



For Agency Use Only
Permit Number Assigned
COG603-_____
Date Received ____/____/____ Month Day Year

COLORADO DISCHARGE PERMIT SYSTEM (CDPS)

SUBTERRANEAN DEWATERING OR WELL DEVELOPMENT 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 Water Quality Control Division (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.

IMPORTANT: This discharge permit does not cover discharges which include pollutants associated with well cleaning if the intent of the cleaning activity is to strip the well of metal accumulation. Alternatively, individual permit coverage may be sought for such discharges.

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 ensuring 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 request is 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) **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: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Pretreatment Coordinator | <input type="checkbox"/> Inspection Facility Contact | <input type="checkbox"/> Stormwater MS4 Responsible Person |
| <input type="checkbox"/> Environmental Contact | <input type="checkbox"/> Consultant | <input type="checkbox"/> Stormwater Authorized Representative |
| <input type="checkbox"/> Biosolids Responsible Party | <input type="checkbox"/> Compliance Contact | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Property Owner | | |

B. Permitted Project/Facility Information

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 _____

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 5 decimal places) degrees (to 5 decimal places)

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) _____



1 _____ 2 _____ 3 _____ 4 _____

C. Project/Discharge Information

C.1 Project Duration

Subterranean Dewatering or Well Development will begin* (date) _____

***Note:** Discharges are not authorized until the certification to discharge has been granted by the Division. Discharging without a permit is subject to enforcement action.

Estimate how long dewatering will last Years _____ Months _____ Days _____

Is this a ONE TIME Discharge? YES NO

If recurring, what is the frequency? (e.g. Seasonally each spring, etc.)

C.2 Description of the Activity

Check the box next to the following option(s) that describes the activity

Well development Well cleaning Pump test Foundation dewatering

Other – If “other” please describe in the box below:

C.3 Description of the Discharge

Will the proposed discharge include drilling mud or drilling fluid? YES NO

Will any chemicals be used which may be present in the discharge? YES* NO

***If yes,** please list the chemical names in the box below. A Material Safety Data Sheet (MSDS) for each chemical must be submitted with the completed application form.

Will the proposed discharge come into contact with construction activities (i.e., any ground surface disturbing activities, including but not limited to: clearing, grading, excavation, demolition, installation of new or improved roads, staging areas, stockpiling of fill materials, and borrow areas)? YES NO



C.4 Identification of Nearby Sources of Potential Groundwater Contamination

Is the project site within one-half mile of an open Leaking Underground Storage Tank site, Voluntary Cleanup Program site, or other potential source of contamination? YES* NO

***If yes**, please describe the source of contamination (include possible contaminants):

Is the project activity in close proximity to septic disposal systems, or other sewage disposal conveyances or vessels? YES* NO

***If yes**, please describe the system and indicate the approximate distance from the activity: _____

C.5 Effluent Treatment Technology

If known treatment will be required to meet effluent limits, including Pollutant Control Practices for Total Suspended Solids, include a description of the treatment process (Please be as detailed as possible, attach additional paper if necessary)

C.6 Discharge Location

Is the discharge to an impoundment? YES NO

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

***If yes**, in following table, include the name of the ultimate receiving waters where the ditch discharges. Additionally, the permit applicant **must** contact the owner of the ditch or storm sewer system prior to discharging to address any local ordinances and to determine whether additional requirements will be imposed by the owner.

Name of ditch, if applicable _____



Outfall Information: In the table below, include the following information for the discharge:

- Identify each outfall (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 estimated flow of the discharge in gallons per minute

OUTFALL NUMBER	Latitude Degrees/Minutes/Seconds	Longitude Degrees/Minutes/Seconds	Receiving Stream	Estimated Maximum Flow in Gallons per Minute
001				
002				
003				
004				

D. Location Map

A location map designating the location of the project site, the discharge location and the receiving water(s) must be attached. A north arrow shall be shown. **This map must be on paper 8-1/2 x 11 inches.**

Map 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 analysis of the water which will be discharged, the application processing time may be lengthened.

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.



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

