



# COLORADO

Department of Public Health & Environment

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

<b>For Agency Use Only</b>	
Date Received	____/____/____
Effective Date	____/____/____

## CHANGE OF CONTACT(s) for all PERMITS, CERTIFICATIONS, AND AUTHORIZATIONS

MAIL TO:  
CDPHE WQCD Mail Code WQC-PCP-2034  
4300 Cherry Creek Dr South Denver CO 80246

This form must be submitted for changes made to any of the contacts or information listed below.

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

PERMIT, CERTIFICATION, OR AUTHORIZATION NUMBER \_\_\_\_\_ (This number does not end in 0000)  
(A separate form must be prepared for each Permit, Certification, or Authorization covered by these changes.)

PERMITTEE ORGANIZATION FORMAL NAME (If more than one please add additional pages) :

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The legally responsible organization is either the owner or operator of the facility or project to which the permit has been issued, or both if designated as co-permittees by the Division.

FACILITY NAME \_\_\_\_\_

**ENTER ALL OF THE INFORMATION FOR EACH CONTACT WHERE THERE IS A CHANGE.**

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) \_\_\_\_\_

Held by (person) \_\_\_\_\_

Telephone # \_\_\_\_\_ 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:

- 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 **authorized to sign and certify** the Reports as required by the permit, 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 (i.e. DMR's) to this person. If more than one person, please add additional pages. **This party may not sign application forms.**

Responsible Position (title) \_\_\_\_\_  
Held by (person) \_\_\_\_\_  
Telephone # \_\_\_\_\_ email address \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. **SITE CONTACT** local contact for questions relating to the facility and discharge authorized by this permit for the facility

Responsible Position (title) \_\_\_\_\_  
Held by (person) \_\_\_\_\_  
Telephone # \_\_\_\_\_ email address \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. **CERTIFIED OPERATOR IN RESPONSIBLE CHARGE (ORC)** may designate on or both if needed

**A. Wastewater Treatment Facility ORC**

Operator ID Number \_\_\_\_\_  
Legal Name \_\_\_\_\_  
Telephone # \_\_\_\_\_ email address \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**B. Wasterwater Collection System ORC**

Operator ID Number \_\_\_\_\_  
Legal Name \_\_\_\_\_  
Telephone # \_\_\_\_\_ email address \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**5. BILLING CONTACT** if different than permittee

Responsible Position (title) \_\_\_\_\_  
Held by (person) \_\_\_\_\_  
Telephone # \_\_\_\_\_ email address \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**6. OTHER CONTACT TYPES** (check below) Add pages if necessary.

Responsible Position (title) \_\_\_\_\_  
Held by (person) \_\_\_\_\_  
Telephone # \_\_\_\_\_ email address \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pretreatment Coordinator	Compliance Contact
Environmental Contact	Stormwater MS4 Responsible Party
Biosolids Responsible Party	Stormwater Authorized Representative
Inspection Facility Contact	Property Owner
Consultant	Other _____

**REQUIRED CERTIFICATION SIGNATURE [Reg 61.4(1)(h)]**

"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 (Legally Responsible Party) \_\_\_\_\_ Date \_\_\_\_\_

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