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

Laboratory Services Division
8100 Lowry Blvd.
Denver, Colorado 80230-6928
(303) 692-3090

http://www.cdphe.state.co.us

Colorado Department of Public Health and Environment

Permit Narrative Conditions Division Routing

Date received_____

Data entered_____

Permits Reviewed_____

Enforcement Reviewed_____

Engineering Reviewed_____

PERMIT NARRATIVE CONDITIONS REPORT FORM

- Please print or type all information. All items must be filled out completely and correctly.
- This form should accompany the following: Compliance Schedules, Mixing Zone Studies, Sediment Control Plans, Special Studies, etc.
- Changing contacts or other permit requirements must be done on change of contact or modification forms.

Colorado Dept of Public Health and Environment
Water Quality Control Division
4300 Cherry Creek Dr South WQCD-P-B2
Denver, CO 80246-1530

MAIL ORIGINAL FORM WITH INK SIGNATURES TO THE FOLLOWING ADDRESS:
FAXED or EMAILED FORMS WILL NOT BE ACCEPTED.

- **PART A. IDENTIFICATION OF PERMIT** Please write the permit number for which this report is submitted:

  PERMIT NUMBER _____

- **PART B. PERMITEE INFORMATION** (form must be signed by the legal contact listed here)

Company Name _____

Mailing Address _____

City _____ State _____ Zipcode _____

Legal Contact Name _____ Phone Number _____

Title _____ Email _____

- **PART C. FACILITY/PROJECT INFORMATION**

Facility/Project Name _____

Location (address) _____

City _____ County _____

Local Contact Name _____ Phone Number _____

Title _____ Email _____

- **PART D. DESCRIPTION INFORMATION INCLUDED (a summary of information attached)**

Schedule Event Name_____

- **PART E. CERTIFICATION Required Signatures**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this form 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.
"I understand that submittal of this application is for coverage under the State of Colorado Discharge Permit System until such time as the application is amended or the certification is transferred, inactivated, or expired."

Signature of **Legally Responsible Party** Date Signed

Name (printed) Title