



COLORADO

Department of Public
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

COG500000 Annual Report Form

Sand and Gravel Mining and Processing
Applicable to Stormwater-only discharges

FOR INTERNAL USE ONLY

Reviewer: _____

Further Review: Yes No

Part A: Permit Identification

General Permit Number: COG500000

Facility Certification Number COG50 2113

Part B: Reporting Period Jan 1 through Dec 31

(Check one. Report due by February 28 of the following year.)

2021 ☐

2022 ☒

2023 ☐

2024 ☐

Part C: Permittee Information

Organization: JEAN COWMAN / OPERATOR

Mailing Address: 1065 WOODLAND AVE #1

City: WOODLAND PARK State: CO Zip: 80863

Part D: Facility Information

Facility Name: AGNUS DEI LODGE CLAIM

Facility Address: UNINCORPORATED EL PASO COUNTY

City: _____

Facility Contact Name: JEAN COWMAN

Title: OPERATOR

Telephone No: 719-314-8945

Email Address: jcowman@startmail.com

Part E: Permittee-conducted Inspections

Check the box for which inspection frequency applies to the permitted facility, Part I.J.:

Active Site - 4 inspections annually (Quarterly)	<input checked="" type="checkbox"/>	Inactive Site w/ No Exposure - 2 inspections annually (Spring/Fall)	<input type="checkbox"/>	Inactive Site w/ Exposure - 6 inspections annually (Every 2 months)	<input type="checkbox"/>
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Provide the date(s) the inspections were conducted, as required by Part I.J of the permit:

2022 1ST QUARTER SITE NOT ACCESSED SNOW PACK ETC	3RD Q 7/24/22	
2022 2ND QUARTER SITE NOT ACCESSED, GATE RESTRICTIONS	4TH Q 10/6/22 AND 10/12/22	

If an inspection(s) was not conducted in accordance with the required frequency, attach an explanation of why.



Part F: Required Monitoring (Indicate if the following monitoring is required at the permitted facility. Refer to the facility's permit certification for information on required monitoring.)	YES	NO
- Visual Monitoring (Part I.I.1) (If any of the characteristics in Part I.I.1.b are observed, attach a summary) PREVIOUS DMR'S SUBMITTED; NO STORMWATER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Benchmark Monitoring (Part I.I.2) RUNOFF EXISTS THIS SITE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Water Quality Standards Monitoring (Part I.I.3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Additional Monitoring Required by Division (Part I.I.4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part G: Corrective Actions (Indicate whether any of the following conditions occurred at the permitted facility.)	YES	NO
- An unauthorized release or discharge observed (e.g., spill, leak, discharge of non-stormwater not authorized under COG500000 or another permit);	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Facility control measures are not stringent enough for the discharge to meet applicable water quality standards;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Modifications to the facility control measures are necessary to meet the practice-based effluent limits in this permit;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- The permittee finds in a facility inspection, that facility control measures are not properly selected, designed, installed, operated or maintained.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Construction or a change in design, operation, or maintenance at the facility significantly changes the nature of pollutants discharged in stormwater from the facility, or significantly increases the quantity of pollutants discharged;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- The average of quarterly sampling results as described in Part I.I.2.e of this permit exceeds an applicable benchmark.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to any of the above is "YES," provide a description of the conditions that met the criterion/criteria and describe the corrective action(s) taken (attach additional pages as needed):

Part H: Required Certification Signature [Reg 61.4(1)(h)]

"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."

Name: JEAN COWMAN	Title: OPERATOR
Signature: <i>Jean Cowman</i>	Date signed: 4/25/23