

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	01A X
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 001A  
TELER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****			QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****			QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****			QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Meg Burt Environmental Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			719 689-4055 AREA Code NUMBER	05/15/2018 MM/DD/YYYY

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

SEE I. A. 3. FOR DETAILS OF TEST PROCEDURE. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BETWEEN TEST & CONT USING TEST CODE "S". RPT IC25 USING TEST CODE "P". ATTACH CHRON TOX TEST RPT TO DMR.

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**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	01A X
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MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 001A

TELER

No Discharge

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3

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Meg Burt Environmental Manager			719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code	NUMBER

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CO0024562		01B X	
PERMIT NUMBER		DISCHARGE NUMBER	
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MAJOR  
(SUBR TV)  
F - FINAL  
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TELER

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3

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Meg Burt Environmental Manager			719   689-4055	05/15/2018	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

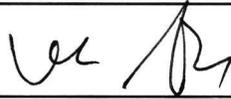
CO0024562	01B X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 001B

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****			QTRLY	COMP-3

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ATTN: MEG BURT , ENVIRONMENTAL MANAGER

CO0024562	01C X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 001C

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****			QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****			QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****			QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3

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CO0024562	01C X
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
(SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 001C

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	1/1/2018	TO	4/30/2018

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
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CO0024562	01D X
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FROM 1/1/2018	TO 4/30/2018

MAJOR (SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 001D

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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CO0024562	01D X
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
(SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 001D

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
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CO0024562	02A X
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
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TELER  
CHRONIC WET TESTING FOR 002A

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronc Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronc Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronc Toxcty		QTRLY	COMP-3

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		<b>TELEPHONE</b>		<b>DATE</b>
Meg Burt Environmental Manager			<b>719</b>   <b>689-4055</b>	05/15/2018	
<b>TYPED OR PRINTED</b>			<b>AREA Code</b>   <b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)**

SEE I. A. 3. FOR DETAILS OF TEST PROCEDURE. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BETWEEN TEST & CONT USING TEST CODE "S". RPT IC25 USING TEST CODE "P". ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT , ENVIRONMENTAL MANAGER

CO0024562	02A X
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 002A

TELER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	1/1/2018	TO	4/30/2018

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

SEE I. A. 3. FOR DETAILS OF TEST PROCEDURE. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BETWEEN TEST & CONT USING TEST CODE "S". RPT IC25 USING TEST CODE "P". ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

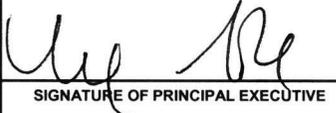
**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT , ENVIRONMENTAL MANAGER

CO0024562	02B X
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 002B

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****		QTRLY	COMP-3	
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****		QTRLY	COMP-3	
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****		QTRLY	COMP-3	
%Effect Statre 7Day CHR Pimephales TCP6C S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****		QTRLY	COMP-3	
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****		QTRLY	COMP-3	
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****		QTRLY	COMP-3	
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****		QTRLY	COMP-3	

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		<b>TELEPHONE</b>		<b>DATE</b>
Meg Burt Environmental Manager			<b>719</b>   <b>689-4055</b>	05/15/2018	
<b>TYPED OR PRINTED</b>			<b>AREA Code</b>   <b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)**

SEE I. A. 3. FOR DETAILS OF TEST PROCEDURE. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BETWEEN TEST & CONT USING TEST CODE "S". RPT IC25 USING TEST CODE "P". ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	02B X
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 002B

TELER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	1/1/2018	TO	4/30/2018

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronc Toxcty		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code	NUMBER

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

SEE I. A. 3. FOR DETAILS OF TEST PROCEDURE. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BETWEEN TEST & CONT USING TEST CODE "S". RPT IC25 USING TEST CODE "P". ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT , ENVIRONMENTAL MANAGER

CO0024562	02C X
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 002C

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	> 100.0%	*****	*****	Percent	0	QTRLY	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	> 100.0%	*****	*****	Percent	0	QTRLY	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Report MN VALUE	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	> 100.0%	*****	*****	Percent	0	QTRLY	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	> 100.0%	*****	*****	Percent	0	QTRLY	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Report MN VALUE	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	37.1%	*****	*****	Chronic Toxcty	0	QTRLY	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	46.0%	*****	*****	Chronic Toxcty	0	QTRLY	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	> 100.0%	*****	*****	Chronic Toxcty	0	QTRLY	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Meg Burt Environmental Manager  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			719 689-4055 AREA Code NUMBER	05/15/2018 MM/DD/YYYY

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

SEE I. A. 3. FOR DETAILS OF TEST PROCEDURE. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BETWEEN TEST & CONT USING TEST CODE "S". RPT IC25 USING TEST CODE "P". ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	02C X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 002C

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****	> 100.0%	*****	*****	Chronic Toxcty	0	QTRLY	COMP-3
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719   689-4055	05/15/2018
TYPED OR PRINTED			AREA Code	NUMBER

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

SEE I. A. 3. FOR DETAILS OF TEST PROCEDURE. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BETWEEN TEST & CONT USING TEST CODE "S". RPT IC25 USING TEST CODE "P". ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	02D X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 002D  
TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719   689-4055	05/15/2018
TYPED OR PRINTED			AREA Code	NUMBER

**COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)**  
SEE I. A. 3. FOR DETAILS OF TEST PROCEDURE. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BETWEEN TEST & CONT USING TEST CODE "S". RPT IC25 USING TEST CODE "P". ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	02D X
PERMIT NUMBER	DISCHARGE NUMBER

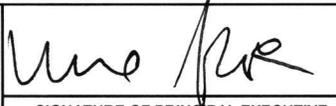
MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 002D

TELER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	1/1/2018	TO	4/30/2018

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719   689-4055	05/15/2018
TYPED OR PRINTED			AREA Code   NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATIONS 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. 2040-004

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

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**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	1YA X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 001A

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		49 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Meg Burt Environmental Manager	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		TELEPHONE	DATE
			719 689-4055	05/15/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

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

IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01AX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING "P". IWC=53%(1ST QTR), 37%(2ND QTR), 49%(3RD QTR), & 48%(4TH QTR). ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	1YA X
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
(SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 001A

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	1/1/2018	TO	4/30/2018

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Pimephales TCP6C S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		49 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		TELEPHONE		DATE
Meg Burt Environmental Manager			719	689-4055	05/15/2018
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01AX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING "P". IWC=53%(1ST QTR), 37%(2ND QTR), 49%(3RD QTR), & 48%(4TH QTR). ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT , ENVIRONMENTAL MANAGER

CO0024562	1YB X
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 001B

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		45 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		<b>TELEPHONE</b>	<b>DATE</b>
Meg Burt Environmental Manager			719 689-4055	05/15/2018
<b>TYPED OR PRINTED</b>			<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)**

IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01BX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING "P". IWC=50%(1ST QTR), 34%(2ND QTR), AND 45%(3RD/4TH QTR). ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	1YB X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 001B

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Pimephales TCP6C S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		45 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		TELEPHONE	DATE
Meg Burt Environmental Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code	NUMBER

**COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)**

IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01BX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING "P". IWC=50%(1ST QTR), 34%(2ND QTR), AND 45%(3RD/4TH QTR). ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
ATTN: MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	1YC X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 001C  
TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		41 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719   689-4055	05/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01CX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING CODE "P". IWC=46%(1ST QTR), 30%(2ND QTR), AND 41%(3RD/4TH QTR). ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	1YC X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 001C

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Pimephales TCP6C S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	41 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		TELEPHONE	DATE
Meg Burt Environmental Manager			719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code	NUMBER

**COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)**  
IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01CX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING CODE "P". IWC=40%(1ST QTR), 30%(2ND QTR), AND 41%(3RD/4TH QTR). ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT , ENVIRONMENTAL MANAGER

CO0024562	1YD X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 001D  
TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		100 MN VALUE	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		100 MN VALUE	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01DX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING "P". IWC=100% ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

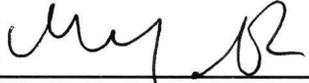
CO0024562	1YD X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 001D

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.</p>	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager		719   689-4055	05/15/2018	
TYPED OR PRINTED		AREA Code   NUMBER	MM/DD/YYYY	

**COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)**  
IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01DX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING "P". IWC=100% ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	2YA X
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 002A  
TELER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****			QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****			QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Chronic Toxcty			
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****			QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	Percent			
	PERMIT REQUIREMENT	*****	*****		49 MN VALUE	*****	*****			QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01AX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING "P". IWC=53%(1ST QTR), 37%(2ND QTR), AND 49%(3RD QTR), & 48%(4TH QTR). ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

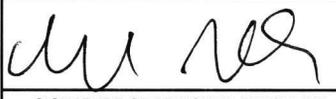
**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	2YA X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 002A

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Pimephales TCP6C S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	49 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		TELEPHONE		DATE
Meg Burt Environmental Manager			719   689-4055	05/15/2018	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

**COMMENTS AND EXPLANATIONS 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. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT , ENVIRONMENTAL MANAGER

CO0024562	2YB X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
FROM 1/1/2018	TO 4/30/2018

MAJOR (SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 002B

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		45 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		<b>TELEPHONE</b>		<b>DATE</b>
Meg Burt Environmental Manager			<b>719 689-4055</b>	05/15/2018	
<b>TYPED OR PRINTED</b>			<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

**COMMENTS AND EXPLANATIONS 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. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	2YB X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 002B

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Pimephales TCP6C S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		45 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		TELEPHONE	DATE
Meg Burt Environmental Manager			719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATIONS 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. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT , ENVIRONMENTAL MANAGER

CO0024562	2YC X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 002C

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		41 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01CX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING "P". IWC=46%(1ST QTR), 30%(2ND QTR), AND 41%(3RD/4TH QTR). ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

CO0024562	2YC X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 002C

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Pimephales TCP6C S 4 O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	41 MN VALUE	*****	*****	Percent		QTRLY	COMP-3

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  Meg Burt Environmental Manager  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>  719 689-4055 <small>AREA Code NUMBER</small>	<b>DATE</b>  05/15/2018 MM/DD/YYYY
--	---	--	---	---

**COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)**  
 IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01CX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING "P". IWC=46%(1ST QTR), 30%(2ND QTR), AND 41%(3RD/4TH QTR). ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

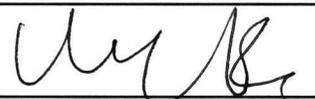
**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
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P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT , ENVIRONMENTAL MANAGER

CO0024562	2YD X
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
TELER  
CHRONIC WET TESTING FOR 002D

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
%Effect Statre 7Day CHR Ceriodaphnia TCP3B P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Ceriodaphnia TCP3B S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		100 MN VALUE	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Percent		QTRLY	COMP-3
%Effect Statre 7Day CHR Pimephales TCP6C S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		100 MN VALUE	*****	*****	Percent		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Report SINGSAMP	*****	*****	Chronic Toxcty		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01DX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING TEST "P". IWC=100% ATTACH CHRON TOX TEST RPT TO DMR.

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

Form Approved  
OMB No. 2040-004

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

**NAME:** CRIPPLE CREEK & VICTOR GOLD MINING COMPANY  
**ADDRESS:** CARLTON TUNNEL PORTAL SITE  
P.O. BOX 191, VICTOR, CO 80860  
**FACILITY:** CARLTON TUNNEL PORTAL SITE  
**LOCATION:** 2755 HIGHWAY 67  
VICTOR, CO 80860  
**ATTN:** MEG BURT, ENVIRONMENTAL MANAGER

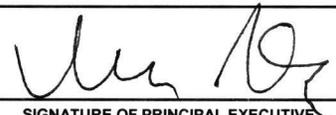
CO0024562	2YD X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2018	TO 4/30/2018

MAJOR  
(SUBR TV)  
F - FINAL  
CHRONIC WET TESTING FOR 002D

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	Report MN VALUE	*****	*****	Chronic Toxcty		QTRLY	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person who manages the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Meg Burt Environmental Manager			719 689-4055	05/15/2018
TYPED OR PRINTED			AREA Code	NUMBER

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

IF THERE IS A STAT DIFF RPT RESULT ON THIS OUTFALL. IF NOT, RPT "NO DISCH" & COMPELTE OUTFALL 01DX. RPT LOWEST % AT WHICH STATISTICALLY SIGNIF DIFF BTWN TEST & CONT USING "S". RPT IC25 USING TEST "P". IWC=100% ATTACH CHRON TOX TEST RPT TO DMR.