

STATE OF COLORADO

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

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado
<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

For Agency Use Only

Permit Number Assigned

COG641 _____

Date Received ____/____/____
Month Day Year

WATER TREATMENT PLANT WASTEWATER APPLICATION

PHOTO COPIES, FAXED COPIES, PDF COPIES OR EMAILS WILL NOT BE ACCEPTED.

Please print or type. Original signatures are required. All items must be completed accurately and in their entirety for the application to be deemed complete. Incomplete applications will not be processed until all information is received which will ultimately delay the issuance of a permit. If more space is required to answer any question, please attach additional sheets to the application form. Applications must be submitted by mail or hand delivered to:

**Colorado Department of Public Health and Environment
Water Quality Control Division
4300 Cherry Creek Drive South
WQCD-P-B2
Denver, Colorado 80246-1530**

This application is for use by all water treatment plant **wastewater** dischargers. It is applicable for coverage under a general permit or an individual permit.

PERMIT INFORMATION

Reason for Application: NEW CERT
 RENEW CERT EXISTING CERT # _____

Applicant is: Property Owner Contractor/Operator

A. Contact Information

Permittee (If more than one please add additional pages)

Organization Formal Name: _____

1. **Permittee** the person **authorized to sign and certify** the permit application. This person receives all permit correspondences and is **legally responsible** for compliance with the permit.

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

This form must be signed by the Permittee to be considered complete.

Per Regulation 61: In all cases the permit application shall be signed as follows:

- In the case of corporations, by a responsible corporate officer. For the purposes of this section, the responsible corporate officer is responsible for the overall operation of the facility from which the discharge described in the application originates.
- In the case of a partnership, by a general partner.
- In the case of a sole proprietorship, by the proprietor.
- In the case of a municipal, state, or other public facility, by either a principal executive officer or ranking elected official

- 2. DMR Cognizant Official (i.e. authorized agent)**—the person or position authorized to **sign and certify** reports required by permits including Discharge Monitoring Reports [DMR's], Annual Reports, Compliance Schedule submittals, and other information requested by the Division. The Division will send pre-printed reports (e.g. DMR's) to this person. If more than one, please add additional pages. Same as 1) Permittee

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

Email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Per Regulation 61: All reports required by permits, and other information requested by the Division shall be signed by the permittee or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (i) The authorization is made in writing by the permittee;
- (ii) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or a well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a **named individual** or any individual occupying a named position); and
- (iii) The written authorization is submitted to the Division.

- 3. Site/Local Contact**—contact for questions regarding the facility & discharges authorized by this permit

Same as Permittee—Item 1

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

Email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- 4. Operator in Responsible Charge** Same as Permittee—Item 1

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

Email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Certification Type _____ Certification Number _____

5. Billing Contact (if different than the permittee)

Responsible Position (Title): _____
 Currently Held By (Person): _____
 Telephone No: _____
 Email address _____
 Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

6. Other Contact Types (check below) Add pages if necessary:

Responsible Position (Title): _____
 Currently Held By (Person): _____
 Telephone No: _____
 Email address _____
 Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Pretreatment Coordinator | <input type="checkbox"/> Inspection Facility Contact | <input type="checkbox"/> Stormwater MS4 Responsible Person |
| <input type="checkbox"/> Environmental Contact | <input type="checkbox"/> Consultant | <input type="checkbox"/> Stormwater Authorized Representative |
| <input type="checkbox"/> Biosolids Responsible Party | <input type="checkbox"/> Compliance Contact | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Property Owner | | |

B. Permitted Project/Facility Information

1. Project/Facility Name _____
 Street Address or cross streets _____
 City, State and Zip Code _____ County _____

Type of Facility Ownership

- City Government Corporation Private Municipal or Water District
 State Government Mixed Ownership _____

Legal Description

Directions from nearest major cross streets

B. Permitted Project/Facility Information continued

2. Facility Latitude/Longitude—List the latitude and longitude of the excavation(s) resulting in the discharge(s). If the exact excavation location(s) are not known, list the latitude and longitude of the center point of the construction project. **If using the center point, be sure to specify that it is the center point of construction activity.**

001A Latitude _____ . _____ Longitude _____ . _____ (e.g., 39.703°, 104.933°)
degrees (to 3 decimal places) degrees (to 3 decimal places)

or

001A Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ " (e.g., 39°46'11"N, 104°53'11"W)
degrees minutes seconds degrees minutes seconds

Horizontal Collection Method: GPS Unspecified Interpolation Map – Map Scale Number _____

Reference Point: Project/Facility Entrance Project/Facility Center/Centroid

Horizontal Accuracy Measure (WQCD Requires use of NAD83 Datum for all references) _____
(add additional pages if necessary)

3. Facility Activity

Standard Industrial Code (SIC Code) _____

Facility Industrial/Business Activity

Describe the primary industrial and/or business activities which take place on site. If this is a seasonal operation, list the months of operation:

4. Production:

List the principal product(s) produced and maximum production rate.

5. Intermittent Discharges

A discharge is intermittent unless it occurs without interruption during the operating hours of the facility, except for maintenance, process change or similar shutdown. A discharge is seasonal if it occurs only during certain parts of the year.

Except for storm runoff, are any discharges intermittent or seasonal? YES NO

Describe the frequency, duration, and flow rate of each discharge occurrence, except for storm runoff, spillage, or leaks:

6. Location Map : A location map designating the facility property, intake points, discharge points, each of its hazardous waste treatment storage or disposal facilities, each well where fluids from the facility are injected underground, those wells, springs, other surface water bodies and drinking water wells listed in public records or otherwise known to the applicant and the receiving waters shall be submitted. The map shall extend one mile beyond the property boundaries. The map shall be from a 7½ or 15 minute USGS quad sheet, or a map of comparable scale. A north arrow shall be shown. **The map must be on paper 8.5 x 11 inches.**

7. Site sketch: A legible sketch of the facility site shall be submitted and will include buildings, roads, ditches, ponds, streams, drains, sumps, impoundment(s), land application areas, any septic systems and monitoring well locations (indicate if in place or proposed). This sketch may be the same as the one in the surface water discharge permit, if no additional information is needed. **The sketch will be on 8.5 X 11 inch paper.**

B. Permitted Project/Facility Information continued

8. Water Balance: Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in item 18. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

9. Site-specific conditions:

a) Does this facility have bulk storage of diesel fuel, gasoline, solvents, fertilizers, or other hazardous materials on site? NO YES

b) Is this operation located within one mile of a landfill, or any mine or mill tailings? NO YES

If **YES** for either of these, please show location of landfill, tailings, or possible groundwater contamination on the **Location Map or in the Site Sketch** (See above requirements). Please explain the location, extent of contamination, possible effect on the discharges from this facility.

10. Chemical treatment: Will any flocculants (settling agents or chemical additives) be used to treat water prior to discharge?
 NO YES

If YES, list here and include the Material Safety Data Sheet (MSDS) with the application.

Chemical Name *	Manufacturer	Purpose	In Which Waste Stream?

* If the chemical formula is unknown or confidential, provide the manufacturer's name, contact person, address and phone number or a copy of the manufacturer's brochure, product label information or materials handling data sheet for each product used. Please list the major constituents or active ingredient(s), if known.

11. Used of Manufactured toxics: The applicant must provide a list of any constituents listed in Appendices A and B which the applicant currently uses or manufactures as an intermediate or final product or by-product. If any constituents are known to be used or manufactured and are not identified in Appendices A and B, list those as well:

12. Flow measurement: What method of flow measurement will be used for each discharge point (e.g., v notch weir, pump capacity, parshall flume, etc.)? Designate whether currently installed or proposed. Identify the minimum and maximum flow measurement capability.

13. Improvements: Please provide a description of any abatement requirement, abatement project and projected final compliance dates if subject to any present requirements or compliance schedules for construction, upgrading or operation of waste treatment equipment. Also include here a description of any changes to the facility since the previous permit renewal.

14. Ground Water Discharge: Is or will land application of any wastewater be practiced?: NO YES

Briefly describe the process:

- **Average flows and treatment:** Please provide a narrative identification of each type of process, operation, or production area which contributes wastewater to the effluent for each outfall including process wastewater, cooling waters, domestic wastewater and stormwater runoff; the average, maximum and design flow which each process contributes; and a description of the treatment the wastewater receives including the ultimate disposal of any solid or fluid wastes other than by discharge. Processes, operations or production areas may be described in general terms. The average flow of point sources composed of stormwater may be estimated. The basis for the rainfall event and the method of estimation must be indicated.

Use additional pages as needed

OUTFALL NUMBER	WASTEWATER SOURCE	TREATMENT USED	AVG FLOW MGD*	DESIGN ** FLOW MGD*	DAILY MAX FLOW MGD*
001					

*MGD - Million gallons/day

**If sediment pond, indicate approximate volume of water.

For each outfall to surface water or discharge to ground water, provide latitude/longitude and receiving water

OUTFALL	LATITUDE	LONGITUDE	RECEIVING WATERS* * Give Formation Name for Discharges to Ground Water
001			

Are the receiving waters, indicated above, a ditch or storm sewer? NO YES

YES, submit documentation that the owner of the ditch or storm sewer allows this discharge. No permit will be processed unless documentation of approval is received.

Discharge Quality: Analytical data for the following parameters, unless waived by the Division, shall be submitted from at least one composite sampling of each surface process water discharge point as well as state waters upstream of each discharge. Instream sampling is not required if upstream flow is intermittent or representative instream data exists. See instructions.

PARAMETER	DETECTION LEVEL	PARAMETER	DETECTION LEVEL
Total Dissolved Solids, mg/l	10	Dissolved Aluminum, mg/l	0.05
Flow, MGD	NA	Total Residual Chlorine, mg/	0.05
pH, s.u.	NA	Total Suspended Solids, mg/l	0.00025
Oil and Grease, mg/l	5	Alkalinity, mg/l	0.05
Hardness, mg/l	10	Temperature, °C Winter	NA
Temperature, °C Summer	NA		

Additional monitoring:

All applicants must review the parameters listed in Appendix A and Appendix B to this application, and indicate whether it knows or has reason to believe that these pollutants are present. For every pollutant expected to be discharged, the applicant must briefly describe the reasons the pollutant is expected to be discharged, and report any quantitative data it has for any pollutant.

Additional WET Testing: All applicants must identify any biological toxicity tests which have been performed within the last 3 years on any of the discharges or the receiving water in relation to a surface discharge from this facility.

Activity duration: When did the activity commence? _____ What is the estimated life of the activity

from which the discharge(s) identified in item 13 originate? _____ years.

Pollution Prevention Plans: Please describe any pollution prevention or best management plans currently in place which could result in the improvement of water quality. These could include solvent recycling programs, material containment procedures, education, etc.

Please include any other information which you feel the Division should be aware of in drafting this permit.

Other Environmental Permits: Does this facility currently have any environmental permits or is it subject to regulation, under any of the following programs? Mark which of the other permits/programs the facility has obtained or is in the process of obtaining or is subject to regulation under.

Under item other mark "yes" if the facility has any of the following permits:

- a.) Prevention of Significant Deterioration (PSD) program under the Clean Air Act;
- b.) Non-attainment Program under the Clean Air Act; or
- c.) National Emission Standards for Hazardous Pollutants (NESHAPS) under the Clean Air Act.
- d.) CERCLA

Permit name	Yes	No	Date applied for	Permit no.
Colorado Division of Minerals and Geology				
Underground Injection Control				
Dredge or Fill permit, Section 404 – Army Corps of Engineers				
Resource Conservation and Recovery Act (RCRA)				
CDPS Stormwater				
Colorado State Air Pollution Program				
Other				

REQUIRED SIGNATURES:

Signature of Applicant: The applicant must be either the owner and/or operator of the construction site. Refer to Part B of the instructions for additional information. The application must be signed by the applicant to be considered complete. In all cases, it shall be signed as follows: (Regulation 61.4 (1e))

- a) In the case of corporations, by the responsible corporate officer is responsible for the overall operation of the facility from which the discharge described in the form originates
- b) In the case of a partnership, by a general partner.
- c) In the case of a sole proprietorship, by the proprietor.
- d) In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected official, (a principal executive officer has responsibility for the overall operation of the facility from which the discharge originates).

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

Signature of **Owner** (submission must include original signature)

Date Signed

Name (printed)

Title

Signature of **Applicant** (submission must include original signature)

Date Signed

Name (printed)

Title

Signature of **Operator** (submission must include original signature)

Date Signed

Name (printed)

Title

Appendix A - Priority Pollutants

Organic Toxic Pollutants in Each of Three Fractions in Analysis by Gas Chromatography/Mass Spectroscopy(GC/MS).

Volatiles

Acrolein
 Acrylonitrile
 Benzene
 Bromoform
 Carbon Tetrachloride
 Chlorobenzene
 Chlorodibromomethane
 Chloroethane
 2-Chloroethylvinyl Ether
 Chloroform
 Dichlorobromomethane
 1,1-Dichloroethane
 1,2-Dichloroethane
 1,1-Dichloroethylene
 1,2-Dichloropropane
 1,3-Dichloropropylene
 Ethylbenzene
 Methyl Bromide
 Methyl Chloride
 Methylene Chloride
 1,1,2,2-Tetrachloroethane
 Tetrachloroethylene
 Toluene
 1,2-Trans-dichloroethylene
 1,1,1-Trichloroethane
 1,1,2-Trichloroethane
 Trichloroethylene
 Vinyl Chloride

Base/Neutral

Acenaphthene
 Acenaphthylene
 Anthracene
 Benzidine
 Benzo(a)anthracene
 Benzo(a)pyrene
 3,4-Benzofluoranthene
 Benzo(ghi)perylene
 Benzo(k)fluoranthene
 Bis(2-chloroethoxy)methane
 Bis(2-chloroethyl) ether
 Bis(2-chloroisopropyl) ether
 Bis(2-ethylhexyl)phthalate
 4-Bromophenyl phenyl ether
 Butylbenzyl phthalate
 2-Chloronaphthalene
 4-Chlorophenyl phenyl ether
 Chrysene
 Dibenzo (a,h) anthracene
 1,2-Dichlorobenzene
 1,3-Dichlorobenzene
 1,4-Dichlorobenzene
 3,3-Dichlorobenzidine
 Diethyl phthalate
 Dimethyl phthalate
 Di-n-butyl phthalate
 2,4-Dinitrotoluene
 2,6-Dinitrotoluene
 Di-n-octyl phthalate
 1,2-Diphenylhydrazine (as azobenzene)
 Fluorene
 Fluoranthene
 Hexachlorobenzene
 Hexachlorobutadiene
 Hexachlorocyclopentadiene
 Hexachloroethane
 Indeno(1,2,3-cd) pyrene
 Isophorone
 Naphthalene
 Nitrobenzene
 N-Nitrosodimethylamine
 N-Nitrosodi-n-propylamine
 N-Nitrosodiphenylamine
 Phenanthrene
 Pyrene
 1,2,4-Trichlorobenzene)

Acid

2-Chlorophenol
 2,4-Dichlorophenol
 2,4-Dimethylphenol
 4,6-Dinitro-o-cresol
 2,4-Dinitrophenol
 2-Nitrophenol
 4-Nitrophenol
 P-chloro-m-cresol
 Pentachlorophenol
 Phenol
 2,4,6-Trichlorophenol

Pesticides

Aldrin	Endosulfan Sulfate
Alpha-BHC	Endrin
Beta-BHC	Endrin Aldehyde
Gamma-BHC	Heptachlor
Delta-BHC	Heptachlor Epoxide
Chlordane	PCB-1242
4,4'-DDT	PCB-1254
4,4'-DDE	PCB-1221
4,4'-DDD	PCB-1232
Dieldrin	PCB-1248
Alpha-Endosulfan	PCB-1260
Beta-Endosulfan	PCB-1016
	Toxaphene

Metals, Cyanide, and Total Phenols

Total Recoverable Antimony
 Total Recoverable Beryllium
 Total Recoverable Thallium
 Bromide
 Color
 Sulfite
 Surfactants
 Total Magnesium
 Total Molybdenum
 Total Tin
 Total Titanium

Appendix B - Toxic Pollutants and Hazardous Substances

Toxic Pollutants

Asbestos

Hazardous Substances

Acetaldehyde	Kelthane
Allyl alcohol	Kepone
Allyl chloride	Malathion
Amyl acetate	Mercaptodimethur
Aniline	Methoxychlor
Benzonitrile	Methyl mercaptan
Benzyl chloride	Methyl methacrylate
Butyl acetate	Methyl parathion
Butylamine	Mevinphos
Captan	Mexacarbate
Carbaryl	Monoethyl amine
Carbofuran	Monomethyl amine
Carbon disulfide	Naled
Chlorphyrifos	Naphthenic acid
Coumaphos	Nitrotoluene
Cresol	Parathion
Crotonaldehyde	Phenolsulfanate
Cyclohexane	Phosgene
2,4-D (2,4-Dichlorophenoxy acetic acid)	Propargite
Diazinon	Propylene oxide
Dicamba	Pyrethrins
Dichlobenil	Quinoline
Dichlone	Resorcinol
2,2-Dichloropropionic acid	Strontium
Dichlorvos	Strychnine
Diethyl amine	Styrene
Dimethyl amine	2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)
Dinitrobenzene	TDE (Tetrachlorodiphenyl ethane)
Diquat	2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanoic acid]
Disulfoton	Trichlorofan
Diuron	Triethanolamine dodecylbenzenesulfonate
Epichlorohydrin	Triethylamine
Ethion	Trimethylamine
Ethylene diamine	Uranium
Ethylene dibromide	Vanadium
Formaldehyde	Vinyl acetate
Furfural	Xylene
Guthion	Xylenol
Isoprene	Zirconium dodecylbenzenesulfonate
Isopropanolamine	