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

COR34- _____

Date Received ____/____/____
Month Day Year

APPLICATION for STORMWATER DISCHARGE ASSOCIATED WITH SAND & GRAVEL MINING AND PROCESSING (and other Nonmetallic Minerals, except fuel)

Please print or type. **Original signatures are required**.

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

This application must be considered complete by the Water Quality Control Division (the Division) before it will initiate permit processing. The Division will notify the applicant if additional information is needed to complete the application. If more space is required to answer any question, please attach additional sheets to the application form. Applications must be mailed or 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

PERMIT INFORMATION

Applicant is: □ Property Owner □ Contractor/Operator

IS THIS THE CORRECT APPLICATION FOR YOUR FACILITY?

This application is for use by all industrial stormwater-only dischargers engaged in sand and gravel production operations (and other nonmetallic minerals, except fuels). This application is for both active and inactive mining operations, and concrete and asphalt batch plants at the facility. It is suggested that all applicants contact the Division of Reclamation, Mining and Safety at the Colorado Department of Natural Resources, for information on their rules and regulations for Sand and Gravel mining and processing.

Are any of the following discharged from the sand and gravel production operation subject to this application?

YES □ NO □ Product wash waters?
YES □ NO □ Maintenance/Equipment wash waters?
YES □ NO □ Transport waters (e.g. slurries)?
YES □ NO □ Scrubber waters (Crushers or classifiers)?
YES □ NO □ Mine dewatering (groundwater and/or runoff from the mine)?

If the answer is **YES** to any of these questions, **DO NOT** complete this application. Instead, complete the application for Discharges Associated with Sand and Gravel Mining and Processing (**COG500000**).

CONTACT INFORMATION

A. 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_____

Mailing Address: _____

City:_____ State: _____ Zip: _____

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

Per Regulation 61 In all cases, 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 permits 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)**

(iii) Written notification 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:

Responsible Position (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 FACILITY INFORMATION

Name of Facility _____

Location of Facility

Street Address (or cross streets): _____

City (if unincorporated, so indicate): _____ Zip Code: _____

County: _____

Latitude and Longitude (approximate center of facility to nearest 15 seconds, using one of following formats and NAD 83 coord. system):

Latitude: _____ degrees /minutes/ seconds Longitude: _____ degrees/ minutes/ seconds (e.g., 39°42'11'', 104°55'57'')

OR

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

C. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE(S) FOR THIS FACILITY

(See Appendix A - include up to 4 in order of importance).

a. _____ b. _____ c. _____ d. _____

D. DESCRIBE THE INDUSTRIAL ACTIVITIES WHICH TAKE PLACE ON THIS SITE

E. RECEIVING WATERS

(If discharge is to a storm sewer system, ditch, or manmade conveyance, include the name of the ultimate receiving waters.)

Immediate Receiving Water(s): _____

Ultimate Receiving Water(s): _____

F. OTHER ENVIRONMENTAL PERMITS

Does this facility currently have any environmental permits, or is it subject to regulation, under either of the following programs?

Permit Name	Yes	No	Application Date	Permit No.
a. Colorado Division of Reclamation, Mining and Safety— permit anniversary:	☐	☐		
b. Clean Water Act (CWA) Section 404 (Army Corps of Engineers)	☐	☐		
c. Colorado Discharge Permit System	☐	☐		
d. Colorado State Air Pollution Emission	☐	☐		
e. Other	☐			

G. MAP (Provide as an attachment to the application)

Map: Attach a map that indicates the site location and that CLEARLY shows the boundaries of the area subject to the application. Maps must be **no larger** than 11 x 17 inches.

Map attached? ☐ YES

H. 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!
This item applies to all facilities. A Stormwater Management Plan (SWMP) shall be prepared prior to applying for coverage under the general permit, and the following certification signed. See the SWMP requirements in Appendix B.

i. Stormwater Management Plan Certification

"I certify under penalty of law that a complete Stormwater Management Plan, as described in Appendix B of this application, 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."

Signature of Legally Responsible Person or Authorized Agent Date Signed

Name (printed) Title

ii. Signature of Permit Legal Contact

"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 Legally Responsible Person (submission must include original ink 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.