# 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

COG316-_____

Date Received ____/____/____
Month Day Year

# COLORADO DISCHARGE PERMIT SYSTEM (CDPS)

**REMEDIATION ACTIVITIES DISCHARGING TO GROUND WATER 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

**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) 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

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 _____

**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)_____

## B. PERMITTED FACILITY INFORMATION Cont…

**Standard Industrial Classification (SIC) Code(S) for this FACILITY (include up to 4, in order of importance)**

**1_____ 2_____3_____4_____**

## C. DISCHARGE INFORMATION

1. Remediation activity discharge will begin (date): _____
2. Estimate how long the discharge will last: Years_____Months_____Days_____
3. Describe the duration/frequency of the discharge (e.g., the batch discharge will occur every two hours and last approximately 20 minutes, or the discharge will be continuous from May through October and cease from November through April, or the discharge will occur once a month and last for approximately two days each month, etc.) :

4. Is there potential for the land applied discharge to flow to a storm sewer? ☐ YES ☐ NO
   - If YES, the facility should apply for coverage under the Remediation Activities Discharging to Surface Water General Permit, COG315000
5. Will the effluent be discharged to an impoundment? ☐ Yes ☐ No
   - If YES, the facility should consult with CDPHE's Hazardous Materials Waste Management Division/Solid Waste Unit as they are the appropriate regulating agency for discharges to surface impoundments.

## D. OUTFALLS—Please Do Not Leave Any Section of the Table Blank, NA is Not an Option.

In the following table, include the following information for the discharge:

- Include the number of discharge points (outfalls). Please add additional pages if necessary,
- Include the approximate location of the discharge (e.g. "discharge will occur between 5th Avenue and 20th Avenue", or "the discharge will enter the storm sewer located at the corner of Speer Blvd and 8th Ave., which eventually flows to Cherry Creek",
- Include the flow rate of the discharge

| OUTFALL NUMBER | RECEIVING WATER | APPROXIMATE LOCATION OF DISCHARGE | FLOW RATE* | LATITUDE/LONGITUDE OF EACH DISCHARGE OUTFALL |
|---|---|---|---|---|
| 001A | GROUND WATER | | | |
| 002A | GROUND WATER | | | |
| 003A | GROUND WATER | | | |

*****The Remediation Activities Discharging to Ground Water general permit requires that a flow measuring device be installed to give representative values of effluent quantities at the respective discharge point(s).

## E. WATER QUALITY DATA

Has the potential discharge been analyzed for any parameters (pH, Volatile Organic Compounds (VOCs), Semi-Volatile Organic Compounds (S-VOCs), and/or Metals, etc.)?

☐ YES ☐ NO If YES, please attach a copy of the sampling results.

**Note to permit applicant: The Division requires the potential discharge be screened for VOCs, S-VOCs, and Metals prior to issuing a certification under the Remediation Activities Discharging to Ground Water General Permit. If data is not submitted with the application, the permit will not be issued until such data is received and reviewed by the Division.**

## F. SOURCE AND DESCRIPTION OF CONTAMINATION AND FACILITY ACTIVITIES

Provide available qualitative and quantitative information that describes the contamination of the groundwater, alluvial water, stormwater, and/or surface water (the source water) for which treatment and/or remedial activities will occur. Describe the primary industrial activities which takes place or took place on site which resulted in the source water contamination. Include the type of facility (power plant, petroleum refinery, gasoline station, dry cleaner, etc.). Identify the source of the contamination (pipes, leaking underground storage tank, up gradient sources, etc.). If the source is unknown, please state unknown. Include a description of current activities being performed, including construction schedule if applicable and months of operation. Specify source(s) of wastewater to be discharged (i.e., foundation excavation, trenching, etc). Include additional pages as necessary.

## G. TREATEMENT TECHNOLOGY

1. Provide a narrative description of the type(s) of treatment used for each identified outfall. Treatment techniques may be described in general terms.

2. Will any chemical additives or other materials be used in the water or to treat water prior to discharge?
   ☐ Yes ☐ No If YES, list here and include the Material Safety Data Sheet (MSDS) with the application.

| CHEMICAL NAME* | MANUFACTURER | PURPOSE | DOSAGE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

* 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.

**H. A Location Map** must be submitted designating the location of the remediation site boundary. A north arrow shall be shown. **This map must be on paper 8-1/2 x 11 inches.**

**I. A Legible Site Sketch** shall be submitted that includes detailed site boundary information including street names or mile markers, the discharge points, and sampling locations. **This map must be on paper 8-1/2 x 11 inches.**

## J. ADDITIONAL INFORMATION

1. Does the applicant have a Stormwater Permit for Construction Activities? ☐ YES ☐ NO ☐ PENDING

   If Yes, Stormwater Construction Permit Number: COR-_____

2. Is the remediation site located within one mile of a landfill, or any mine or mill tailings? ☐ YES ☐ NO

**Note to permit applicant:** The Remediation Activities General Permit requires that all permittees develop a **Remediation Activities Management Plan (Plan)** for each facility. The Plan does not need to be completed prior to submitting a permit application. However, the Plan shall be completed prior to commencement of the discharge. The Plan shall be maintained and implemented until expiration or inactivation of permit coverage.

**WATER RIGHTS**

The State Engineers Office (SEO) has indicated that any discharge that does not return water directly to surface waters (i.e.land application, rapid infiltration basins, etc.) has the potential for material injury to a water right. As a result, the SEO needs to determine that material injury to a water right will not occur from such activities. To make this judgment, the SEO requests that a copy of all documentation demonstrating that the requirements of Colorado water law have been met, be submitted to their office for review. The submittal should be made as soon as possible to the following address:

**Colorado Division of Water Resources ● 1313 Sherman Street, Room 818 ● Denver, Colorado 80203**

Should there be any questions on the issue of water rights, the SEO can be contacted at (303) 866-3581. It is important to understand that any CDPS permit issued by the Division does not constitute a water right. Issuance of a CDPS permit does not negate the need to also have the necessary water rights in place. It is also important to understand that even if the activity has an existing CDPS permit, there is no guarantee that the proper water rights are in place.

## K. REQUIRED CERTIFICATION SIGNATURE [Reg 61.4(1)(h)]

"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."

Signature (Legally Responsible Party)_____Date _____

Name (printed) _____Title_____