



# 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 1737

### 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: Langston Concrete Inc

Mailing Address: P.O. Box 279

City: Florence State: CO Zip: 81226

### Part D: Facility Information

Facility Name: Langston Concrete Inc

Facility Address: 480 South Union Street

City: Florence

Facility Contact Name: Mike Langston

Title: Supervisor

Telephone No: 719 784 3878

Email Address: mlangston@newlci.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:

<u>1-19-22</u>	<u>7-27-22</u>	
<u>4-4-22</u>	<u>9-22-22</u>	

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



<b>Part F: Required Monitoring</b> (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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Benchmark Monitoring (Part I.I.2)	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Part G: Corrective Actions</b> (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):		
<b>Part H: Required Certification Signature [Reg 61.4(1)(h)]</b>		
"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:	Title:	
Signature:	Date signed:	

TEMPORARY COVID19 SUBMISSION, digitally signed documents may be emailed to:  
cdphe.wqrecordscenter@state.co.us

11/2021