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

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2022	01	01	TO	2021	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)		(3 Card Only) QUANTITY OR LOADING AVERAGE (46-53)	QUANTITY OR LOADING MAXIMUM (54-61)	UNITS	(4 Card Only) QUALITY OR CONCENTRATION MINIMUM (38-45)	QUALITY OR CONCENTRATION AVERAGE (46-53)	QUALITY OR CONCENTRATION MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	****** ******	****** ******	****** ******	****** ******		****** ******		X NO SAMPLES		
	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	****** ******				
	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	~~05~~ 2022	05	10
AREA CODE	NUMBER	YEAR	MO	DAY

JC

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

X NO SAMPLES TAKEN, SITE NOT ACCESSED DURING 2022 FIRST QUARTER. SEE COVER LETTER.