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

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: Belvedere Stone LLC
ADDRESS: 2635 Steel Dr
Colorado Springs, CO 80907
FACILITY: BELVEDERE STONE QUARRY
LOCATION: HWY 67 AND RAINBOW FALLS RD
DOUGLAS COUNTY, CO 80126
ATTN: William Johannsen, Owner/Op

COG501766	001- A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE: 80907
MINOR

Discharge to Trout Creek to Horse Creek
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Manganese, potentially dissolvd	SAMPLE MEASUREMENT	******	******	******	******		******				
01319 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. QRTR AVG	******	ug/L		Quarterly	GRAB

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

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