

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



Colorado Department
of Public Health
and Environment

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

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.

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

PERMIT NUMBER _____

- **PART B. PERMITEE INFORMATION** (form should 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 _____

COLORADO WATER QUALITY CONTROL DIVISION PERMIT SUPPLEMENT FORM

www.coloradowaterpermits.com

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

• **PART E. CERTIFICATION Required Signatures**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature of **Legally Responsible Party**

Date Signed

Name (printed)

Title