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

COR03- _____

Date Received ____/____/____
Month Day Year

COLORADO DISCHARGE PERMIT SYSTEM (CDPS)

STORMWATER DISCHARGE ASSOCIATED WITH CONSTRUCTION ACTIVITIES 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

Any additional information that you would like the Division to consider in developing the permit should be provided with the application. Examples include effluent data and/or modeling and planned pollutant removal strategies.

PERMIT INFORMATION

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

Applicant is: ☐ Property Owner ☐ Contractor/Operator

A. CONTACT INFORMATION - NOT ALL CONTACT TYPES MAY APPLY * indicates required

***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 <u>must be signed</u> by the Permittee (listed in item 1) to be considered complete.
Per Regulation 61 <u>In all cases</u>, it shall be signed as follows:

a) 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.
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 or ranking elected official

2) **DMR COGNIZANT OFFICIAL (i.e. authorized agent)** the person or position authorized to **sign and certify reports required by the Division** including Discharge Monitoring Reports *DMR's, Annual Reports, Compliance Schedule submittals, and other information requested by the Division. The Division will transmit pre-printed reports (ie. 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 CONTACT** local contact for questions relating to the facility & discharge authorized by this permit for the facility.

☐ Same As 1) Permittee

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No:_____

email address_____

Organization: _____

Mailing Address: _____

City:_____ State: _____ Zip: _____

4) * **BILLING CONTACT** if different than the permittee

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No:_____

email address_____

Organization: _____

Mailing Address: _____

City:_____ State: _____ Zip: _____

5) OTHER CONTACT TYPES (check below) Add pages if necessary:

ResponsiblePosition (Title): _____

Currently Held By (Person): _____

Telephone No:_____

email address_____

Organization: _____

Mailing Address: _____

City:_____ State: _____ Zip: _____

- ○ **Pretreatment Coordinator**
- ○ **Environmental Contact**
- ○ **Biosolids Responsible Party**
- ○ **Property Owner**
- ☐ **Inspection Facility Contact**
- ☐ **Consultant**
- ☐ **Compliance Contact**
- ☐ **Stormwater MS4 Responsible Person**
- ☐ **Stormwater Authorized Representative**
- ☐ **Other** _____

B. Permitted Project/Facility Information

Project/Facility Name _____

Street Address or cross streets_____

(e.g., "S. of Park St. between 5th Ave. and 10th Ave.", or "W. side of C.R. 21, 3.25 miles N. of Hwy 10"; A street name without an address, intersection, mile marker, or other identifying information describing the location of the project is not adequate. For **linear projects**, the route of the project should be described as best as possible with the location more accurately indicated by a map.)

City, _____Zip Code _____County _____

Facility Latitude/Longitude— (approximate center of site to nearest 15 seconds using one of following formats

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

or

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

For the approximate center point of the property, to the nearest 15 seconds. The latitude and longitude must be provided as either degrees, minutes, and seconds, or in decimal degrees with three decimal places. This information may be obtained from a variety of sources, including:

- ○ **Surveyors or engineers** for the project should have, or be able to calculate, this information.
- ○ EPA maintains a **web-based siting tool** as part of their Toxic Release Inventory program that uses interactive maps and aerial photography to help users get latitude and longitude. The siting tool can be accessed at **www.epa.gov/tri/report/siting_tool/index.htm**
- ○ **U.S. Geological Survey topographical map(s)**, available at area map stores.
- ○ Using a **Global Positioning System (GPS) unit** to obtain a direct reading.

***Note**: the latitude/longitude required above is not the directional degrees, minutes, and seconds provided on a site legal description to define property boundaries.*

C. MAP (Attachment) If no map is submitted, the permit will not be issued.

Map: Attach a map that indicates the site location and that CLEARLY shows the boundaries of the area that will be disturbed. Maps must be **no larger** than 11x17 inches.

D. LEGAL DESCRIPTION

Legal description: If subdivided, provide the legal description below, or indicate that it is not applicable (**do not** supply Township/Range/Section or metes and bounds description of site)

Subdivision(s): _____ Lot(s): _____ Block(s): _____

OR

☐ Not applicable (site has not been subdivided)

E. AREA OF CONSTRUCTION SITE

Total area of project site (acres):_____ Area of project site to undergo disturbance (acres): _____

Note: aside from clearing, grading and excavation activities, disturbed areas also include areas receiving overburden (e.g., stockpiles), demolition areas, and areas with heavy equipment/vehicle traffic and storage that disturb existing vegetative cover

Total disturbed area of Larger Common Plan of Development or Sale, if applicable: _____
(i.e., total, including all phases, filings, lots, and infrastructure not covered by this application)

Provide both the total area of the construction site, and the area that will undergo disturbance, in acres. **Note:** aside from clearing, grading and excavation activities, disturbed areas also include areas receiving overburden (e.g., stockpiles), demolition areas, and areas with heavy equipment/vehicle traffic and storage that disturb existing vegetative cover (see construction activity description under the APPLICABILITY section on page 1).
If the project is part of a **larger common plan of development or sale** (see the definition under the APPLICABILITY section on page 1), the disturbed area of the total plan must also be included.

F. NATURE OF CONSTRUCTION ACTIVITY

Check the appropriate box(s) or provide a brief description that indicates the general nature of the construction activities.
(The full description of activities must be included in the Stormwater Management Plan.)

- ☐ Single Family Residential Development
- ☐ Multi-Family Residential Development
- ☐ Commercial Development
- ☐ Oil and Gas Production and/or Exploration (including pad sites and associated infrastructure)
- ☐ Highway/Road Development (not including roadways associated with commercial or residential development)
- ☐ Other – Description:

_____

G. ANTICIPATED CONSTRUCTION SCHEDULE

Construction Start Date: _____ Final Stabilization Date: _____

- *Construction Start Date* - This is the day you expect to begin ground disturbing activities, including grubbing, stockpiling, excavating, demolition, and grading activities.
- *Final Stabilization Date* - in terms of permit coverage, this is when the site is finally stabilized. This means that all ground surface disturbing activities at the site have been completed, and all disturbed areas have been either built on, paved, or a uniform vegetative cover has been established with an individual plant density of at least 70 percent of pre-disturbance levels. **Permit coverage must be maintained until the site is finally stabilized. Even if you are only doing one part of the project, the estimated final stabilization date must be for the overall project.** If permit coverage is still required once your part is completed, the permit certification may be transferred or reassigned to a new responsible entity(s).

H. RECEIVING WATERS (If discharge is to a ditch or storm sewer, include the name of the ultimate receiving waters)

Immediate Receiving Water(s):_____

Ultimate Receiving Water(s):_____

Identify the receiving water of the stormwater from your site. Receiving waters are any waters of the State of Colorado. This includes all water courses, even if they are usually dry. If stormwater from the construction site enters a ditch or storm sewer system, identify that system and indicate the ultimate receiving water for the ditch or storm sewer. **Note:** a stormwater discharge permit does not allow a discharge into a ditch or storm sewer system without the approval of the owner/operator of that system.

I. REQUIRED SIGNATURES (Both parts i. and ii. must be signed)

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 (1ei)

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).

STOP!: A Stormwater Management Plan must be completed prior to signing the following certifications!

i. STORMWATER MANAGEMENT PLAN CERTIFICATION

"I certify under penalty of law that a complete Stormwater Management Plan, has been prepared for my activity. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Stormwater Management Plan is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for falsely certifying the completion of said SWMP, including the possibility of fine and imprisonment for knowing violations."

XX

Signature of Legally Responsible Person or Authorized Agent (submission must include original signature) Date Signed

Name (printed) Title

ii. SIGNATURE OF PERMIT LEGAL CONTACT

"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."

"I understand that submittal of this application is for coverage under the State of Colorado General Permit for Stormwater Discharges Associated with Construction Activity **for the entirety of the construction site/project described and applied for, until such time as the application is amended or the certification is transferred, inactivated, or expired**."

XX

Signature of Legally Responsible Person (submission must include original signature) Date Signed

Name (printed Title

DO NOT INCLUDE A COPY OF THE STORMWATER MANAGEMENT PLAN

DO NOT INCLUDE PAYMENT – AN INVOICE WILL BE SENT AFTER THE CERTIFICATION IS ISSUED.