STATE OF COLORADO

Bill Ritter, Jr., Governor
James B. Martin, Executive Director

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
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Located in Glendale, Colorado

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8100 Lowry Blvd.
Denver, Colorado 80230-6928
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Colorado Department of Public Health and Environment

For Agency Use Only

Permit Number Assigned

COG130_____

Date Received ____/____/____
Month Day Year

AQUATIC ANIMAL PRODUCTION FACILITIES WITH CONTINUOUS AND INTERMITTENT DISCHARGE

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

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, 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 authorization is submitted in writing 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) **OPERATOR in Responsible Charge** ☐ Same As 1) Permittee

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: _____

- ☐ **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

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 _____

2) **Facility Latitude/Longitude—**List the latitude and longitude of the excavation 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 _____ º _____' _____" Longitude _____ º _____' _____" (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)_____

Legal Description:

Permitted Facility Information (continued)

3) Facility Industry Classification Codes (Use SIC)

Primary _____ Secondary_____ Secondary_____ Secondary_____

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. Specify sources of wastewater to be discharged and treatment processes used. Specify closed or non-closed pond system. The treatment received by the wastewater either flow-through settling, off line settling, or other; plus an identification of drugs, chemicals, and or medication used, the amount used, the duration of use, the reason for use, the facility detention time and the environmental fate of the drug, chemical, or medication.

4) 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:

- **Average flows and treatment: On the following table,** for each outfall indicate: (1) all operations contributing wastewater to the effluent; (2) any treatment procedure given to the wastewater prior to discharge; (3) the average and maximum flow contributed by each operation; (4) the receiving stream. **Indicate flow rates as gpm or MGD**.

List the outfall number discharge point. List all sources of wastewater for each outfall and give the 30 day average flow, design flow and daily maximum flow. You may estimate the flow contributed by each source if no data is available, and for stormwater, you may use any reasonable measure of duration, volume or frequency. Describe each treatment unit. Indicate its design capacity and retention time, as well as the design basis or limiting factors. If your flows vary significantly or if you anticipate significant changes in flows during the next 5 years, specify which flows will change and explain why they will change. Describe the ultimate disposal of any solid or liquid waste not discharged. List the receiving waters, (stream, river, dry gulch, irrigation ditch). Use additional pages as necessary.

5.) **Permitted Facility Discharge Information (cont.)**

OUTFALL NUMBER	WASTEWATER SOURCE	TREATMENT USED	AVG FLOW MGD*	MAX FLOW MGD*	RECEIVING WATERS
001					

- *MGD - Million gallons/day

Site-specific conditions:

- **Bulk Storage**: Does this facility have bulk storage of diesel fuel, gasoline, solvents, fertilizers, or other hazardous materials on site? ☐ NO ☐ YES

- **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.

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

  If 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.

- **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.

- **Ground Water Discharge** Is or will Land Application of any wastewater be practiced? ☐ NO ☐ YES
  If land application, defined as any discharge being applied to the land for treatment purposes, is practiced or proposed the Division needs appropriate information to understand the operation and make a judgement as to possible impact on ground or surface waters. If not identified elsewhere, identify the nearest surface waters or dry stream bed. A separate permit may be necessary for discharges to groundwater.

Permitted Facility Discharge Information (cont.)

- **Analytical data for the following parameters,** unless waived by the Division, shall be submitted from at least one sampling of each discharge point.

	Alkalinity mg/l	PH, su	Total Suspended Solids mg/l	Oil & Grease mg/l	COD mg/l	Total Dissolved Solids mg/l	No Water to analyze at this time
Outfall 1							
Outfall 2							
Outfall 3							
Outfall 4							
Outfall 5							

Analysis for the indicated parameters shall be performed on each outfall and receiving waters immediately upstream of the outfall. If more than one outfall is to a common body of water, only one analysis of the receiving water upstream of the
upper-most outfall will be required. If the receiving stream is dry during portions of the year, so indicate. The effluent sample for analysis shall be a composite sample and proportioned according to flow. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period greater than 24 hours. The applicant must collect a sample of effluent and analyze it for the pollutant in accordance with analytical methods approved under 40 C.F.R. Part 136. If there is no water to analyze at this time so indicate.
IT IS RECOMMENDED THAT YOU CONTACT AN ANALYTICAL LABORATORY PRIOR TO SAMPLING AND ANALYSIS SO THAT PROPER PROCEDURES ARE FOLLOWED.

The Division may request analysis of other parameters once the application has been reviewed.

- **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.

- Indicate the number of existing and/or proposed ponds, raceways, and similar structures:

- Are there any fish processing areas? ☐ NO ☐ YES

- Are there any downstream water supply intakes within 5 miles of this facility? ☐ NO ☐ YES
  If yes, specify names of owners of water supply intakes, if known:

- Is this a hatchery ☐ or a hatchery/rearing unit combination ☐ ?

- **For each species of aquatic animal,** the actual or projected total yearly and maximum harvestable weight must be listed.

  The calendar month or projected calendar month of maximum feeding and the total weight or projected weight of food to be fed during that month must be listed.

Maximum amount of pounds of fish food fed per day or projected amount during the month of maximum feeding must be listed.

Species	Yearly Harvestable Weight		Month of Maximum Feeding	Total Weight of Food Fed During Month of Maximum Feeding	
	Total	Max.		Total	Daily

- **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 recycling programs, material containment procedures, education, etc.

  Describe those measures taken to control pollutants from entering wastewater streams. Do not include items which are detailed
  in the facility's Stormwater Management Plan.

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

D) Location Map : A location map designating the facility property, intake points, discharge points, 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 72 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 1/2 x 11 inches.**

E) 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**.

F) 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 Stormater				
Colorado State Air Pollution Program				
Other				

G. CERTIFICATION 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 (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).

"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