RONALD JOHNSON & ASSOCIATES, P.S.C.
ENGINEERING • LANDSCAPE ARCHITECTURE
LAND SURVEYING • ENVIRONMENTAL
24 W. CENTER ST. MADISONVILLE, KY 42431

RECEIVED
OCT 21 2009
By

October 15, 2009

Larry Sowder
EPPC – Div. of Water
Surface Water Permits Branch
Permit Support Section
200 Fair Oaks Lane
Frankfort, KY 40601

RE: KPDES No. KY0001996
Hamilton #1
Union County, Kentucky

Dear Mr. Sowder:

Island Creek Coal Company wishes to renew the above referenced permit which expires on April 30, 2010. Please be advised that since the last permit renewal there have been no new additions to the facility, no changes in discharge points or their watersheds and no changes in any process that would impact water quality.

Please find enclosed the Form 1 and Form C for Hamilton # 1's KPDES renewal. If there are any questions please contact me at 270-821-6392 ext. 206.

Respectfully submitted,

Bruce D. Pasquale

Bruce DiPasquale

Cc: Mr. John Gefferth, P. E.
Island Creek Coal, Co.

Mr. C. F. Williams, P. E.

Enclosures

J:\2009\09-092\permit cover ltr.doc

KPDES FORM 1

AI # 4067

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

RECEIVED OCT 21 2009 By

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

CKS 3200.00 640.00

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	0	1	9	9	6

A. Name of Business, Municipality, Company, Etc. Requesting Permit
Island Creek Coal Company - Hamilton # 1 Mine

B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner's mailing address (if different) in D.**
Facility Location Name: Island Creek Coal Company - Hamilton #1 Mine	Facility Contact Name and Title: Mr. ☒ Ms. ☐ John Gefferth
Facility Location Address (i.e. street, road, etc., **not P.O. Box**): Highway 871	Mailing Address: P. O. Box 566
Facility Location City, State, Zip Code: Morganfield, KY 42437	Mailing City, State, Zip Code: Sesser, IL 62884
D. Owner's name (if not the same as in part A and C):	Facility Contact Telephone Number: 618-625-2041
Owner's Mailing Address:	Owner's Telephone Number (if different):

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Hamilton #1 Mine consists of an underground bituminous coal mine, surface processing faclities, office, shop and warehouse.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	1211		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Union	City where facility is located (if applicable): 8 miles Northwest of Morganfield, KY
C. Body of water receiving discharge: Unnamed ditches to Ohio River	
D. Facility Site Latitude (degrees, minutes, seconds): 37 43' 34"	Facility Site Longitude (degrees, minutes, seconds): 88 02' 17"
E. Method used to obtain latitude & longitude (see instructions):	USGS Map
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	N/A

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator: Ronald Johnson and Associates, PSC	Telephone Number: 270-821-6392 ext. 206
Operator Mailing Address (Street): 24 West Center Street	
Operator Mailing Address (City, State, Zip Code): Madisonville, KY 42431	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: WW1	Certification Number: 13544

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number: KY0001996	Issue Date of Current Permit: 2001	Expiration Date of Current Permit: April 30, 2010
Number of Times Permit Reissued: 7	Date of Original Permit Issuance: Nov. 11, 1973	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #: 08915003	Kentucky DSMRE Permit Number(s): 713-5002	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	0-74-4	Current
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	Div. of Waste Mgt. KYD-985-096-544	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Island Creek Coal Co. - Compliance
DMR Official Telephone Number:	618-539-5836

B. DMR Mailing Address:
- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	Standard Laboratories, Inc.
DMR Mailing Address:	8451 River King Drive
DMR Mailing City, State, Zip Code:	Freeburg, IL 62243

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Major Industry	$640.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ Jonathan M. Pachter, Manager, Environmental Permitting	412-831-4679
SIGNATURE Jonathan M. Pachter	DATE: 10/13/09

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

POWER OF ATTORNEY

Island Creek Coal Company, a Delaware corporation, of 1800 Washington Road, Pittsburgh, PA 15241 hereby nominates, constitutes and appoints Jonathan M. Pachter as its Attorney-in-Fact, to act its place and steed and on its behalf in any and all matters relating in any way to the filing of documents of any kind, including applications for permits, licenses, bonds, consents, waivers, monitoring reports, changes or modifications to permits and forms of any kind or character as may be necessary or convenient for the businesses of the company related to the mining, re-mining, abandonment and reclamation of coal lands and facilities of the company, including the power to negotiate, sign, execute and deliver on behalf of it any and all filings, agreements, transfers, assignments, waivers, consents, confirmations, guarantees or other documents of any kind as may be necessary or convenient to complete any of the above described purposes.

This Power of Attorney shall remain in full force and effect until revoked in writing.

Given under the signature and seal of Island Creek Coal Company this 27th day of February, 2003.

Island Creek Coal Company

By Peter B. Lilly

Name Peter B. Lilly
Its President

Commonwealth of Pennsylvania
County of Allegheny

On this 27 day of FEBRUARY, 2003, the undersigned, Peter B. Lilly, appeared before me and acknowledged himself to be the President of Island Creek Coal Company and that as such officer, being authorized to do so, executed the foregoing Power of Attorney for the purposes therein contained, by signing the name of the corporation by himself as President.

In witness whereof, I hereunto set my hand and seal.

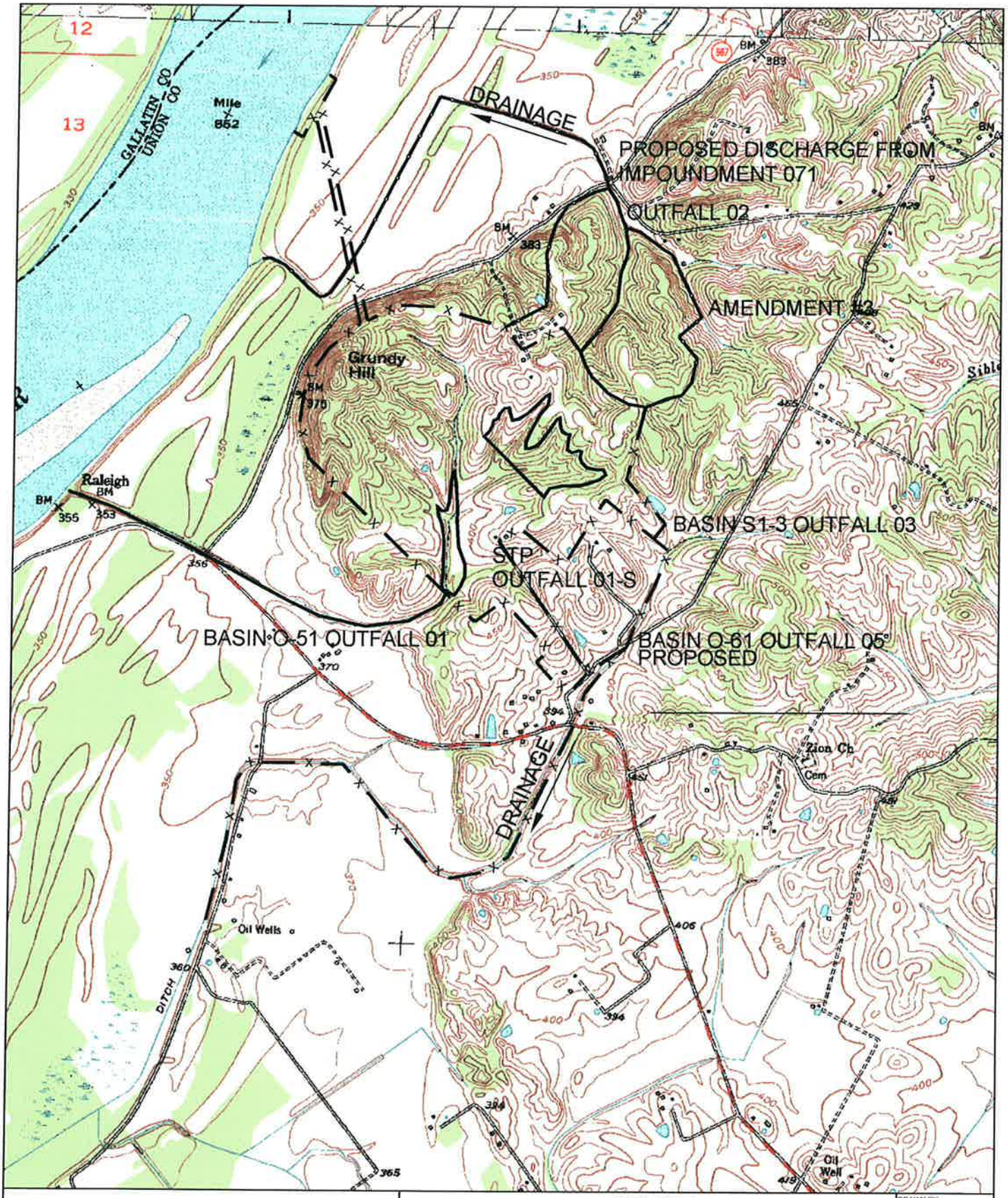
Jane M. Schaff

Notary Public

My Commission Expires:_____
Seal

Notarial Seal
Jane M. Schaff, Notary Public
Upper St. Clair Twp., Allegheny County
My Commission Expires June 20, 2005

Member, Pennsylvania Association of Notaries



RONALD JOHNSON & ASSOCIATES, P.S.C.
CONSULTING ENGINEERING - LAND SURVEYING
ENVIRONMENTAL CONSULTING - LAND DEVELOPMENT
24 WEST CENTER STREET MADISONVILLE, KENTUCKY 42431
PHONE (270) 821-6392 FAX (270) 821-6619 www.rjsengineering.com

FIGURE 1

ISLAND CREEK COACL COMPANY

HAMILTON #1 MINE

UNION COUNTY, KENTUCKY

U.S.G.S. 7.5 MIN. TOPOGRAPHIC MAP
GROVE CENTER QUADRANGLE

DRAWN BY:	JDH
DATE:	09/28/09
APPROVED BY:	
PROJECT #:	09-092
FILE NAME:	Fig1 Topo.DWG

KPDES FORM C

AI/4067

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Island Creek Coal Co. - Hamilton # 1	County: Union							
I. OUTFALL LOCATION	AGENCY USE	0	0	0	1	9	9	6

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
SEE ATTACHMENT 1A							

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
	SEE ATTACHMENT 1A			

ISLAND CREEK COAL COMPANY
HAMILTON NO. 1 MINE
CURRENT KPDES # KYOOO1996

I. OUTFALL LOCATION

OUTFALL NO. (list)	LATITUDE			LONGITUDE			RECEIVING WATERS (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
01-S	37	43	35	88	02	20	Sediment Basin 05I, Outfall 01
01	37	43	35	88	02	25	Un-named tributary to the Ohio River
02	37	44	48	88	01	58	Un-named tributary to the Ohio River
03	37	43	37	88	01	43	Goose Pond Ditch
04	37	41	45	88	03	33	Un-named tributary to the Goose Pond Ditch
05	37	43	28	88	01	50	Goose Pond Ditch

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

OUT-FALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT		
	Operation (list)	Average Flow (include units)	Description	List Codes From Table C-1	
01-S	Sanitary Wastewater	Est. 0.8 gpm	Aerobic Activated Sludge	3-A	1-U
	from 7,500 gpd STP		Sedimentation & Disinfection		2-F
01	Surface runoff from prep.	Est. 200 gpm	Neutralization		2-K
	plant, refuse, lake & stockpile		Sedimentation		1-U
02	Surface runoff within water-	Est. 100 gpm	Sedimentation		1-U
	shed of slurry impoundment				
03	Surface runoff	Est. 5 gpm	Sedimentation		1-U
04	Surface runoff from Goose	Est. 3 gpm	Sedimentation		1-U
	Pond Portal (reclaimed)				
05	Surface runoff from borrow	Est. 10 gpm	Sedimentation		1-U
	area				

ISLAND CREEK COAL COMPANY
HAMILTON NO. 1 MINE
CURRENT KPDES # KY0001996
October 26, 2004

PROCESS / SITE DESCRIPTION

Hamilton No. 1 is an underground coal mine with surface facilities for processing the coal. The underground mine and preparation plant are currently idle. The waste water facility (STP) is also idled at this time; however, the site is being maintained in anticipation of future activity. DMR reporting for the STP will show no flows until a work force is assembled and the bathhouse utilized again. The discharge from the STP enters a ditch leading directly to sediment basin 05I (KPDES outfall 01).

The preparation plant discharges slurry into impoundment 07I. The water from 07I is then re-circulated back to the plant. Currently the water elevation is being maintained by a pump which returns the water to the preparation plant. In the event that water should be discharged from the plant, the water is gravity fed to a ditch leading to basin 05I (outfall 01). Once the design changes are approved, the runoff will be allowed to discharge directly from the impoundment 07I rather than pumped to maintain the appropriate freeboard. Slurry (fine coal refuse) was pumped to this impoundment for a short time only and will not affect the effluent. The new spillway will be designated as KPDES Outfall 02.

Outfall 03 (basin SI-3) has been bond released. Outfall 04 (basin GP-1) is a silt basin as required by the DSMRE permit (713-5002). This basin receives runoff from borrow areas and other portions of the permitted surface area. Outfall 04 is located at the "Goose Pond Portal". This area has been reclaimed, all of the buildings and facilities have been removed. The shafts are sealed but will be maintained for future use.

Outfall 05 (basin 06I) will accommodate surface runoff from a borrow area. This sediment basin has not been constructed to date and there are no near term plans to enter this watershed.

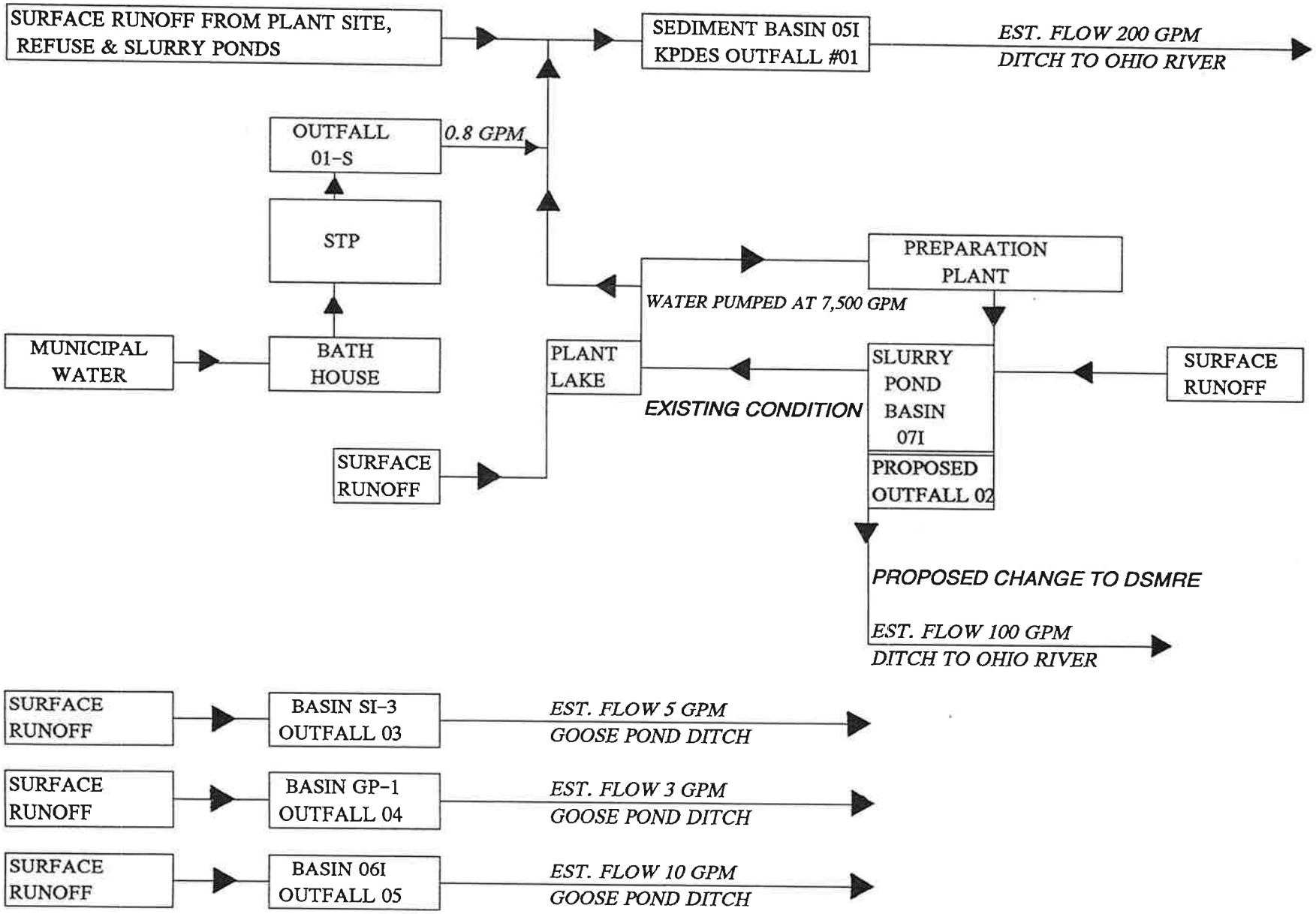
Outfall 01 is from the main silt basin (05I) which receives runoff from the plant area, refuse pile and plant lake. This basin has not required neutralization since the coarse refuse pile immediately upstream was covered with soil and revegetated in 1994. Reclamation of the permitted area has had a positive impact on the water quality.

The analysis found in Form C is a representative of the runoff from the permitted site.

There are no downstream municipal users between the outfalls or discharges and the receiving streams of the Ohio River or Goose Pond Ditch.

jw:WP:D:wpdocs/engdep/ham1kpds

ISLAND CREEK COAL COMPANY
HAMILTON NO. 1 MINE
KPDES DISCHARGE/OUTFALL LINE DIAGRAM



II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

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

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

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

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below) ☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Standard Laboratories, Inc.	8451 River King Drive Freeburg, IL 62243	618-539-5836	TSS, Flow, pH, Hardness, Sulfate, Total Iron, Total Manganese, Total Antimony, Total Arsenic, Total Beryllium, Total Cadmium, Total Chromium, Total Copper, Total lead, Total Mercury, Total Nickel, Total Selenium, Total Silver, Total Thallium, Total Zinc, Total Cyanide, Total Phenols,

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Jonathan M. Pachter General Mgr., Environ. Services	724-485-4679
SIGNATURE Jonathan M. Pachter	DATE 10/13/09

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) | **OUTFALL NO.**

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)	1.0						1	MG/L				
e. Ammonia (as N)												
f. Flow (in units of MGD)	VALUE	0.216	VALUE		VALUE		1	MGD		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°c		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°c		VALUE		
i. pH	MINIMUM 7..92	MAXIMUM	MINIMUM	MAXIMUM			1	STANDARD UNITS				

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)														
b. Bromine Total Residual														
c. Chloride														
d. Chlorine, Total Residual														
e. Color														
f. Fecal Coliform														
g. Fluoride (16984-48-8)														
h. Hardness (as $CaCO_3$)	X		166						1	mg/l				
i. Nitrate – Nitrite (as N)														
j. Nitrogen, Total Organic (as N)														
k. Oil and Grease														
l. Phosphorous (as P), Total 7723-14-0														
m. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium Total														
(4) Radium, 226, Total														

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
n. Sulfate (as SO_4) (14808-79-8)	X		51						1	MG/L				
o. Sulfide (as S)														
p. Sulfite (as SO_4) (14286-46-3)														
q. Surfactants														
r. Aluminum, Total (7429-90)														
s. Barium, Total (7440-39-3)														
t. Boron, Total (7440-42-8)														
u. Cobalt, Total (7440-48-4)														
v. Iron, Total (7439-89-6)	X		0.026						1	MG/L				
w. Magnesium Total (7439-96-4)														
x. Molybdenum Total (7439-98-7)														
y. Manganese, Total (7439-96-6)	X		0.011						1	MG/L				
z. Tin, Total (7440-31-5)														
aa. Titanium, Total (7440-32-6)														

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

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)	X			<0.04						1	UG/L				
2M. Arsenic, Total (7440-38-2)	X			2.6						1	UG/L				
3M. Beryllium Total (7440-41-7)	X			<0.3						1	UG/L				
4M. Cadmium Total (7440-43-9)	X			<1.0						1	UG/L				
5M. Chromium Total (7440-43-9)	X			<1.0						1	UG/L				
6M. Copper Total (7550-50-8)	X			<1.0						1	UG/L				
7M. Lead Total (7439-92-1)	X			<1.0						1	UG/L				
8M. Mercury Total (7439-97-6)	X			<0.02						1	UG/L				
9M. Nickel, Total (7440-02-0)	X			1.8						1	UG/L				
10M. Selenium, Total (7782-49-2)	X			<2.0						1	UG/L				
11M. Silver, Total (7440-28-0)	X			<1.0						1	UG/L				

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)	X			<0.3					1	UG/L					
13M. Zinc, Total (7440-66-6)	X			0.006					1	MG/L					
14M. Cyanide, Total (57-12-5)	X			<0.007					1	MG/L					
15M. Phenols, Total	X			<0.005					1	MG/L					
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)				DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			x												
2V. Acrylonitrile (107-13-1)			x												
3V. Benzene (71-43-2)			x												
5V. Bromoform (75-25-2)			x												
6V. Carbon Tetrachloride (56-23-5)			x												
7V. Chloro-benzene (108-90-7)			x												
8V. Chlorodibro-momethane (124-48-1)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)			x												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			x												
11V. Chloroform (67-66-3)			x												
12V. Dichloro-bromomethane (75-71-8)			x												
14V. 1,1-Dichloroethane (75-34-3)			x												
15V. 1,2-Dichloroethane (107-06-2)			x												
16V. 1,1-Dichlorethylene (75-35-4)			x												
17V. 1,2-Di-chloropropane (78-87-5)			x												
18V. 1,3-Dichloropro-pylene (452-75-6)			x												
19V. Ethyl-benzene (100-41-4)			x												
20V. Methyl Bromide (74-83-9)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			x												
22V. Methylene Chloride (75-00-2)			x												
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)			x												
24V. Tetrachloro-ethylene (127-18-4)			x												
25V. Toluene (108-88-3)			x												
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)			x												
27V. 1,1,1-Tri-chloroethane (71-55-6)			x												
28V. 1,1,2-Tri-chloroethane (79-00-5)			x												
29V. Trichloro-ethylene (79-01-6)			x												
30V. Vinyl Chloride (75-01-4)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)			x												
2A. 2,4-Dichlor-Orophenol (120-83-2)			x												
3A. 2,4-Dimeth-ylphenol (105-67-9)			x												
4A. 4,6-Dinitro-o-cresol (534-52-1)			x												
5A. 2,4-Dinitro-phenol (51-28-5)			x												
6A. 2-Nitro-phenol (88-75-5)			x												
7A. 4-Nitro-phenol (100-02-7)			x												
8A. P-chloro-m-cresol (59-50-7)			x												
9A. Pentachloro-phenol (87-88-5)			x												
10A. Phenol (108-05-2)			x												
11A. 2,4,6-Tri-chlorophenol (88-06-2)			x												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena-phtylene (208-96-8)			x												
3B. Anthra-cene (120-12-7)			x												
4B. Benzidine (92-87-5)			x												
5B. Benzo(a)-anthracene (56-55-3)			x												
6B. Benzo(a)-pyrene (50-32-8)			x												
7B. 3,4-Benzo-fluoranthene (205-99-2)			x												
8B. Benzo(ghl) perylene (191-24-2)			x												
9B. Benzo(k)-fluoranthene (207-08-9)			x												
10B. Bis(2-chlor-oethoxy)-methane (111-91-1)			x												
11B. Bis (2-chlor-oisopropyl)-Ether			x												
12B. Bis (2-ethyl-hexyl)-phthalate (117-81-7)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			x												
14B. Butyl-benzyl phthalate (85-68-7)			x												
15B. 2-Chloro-naphthalene (7005-72-3)			x												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			x												
17B. Chrysene (218-01-9)			x												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			x												
19B. 1,2-Dichloro-benzene (95-50-1)			x												
20B. 1,3-Dichloro-Benzene (541-73-1)			x												
21B. 1,4-Dichloro-benzene (106-46-7)			x												
22B. 3,3-Dichloro-benzidene (91-94-1)			x												
23B. Diethyl Phthalate (84-66-2)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			x												
25B. Di-N-butyl Phthalate (84-74-2)			x												
26B. 2,4-Dinitro-toluene (121-14-2)			x												
27B. 2,6-Dinitro-toluene (606-20-2)			x												
28B. Di-n-octyl Phthalate (117-84-0)			x												
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)			x												
30B. Fluoranthene (208-44-0)			x												
31B. Fluorene (86-73-7)			x												
32B. Hexachloro-benzene (118-71-1)			x												
33B. Hexachloro-butadiene (87-68-3)			x												
34B. Hexachloro-cyclopenta-diene (77-47-4)			x												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)			x												
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)			x												
37B. Isophorone (78-59-1)			x												
38B. Napthalene (91-20-3)			x												
39B. Nitrobenzene (98-95-3)			x												
40B. N-Nitrosodimethylamine (62-75-9)			x												
41B. N-nitrosodi-n-propylamine (621-64-7)			x												
42B. N-nitrosodiphenylamine (86-30-6)			x												
43B. Phenanthrene (85-01-8)			x												
44B. Pyrene (129-00-0)			x												
45B. 1,2,4 Trichlorobenzene (120-82-1)			x												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			x												
2P. α-BHC (319-84-6)			x												
3P. β-BHC (58-89-9)			x												
4P. gamma-BHC (58-89-9)			x												
5P. δ-BHC (319-86-8)			x												
6P. Chlordane (57-74-9)			x												
7P. 4,4'-DDT (50-29-3)			x												
8P. 4,4'-DDE (72-55-9)			x												
9P. 4,4'-DDD (72-54-8)			x												
10P. Dieldrin (60-57-1)			x												
11P. α-Endosulfan (115-29-7)			x												
12P. β-Endosulfan (115-29-7)			x												
13P. Endosulfan Sulfate (1031-07-8)			x												
14P. Endrin (72-20-8)			x												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			x												
16P Heptachlor (76-44-8)			x												
17P. Heptaclor Epoxide (1024-57-3)			x												
18P. PCB-1242 (53469-21-9)			x												
19P. PCB-1254 (11097-69-1)			x												
20P. PCB-1221 (11104-28-2)			x												
21P. PCB-1232 (11141-16-5)			x												
22P. PCB-1248 (12672-29-6)			x												
23P. PCB-1260 (11096-82-5)			x												
24P. PCB-1016 (12674-11-2)			x												
25P. Toxaphene (8001-35-2)			x												

STANDARD LABORATORIES, INC.
8451 River King Drive
Freeburg , IL 62243

Lab No. 0908-00007-002

Date Rec'd. 8/05/09

Date Sampled 8/05/09 @ 10:06

Sampled By Standard Laboratories, Inc.

Date: 8/18/09
Page: 1 of 1

ISLAND CREEK COAL CO.
(CONSOLIDATION COAL CO.)
P.O. BOX 566
SESSER, IL 62884
ATTN: JOHN GEFFERTH

HAM1 DA 002:07-I
090800702

PARAMETER	VALUE	UNITS	METHOD	MDL	DF	DATE	TECH
SOLIDS, SUSPENDED	1	MG/L	SM 2540	1	1	8/05/09	LAM
FIELD FLOW	0.216	MGD	Estimate		1	8/05/09	RPS
PH	7.92	S.U.	SM 4500		1	8/05/09	RPS
HARDNESS AS CACO3	166	MG/L	SM 2340	5	1	8/17/09	JAG
SULFATE	51	MG/L	300.1	3	1	8/07/09	GAM
IRON, TOTAL	0.026	MG/L	200.7	0.006	1	8/06/09	LAM
MANGANESE, TOTAL	0.011	MG/L	200.7	0.001	1	8/06/09	LAM
ANTIMONY, TOTAL	< 0.4	UG/L	200.8	0.4	1	8/13/09	GAM
ARSENIC, TOTAL	2.6	UG/L	200.8	1	1	8/13/09	GAM
BERYLLIUM, TOTAL	< 0.3	UG/L	200.8	0.3	1	8/13/09	GAM
CADMIUM, TOTAL	< 1.0	UG/L	200.8	1	1	8/13/09	GAM
CHROMIUM, TOTAL	< 1.0	UG/L	200.8	1	1	8/13/09	GAM
COPPER, TOTAL	< 1.0	UG/L	200.8	1	1	8/13/09	GAM
LEAD, TOTAL	< 1.0	UG/L	200.8	1	1	8/13/09	GAM
MERCURY, TOTAL	< 0.02	UG/L	SM 3112	0.02	1	8/11/09	GAM
NICKEL, TOTAL	1.8	UG/L	200.8	0.5	1	8/13/09	GAM
SELENIUM, TOTAL	< 2.0	UG/L	200.8	2	1	8/13/09	GAM
SILVER, TOTAL	< 1.0	UG/L	200.8	1	1	8/13/09	GAM
THALLIUM, TOTAL	< 0.3	UG/L	200.8	0.3	1	8/13/09	GAM
ZINC, TOTAL	0.006	MG/L	200.7	0.002	1	8/06/09	LAM
CYANIDE	< 0.007	MG/L	335.4R1	0.007	1	8/07/09	OSL
PHENOL (ics)	< 0.005	MG/L	420.4R1	0.005	1	8/10/09	OSL

Respectfully Submitted by: Robert D Kuhl

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