COLORADO
Department of Public Health & Environment

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

BMP Compliance Record Number_____
For Outdoor Washing of Heat Transfer Equipment
Colorado Discharge Certification Number _____

1. **CONTRACTOR INFORMATION**

Business Name_____

Business Address _____

City _____ State_____ Zip Code_____

Telephone #_____

Facility Representative_____

Email address_____

2. **HEAT TRANSFER EQUIPMENT INFORMATION**

Facility Name_____

Street Address_____

City _____ State_____ Zip Code_____

Type of THE/Location ____ Rooftop ____ Ground

3. **CONDITION ASSESSMENT**

a) Litter and debris in and around equipment

____ YES ____NO

b) Estimate atmospheric deposition adhered to THE

____ Light ____ Moderate ____ Heavy

c) Is oil or grease present?

____ YES ____NO

If yes, describe location and extent

d) Leaking fittings or seals?

____ YES ____NO

If yes, describe location and degree of leakage

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BMP Compliance Record for Certification _____

CLEANING PROCEDURE SELECTION

Can use tap water, without chemical additive, for washing HTE ____ YES ____NO

If yes, the discharge is allowable under this certification with authorization letter for release to stormwater feature.

If no, the discharge is not allowable under this certification (refer to guidance)

DISCHARGE INFORMATION

Date and time of discharge _____

If rooftop HTE, were filter bags used at entrance to drain spout or at the bottom of drain spout?

_____ YES _____NO

If ground level HTE, describe where the discharge occurred (i.e., enter storm sewer located on the corner of Smith Road and Maple Street)

Was there a visible oil or oil sheen present on the discharge _____ YES _____NO

Estimate of the total volume of discharge _____gallons

Any additional information the operator deems necessary

_____

Operator Signature

_____

Operator name (please print)

_____

Date

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