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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		06/18/2013
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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BIG DEER CREEK
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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MINOR
(SUBR 06)
BIG DEER CREEK
External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	5.69	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	44.78	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.038	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.11	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.72	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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BIG DEER CREEK (Upstream)
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	16	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.85	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	60	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		09/09/2013
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	105	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	37.5	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00167	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		09/09/2013
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	5.89	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	41.89	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.039	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.98	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.91	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		09/09/2013
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	16	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	60	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	110	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	34	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00133	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		07/10/2013
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 9		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		07/10/2013
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 9		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		08/12/2013
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 9		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 9		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		08/12/2013
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
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08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

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MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
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08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	11.33	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	5.47	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.11	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.9	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.86	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		09/04/2013
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	36.5	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		09/04/2013
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	11.24	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	4.12	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.112	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.24	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.66	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	37	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		09/04/2013
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.0/21/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.0/21/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	9.61	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	2006.14	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.133	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.34	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.27	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	40	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.8	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	5	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 30	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.0/21/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	4	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	30	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	60	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.0/21/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	9.71	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	1718.9	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.134	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.2	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.66	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	41	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.7	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	5	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	4	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	60	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	.1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	4	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	80	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	64	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.1/07/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

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OMB No. 2040-0004

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ADDRESS: 812 SHOUP STREET
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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SALMON, ID 83467
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SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	4.04	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	3033.89	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	88	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.02	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	33	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.7	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	4	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 30	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.1/07/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	20	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	42	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.1/07/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	4.61	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	3033.89	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	89	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.97	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.1/07/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	34	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.8	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	4	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	40	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.1/07/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	40	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	45	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.2/03/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.2/03/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.2/03/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		01/03/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		02/17/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		02/17/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
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02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		03/18/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		03/18/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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MINOR
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BIG DEER CREEK (Upstream)
External Outfall
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		04/07/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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OMB No. 2040-0004

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SALMON, ID 83467
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ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		05/14/2014
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	2.4	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	24549	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.057	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	12.09	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.8	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	7	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	22	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	1.05	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	3	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	2.5	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	430	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	.15	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	670	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	44.5	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	3.32	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	28812.96	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.058	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.95	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.93	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	5	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	22	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.8	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	3	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	280	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		05/14/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	.1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	.2	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	550	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	49	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
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05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
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(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		07/15/2014
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	5.1	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 8		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	42.2	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	18.46	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.66	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	7	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
Unable to perform surface flows due to unsafe conditions, due to high water flows.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	14	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	180	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
Unable to perform surface flows due to unsafe conditions, due to high water flows.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
Unable to perform surface flows due to unsafe conditions, due to high water flows.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	270	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	29	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
Unable to perform surface flows due to unsafe conditions, due to high water flows.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	5.36	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 8		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.038	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.83	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.8	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	8	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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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)
Unable to perform surface water flows due to unsafe conditions. High water.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	15	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	150	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Unable to perform surface water flows due to unsafe conditions. High water.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		07/15/2014
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)
Unable to perform surface water flows due to unsafe conditions. High water.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	250	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	31	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00238	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
Unable to perform surface water flows due to unsafe conditions. High water.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	6.21	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	83	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.049	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.85	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.91	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		07/15/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	19	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	55	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	85	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	31	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		07/15/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	5.94	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	81.1	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.048	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.9	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.81	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	18	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	4	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	50	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	90	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	38	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		07/15/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 9		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
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07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 9		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		08/06/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		08/06/2014
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 9		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

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

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

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

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

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08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

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

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	11.27	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	7719.36	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.093	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.41	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.99	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow & Hardness only

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	35	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		09/04/2014
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)
Flow & Hardness only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

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

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	11.15	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	7719.36	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.096	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.37	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.46	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

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

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	35	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

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

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

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

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 9		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.0/15/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	8.03	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	4936.8	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.107	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.65	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.75	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	42	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.8	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	4	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	3.5	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 30	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .01	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .11	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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SALMON, ID 83467
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 20	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	61.5	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	7.89	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	4622.64	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.106	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.43	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.52	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	41	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.8	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	4	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	90	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.0/15/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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SALMON, ID 83467
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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	110	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	6	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	63	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
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DMR Mailing ZIP CODE: 83467
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BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.1/10/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	9.07	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	4802.16	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.107	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.78	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	8.02	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	41	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow & Hardness Only

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

Form Approved
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SALMON, ID 83467
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	9.3	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	4577.76	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.109	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.98	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.9	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	42	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow & Hardness Only

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

Form Approved
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.1/10/201
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)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.1/10/201
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)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultatn	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.2/16/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		.2/16/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		01/06/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		01/06/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		01/06/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Consultant	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		01/06/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		02/17/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		02/17/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		02/17/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		02/17/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/03/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/03/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

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

Form Approved
OMB No. 2040-0004

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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		04/17/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		04/17/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		04/17/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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William Scales/ Project 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.	William Scales	(208)756-4578		05/20/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		05/20/2015
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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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)
Added Mercury results to DMR

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)
Added Mercury results to DMR

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/14/2015
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)
Added Mercury results to DMR

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00206	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/14/2015
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)
Added Mercury results to DMR

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		05/20/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		05/20/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		05/20/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		05/20/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		06/17/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		06/17/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

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ADDRESS: 812 SHOUP STREET
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	5.87	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	31730.16	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.045	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.32	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.79	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Waiting on Lab Results for the Mercury. Will revise report when lab reports are available.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	15	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	17.5	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	70	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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MONITORING PERIOD	
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05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	.1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	120	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	35	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 8				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)
Waiting on Lab Results for the Mercury. Will revise report when lab reports are available.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI E		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI E		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		06/17/2015
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)
Due to an illness, this site was not sampled in the month of May.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		06/17/2015
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)
Due to an illness, this site was not sampled in the month of May.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		06/17/2015
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)
Due to an illness, this site was not sampled in the month of May.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI E				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		06/17/2015
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)
Due to an illness, this site was not sampled in the month of May.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/14/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/14/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/14/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	8.9	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	11668.8	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	63.2	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	86.9	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.46	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	20	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	25	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	40	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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SALMON, ID 83467
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	50	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	42	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	8.58	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	43219.44	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.036	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	91.4	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	8.11	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	15	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	60	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/14/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	100	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	17	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00112	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 9		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

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07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
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BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/14/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 9		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/14/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 9		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/14/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/14/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	11.94	deg C	******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	5071.44	gal/min	******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.094	mS/m			
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.22	mg/L			
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.92	SU			
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
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)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	39	mg/L			
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
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)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
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)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	11.97	deg C	******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	4667.52	gal/min	******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.096	mS/m			
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.49	mg/L			
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.4	SU			
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
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)
Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	39	mg/L			
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Flow & Hardness Only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 9		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 9		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/02/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 9		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Projet 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.	William Scales	(208)756-4578		09/02/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Projet 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.	William Scales	(208)756-4578		09/02/2015
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Projet 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.	William Scales	(208)756-4578		09/02/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		.1/18/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		.1/18/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		.1/18/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	2.68	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	3545.52	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.118	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	12.89	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.34	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	15	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	42	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.8	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	5	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 30	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 20	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	58	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00042	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.1/18/201
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	2.67	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	3006.96	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.119	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	12.75	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.3	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		.1/18/2015
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	43	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.8	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	50	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	4	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	40	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	55	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00057	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		.1/18/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		.1/18/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		01/08/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/15/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/15/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

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02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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DISCHARGE MONITORING REPORT (DMR)

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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/15/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/15/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/15/2016
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/15/2016
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/15/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/15/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/15/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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William Scales/ Projece 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.	William Scales	(208)756-4578		07/11/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Projece 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.	William Scales	(208)756-4578		07/11/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		04/15/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		04/15/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		04/15/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	3.3	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	31191.6	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	48.2	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.44	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.69	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

Updated DMR with the lab results for Mercury. 062816

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	20.5	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	50	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		07/11/2016
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)

Updated DMR with the lab results for Mercury. 062816

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

Updated DMR with the lab results for Mercury. 062816

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	85	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	38	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00127	ug/L			
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	William Scales	(208)756-4578		07/11/2016
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)
Updated DMR with the lab results for Mercury. 062816

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	5.5	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	30697.92	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	68.4	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	12.03	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.47	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)
Updated flow rate as well as, the lab results for Mercury. 062816

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	20	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	60	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)
Updated flow rate as well as, the lab results for Mercury. 062816

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
Updated flow rate as well as, the lab results for Mercury. 062816

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	90	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	40	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.000122	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)
Updated flow rate as well as, the lab results for Mercury. 062816

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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06/01/2016	06/30/2016

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MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

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SALMON, ID 83467
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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	8.74	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	15573.36	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.06	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.74	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.82	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	25	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	45	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	1.5	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	60	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	43	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	8.56	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	38596.8	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.061	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.67	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	6.73	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	25	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	30	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	50	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	50	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 9		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 812 SHOUP STREET
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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DISCHARGE MONITORING REPORT (DMR)

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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 9		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 9		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		07/11/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
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SALMON, ID 83467
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
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07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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BIG DEER CREEK
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/07/2016
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/07/2016
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	10.8	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	5610.4	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	36	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	10.31	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	4802.48	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ PRoject 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.	William Scales	(208)756-4578		09/07/2016
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	37	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ PRoject 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.	William Scales	(208)756-4578		09/07/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ PRoject 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.	William Scales	(208)756-4578		09/07/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 9		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/07/2016
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 9		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/07/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/07/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 9		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		09/07/2016
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.1/08/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.1/08/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	6.8	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	44390	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.0976	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	80.8	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.47	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	40	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.7	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	5	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 30	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.2/12/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.2/12/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	60	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	63	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.0004	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.2/12/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	6.6	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	403.9	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.0983	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	82.3	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.49	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.2/12/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	40	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.7	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	5	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 30	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.2/12/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	4	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	20	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	61	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.000391	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.2/12/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.1/08/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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11/01/2016	11/30/2016

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MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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SALMON, ID 83467
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.1/08/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.1/08/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.1/08/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		.1/08/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		.2/12/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Willaim Scales/ Project 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.	William Scales	(208)756-4578		.2/12/201
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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William Scales/ Project 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.	William Scales	(208)756-4578		.2/12/201
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
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01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/31/2017
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/31/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/31/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		01/31/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/16/2017
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/16/2017
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/16/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/16/2017
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/16/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/16/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/16/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/16/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/16/2017
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		03/16/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	Shana Hilton	(208)756-4578		07/05/2017
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	Shana Hilton	(208)756-4578		07/05/2017
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	Shana Hilton	(208)756-4578		07/05/2017
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		05/02/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
William Scales/ Project 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.	William Scales	(208)756-4578		05/02/2017
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		07/05/2017
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Have yet to receive lab results for the May Sampling.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		07/05/2017
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)

Have yet to receive lab results for the May Sampling.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		07/05/2017
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)
Have yet to receive lab results for the May Sampling.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	6.54	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	30428	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.032	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.43	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.08	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	14	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	1	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	210	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	260	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	7	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	13	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.0024	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	5.78	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	31999	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.031	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.98	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.03	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	8.5	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	13.5	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	1	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	290	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3	ug/L		Twice per Year	Grab
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	4.5	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		06/27/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	335	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	9	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	28.5	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00213	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
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06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	11.29	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	30428.64	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.049	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.76	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.27	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		07/17/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	20	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	50	ug/L		Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	.1	ug/L		Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	80	ug/L		Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	39	mg/L		Twice per Year	Grab
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	10.89	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	31999.44	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.049	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.63	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.07	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	3	mg/L		Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	10	ug/L		Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	20	mg/L		Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	< .5	mg/L		Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	2	mg/L		Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	70	ug/L		Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1	ug/L		Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	.1	ug/L		Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	80	ug/L		Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Twice per Year	Grab
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	33	mg/L		Twice per Year	Grab
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	< .2	ug/L		Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		07/17/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 9		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 9		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		07/17/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		07/17/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 9		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		07/17/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U Internal Monitoring Point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond. V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		08/18/2017
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)

U Internal Monitoring Point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond. V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
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08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

U Internal Monitoring Point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond. V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U Internal Monitoring Point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond. V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	10.86	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	6597.36	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.086	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.09	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.63	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Flow and Hardness only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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Flow and Hardness only

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DISCHARGE MONITORING REPORT (DMR)

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08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		08/18/2017
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)
Flow and Hardness only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	10.79	deg C	******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	6642.24	gal/min	******	******	******	******		Quarterly	Grab
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.087	mS/m		Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.24	mg/L		Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.17	SU		Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
flow and hardness only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
flow and hardness only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
flow and hardness only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)
flow and hardness only

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 9		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 9	******	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		09/11/2017
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		09/11/2017
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 9	NODI 9				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 9		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 9		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		09/11/2017
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 9				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U Internal Monitoring Point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond. V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U Internal Monitoring Point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond. V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U Internal Monitoring Point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond. V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(208)756-4578		.1/09/201
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

U Internal Monitoring Point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond. V & W Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	5.6	deg C	******	******	******	******		Twice per Year	Grab
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	7046.16	gal/min	******	******	******	******		Quarterly	Grab
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.099	mS/m		Twice per Year	Grab
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	12.28	mg/L		Twice per Year	Grab
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.73	SU		Twice per Year	Grab
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Twice per Year	Grab
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05	mg/L		Twice per Year	Grab
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< 10	ug/L		Twice per Year	Grab
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	36	mg/L		Quarterly	Grab
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.7	mg/L		Twice per Year	Grab
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	5			Twice per Year	Grab
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	4			Twice per Year	Grab
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	50			Twice per Year	Grab
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1			Twice per Year	Grab
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3			Twice per Year	Grab
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2			Twice per Year	Grab
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1			Twice per Year	Grab
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	3			Twice per Year	Grab
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1			Twice per Year	Grab
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1			Twice per Year	Grab
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1			Twice per Year	Grab
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5			Twice per Year	Grab
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	40			Twice per Year	Grab
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00059			Twice per Year	Grab
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	6.22		******	******	******	******		Twice per Year	Grab
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 9		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	.093			Twice per Year	Grab
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.44			Twice per Year	Grab
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	7.58			Twice per Year	Grab
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	< 3			Twice per Year	Grab
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	< .05			Twice per Year	Grab
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	10			Twice per Year	Grab
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	37			Quarterly	Grab
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	.7			Twice per Year	Grab
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	5			Twice per Year	Grab
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	3			Twice per Year	Grab
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 30			Twice per Year	Grab
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< 1			Twice per Year	Grab
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	< .3			Twice per Year	Grab
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	< 2			Twice per Year	Grab
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1			Twice per Year	Grab
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	3			Twice per Year	Grab
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1			Twice per Year	Grab
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	< 1			Twice per Year	Grab
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	< .1			Twice per Year	Grab
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		.1/09/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	< 5			Twice per Year	Grab
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	30			Twice per Year	Grab
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	.00031			Twice per Year	Grab
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		.1/09/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI C		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI C	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		01/03/2018
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		.2/08/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		.2/08/201
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		01/16/2018
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

Form Approved
OMB No. 2040-0004

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FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

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SALMON, ID 83467
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ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		01/16/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		01/16/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		01/16/2018
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		01/16/2018
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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ADDRESS: 812 SHOUP STREET
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LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
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PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

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ID0028321	001-B

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MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Admin Asst	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		01/16/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		03/08/2018
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		03/08/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		03/08/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******	NODI 5		******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******	NODI 5	******	NODI 5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		03/08/2018
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	NODI 5	NODI 5				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		03/08/2018
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)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******	NODI 5		******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Shana Hilton/ Administrative Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Shana Hilton	(208)756-4578		03/08/2018
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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******	NODI 5		******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******	NODI 5		******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 5				
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******			******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

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

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

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

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V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******					
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******					
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******			******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******			******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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	******			******	******	******	******			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	19 DAILY MX	deg C	******	******	******	******		Weekly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mS/m		Monthly	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******		******	******				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 INST MIN	******	******	mg/L		Twice per Month	Grab
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 INST MIN	******	9 INST MAX	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	20 MO AVG	30 DAILY MX	mg/L		Weekly	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.8 MO AVG	5.6 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	10 DAILY MX	mg/L		Twice per Month	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	AREA Code	NUMBER	MM/DD/YYYY

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Monthly	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	930 MO AVG	1867 DAILY MX	mg/L		Twice per Month	24 Hour Composite
Arsenic, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	10 MO AVG	10 DAILY MX	ug/L		Weekly	24 Hour Composite
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00979 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	70.4 MO AVG	141 DAILY MX	ug/L		Weekly	24 Hour Composite
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite

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

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
00982 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.47 MO AVG	.95 DAILY MX	ug/L		Weekly	24 Hour Composite
Nickel, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01074 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	13.22 MO AVG	26.52 DAILY MX	ug/L		Weekly	24 Hour Composite
Zinc, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	18.45 MO AVG	37.02 DAILY MX	ug/L		Weekly	24 Hour Composite
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Cadmium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.21 MO AVG	.42 DAILY MX	ug/L		Weekly	24 Hour Composite
Lead, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.45 MO AVG	.9 DAILY MX	ug/L		Weekly	24 Hour Composite
Copper, total recoverable	SAMPLE MEASUREMENT	******	******	******	******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	2.4 MO AVG	4.8 DAILY MX	ug/L		Weekly	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	AREA Code	NUMBER	MM/DD/YYYY

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DPD TOT	MGD	******	******	******	******		Continuous	Recorder (auto)
Toxicity [chronic], Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	******	******					
61426 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Toxicity [chronic], Pimephales promelas [Fathead Minnow]	SAMPLE MEASUREMENT	******	******	******	******	******					
61428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	toxic		Twice per Year	24 Hour Composite
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	mg/L		Monthly	24 Hour Composite
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.01 MO AVG	.02 DAILY MX	ug/L		Weekly	Grab
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 U 0 See Comments	PERMIT REQUIREMENT	******	17.6 ANNL MAX	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK
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			
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. MO TOTAL	Mgal/mo	******	******	******	******		Continuous	Measured
Flow	SAMPLE MEASUREMENT	******			******	******	******	******			
74076 W 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. YTD TOT	Mgal/yr	******	******	******	******		Continuous	Measured

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
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TYPED OR PRINTED					

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

U ? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond
V & W? Internal monitoring point, combined flow from tailings and waste rock storage facility and ore stockpile to water management pond

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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	******			******	******	******	******			
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Upstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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	******			******	******	******	******			
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	deg C	******	******	******	******		Twice per Year	Grab
Flow rate	SAMPLE MEASUREMENT	******			******	******	******	******			
00056 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	Req. Mon. SINGGRAB	gal/min	******	******	******	******		Quarterly	Grab
Conductivity	SAMPLE MEASUREMENT	******	******	******	******	******					
00094 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mS/m		Twice per Year	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
pH	SAMPLE MEASUREMENT	******	******	******	******	******					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	SU		Twice per Year	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	******					
00530 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00610 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	******	******	******	******	******					
00630 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	******	******	******	******	******					
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Quarterly	Grab
Chloride [as Cl]	SAMPLE MEASUREMENT	******	******	******	******	******					
00940 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Sulfate, total [as SO4]	SAMPLE MEASUREMENT	******	******	******	******	******					
00945 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Cobalt, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00979 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00980 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Selenium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00981 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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		DATE
AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

PERMIT NUMBER	DISCHARGE NUMBER
ID0028321	001-C

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Thallium, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
00982 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Arsenic, dissolved [as As]	SAMPLE MEASUREMENT	******	******	******	******	******					
01000 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	******	******	******	******	******					
01025 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	******	******	******	******	******					
01040 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	******	******	******	******	******					
01049 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	******	******	******	******	******					
01065 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	******	******	******	******	******					
01075 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: IDAHO COBALT PROJECT
ADDRESS: 812 SHOUP STREET
SALMON, ID 83467
FACILITY: FORMATION CAPITAL CORP US - IDAHO COBALT PROJE
LOCATION: SALMON-CHALLIS NATL FOREST, 45 MILES W OF SALMON
SALMON, ID 83467
ATTN: WILLIAM SCALES, CONSULTANT

ID0028321	001-C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 83467
MINOR
(SUBR 06)
BIG DEER CREEK (Downstream)
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			
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	******	******	******	******	******					
01090 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
01104 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Manganese, total recoverable	SAMPLE MEASUREMENT	******	******	******	******	******					
11123 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab
Solids, total dissolved	SAMPLE MEASUREMENT	******	******	******	******	******					
70295 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	mg/L		Twice per Year	Grab
Mercury, total [as Hg]	SAMPLE MEASUREMENT	******	******	******	******	******					
71900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGGRAB	ug/L		Twice per Year	Grab

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