

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)

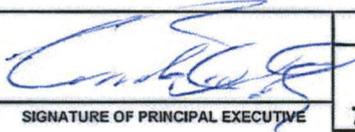
NAME: Cripple Creek & Victor Gold Mining Company
ADDRESS: P.O. Box 191,
Victor, CO 80860
FACILITY: CARLTON TUNNEL PORTAL SITE
LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	001 A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 4/1/2015	TO 4/30/2015

MAJOR
(SUBR TV)
F - FINAL
TELER
BYPASS/FOURMILE CRK>2.39<2.73

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		Once/Month	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Once/Month	GRAB
Iron, Total Recoverable 00980 P 2 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report 30DA AVG	Report DAILY MX	ug/L		Once/Month	GRAB
Manganese, dissolved (as Mn) 01056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report 30DA AVG	Report DAILY MX	ug/L		Once/Month	GRAB
Zinc, dissolved (as Zn) 01090 1 5 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	710 30DA AVG	710 DAILY MX	ug/L		Once/Month	GRAB
Oil and grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****		10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	2.73 30DA AVG	Report DAILY MX	MGD	*****	*****	*****	*****		Once/Month	INSTAN

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
LOWE BILLINGSLEY VP and General Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719 689-4059	5/18/15
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Total suspended solids - see I.A.5.F., pg 11. Storm exemption - see pp 10-11. Submit DMR's for 001A through 001D each month; complete DMR for appropriate tier & mark remaining points as "No Discharge". MLOC-P used for Amendment 1 limits.

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ADDRESS: P.O. Box 191,
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FACILITY: CARLTON TUNNEL PORTAL SITE

LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860

ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR
(SUBR TV)
F - FINAL
BYPASS/FOURMILE CRK>2.39<2.73

TELER

MONITORING PERIOD
FROM 4/1/2015 TO 4/30/2015

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual 84066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Report INST MX	YES=1 NO=0	*****	*****	*****	*****		Once/Month	VISUAL

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LOWE BILLINGSLEY VP and General Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719	689-4059	5/15/15
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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Reviewed 06/24/2015

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CO0024562	001 B
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 4/1/2015	TO 4/30/2015

MAJOR
(SUBR TV)
F - FINAL
TELER
BYPASS/FOURMILE CRK>2.01<2.39

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		Once/Month	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Once/Month	GRAB
Iron, Total Recoverable 00980 P 2 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report 30DA AVG	Report DAILY MX	ug/L		Once/Month	GRAB
Manganese, dissolved (as Mn) 01056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report 30DA AVG	Report DAILY MX	ug/L		Once/Month	GRAB
Zinc, dissolved (as Zn) 01090 1 5 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	750 30DA AVG	750 DAILY MX	ug/L		Once/Month	GRAB
Oil and grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	2.39 30DA AVG	Report DAILY MX	MGD	*****	*****	*****	*****		Once/Month	INSTAN

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LOWE BILLINGSLEY VP and General Manager			719 689-4059	5/6/15
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	001 B
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR TV)
F - FINAL
TELER
BYPASS/FOURMILE CRK>2.01<2.39

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 4/1/2015		TO 4/30/2015	

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual 84066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Report INST MX	YES=1 NO=0	*****	*****	*****	*****		Once/Month	VISUAL

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LOWE BILLINGSLEY VP and General Manager			719 689-4059	5/18/15
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

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CO0024562	001 C
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 4/1/2015	TO 4/30/2015

MAJOR
(SUBR TV)
F - FINAL
FOURMILE CREEK<2.01 MGD

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		Once/Month	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	45	mg/L		Once/Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	MX 7D AV	mg/L		Once/Month	GRAB
Iron, Total Recoverable 00980 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	Report	Report	ug/L		Once/Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	ug/L		Once/Month	GRAB
Manganese, dissolved (as Mn) 01056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	Report	Report	ug/L		Once/Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	ug/L		Once/Month	GRAB
Zinc, dissolved (as Zn) 01090 1 5 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	820	820	ug/L		Once/Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	ug/L		Once/Month	GRAB
Oil and grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10	mg/L		Contingent	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		Once/Month	INSTAN
	PERMIT REQUIREMENT	2.01	Report	MGD	*****	*****	*****	*****		Once/Month	INSTAN

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LOWE BILLINGSLEY VP and General Manager			719 689-4059	5/13/15
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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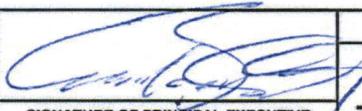
CO0024562	001 C
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR TV)
F - FINAL
TELER
FOURMILE CREEK<2.01 MGD

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	4/1/2015	TO	4/30/2015

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Report INST MX	YES=1 NO=0	*****	*****	*****	*****		Once/Month	VISUAL

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MM/DD/YYYY	MM/DD/YYYY
FROM 4/1/2015	TO 4/30/2015

MAJOR
(SUBR TV)
F - FINAL TELLER
FOURMILE CREEK >2.73 MGD

No Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		Once/Month	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Once/Month	GRAB
Iron, Total Recoverable 00980 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	Report 30DA AVG	Report DAILY MX	lbs/day	*****	*****	*****	*****		Once/Month	GRAB
Manganese, dissolved (as Mn) 01056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	Report 30DA AVG	Report DAILY MX	lbs/day	*****	*****	*****	*****		Once/Month	GRAB
Zinc, dissolved (as Zn) 01090 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	14.116 DAILY MX	lbs/day	*****	*****	*****	*****		Once/Month	GRAB
Oil and grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	Report 30DA AVG	Report DAILY MX	MGD	*****	*****	*****	*****		Once/Month	INSTAN

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LOWE BILLINGSLEY VP and General Manager			719	689-4059	5/23/15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR TV)
F - FINAL
TELER
FOURMILE CREEK >2.73 MGD

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual 84066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Report INST MX	YES=1 NO=0	*****	*****	*****	*****		Once/Month	VISUAL

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LOWE BILLINGSLEY VP and General Manager			719 689-4059	5/10/15
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MAJOR
(SUBR TV)
F - FINAL
FOURMILE CRK>2.39<2.73
TELER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	4/1/2015	TO	4/30/2015

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		Once/Month	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Once/Month	GRAB
Iron, Total Recoverable 00980 P 2 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report 30DA AVG	Report DAILY MX	ug/L		Once/Month	GRAB
Manganese, dissolved (as Mn) 01056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report 30DA AVG	Report DAILY MX	ug/L		Once/Month	GRAB
Zinc, dissolved (as Zn) 01090 1 5 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	710 30DA AVG	710 DAILY MX	ug/L		Once/Month	GRAB
Oil and grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	2.73 30DA AVG	Report DAILY MX	MGD	*****	*****	*****		Once/Month	INSTAN

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
LOWE BILLINGSLEY VP and General Manager			719 689-4059	5/18/15
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

Total suspended solids - see I.A.5.F., pg 11. Storm exemption - see pp 10-11. Submit DMR's for 002A through 002D each month; complete DMR for appropriate tier & mark remaining points as "No Discharge". MLOC-P used for Amendment 1 limits.

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: P.O. Box 191,
Victor, CO 80860

FACILITY: CARLTON TUNNEL PORTAL SITE

LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860

ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MAJOR
(SUBR TV)
F - FINAL
FOURMILE CRK>2.39<2.73

TELER

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
4/1/2015 TO 4/30/2015

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual 84066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Report INST MX	YES=1 NO=0	*****	*****	*****	*****		Once/Month	VISUAL

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
LOWE BILLINGSLEY VP and General Manager			719 689-4059	5/18/15
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

Total suspended solids - see I.A.5.F., pg 11. Storm exemption - see pp 10-11. Submit DMR's for 002A through 002D each month; complete DMR for appropriate tier & mark remaining points as "No Discharge". MLOC-P used for Amendment 1 limits.

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: P.O. Box 191,
Victor, CO 80860
FACILITY: CARLTON TUNNEL PORTAL SITE
LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	002 B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 4/1/2015	TO 4/30/2015

MAJOR
(SUBR TV)
F - FINAL
FOURMILE CREEK>2.01<2.39
TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		Once/Month	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Once/Month	GRAB
Iron, Total Recoverable 00980 P 2 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report 30DA AVG	Report DAILY MX	ug/L		Once/Month	GRAB
Manganese, dissolved (as Mn) 01056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report 30DA AVG	Report DAILY MX	ug/L		Once/Month	GRAB
Zinc, dissolved (as Zn) 01090 1 5 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	750 30DA AVG	750 DAILY MX	ug/L		Once/Month	GRAB
Oil and grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	2.39 30DA AVG	Report DAILY MX	MGD	*****	*****	*****	*****		Once/Month	INSTAN

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	
LOWE BILLINGSLEY VP and General Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719	689-4059	5/10/15
TYPED OR PRINTED			AREA Code	NUMBER	

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

Total suspended solids - see I.A.5.F., pg 11. Storm exemption - see pp 10-11. Submit DMR's for 001A through 001D each month; complete DMR for appropriate tier & mark remaining points as "No Discharge". MLOC-P used for Amendment 1 limits.

Received 06/24/2015

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: P.O. Box 191,
Victor, CO 80860

FACILITY: CARLTON TUNNEL PORTAL SITE

LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860

ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	002 B
PERMIT NUMBER	DISCHARGE NUMBER

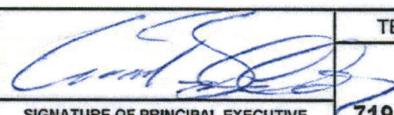
MAJOR
(SUBR TV)
F - FINAL
FOURMILE CREEK>2.01<2.39

TELER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 4/1/2015	TO	4/30/2015	

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual	SAMPLE MEASUREMENT	*****			*****	*****	*****				
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Report INST MX	YES=1 NO=0	*****	*****	*****	*****		Once/Month	VISUAL

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
LOWE BILLINGSLEY VP and General Manager			719 689-4059	5/15/15
TYPED OR PRINTED			AREA Code	NUMBER

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

Total suspended solids - see I.A.5.F., pg 11. Storm exemption - see pp 10-11. Submit DMR's for 001A through 001D each month; complete DMR for appropriate tier & mark remaining points as "No Discharge". MLOC-P used for Amendment 1 limits.

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: P.O. Box 191,
Victor, CO 80860
FACILITY: CARLTON TUNNEL PORTAL SITE
LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	002 C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 4/1/2015	TO 4/30/2015

MAJOR
(SUBR TV)
F - FINAL
FOURMILE CREEK<2.01 MGD
TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.96	*****	7.96	SU	0	Once/Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		Once/Month	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	12	mg/L	0	Once/Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Once/Month	GRAB
Iron, Total Recoverable 00980 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1130	1130	ug/L	0	Once/Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report 30DA AVG	Report DAILY MX	ug/L		Once/Month	GRAB
Manganese, dissolved (as Mn) 01056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	830	830	ug/L	0	Once/Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Report 30DA AVG	Report DAILY MX	ug/L		Once/Month	GRAB
Zinc, dissolved (as Zn) 01090 1 5 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	51	51	ug/L	0	Once/Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	820 30DA AVG	820 DAILY MX	ug/L		Once/Month	GRAB
Oil and grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NA	NA	NA	NA	NA
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Once/Month	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.91	1.91	MGD	*****	*****	*****	*****	0	Three/Month	INSTAN
	PERMIT REQUIREMENT	2.01 30DA AVG	Report DAILY MX	MGD	*****	*****	*****	*****		Once/Month	INSTAN

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
LOWE BILLINGSLEY VP and General Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719 689-4059	5/18/15
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Total suspended solids - see I.A.5.F., pg 11. Storm exemption - see pp 10-11. Submit DMR's for 001A through 001D each month; complete DMR for appropriate tier & mark remaining points as "No Discharge".

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: P.O. Box 191,
Victor, CO 80860
FACILITY: CARLTON TUNNEL PORTAL SITE
LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	002 C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 4/1/2015	TO 4/30/2015

MAJOR
(SUBR TV)
F - FINAL
FOURMILE CREEK<2.01 MGD

TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual 84066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	0	NO	*****	*****	*****	*****	0	Three/Month	VISUAL
	PERMIT REQUIREMENT	*****	Report INST MX	YES=1 NO=0	*****	*****	*****	*****			

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>		TELEPHONE	DATE	
LOWE BILLINGSLEY VP and General Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719 689-4059	5/18/13
TYPED OR PRINTED			OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

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

Total suspended solids - see I.A.5.F., pg 11. Storm exemption - see pp 10-11. Submit DMR's for 001A through 001D each month; complete DMR for appropriate tier & mark remaining points as "No Discharge".

Received 06/24/2015

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: P.O. Box 191,
Victor, CO 80860
FACILITY: CARLTON TUNNEL PORTAL SITE
LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	002 D
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 4/1/2015	TO 4/30/2015

MAJOR
(SUBR TV)
F - FINAL
FOURMILE CREEK>2.73 MGD
TELER

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		Once/Month	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	45 MX 7D AV	mg/L		Once/Month	GRAB
Iron, Total Recoverable 00980 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	Report 30DA AVG	Report DAILY MX	lbs/day	*****	*****	*****	*****		Once/Month	GRAB
Manganese, dissolved (as Mn) 01056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	Report 30DA AVG	Report DAILY MX	lbs/day	*****	*****	*****	*****		Once/Month	GRAB
Zinc, dissolved (as Zn) 01090 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	14.116 DAILY MX	lbs/day	*****	*****	*****	*****		Once/Month	GRAB
Oil and grease 03582 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 INST MAX	mg/L		Contingent	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	Report 30DA AVG	Report DAILY MX	MGD	*****	*****	*****	*****		Once/Month	INSTAN

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	
LOWE BILLINGSLEY VP and General Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719	689-4059	5/13/15
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Total suspended solids - see I.A.5.F., pg 11. Storm exemption - see pp 10-11. Submit DMR's for 001A through 001D each month; complete DMR for appropriate tier & mark remaining points as "No Discharge".

REC'D 06/24/2015

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: P.O. Box 191,
Victor, CO 80860
FACILITY: CARLTON TUNNEL PORTAL SITE
LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	002 D
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR TV)
F - FINAL
TELER
FOURMILE CREEK>2.73 MGD

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	4/1/2015	TO	4/30/2015

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease visual 84066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****			*****	*****	*****				
	PERMIT REQUIREMENT	*****	Report INST MX	YES=1 NO=0	*****	*****	*****	*****		Once/Month	VISUAL

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	
LOWE BILLINGSLEY VP and General Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719	689-4059	5/18/15
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Total suspended solids - see I.A.5.F., pg 11. Storm exemption - see pp 10-11. Submit DMR's for 001A through 001D each month; complete DMR for appropriate tier & mark remaining points as "No Discharge".

Received 06/24/2015

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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	01A X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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 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 Toxicy		QTRLY	COMP-3
Toxicity, Ceriodaphnia Chronic 61426 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	Report MN VALUE	*****	*****	Chronic Toxicy		QTRLY	COMP-3
Toxicity, Pimephales Chronic 61428 P O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	Report SINGSAMP	*****	*****	Chronic Toxicy		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
Low Billingsley VP and General Manager			719 689-4059	5/12/15
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.

Received 06/24/2015

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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	01A X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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			
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.	TELEPHONE		DATE
Lowell Billingsley VP and General Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719	689-4059
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
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P.O. BOX 191, VICTOR, CO 80860
FACILITY: CARLTON TUNNEL PORTAL SITE
LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	01B X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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 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.		TELEPHONE	DATE
Low Billingsley VP and General Manager			719 689-4059	5/18/15
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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
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P.O. BOX 191, VICTOR, CO 80860
FACILITY: CARLTON TUNNEL PORTAL SITE
LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	01B X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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	*****	*****	*****		*****	*****				
	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
Lowell Billingsley VP and General Manager				719 689-4059	5/19/15
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

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

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Received 06/24/2015

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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	01C X
PERMIT NUMBER	DISCHARGE NUMBER

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

TELER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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
TYPED OR PRINTED Lowe Billingsley VP and General Manager			719 689-4059	5/18/15
			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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	01C X
PERMIT NUMBER	DISCHARGE NUMBER

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

TELER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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 Toxclty		QTRLY	COMP-3

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Lowe Billingsley VP and General Manager TYPED OR PRINTED			719 689-4059	5/18/15
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COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference all attachments here)
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Received 06/24/2015

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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	01D X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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			
%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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Lowe Billingsley VP and General Manager			719 689-4059	5/18/15
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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	01D X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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			
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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Lowe Billingsley VP and General Manager TYPED OR PRINTED			719 689-4059	5/18/15
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: CARLTON TUNNEL PORTAL SITE
LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	02A X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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 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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TYPED OR PRINTED Lowe Billingsley VP and General Manager			719 689-4059 AREA Code NUMBER	5/12/15 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.

Received 06/24/2015

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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

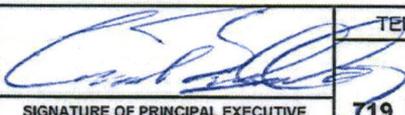
CO0024562	02A X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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

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 Toxclty		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
Lowe Billingsley VP and General Manager			719 689-4059	5/18/15
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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

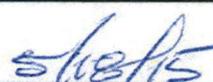
CO0024562	02B X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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 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.		TELEPHONE	DATE
Low Billingsley VP and General Manager			719 689-4059	
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)

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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	02B X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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			
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.	TELEPHONE		DATE	
Lowe Billingsley VP and General Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719	689-4059	5/12/15
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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	02C X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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	*****	*****	*****	49.5%	*****	*****	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	*****	*****	*****	75.0%	*****	*****	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	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
Low Billingsley VP and General Manager			719	689-4059	5/18/15
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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

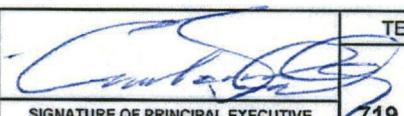
CO0024562	02C X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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
Lowe Billingsley VP and General Manager			719 689-4059	5/18/15
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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	02D X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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	*****	*****	*****		*****	*****	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	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
Lowe Billingsley VP and General Manager TYPED OR PRINTED			719 689-4059	5/13/15
			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
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ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

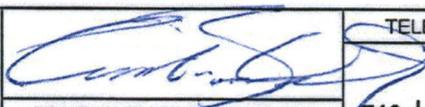
CO0024562	02D X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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.		TELEPHONE	DATE
Low Billingsley VP and General Manager			719 689-4059	5/12/15
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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

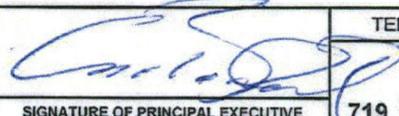
CO0024562	1YA X
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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	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
Low Billingsley VP and General Manager			719 689-4059	5/18/15
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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	1YA X
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 1/1/2015	TO	4/30/2015	

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 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Low Billingsley VP and General Manager			719 689-4059	5/10/15
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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	1YB X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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 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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Lowe Billingsley VP and General 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
			719 689-4059 AREA Code NUMBER	5/18/15 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 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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	1YB X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Low Billingsley VP and General Manager			719 689-4059	5/18/15
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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

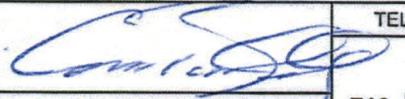
CO0024562	1YC X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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	*****	*****	*****		*****	*****	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	*****	*****		41 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
Lowe Billingsley VP and General Manager TYPED OR PRINTED			719 689-4059	5/18/15
			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=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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	1YC X
PERMIT NUMBER	DISCHARGE NUMBER

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

TELER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
%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
Low Billingsley VP and General Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719 AREA Code	689-4059 NUMBER
TYPED OR PRINTED					

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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	1YD X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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			
%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.		TELEPHONE		DATE
Low Billingsley VP and General Manager			719 689-4059	5/12/15	
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 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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	1YD X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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	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
Low Billingsley VP and General Manager			719 689-4059	5/18/15
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 "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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	2YA X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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

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	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
Lowe Billingsley VP and General Manager TYPED OR PRINTED			719 689-4059	5/6/15
			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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	2YA X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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

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	*****	*****	*****	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Low Billingsley VP and General Manager			719 689-4059	5/12/15
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)

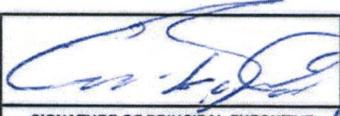
NAME: CRIPPLE CREEK & VICTOR GOLD MINING COMPANY
ADDRESS: CARLTON TUNNEL PORTAL SITE
P.O. BOX 191, VICTOR, CO 80860
FACILITY: CARLTON TUNNEL PORTAL SITE
LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	2YB X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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	*****	*****	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
Toxicity, Pimephales Chronic 61428 S O O See Comments Below	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	Report MN VALUE	*****	*****	Chronc 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

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
Low Billingsley VP and General Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719 689-4059
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 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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	2YB X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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			
%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
Low Billingsley VP and General Manager			719 689-4059	5/12/15
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)

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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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	2YC X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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	*****	*****	*****		*****	*****				
	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.		TELEPHONE		DATE
Low Billingsley VP and General Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719 689-4059	5/12/15
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: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	2YC X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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

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Lowe Billingsley VP and General Manager			719 689-4059	5/10/15
TYPED OR PRINTED			AREA Code	NUMBER

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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
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LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	2YD X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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	*****	*****	*****		*****	*****				
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%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	*****	*****	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

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Lowe Billingsley VP and General Manager TYPED OR PRINTED			719 689-4059	5/12/15
			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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LOCATION: 2755 HIGHWAY 67
VICTOR, CO 80860
ATTN: LOWE BILLINGSLEY, VP AND GENERAL MANAGER

CO0024562	2YD X
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 1/1/2015	TO 4/30/2015

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

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Low Billingsley VP and General Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	719	689-4059
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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Received

JUN 24 2015

Water Quality Control



Cripple Creek & Victor Gold Mining Company

A Joint Venture · ANGLGOLD ASHANTI (COLORADO) CORP., Manager

Operations Office

P.O. Box 191 · 100 North 3rd Street
Victor, Colorado 80860
(719) 689-2977 – Fax (719) 689-3254



Sent Certified Return Receipt Requested
7014-2870-0001-3417-5923

16 June 2015

Christy Pickens
Enforcement Specialist
Clean Water Enforcement
Water Quality Division CWE-B2
Colorado Department of Public Health and Environment
Attention DMR Revisions
430 Cherry Creek Drive South
Denver, Colorado
80246-1530

Dear Christy,

Re: Cripple Creek and Victor Gold Mining Company (CC&V) Response to June 11, 2015 Colorado Department of Public Health and Environment (CDPHE) letter "Compliance Advisory – Failure to Submit Discharge Monitoring Report Carlton Tunnel Portal Site CO0024562"

CC&V believes there was an error in your June 11, 2015 letter which indicated we had not submitted our 1st quarter monitoring results for permit CO-0024562. CC&V is attaching for your review the following documents the company submitted to CDPHE by CC&V on May 21, 2015. These include the report labeled - Colorado Discharge Permit System No. CO-0024526 Discharge Monitoring Reports – Discharge Numbers 001A-D and 002A-D Monitoring Period April 1, 2015 through April 30, 2015 and Discharge Monitoring Reports – Discharge Numbers 01AX-DX, 1YAX-1YDX, 02AX-02DX, and 2YAX-2YDX Monitoring Period January 1, 2015 through April 30, 2015 (see attached). And, this document was sent with return receipt requested (70014-0150-0000-6082-6943) (see attached). The document receipt was signed for by Willie Delgado on May 25, 2015.

I hope this clarifies the issue and provides you with the required information. If you have any questions please contact Chris Hanks at chanks@AngloGoldAshanti.com or 719-689-4048.

Thank you for your consideration of our submission.

Sincerely yours,

Lowe Billingsley
General Manager and Vice President
Cripple Creek and Victor Gold Mining Company



Cripple Creek & Victor Gold Mining Company

A Joint Venture · ANGLGOLD ASHANTI (COLORADO) CORP., Manager

Operations Office

P.O. Box 191 · 100 North 3rd Street
Victor, Colorado 80860
(719) 689-2977 – Fax (719) 689-3254



SENT CERTIFIED, RETURN RECEIPT REQUESTED
7014-0150-0000-6082-6943

May 21, 2015

Ms. Kelly Morgan
Colorado Department of Public Health and Environment
Water Quality Control Division
WQCD-P-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

RE: Colorado Discharge Permit System No. CO-0024562
Discharge Monitoring Reports - Discharge Numbers 001A-D and 002A-D
Monitoring Period – April 1, 2015 through April 30, 2015

Discharge Monitoring Reports - Discharge Numbers 01AX-DX, 1YAX-1YDX, 02AX-02DX, and
2YAX-2YDX Monitoring Period – January 1, 2015 through April 30, 2015

Dear Ms. Morgan:

Cripple Creek & Victor Gold Mining Company ("CC&V") has completed the appropriate sampling, testing, and data collection for the monthly (April 2015) Discharge Monitoring Reports ("DMRs")s for Discharge Numbers 001A-D, and 002A-D, as required under Colorado Discharge Permit System ("CDPS") No. CO-0024562. All parameters reported on the attached DMR's are within the limits established in the permit.

CC&V has completed the appropriate sampling, testing, and data collection for the First Quarter 2015 (January, February, March, and April) DMRs for Discharge Numbers 01AX-DX, 1YAX-DX, 02AX-DX, and 2YAX-DX, as required under CDPS No. CO-0024562. Completion of the reporting requirements as outlined in part I.4.a of the Permit are also included in this report. All parameters reported on the attached DMRs are within the limits established in the permit.

Thank you for your time as it pertains to this matter, and should you have any further questions or comments, please contact Timm Comer, Manager, Environmental Resources at (719) 689-4055.

Sincerely,

Lowe Billingsley
Vice President and General Manager

Attachments

COLORADO – CDPS WET TEST REPORT FORM – CHRONIC

PERMITEE NAME: Cripple Creek & Victor Gold Mining CDPS NO: CO-0024562 OUTFALL: 02CX

TYPE TEST: ROUTINE ACCELERATED TEST SPECIES Ceriodaphnia dubia

Test Results: Lethality Growth Reproduction

CONC. WITH STAT. DIFFERENCE	>100%	NA	75%
PASS/FAIL	PASS	NA	NA
NOEC	100%	NA	46%
PASS/FAIL	PASS	NA	NA
IC ₂₅	>100%	NA	49.5% (95% C.I. 39.1 to 55.8)
PASS/FAIL	PASS	NA	NA

STAT. METHOD USED: STATISTICAL DIFF.: NOEC, LC₅₀ IC₂₅ ICp METHOD

TEST DATE/TIME: START 3/31/15 15:25 END 4/7/15 15:40

DILUTIONS (%EFFLUENT)

	CONTROL	12.5%	25%	46%	75%	100%
% SURVIVAL FOR DAY: 1	100	100	100	100	100	100
2	90	100	100	100	100	100
3	90	100	100	100	100	100
4	90	100	100	100	100	100
5	90	100	100	100	100	100
6	90	100	100	100	90	100
7	90	100	100	100	90	100
MEAN 3 BROOD TOTAL:	34.4	39.8	37.8	30.2	12.2	11.9
7 DAY MEAN DRY WEIGHT:						
pH MAX/MIN:	8.60/8.34	8.68/8.46	8.60/8.43	8.43/8.28	8.26/8.15	8.19/8.08

MEAN HARDNESS (mg/L) RECEIVING WATER: NA EFFLUENT: 1387 RECON WATER: 96

MEAN ALKALINITY (mg/L) RECEIVING WATER: NA EFFLUENT: 311 RECON WATER: 68

MEAN T. AMMONIA as N (mg/L) INITIAL EFFLUENT: 0.02 FINAL EFFLUENT: NA

MEAN T. RESIDUAL CHLORINE (mg/L) 100%: <0.02 RECEIVING WATER USED FOR DILUTIONS? (Y/N) N

WERE ALL TEST CONDITIONS IN CONFORMANCE WITH DIVISION GUIDELINES? (Y/N) Y

IF NO, LIST DEVIATIONS FROM TEST SPECIFICATIONS:

ANALYST: Alexi Hepburn

SIGNATURE: 

LABORATORY: GEI Consultants, Inc./Ecological Division

DATE: 4/14/15

COMMENTS:

COLORADO – CDPS WET TEST REPORT FORM – CHRONIC

PERMITEE NAME: Cripple Creek & Victor Gold Mining CDPS NO: CO-0024562 OUTFALL: oacx

TYPE TEST: ROUTINE ACCELERATED TEST SPECIES Pimephales promelas

Test Results:	Lethality	Growth	Reproduction
CONC. WITH STAT. DIFFERENCE	>100%	>100%	NA
PASS/FAIL	PASS	NA	NA
NOEC	100%	100%	NA
PASS/FAIL	PASS	NA	NA
IC ₂₅	>100%	>100%	NA
PASS/FAIL	PASS	NA	NA

STAT. METHOD USED: STATISTICAL DIFF.: NOEC, LC₅₀ IC₂₅ ICp METHOD

TEST DATE/TIME: START 3/31/15 14:30 END 4/7/15 14:10

DILUTIONS (%EFFLUENT)

	CONTROL	12.5%	25%	46%	75%	100%
% SURVIVAL FOR DAY: 1	100	100	100	100	100	100
2	100	100	100	100	95	100
3	100	100	100	100	95	92.5
4	100	100	100	100	92.5	92.5
5	100	100	100	97.5	92.5	92.5
6	100	100	100	97.5	92.5	92.5
7	97.5	100	100	95	87.5	90
MEAN 3 BROOD TOTAL:						
7 DAY MEAN DRY WEIGHT:	0.328	0.334	0.337	0.341	0.433	0.553
pH MAX/MIN:	8.23/8.18	8.39/8.22	8.44/8.24	8.41/8.11	8.21/8.01	8.14/7.96

MEAN HARDNESS (mg/L) RECEIVING WATER: NA EFFLUENT: 1387 RECON WATER: 96

MEAN ALKALINITY (mg/L) RECEIVING WATER: NA EFFLUENT: 311 RECON WATER: 68

MEAN T. AMMONIA as N (mg/L) INITIAL EFFLUENT: 0.02 FINAL EFFLUENT: NA

MEAN T. RESIDUAL CHLORINE (mg/L) 100%: <0.02 RECEIVING WATER USED FOR DILUTIONS? (Y/N) N

WERE ALL TEST CONDITIONS IN CONFORMANCE WITH DIVISION GUIDELINES? (Y/N) Y

IF NO, LIST DEVIATIONS FROM TEST SPECIFICATIONS:

ANALYST: Alexi Hepburn

SIGNATURE: 

LABORATORY: GEI Consultants, Inc./Ecological Division

DATE: 4/14/15

COMMENTS:

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1. Article Addressed to:

Ms Kelly Morgan
 CDPHE WQCD PE 2
 4300 Cherry Creek Dr. So.
 Denver, CO 80246-1530

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