

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

Form Approved.

Minor
OMB No. 2040-0004
Approval expires 10-31-94

COG- 502113
PERMIT NUMBER

SEAN COUNTESS
ADDRESS 1065 WOODLAND AVE #1
WOODLAND PARK CO 80863

FACILITY	AGNUS DEL LODGE CLAM
LOCATION	UNINC, EL PASO CO.

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2019	10	01	TO	2019	12	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

XXX NO DISCHARGE ☐ XXX

NOTE: Read instructions before completing this form.

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PARAMETER (32-37)	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* SEE COVER LETTER