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

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

NAME JEAN COWMAN
ADDRESS 1065 WOODLAND AVE #1
WOODLAND PARK, CO 80863

FACILITY AGNUS DEI LODE CLAIM
LOCATION UNINC. EL PASO COUNTY
ATTENTION

(2-16) COG- 502113 **PERMIT NUMBER**

(17-19) **DISCHARGE NUMBER**

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

Minor
F - Final
NO DISCHARGE

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2018	10	01	TO	2018	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******		****** ******		* NO SAMPLES TAKEN		
	PERMIT REQUIREMENT	****** ******	****** ******	****** ******	****** ******	30-DAY AVG	****** ******				
	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******		****** ******				
	PERMIT REQUIREMENT	****** ******	****** ******	****** ******	****** ******	30-DAY AVG	****** ******				
	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******		****** ******				
	PERMIT REQUIREMENT	****** ******	****** ******	****** ******	****** ******	30-DAY AVG	****** ******				
	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******		****** ******				
	PERMIT REQUIREMENT	****** ******	****** ******	****** ******	****** ******	30-DAY AVG	****** ******				
	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******		****** ******				
	PERMIT REQUIREMENT	****** ******	****** ******	****** ******	****** ******	30-DAY AVG	****** ******				
	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******		****** ******				
	PERMIT REQUIREMENT	****** ******	****** ******	****** ******	****** ******	30-DAY AVG	****** ******				
	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******		****** ******				
	PERMIT REQUIREMENT	****** ******	****** ******	****** ******	****** ******	30-DAY AVG	****** ******				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JEAN COWMAN
OPERATOR
TYPED OR PRINTED

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, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319.
(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

Jean Cowman
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
719	314-8945	2019	04	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

* SEE COVER LETTER FOR EXPCANATION JC