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

NAME Rich Fretterd
ADDRESS 1065 Woodland Ave #1
Woodland Park, CO 80863

FACILITY Godsend Lode Claim
LOCATION Teller Co. Near CR3 + CR51
ATTENTION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
COG- 502112	
PERMIT NUMBER	DISCHARGE NUMBER

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2020	01	01	TO	2020	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

Minor

F - Final

NO DISCHARGE [ ]

NOTE: Read instructions before completing this form.

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

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	10	31
AREA CODE	NUMBER	YEAR	MO	DAY

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

* See cover letter, No active mining occurred gc