COLORADO
Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

For Agency Use Only

Permit Number Assigned

COR9 _____

Date Received ____/____/____
Month Day Year

APPLICATION FOR COR900000 STORMWATER DISCHARGES ASSOCIATED WITH NON EXTRACTIVE INDUSTRIAL ACTIVITIES

Please print or type. Original signatures are required.

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

This application must be considered complete by the Water Quality Control Division (the Division) before it will initiate permit processing. The Division will notify the applicant 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 mailed or 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

The applicant must be a legal entity that meets the definition of either the owner and/or operator of the industrial activities that occur at the facility for this application to legally cover the industrial activities. The applicant must have day-to-day supervision and control over activities at the facility and associated stormwater management.

Alternative Permittees: Other agents may also obtain permit coverage if they have clear contractual responsibility and operational control to address the impacts industrial activities may have on stormwater quality. Examples include consultants or property owners acting as facility managers under contract with the owner or operator of the industrial activities, as long as the contractual relationship clearly delegates responsibility for stormwater management. A property owner that is not associated with the actual industrial activities at the site or under contract to adequately perform the stormwater management responsibilities at the site, as discussed above, may not legally maintain permit coverage for industrial activities at their property

Applicant is: ☐ Property Owner ☐ Contractor/Operator

A. CONTACT INFORMATION

ORGANIZATION FORMAL NAME: _____

1. PERMITTEE (If more than one please add additional pages- designate the primary permitte contact.)

Permittee Contact is the person authorized to sign and certify the permit application. This person receives all permit correspondences and is the person responsible for ensuring compliance with the permit.

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No:_____ email address_____

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

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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 notification 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. **BILLING CONTACT** ☐ Same as 1. Permittee Contact

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No:_____

email address_____

Organization: _____

Mailing Address: _____

City:_____ State: _____ Zip: _____

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5) 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

Name of Facility _____

Location of Facility

Street Address (or cross streets)_____

City (if unincorporated enter uninc)_____**,CO Zip Code**_____

County_____

Latitude and Longitude List the latitude and longitude of the facilty. This can be entrance or centerpoint of the facility. The preferred method is GPS and Decimal Degrees.

Latitude: _____ degrees (to 5 decimal places) Longitude: _____ degrees (to 5 decimal places) (e.g., 39.70312°, 104.93348°')

Horizontal Collection Method: ___GPS Unspecified ___Aerial Photo Interpolation (Google Earth)

Reference Point: ____Entrance ____Project/Facility Center/Centroid

Horizontal Accuracy Measure (WQCD Requires use of WGS84 Datum for all references). Is the lat/long information provided in WGS84? ____Yes ____No
(Explain_____)

C. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE(S) FOR THIS FACILITY
(See Appendix A – for a list of SIC Codes covered by this permit.)

Primary _____ Secondary. _____ Tertiary. _____ Other. _____
(secondary and tertiary SIC Codes are those for any co-located industrial activities conducted at the facilities [i.e., any industrial activities, excluding the primary industrial activity(ies), located on-site that are defined by the stormwater regulations at 5 CCR 1002-61.3(2)])

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D. OUTFALL IDENTIFICATION (if more than 4, attach additional pages)

[1]Outfall(s)		[2]SIC code	[3]Chemical Addition	[4]Receiving water	
Identifier	Latitude/Longitude degrees (to 5 decimal places)			Immediate	Ultimate
001					
002					
003					
004					

1 the identification and location (by latitude and longitude) of all outfalls of industrial stormwater from the facility (outfalls are locations where stormwater exits the facility property including sheet flow). [Note: facilities that discharge stormwater via sheet flow should identify an outfall at a location along the line of flow that is representative of the facility's sheet flow discharge. This location is where such sheet flow exits the facility, and where sampling would occur, if sampling of the discharge is required.]

2 applicable secondary and tertiary Standard Industrial Classification (SIC) codes for any co-located industrial activities conducted at the facilities [i.e., any industrial activities, excluding the primary industrial activity(ies), located on-site that are defined by the stormwater regulations at 5 CCR 1002-61.3(2)];

3 the identity of all chemicals used by the permittee for those facilities that chemically treat their industrial stormwater [chemical addition in this context means chemicals (e.g., flocculent, alum, chitosan, etc.) that are added to stormwater, prior to discharge].

4 the identity of the immediate and ultimate receiving water of the stormwater discharges from their facilities (immediate receiving waters are those that stormwater from the facility discharges directly to; the ultimate receiving waters are those directly downgradient of the immediate waters)

E. DESCRIBE THE INDUSTRIAL ACTIVITIES WHICH TAKE PLACE ON THIS SITE

Describe the primary industrial activities at this facility (e.g., trucking firm with vehicle maintenance; computer equipment manufacturer; automobile or scrap metal recycling, etc.). If this application is for any of the following types of facilities, also provide the additional information indicated:

Airport: state the estimated volume of deicers used, and the volume of fuel sold, on an annual basis.
Wastewater treatment plant: include the design flow and pretreatment program status.
Steam electric power plant: indicate the primary and backup fuel sources.
Paving and roofing materials manufacturing: indicate whether or not the facility manufactures asphalt emulsion.
Asphalt or concrete batch plant: indicate whether or not the plant is portable.
Sand & Gravel – activities included at the sand & gravel mining or processing facility

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F. OTHER ENVIRONMENTAL PERMITS

Does this facility currently have any environmental permits, or is it subject to regulation, under either of the following programs?

Permit Name	Yes	No	Application Date	Permit No.
a. Colorado Division of Reclamation, Mining and Safety— permit anniversary:	☐	☐		
b. Clean Water Act (CWA) Section 404 (Army Corps of Engineers)	☐	☐		
c. Colorado Discharge Permit System	☐	☐		
d. Colorado State Air Pollution Emission	☐	☐		
e. Other	☐			

G. MAP (Provide as an attachment to the application)

Map: Attach a map that indicates the site location and that CLEARLY shows the boundaries of the area subject to the application. Maps must be **no larger** than 11 x 17 inches.

Map attached? ☐ YES **Application cannot be processed without a map.**

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H. REQUIRED SIGNATURES (Both parts i. and ii. must be signed)

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).

STOP! A Stormwater Management Plan must be completed prior to signing the following certifications!

This item applies to all facilities. A Stormwater Management Plan (SWMP) shall be prepared prior to applying for coverage under the general permit, and the following certification signed.

i. Stormwater Management Plan Certification

"I certify under penalty of law that a complete Stormwater Management Plan has been prepared for my activity. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Stormwater Management Plan is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for falsely certifying the completion of said SWMP, including the possibility of fine and imprisonment for knowing violations."

Signature of Legally Responsible Person or Authorized Agent Date Signed

Name (printed) Title

ii. Signature of Permit Legal Contact

"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 ink signature) Date Signed

Name (printed Title

DO NOT INCLUDE A COPY OF THE STORMWATER MANAGEMENT PLAN

DO NOT INCLUDE PAYMENT – AN INVOICE WILL BE SENT AFTER THE CERTIFICATION IS ISSUED.

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