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

COG604-_____

Date Received____/____/____
Month Day Year

COLORADO DISCHARGE PERMIT SYSTEM (CDPS)

HYDROSTATIC TESTING OF PIPELINES, TANKS, AND SIMILAR VESSELS
INDUSTRIAL WASTEWATER DISCHARGE APPLICATION

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

Please print or type. **Original signatures are required**. This application must be considered complete by the Division prior to initiation of permit processing. The Division will notify you 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 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 data and/or modeling regarding receiving water characteristics, data and/or modeling regarding effluent characteristics, and planned pollutant removal strategies and their implementation timeframe. Please indicate any types of additional information that are provided with this application below.

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 include 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:

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 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: _____

- ☐ **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

1. Is a Statewide Permit Certification Being Requested? Yes ☐ No ☐
Please Note: Only Fire Suppression System Maintenance Related Discharges are eligible for statewide certifications
If you answered Yes to B.1, skip to Item F

2. 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 _____

Directions from nearest major cross streets

3. Facility Latitude/Longitude—List the latitude and longitude of the facility from which the discharge will occur. If the permit applicant is applying for a 'Statewide' permit (Fire Suppression Related Discharges), list the Latitude/Longitude of the company address.

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

4. **Standard Industrial Classification (SIC) Code**, (Include up to four in order of importance)

1. _____ 2. _____ 3._____ 4. _____

C. Discharge Related Information

1. Date the discharge is expected to begin _____

2. Estimate how long discharge will last Years_____Months_____Days_____

3. Is this a ONE TIME Discharge? ☐ YES ☐ NO

If recurring, what is the frequency?

4. If the pipeline, tank or vessel is used, what type of product was in the pipeline/tank?_____

5. Describe Activity: e.g., discharge is hydrostatic test water from used natural gas pipelines, discharge is hydrostatic test water from a 1,000 gallon tank

6. Identify the source of the water being used in the testing eg potable water, well water, groundwater, river water, etc.

7. Will the discharge go to a ditch storm sewer, or any other type of conveyance? ☐ YES ☐ NO

- If YES, in the following table include the name of the ultimate receiving waters where the ditch discharges.

8. Discharge Information: In the following table, include the following information for the discharge: (See Instructions)
   - Include the number of discharge points (use a separate piece of paper if necessary)
   - Include the latitude and longitude of each discharge point
   - Include the name of the receiving stream(s)
   - Include the volume of water to be discharged or the estimated flow of the discharge in gallons per minute

.

OUTFALL NUMBER	Latitude Degrees/Minutes/Seconds	Longitude -Degrees/Minutes/Seconds	Receiving Stream	Volume/Flow
001				
002				
003				

Sampling and Reporting Requirements: Sampling must occur at every end-of-pipe dewatering location (after going through your choice of BMP, if necessary), as required in the Construction Dewatering permit. Discharge Monitoring Reports (DMRs) must be submitted to the Division monthly. The sampling results must be maintained on the construction site.

D. **A Location Map** designating the location of the construction site and the discharge(s) to the receiving water(s) listed in Item 8. A north arrow shall be shown. **This map must be on paper 8-1/2 x 11 inches.**

Map is attached ☐ YES NO

E. **A Legible Sketch** of the site shall be submitted and include the location of the end of pipe dewatering discharge at the site (e.g. where the flow will be discharges from the pump of BMP), the BMP(s) that will be used to treat the discharge(s), and the sampling location(s). Refer to the instructions for additional guidance specific to sites with multiple potential dewatering locations. **This map must be on paper 8-1/2 x 11 inches.**

Sketch is attached ☐ YES

Note to the applicant: Upon review of the application, the Division may request additional discharge information, or analysis of certain parameters once the application has been reviewed. If the Division requests a representative analysis of the water which will be discharged, the application processing time may be lengthened.

F. Statewide Discharge Certification (Fire Suppression Maintenance Discharges Only)

1. Latitude/Longitude—List the latitude and longitude of the company address

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

2. Date the discharge(s) are expected to begin _____

3. What types of testing is being performed that is resulting in the discharge(s)? (e.g.,Inspector Test, Fires Suppression Leak Test, etc.)

4. List the **typical** flow rate or volume of water that is discharged for each type of test identified in F.3**.**

5. Are any chemicals or additives being added during the draining of the lines? Chemicals and additives include microbial inhibitors, biocides, foaming agents, dechlorination chemicals including sodium sulfite.

Yes ☐ **No** ☐

6. Are chemicals already within the lines that are being drained / flushed? Chemicals include microbial inhibitors, biocides, foaming agents, glycol, etc.

Yes ☐ **No** ☐

If you answered yes to questions F.5 or F.6, include a copy of the MSDS for each chemical additive. For systems with microbial inhibitors, biocides, and foaming agents, the Division will require that the water within the lines be characterized *prior* to issuing a permit.

Do not forget to sign and date the application—See Item G.

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.

G. 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 Legally Responsible Person (submission must include original signature) Date Signed

_____

Name (printed) Title

In the case of permittees that intend to discharge to storm sewer systems or other conveyances, the permittee must contact the owner of the system prior to discharge to verify local ordinances, regulations or additional requirements. If the discharge is to private property, the permittee must to obtain permission from the land owner.
**Owners are not required to accept discharges*

"I certify that I have read and understand the preceding paragraph and will comply with it by contacting the owner of the conveyance system or owners agents prior to discharge into the system."

_____

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

_____

Name (printed) Title