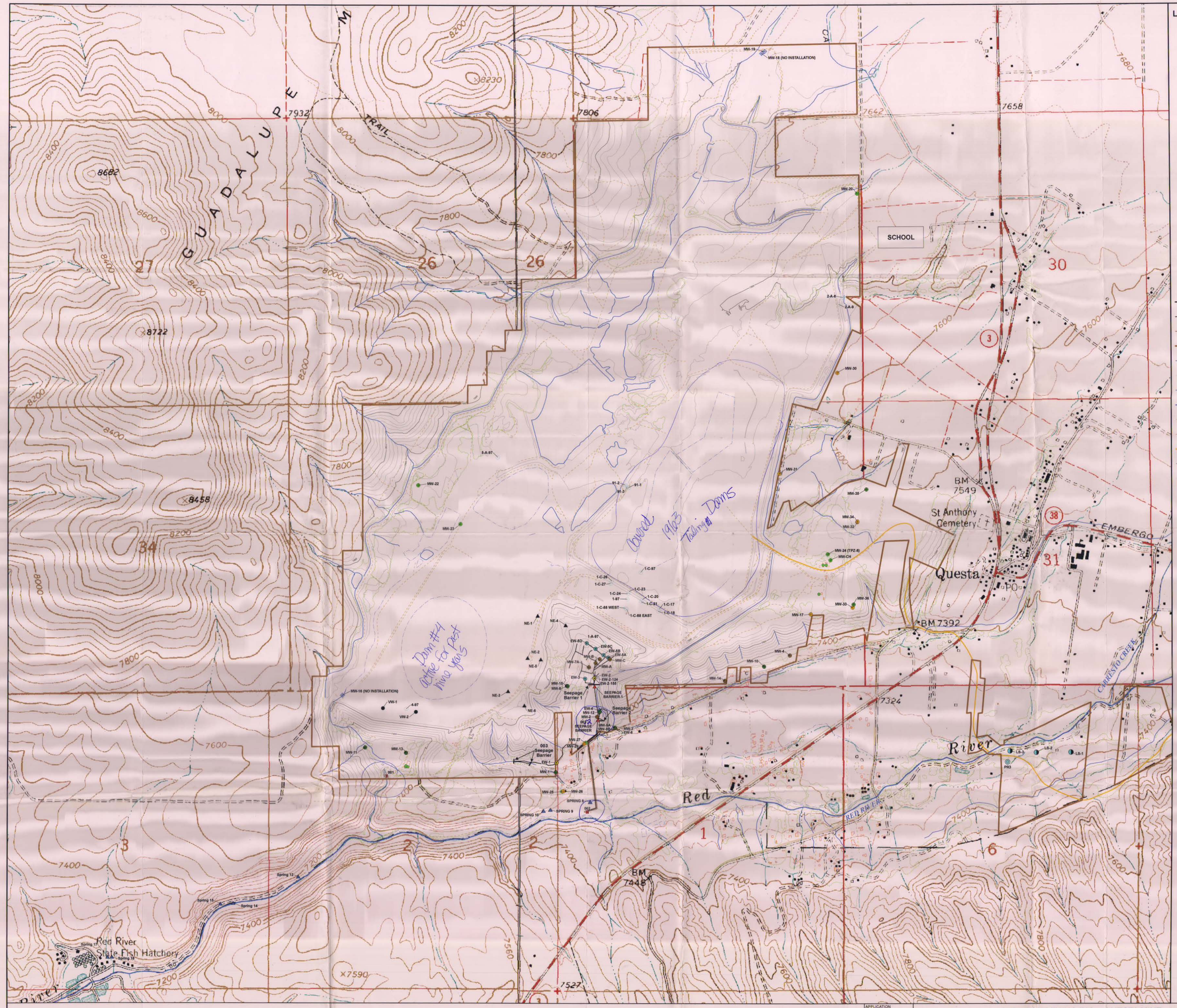
CHEVRON MINING INC. QUESTA, NEW MEXICO

MONITORING WELLS, SURFACE WATER STATIONS, AND ACTIVE SEEPS/SPRINGS
4th QUARTER 2008

REVISION
PROJECT 22240095.08400 DP1055
DRAWING
FIG. A-1

FILE # DP1055-06_0109 | LOC: DENVER | PROJ. # 22240095
SCALE 1=1 | DATE: -- | TASK # 08400

R:\Projects\22240095_DP933_DP1055_DP1539\Task_01\8.0_GIS_CAD\4TH QTR 08\DP1055-06_0109.dwg



Legend

- Designation and Approximate Location of Geotechnical Boring
- Designation and Approximate Location of Geotechnical Boring
- Private Well
- Monitoring Well Planned But Was Not Installed
- Lower Sump Well
- Monitoring Well - Upper
- Monitoring Well - Basal
- PW
- Monitoring Well - Upper
- Monitoring Well - Basal
- Extraction Well - Upper
- Extraction Well - Basal
- Static Water Level/Temp/Pore Gas
- Tank
- Spring
- Surface Water Sampling Point
- Utility
- Outfall
- Seepage Barrier
- Interception Pipe
- Easement
- Property Boundary
- Drainage
- Tailing Pond or Drainage
- Creek
- River
- Vegetation
- Building
- Pipeline
- Topographic Contour (100-ft.)
- Topographic Contour (20-ft.)

NOTES
1. Base topography taken from USGS 7.5-minute quadrangles for Guadalupe Mountain, New Mexico (1963) and Questa, New Mexico (1963).
2. Tailing Area topography provided by Chevron Mining Inc. - Questa Mine (2007).
3. State Plane, NAD83, New Mexico Central Zone (feet)

N

600 0 600 Feet

URS

URS Center
8181 East Tufts Avenue
Denver, CO 80237-2637
(303) 694-2770

APPLICATION	ArcGIS
FILE NAME	933_DP23_b1.mxd
DRAWN BY	GIS Denver
DATE	01/02/2009

CHEVRON MINING INC. - QUESTA MINE

MONITORING AND EXTRACTION WELLS, PIEZOMETERS, SPRINGS, AND SEEPS AT THE TAILING FACILITY

REVISION

PROJECT 22240095

DP-933
FIGURE B-1