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

ADDRESS SEAN COMMAND PARK 29808

ATTENTION FACILITY

LOCATION

HENUS

DE

PODE

UNINCORPORATED ELPASO COUNTY

FROM

YEAR

PERMIT NUMBER

DISCHARGE MONITORING REPORT (DMR) (17-19)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE NUMBER

Willen S 100

(20-21) (22-23) MO (24-25) DAY MONITORING PERIOD 70 2012 06 (26-27) (28-29) YEAR No DAY

KO PACHARITE

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

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ATTENTION FACILITY ADDRESS NAME COMMEN, AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) LOCATION NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JEAN COMMEN PARAMETER (32-37) OPERATOR TYPED OR PRINTED SEAM MEDICAND PARK CO 80863 ANTINC. SUNSTA COMM THE THE Ø MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE LUDE CHAIM SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT 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 OFTANING 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 these up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.] MIND (3 Card Only) (46-53) AVERAGE ***** ***** ***** ***** ***** ***** ***** ***** **** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** QUANTITY OR LOADING (54-61) FROM MAXIMUM **** **DISCHARGE MONITORING REPORT (DMR)** ***** ***** ***** ***** **** ***** **** ***** **** ***** ***** ***** ***** ***** ***** ***** ***** **** ***** ***** ***** ***** ***** ***** ***** PERMIT NUMBER 2**D72 57** (20-21) (22-23) YEAR NO ***** ***** **** STINU ***** (24-25) DAY MONITORING PERIOD (4 Card Only) MINIMUM ***** ***** ***** ***** ***** ***** **** ***** ***** ***** ***** ***** ***** ***** ***** **** ***** ***** ***** ***** ***** ***** ***** ***** **** 中中市市市 5 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 2022 DISCHARGE NUMBER YEAR 30-DAY AVG AVERAGE QUALITY OR CONCENTRATION (46-53) (54-61) (17-19)"ours (28-29) 80 30-31) DAY MAXIMUM ***** ***** No. ***** ***** ***** ***** XXXXX ***** **** ***** **** ***** ***** ***** ***** **** ***** ***** ***** ***** **** **** ***** ***** ***** NOTE: Read instructions before completing this form. The Property in the said 719 314-8945 AREA CODE MO CASOL VICES TELEPHONE UNITS NUMBER OMB No. 2040-0004 Approval expires 10-31-94 Form Approved. 8 R NO. FREQUENCY ANALYSIS YEAR (64-68)DATE 8 SALVERY 环尼人 SAMPLE **TYPE** (69-70) DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

(2-16)	DISCHARGE MONITO
(17-19)	DRING REPORT (DMR)

NAME

ADDRESS 1065 WOOD CAND PARK

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

DISCHARGE NUMBER

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

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NOTE: Read instructions before completing this form.	(30-31)	(28-29)	(26-27)		(24-25)	(22-23)	(20-21)			
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