

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

NAME

ADDRESS

LOCATION

ATTENTION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

COG-502113

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD				NO DISCHARGE			
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2022	01	01	2021	03	31		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-65)	OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)							
SAMPLE MEASUREMENT	PERMIT	*****	*****	*****	*****		*****	* NO SAMPLES TAKEN						
	PERMIT	*****	*****	*****	*****	30-DAY AVG	*****							
	SAMPLE	*****	*****	*****	*****		*****							
	PERMIT	*****	*****	*****	*****	30-DAY AVG	*****							
SAMPLE MEASUREMENT	PERMIT	*****	*****	*****	*****		*****							
	PERMIT	*****	*****	*****	*****	30-DAY AVG	*****							
	SAMPLE	*****	*****	*****	*****		*****							
	PERMIT	*****	*****	*****	*****	30-DAY AVG	*****							
SAMPLE MEASUREMENT	PERMIT	*****	*****	*****	*****		*****							
	PERMIT	*****	*****	*****	*****	30-DAY AVG	*****							
	SAMPLE	*****	*****	*****	*****		*****							
	PERMIT	*****	*****	*****	*****	30-DAY AVG	*****							
SAMPLE MEASUREMENT	PERMIT	*****	*****	*****	*****		*****							
	PERMIT	*****	*****	*****	*****	30-DAY AVG	*****							
	SAMPLE	*****	*****	*****	*****		*****							
	PERMIT	*****	*****	*****	*****	30-DAY AVG	*****							
SAMPLE MEASUREMENT	PERMIT	*****	*****	*****	*****		*****							
	PERMIT	*****	*****	*****	*****	30-DAY AVG	*****							
	SAMPLE	*****	*****	*****	*****		*****							
	PERMIT	*****	*****	*****	*****	30-DAY AVG	*****							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY				
JEAN COLEMAN				Jean Coleman		714	314-8945	2022	05	10				
OPERATOR														
TYPED OR PRINTED														
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)														
* NO SAMPLES TAKEN, SITE NOT ACCESSSED DURING 2022 FIRST QUARTER. SEE COVER LETTER.														