SUBMIT TO:
Jennifer.Hanke@state.co.us
CDPHE
HMWMD-SWP-B2
4300 Cherry Creek Dr. S.
Denver, CO 80246-1530

Waste Impoundment IPCR Cover Sheet
(to be electronically submitted with the IPCR)
(6 CCR 1007-2 Section 9.1.8)

Solid Waste and Materials Management Program
(303) 692-3408

Colorado Department of Public Health and Environment

Sec. I – FACILITY INFORMATION				All Sites Complete	
Facility Name				Date	
Location Address with City & Zip *(Or Optional Property Description Below)*				County	
Township		Range		Section	
Latitude		Longitude		Operating/ Active?	___Yes ___No
Government Facility	____Federal ____State ____County ____Municipal ____N/A			Commercial	___Yes ___No
Facility Type					
Facility Notes					

Sec. II – CONTACT (AND BILLING) INFORMATION			
Contact Type	Please check all that apply for this person: ___Primary Contact ___Owner ___Operator X Billing ___Other: _____		
Full Name		Phone #	
Title		Cell #	
Organization Name		Fax #	
Mailing Address			
Email Address			
Contact Type	Please check all that apply for this person: ___Primary Contact ___Owner ___Operator ___Billing ___Other: _____		
Full Name		Phone #	
Title		Cell #	
Organization Name		Fax #	
Mailing Address			
Email Address			
Contact Type	Please check all that apply for this person: ___Primary Contact ___Owner ___Operator ___Billing ___Other: _____		
Full Name		Phone #	
Title		Cell #	
Organization Name		Fax #	
Mailing Address			
Email Address			

Complete Applicable Sections

IPCR = Impoundment and Preliminary Classification Report

Impoundment Name	Impoundment Location	Proposed Type A	Proposed Type B	Description of Waste Managed (if known)	IPCR Approved Y/N (CDPHE use)	Demonstration Plan Needed (Y/N/Unknown) (CDPHE use)

Submitted By: _____ Date of Submittal: _____

Phone Number: _____

Title of Response (CDPHE use): _____ Date of Response (CDPHE use): _____

Comments:

File Code 3.15.1
Facility in SharePoint: ____
Project in SharePoint: ____
Document sent to Records Center: ____
Electronic/Paper copy provided to Permitter: _____ / Format: _____
Technical Review Complete: ____

CLEAR FORM