Please print or type in the unshaded areas only (fill-in areas are spaced for elite type, i.e., 12 ters/inch).

NMOO 28100

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F N M D 0 0 0 7 7 8 6 0 5 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP GULF OIL CORPORATION MT TAYLOR MINE

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 BARNHILL KENNETH S MANAGER	505 287 7971

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 PO BOX 1150

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 GRANTS	NM	87020

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 MT TAYLOR MINE

B. COUNTY NAME

VALENCIA

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 SAN MATEO	NM	87050	

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DEC 29 1980

6AEP

EPA I.D. NUMBER (copy from Form 1 of 2)
NMD 000778605

Please [illegible] in the unshaded areas only

Form Approved OMB No. [illegible]

FORM 1 EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the [illegible]

A. NUMBER	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (Name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	107	38	24	35	24	00	Unnamed Arroyo to San Miguel Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO.	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include unit)	a. DESCRIPTION	b. LIST CODES FROM TABLE 20-1	
001	Mine Dewatering	5000 gal/min	Suspended Solids Removal	1-G	
			Radium Reduction	2-C	1-G
			Uranium Reduction	2-J	
001	Sanitary Wastewater	100,000 gal/week	Secondary Treatment Plant	3-C	
			Chlorination	2-F	

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DEC 29 1980
6AEP

OFFICIAL USE ONLY (effluent guidelines sub-categories)

EPA Form 3510-20 (6-80)

PAGE 1 OF 2

EPA I.D. NUMBER (copy from Item I of Form 1)
NMD 000778605

Form Approved OMB No. 158-R0172

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
Uranium	Naturally present in the groundwater pumped from the uranium ore body into the treatment system. The October 1980 analyses show total uranium with a range of 0.024 to 0.16 mg/l and an average of 0.084 mg/l.	NOTE: Analyses V-B, and September	reported on Tables V-A, V-C are from August or 1980 samples.

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you do or expect that you will over the next 5 years use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below) ☒ NO (go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharges of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☒ YES (complete Item VI-C below) ☐ NO (go to Section VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years, to the best of your ability at this time. Continue on additional sheets if you need more space.

The Mt. Taylor mine just began to start production operations during October 1980. It had been in the mine development phase. Since the source of the water discharged is the mine, the water quality consists of the natural groundwater quality present in the areas being mined. The quality of the discharged water will, therefore, fluctuate with the quality of the natural groundwater encountered and being pumped from the mine. Pollutants naturally present in the groundwater can vary so as to exceed the values reported in Item V. For example, in September 1980 two different iron samples showed results of <0.02 and 0.28 mg/l. Barium fluctuated from 0.2 mg/l in August 1980 to <0.02 in September. Parameters expected to vary with the commencement of production include total uranium, total Ra-226, total molybdenum, and total gross alpha and gross beta. Others are possible. Since the natural groundwater quality variability cannot be predicted, estimates of expected levels of these parameters cannot be given.

NMD 000778605

001

	1.20	61.9					1	mg/l	lbs/day			
	23.1	1192.5	15.3	718.4			4	mg/l	lbs/day			
	< 0.1	-					1	mg/l				
	9.0	464.6	4.5	211.3			4	mg/l	lbs/day			
	0.70	36.1					1	mg/l	lbs/day			
	VALUE 6.19		VALUE 5.63		VALUE		31		MGD	VALUE		
	VALUE 22.2		VALUE 19.1		VALUE		7	°C		VALUE		
	VALUE 32.2		VALUE 30.6		VALUE		8	°C		VALUE		
	MINIMUM 8.56	MAXIMUM 8.86	MINIMUM 8.56	MAXIMUM 8.86			9	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

		X											
		X											
		X											
	X		TNTC	NA					1	Colony/ml			
	X		1.12	57.8	1.06	49.8			4	mg/l	lbs/day		
	X		0.9	46.5	0.7	32.9			4	mg/l	lbs/day		

< = Below Detection Limit

CONTINUE ON REVERSE

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NMD 000778605	001

CONTINUED FROM PAGE 3 OF FORM 2-C

Form Approved Oxdi No. 158 R0173

C.1.1.1 If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (*all seven pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. REQUIRED TO BE PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	X			0.02	1.03					1	mg/l	lbs/day			
2M. Arsenic, Total (7440-38-2)	X			0.10	5.2					1	mg/l	lbs/day			
3M. Beryllium, Total, 7440-41-7)	X			<0.01	-					1	mg/l				
4M. Cadmium, Total (7440-43-9)	X			<0.01	-					1	mg/l				
5M. Chromium, Total (7440-47-3)	X			<0.01	-					1	mg/l				
6M. Copper, Total (7550-50-8)	X			<0.01	-					1	mg/l				
7M. Lead, Total (7439-97-6)	X			0.07	3.6					1	mg/l	lbs/day			
8M. Mercury, Total (7439-97-6)	X			<0.00001	-					1	mg/l				
9M. Nickel, Total (7440-02-0)	X			<0.01	-					1	mg/l				
10M. Selenium, Total (7782-49-2)	X			<0.01	-	<0.01	-			4	mg/l				
11M. Silver, Total (7440-22-4)	X			<0.01	-					1	mg/l				
12M. Thallium, Total (7440-28-0)	X			<1.0	-					1	mg/l				
13M. Zinc, Total (7440-66-6)	X			0.02	1.03	0.01	0.47			4	mg/l	lbs/day			
14M. Cyanide, Total (57-12-5)	X			<0.01	-					1	mg/l				
15M. Phenols, Total	X			<0.01	-					1	mg/l				
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

EPA Form 3510-2C (6-80)

PAGE V-3

CONTINUE ON REVERSE

< = Below Detection Limit

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1): NMD 000778605

OUTFALL NUMBER: 001

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST AND REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)	X			<10	-					1	µg/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X			ND	-					1	µg/l				
24V. Tetrachloroethylene (127-18-4)	X			ND	-					1	µg/l				
25V. Toluene (108-88-3)	X			ND	-					1	µg/l				
26V. 1,2-Trans Dichloroethylene (156-60-5)	X			ND	-					1	µg/l				
27V. 1,1,1-Trichloroethane (71-55-6)	X			ND	-					1	µg/l				
28V. 1,1,2-Trichloroethane (79-00-5)	X			ND	-					1	µg/l				
29V. Trichloroethylene (79-01-6)	X			ND	-					1	µg/l				
30V. Trichlorofluoromethane (75-69-4)	X			ND	-					1	µg/l				
31V. Vinyl Chloride (75-01-4)	X			ND	-					1	µg/l				
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			ND	-					1	µg/l				
2A. 2,4-Dichlorophenol (120-83-2)	X			ND	-					1	µg/l				
3A. 2,4-Dimethylphenol (105-67-9)	X			ND	-					1	µg/l				
4A. 4,6-Dinitro-O Cresol (534-52-1)	X			ND	-					1	µg/l				
5A. 2,4-Dinitrophenol (51-28-5)	X			ND	-					1	µg/l				
6A. 2-Nitrophenol (88-75-5)	X			ND	-					1	µg/l				
7A. 4-Nitrophenol (100-02-7)	X			ND	-					1	µg/l				
8A. P-Chloro-M Cresol (59-50-7)	X			ND	-					1	µg/l				
9A. Pentachlorophenol (87-86-5)	X			ND	-					1	µg/l				
10A. Phenol (108-95-2)	X			ND	-					1	µg/l				
11A. 2,4,6-Trichlorophenol (88-06-2)	X			ND	-					1	µg/l				

ND = Not Detected

< = below detection limit

CONTINUE ON REVERSE

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1): NMD 000778605

OUTFALL NUMBER: 001

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT a. MAXIMUM DAILY VALUE (1) Concentration	(2) Mass	b. MAXIMUM 30 DAY VALUE (if available) (1) Concentration	(2) Mass	c. LONG TERM AVG. VALUE (if available) (1) Concentration	(2) Mass	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVG. VALUE (1) Concentration	(2) Mass	b. NO. OF ANALYSES
GC/MS FRACTION	BASE/NEUTRAL COMPOUNDS (continued)														
22B. 1,4 Dichlorobenzene (106 46 7)	X			ND	-					1	µg/l				
23B. 3,3' Dichlorobenzidine (91 94 1)	X			ND	-					1	µg/l				
24B. Diethyl Phthalate (84 66 2)	X			ND	-					1	µg/l				
25B. Dimethyl Phthalate (131 11 3)	X			ND	-					1	µg/l				
26B. Di N-Butyl Phthalate (84 74 2)	X			ND	-					1	µg/l				
27B. 2,4 Dinitrotoluene (121 14 2)	X			ND	-					1	µg/l				
28B. 2,6 Dinitrotoluene (606 20 2)	X			ND	-					1	µg/l				
29B. Di N Octyl Phthalate (117 81 0)	X			ND	-					1	µg/l				
30B. 1,2 Diphenylhydrazine (as Azo-benzene) (122 66 7)	X			ND	-					1	µg/l				
31B. Fluoranthene (206 44 0)	X			ND	-					1	µg/l				
32B. Fluorene (86 73 7)	X			ND	-					1	µg/l				
33B. Hexachlorobenzene (118 71 1)	X			ND	-					1	µg/l				
34B. Hexachlorobutadiene (87 68 3)	X			ND	-					1	µg/l				
35B. Hexachlorocyclopentadiene (77 47 4)	X			ND	-					1	µg/l				
36B. Hexachloroethane (67 72 1)	X			ND	-					1	µg/l				
37B. Indeno (1,2,3 cd) Pyrene (193 39 5)	X			ND	-					1	µg/l				
38B. Isophorone (78 59 1)	X			ND	-					1	µg/l				
39B. Naphthalene (91 20 3)	X			ND	-					1	µg/l				
40B. Nitrobenzene (98 95 3)	X			ND	-					1	µg/l				
41B. N Nitrosodimethylamine (62 75 9)	X			ND	-					1	µg/l				
42B. N Nitrosodi-N-Propylamine (621 64 7)	X			ND	-					1	µg/l				

ND = Not Detected

CONTINUE ON REVERSE

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form 1): NMD 000778605

OUTFALL NUMBER: 001

Form Approved OMB No. 158-R0173

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. BELIEVED PRESENT	b. BELIEVED ABSENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVRG. VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)	X			ND	–					1	µg/l				
18P. PCB-1242 (53469-21-9)	X			ND	–					1	µg/l				
19P. PCB-1254 (11097-69-1)	X			ND	–					1	µg/l				
20P. PCB-1221 (11104-28-2)	X			ND	–					1	µg/l				
21P. PCB-1232 (11141-16-5)	X			ND	–					1	µg/l				
22P. PCB-1248 (12672-29-6)	X			ND	–					1	µg/l				
23P. PCB-1260 (11096-82-5)	X			ND	–					1	µg/l				
24P. PCB-1016 (12674-11-2)	X			ND	–					1	µg/l				
25P. Toxaphene (8001-35-2)	X			ND	–					1	µg/l				

ND = Not Detected