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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) (17-19)

COG- 502113	
PERMIT NUMBER	DISCHARGE NUMBER

Minor

F - Final

*** NO DISCHARGE [ ] ***

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

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2019	04	01	TO	2019	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (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	****** ******	****** ******	****** ******	******		******				
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	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		2020	05	01
AREA CODE	NUMBER	YEAR	MO	DAY

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

* SEE COVER LETTER