

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

DIVISION USE ONLY
WQCD Division Initiated
Modification

Requested by _____

Date requested _____

Date entered _____

MODIFICATION APPLICATION

Please print or type all information. All items must be filled out completely and correctly. If the form is not complete, it will be returned. All modification dates are established by the Division. This form is for modifying an established permit or certification. Terminations, Change of Contacts, Transfer of Permit, and Withdrawal of Permit Application and/or modification requests must be submitted on the appropriate form:

MAIL ORIGINAL FORM WITH INK SIGNATURES TO THE FOLLOWING ADDRESS:

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

FAXED or EMAILED FORMS WILL NOT BE ACCEPTED.

- **PART A. IDENTIFICATION OF PERMIT** Please write the permit number to be modified

PERMIT NUMBER _____

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

Company Name _____

Mailing Address _____

City _____ State _____ Zipcode _____

Phone _____

Legal Contact Name _____ Number _____

Title _____ Email _____

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

Facility/Project Name _____

Location (address) _____

City _____ County _____

Phone _____

Local Contact Name _____ Number _____

Title _____ Email _____

COLORADO WATER QUALITY CONTROL DIVISION MODIFICATION APPLICATION

www.coloradowaterpermits.com

• **PART D. DESCRIPTION OF MODIFICATION REQUESTED:**

If adding outfalls to an existing permit, include outfall number, latitude and longitude of the outfall, flow, receiving waters, and any treatment (see application for new permit for guidance).

• **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 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.

"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

*This modification application shall be signed, dated, and certified for accuracy by the permittee.

In all cases, it shall be signed as follows:

1. In the case of a corporation, by a principal executive officer of at least the level of vice-president, or his or her duly authorized representative, if such representative is responsible for the overall operation of the operation from which the discharge described herein originates;
2. In the case of a partnership, by a general partner;
3. In the case of a sole proprietorship, by the proprietor;
4. In the case of a municipal, state, or other public operation, by either a principal executive officer, ranking elected official, or other duly authorized employee.