STORMWATER ANNUAL REPORT - SAND AND GRAVEL
COLORADO DEPT. OF PUBLIC HEALTH & ENVIRONMENT

Water Quality Control Division
WQCD-P-B2
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530

Make enough copies of form for each reporting year. Or go to
http://www.cdphe.state.co.us/wq/PermitsUnit/stormwater/industrial.html

Check if this is a new name, address, etc. ☐

Permittee (Company Name): JEAN COWMAN ☐

Facility Name: AGNUS DEI LODE CLAIM. ☐

Mailing Address: 1065 WOODLAND AVE #1, WOODLAND PARK, CO 80863 ☐

Facility Phone Number: 719-314-8945 ☐

Permit Certification No. **COR-34** ____ (stormwater certification only) - **OR** - **COG-50** 2113 (stormwater and process water combined certification)

0000 is not a valid entry for the certification number

Reporting Period: Jan. 1-Dec. 31, 20 21 *(Form is due by Feb. 15 of the following year)*

****Each section must be completed. Please print or type.****

A. *A report on the facility's overall compliance with the SWMP.* (Include here a summary of any measures taken to comply with your Stormwater Management Plan (SWMP), to fully implement it, changes or improvements made in any of your Best Management Practices (BMPs), employee training, spills, other problems encountered, etc. How is your plan working?)

THIS SITE WAS ONLY ACCESSED FOR BLM REQUIRED ANNUAL ASSESSMENT LABOR. NO ACTIVE RAINFALL OR RUNOFF EVENTS HAPPENED WHILE AT THE SITE. PARTIALLY REFILLED PIT WAS REFILLED FURTHER. SAFETY FENCE + BERM REPAIRED ABOVE PIT.

Were changes made to your SWMP? ☒ No ☐ Yes - Describe changes on a separate sheet.

B. *A summary of each comprehensive stormwater facility inspection made, including date, findings, and action taken.* (The permit requires at least **two** comprehensive facility inspections per year - see page 8 of the permit. Include here a **summary** of those inspections, plus any other comprehensive inspections made. It is not necessary to summarize day-to-day inspections, unless significant problems were noted.)

First Inspection - Date 7/29/21 Findings, and action taken:

REPAIRED WIND TORN SAFETY FENCE ABOVE PIT. (THIS SITE HAS ONLY ONE HAND DUG PIT IN THE PERMIT BOUNDARY.) REPAIRED BERM ALONG SAFETY FENCE TO ROUTE ANY STORMWATER RUNOFF AROUND PIT.

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Permit Cert. No. COR34/COG-50 2113

Second Inspection - Date 8/4/21. Findings, and action taken:

VISUALLY INSPECTED PIT & PIG AREA. NO PROBLEMS NOTED

Other Inspections - Date __/__/__. Findings, and action taken:

C. *Results and interpretation of any stormwater monitoring performed. Attach a separate sheet with the lab results.* (Monitoring is **not** a requirement under the permit, unless you were specifically directed to do so by the Division. However, the results of any stormwater monitoring that you performed on your own should be reported here.)

Monitoring Results Attached? ☐ No ☒ Yes

D. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Jean Cowman — 2/14/22

Signature of Permittee (legally responsible person) — Date Signed

JEAN COWMAN — OPERATOR

Name (printed) — Title

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

NAME: JEAN COWMAN
ADDRESS: [illegible] WOODLAND AVE #1, WOODLAND PARK, CO 80863

FACILITY: AGNUS DEI LODE CLAIM
LOCATION: MINING EL PASO COUNTY
ATTENTION:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

COG- SO2113 (2-16)	(17-19)
PERMIT NUMBER	DISCHARGE NUMBER

Minor

F - Final

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

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2021	01	01	TO	2021	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) 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	****** ******				
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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.)

[signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
719	314-8945	22	02	14
AREA CODE	NUMBER	YEAR	MO	DAY

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

X SEE COVER LETTER

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) COG- 502113 — PERMIT NUMBER

(17-19) DISCHARGE NUMBER

Minor

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JEAN COWMAN
OPERATOR

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Jean Cowman

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
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AREA CODE	NUMBER	YEAR	MO	DAY

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* See cover letter

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

NAME JEAN COWMAN
ADDRESS 1165 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)*

COG- 500113	
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

X See cover letter

EPA FORM 3320-1 (REV. 9-88) *Previous editions may be used.*

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

00005/950315-1633

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

NAME JEAN COWMAN
ADDRESS 1005 WOODLAND AVE #1
WOODLAND PARK, CO 80863

FACILITY AGNUS DEI LODE CLAIM
LOCATION UNINC. EL PASO CO.
ATTENTION

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