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 CO.
ATTENTION:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) COG- 502 113 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	01	01	TO	2018	03	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) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******		****** ******		X	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	2018	10	25
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
X SEE COVER LETTER