

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

**NAME** JEAN COWMAN  
**ADDRESS** 1065 WOODLAND AVE #1  
 WOODLAND PARK, CO 80863  
**FACILITY LOCATION** AGNUS DEL LOPE CLAIM  
**ATTENTION** EL PASO CO.

## DISCHARGE MONITORING REPORT (DMR)

(2-16) COG-  
PERMIT NUMBER  
**503-113**

Form Approved.  
OMB No. 2040-0004  
Approval expires 10-31-54

Minor  
F - Final

DISCHARGE NUMBER					
YEAR	MO	DAY	YEAR	MO	DAY
2019	10	01	2019	12	31
FROM	TO		(28-29)	(28-27)	(30-31)
(20-21)	(22-23)	(24-25)			

### MONITORING PERIOD

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (4 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (54-61)	MAXIMUM (54-61)	UNITS	MINIMUM (46-53)	AVERAGE (46-53)	MAXIMUM (54-61)			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			X NO SAMPLES
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 those statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)								
JEAN COWMAN OPERATOR TYPED OR PRINTED	<i>Jean Cowman</i>								
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	<i>X SEE COVER LETTER</i>								
	DATE TELEPHONE								
	<i>719-314-8945</i>								
	AREA CODE	NUMBER	YEAR	MO	DAY				
	01	05	2020	05	01				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)