OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

NAME: ATLANTA GOLD CORPORATION
ADDRESS: 2417 BANK DRIVE, SUITE 101
BOISE, ID 83705

FACILITY: ATLANTA GOLD PROJECT
LOCATION: 1.5 MILES SOUTH OF ATLANTA
ATLANTA, ID 83601

ATTN: WM. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2014	TO	08/31/2014

DMR Mailing ZIP CODE: 83705
MINOR
(SUBR 02)
DISCHARGE FROM 900 LEVEL ADIT TO MONT
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	12.7	deg C		weekly	grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	19 DAILY MX	deg C		Weekly	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	11.3	deg C		monthly	grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******	******	******	******	11.9	deg C		monthly	grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	deg C		Monthly	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	8.8	SU		weekly	grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	<3	mg/L		weekly	grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	30 DAILY MX	mg/L		Weekly	GRAB
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	6	ug/L		weekly	grab
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	ug/L		Weekly	GRAB
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	55	ug/L		monthly	grab
00978 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Wm. Ernest Simmons, Pres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eric J. Bernstein	208-424-3343		9/9/14
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

RCO 9/18/14

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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

NAME: ATLANTA GOLD CORPORATION
ADDRESS: 2417 BANK DRIVE, SUITE 101
BOISE, ID 83705

FACILITY: ATLANTA GOLD PROJECT
LOCATION: 1.5 MILES SOUTH OF ATLANTA
ATLANTA, ID 83601

ATTN: WM. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2014	TO	08/31/2014

DMR Mailing ZIP CODE: 83705
MINOR
(SUBR 02)
DISCHARGE FROM 900 LEVEL ADIT TO MONT
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	40	ug/L		monthly	grab
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	747	ug/L		weekly	grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	1000 DAILY MX	ug/L		Weekly	GRAB
Flow	SAMPLE MEASUREMENT	54,715	59,616	gal/d	******	******	******	******		continuous	record
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	******	******	******	******		Continuous	RECORD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Wm. Ernest Simmons, Pres	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Eric J. Brunton	208-424-3343		9/9/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING