FACILITY ATTENTION LOCATION COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NAME/TITLE PRINCIPAL EXECUTIVE OFFICER を変 PARAMETER TYPED OR PRINTED COMMAN AGNUS . CARRIA D DEI UDE CLAIM MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE PERMIT SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, IS BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCU-RATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF PINE AND IMPRISONMENT. SEE 18 U.S.C., § 1001 AND \$3 U.S.C., § 1318 (Penalties under these statutes may include thres up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.) (3 Card Only) (46-53) AVERAGE ***** ***** **** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** **** ***** ***** **** **** **** QUANTITY OR LOADING (54-61) FROM MAXIMUM ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** **** ***** ***** ***** ***** **** **** ***** ***** ***** ***** 2018/ YEAR STINU £0,7 **** Š ***** ***** ***** ***** ***** ***** ***** ***** **** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ****** ***** ***** ***** ***** DAY (4 Card Only) (38-45) (24-25) MONITORING PERIOD MINIMUM ***** **** ***** ***** ***** ***** **** ***** *** *** ***** ***** ***** **** **** ***** ***** **** ***** **** ***** *** **** ***** **** ***** **** ð SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (26-27) (28-29) YEAR 30-DAY AVG QUALITY OR CONCENTRATION (46-53) (54-61) AVERAGE "aumon **₹** (30-31) DAY MAXIMUM **** ***** ***** ***** ****** ***** KKKKKK K * K * K A ***** ***** ***** XXXXX ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** **** *** ***** NOTE: Read instructions before completing this form. CODE 15468-418 1612 NO DISCHARGE TELEPHONE STIND NUMBER D E X 2000 ANALYSIS YEAR (64-68)SO SAMPER Q 区文学 DATE 苦ら õ SAMPLE (69-70)DAY X

NAME

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

DISCHARGE MONITORING REPORT (DMR)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMIT NUMBER

DISCHARGE NUMBER

Mirror.

OMB No. 2040-0004 Form Approved.

Approval expires 10-31-94

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(17-19)

ADDRESS

WARD COMMAN AVE #1

WARD PARK CO 80863

335

公司

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