

# 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  
<http://www.cdph.state.co.us>



Colorado Department  
of Public Health  
and Environment

For Agency Use Only
Permit Number Assigned
COR03-_____
Date Received ____/____/____ Month Day Year

## NOTICE OF REASSIGNMENT OF PERMIT COVERAGE AND GENERAL PERMIT APPLICATION STORMWATER DISCHARGE ASSOCIATED WITH CONSTRUCTION ACTIVITIES

**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 Division prior to initiation of 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**

**\*\*Part I** of the application beginning below is to be filled out by the new permit applicant that will be assuming permitting liability for the reassigned portion of the original applicant's site.

**\*\*Part II** of the application, starting on page 3 of the form, is to be completed by the current permittee.

**Both Parts I (pages 1-4) and II (page 5) must be completed.**

EXISTING CERT \*\* \_\_\_\_\_ (from Part II)

**\*\* NOTE: THIS WILL CREATE A NEW PERMIT FOR PART 1 APPLICANT. THE EXISTING PERMIT WILL NOT BE TERMINATED. THIS IS NOT A TRANSFER FORM.**

**PART I - To be completed by the New permit applicant:**

I hereby accept the reassignment of permit coverage for the area described in this application. I have reviewed the terms and conditions of this permit and the Stormwater Management Plan and accept full responsibility, coverage and liability

REASSIGNMENT WILL BE EFFECTIVE \_\_\_\_\_  
MONTH/ DAY/ YEAR

Applicant is : Property Owner Contractor/Operator

### A. CONTACT INFORMATION - NOT ALL CONTACT TYPES MAY APPLY \* indicates required

**\*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 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:

- 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.
- In the case of a partnership, by a general partner.
- In the case of a sole proprietorship, by the proprietor.
- 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 the Division** 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**); and  
(iii) The written authorization 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) **\* BILLING CONTACT** if different than the permittee

Responsible Position (Title): \_\_\_\_\_  
Currently Held By (Person): \_\_\_\_\_  
Telephone No: \_\_\_\_\_ email address \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5) **OTHER (Please describe)** \_\_\_\_\_

Responsible Position (Title): \_\_\_\_\_  
Currently Held By (Person): \_\_\_\_\_  
Telephone No: \_\_\_\_\_ email address \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## B. Permitted Project/Facility Information

Project/Facility Name \_\_\_\_\_

Street Address or cross streets \_\_\_\_\_

City, \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**Facility Latitude/Longitude**— (approximate center of site to nearest 15 seconds using one of following formats)

001A Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (e.g., 39.703°, 104.933°)  
degrees (to 3 decimal places) degrees (to 3 decimal places)

or  
001A Latitude \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" Longitude \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" (e.g., 39°46'11"N, 104°53'11"W)  
degrees minutes seconds degrees minutes seconds

## C. MAP (Attachment)

**Map:** Attach a map that indicates the site location and that CLEARLY shows the boundaries of the area that will be disturbed. Maps must be **no larger** than 11x17 inches.

## D. LEGAL DESCRIPTION

**Legal description:** If subdivided, provide the legal description below, or indicate that it is not applicable (**do not** supply Township/Range/Section or metes and bounds description of site)

Subdivision(s): \_\_\_\_\_ Lot(s): \_\_\_\_\_ Block(s): \_\_\_\_\_

**OR**

Not applicable (site has not been subdivided)

## E. AREA OF CONSTRUCTION SITE

Total area of project site (acres): \_\_\_\_\_

Area of project site to undergo disturbance (acres): \_\_\_\_\_

Total disturbed area of Larger Common Plan of Development or Sale, if applicable: \_\_\_\_\_  
(i.e., total, including all phases, filings, lots, and infrastructure not covered by this application)

## F. NATURE OF CONSTRUCTION ACTIVITY

Check the appropriate box(s) or provide a brief description that indicates the general nature of the construction activities. (The full description of activities must be included in the Stormwater Management Plan.)

- Single Family Residential Development
- Multi-Family Residential Development
- Commercial Development
- Oil and Gas Production and/or Exploration  
(including pad sites and associated infrastructure)
- Highway/Road Development  
(not including roadways associated with commercial or residential development)
- Other, Describe: \_\_\_\_\_

## G. ANTICIPATED CONSTRUCTION SCHEDULE

Construction Start Date: \_\_\_\_\_ Final Stabilization Date: \_\_\_\_\_

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STORMWATER DISCHARGE ASSOCIATED WITH CONSTRUCTION ACTIVITIES**

**H. RECEIVING WATERS**

(If discharge is to a ditch or storm sewer, include the name of the ultimate receiving waters)

Immediate Receiving Water(s): \_\_\_\_\_

Ultimate Receiving Water(s): \_\_\_\_\_

**I. 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:

- a) In the case of corporations, 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 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, ranking elected official, or other duly authorized employee if such representative is responsible for the overall operation of the facility from which the discharge described in the form originates.

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

**i. Stormwater Management Plan Certification**

"I certify under penalty of law that a complete Stormwater Management Plan, as described in Appendix A of this application, 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."

XX

Signature of Legally Responsible Person or Authorized Agent (submission must include original signature)      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.

"I understand that submittal of this application is for coverage under the State of Colorado General Permit for Stormwater Discharges Associated with Construction Activity **for the entirety of the construction site/project described and applied for, until such time as the application is amended or the certification is transferred, inactivated, or expired.**"

XX

Signature of Legally Responsible Person (submission must include original 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.**

**NOTICE OF REASSIGNMENT OF PERMIT COVERAGE AND GENERAL PERMIT APPLICATION  
STORMWATER DISCHARGE ASSOCIATED WITH CONSTRUCTION ACTIVITIES**

**PART II - AMENDMENT TO THE CURRENT PERMIT CERTIFICATION  
TO BE COMPLETED BY CURRENT PERMITTEE**

**CERTIFICATION NUMBER COR03\_\_\_\_\_ THIS PERMIT WILL NOT BE TERMINATED**

**II.A. CURRENT PERMIT LEGAL CONTACT INFORMATION**

Check if information has changed

Company Name: \_\_\_\_\_

Legally Responsible Person: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. PERMITTED FACILITY INFORMATION**

**Name of Plan, Project or Development:** \_\_\_\_\_

**Latitude and Longitude** (approximate center of site to nearest 15 seconds using one of following formats):

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ (e.g., 39°42'11", 104°55'57")  
degrees /minutes/ seconds degrees/ minutes/ seconds

**OR**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ (e.g., 39.703°, 104.933')  
degrees (to 3 decimal places) degrees (to 3 decimal places)

**3. MAP (Attachment)**

**Map:** Attach a map that indicates the site location and that CLEARLY shows the boundaries of the area that will be retained under this current certification. Maps must be **no larger** than 11x17 inches.

**4. NATURE OF CONSTRUCTION ACTIVITY**

Check the appropriate box(s) or provide a brief description that indicates the general nature of the construction activities. (The full description of activities must be included in the Stormwater Management Plan.)

Single Family Residential Development

Multi-Family Residential Development

Commercial Development

Other, Describe: \_\_\_\_\_

**9. REQUIRED SIGNATURES Certification for Reassignment**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in Part II of this application and all attachments in reference to Part II 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.

"As the permittee currently covered by the above-referenced certification, I hereby agree to reassign the permit coverage for the area and activity described in Items I.b. and I.c., and all responsibilities thereof, from the above-referenced permit certification to the new permittee listed in Part I of this form."

Signature of Legally Responsible Person (submission must include original ink signature) \_\_\_\_\_ Date Signed \_\_\_\_\_

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_