



**COLORADO**

Department of Public Health & Environment

**COLORADO DISCHARGE PERMIT SYSTEM (CDPS)**

Authorization to Authorization to Discharge  
Under the Colorado Discharge Permit System  
MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4)

**General Permit Application**

<p><b>For Division Use Only Permit #</b></p> <hr/> <p>Date Received</p>
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**PHOTO COPIES, FAXED COPIES, PDF COPIES OR EMAILS WILL NOT BE ACCEPTED.**

Please print or type. Original signatures are required. All items must be completed accurately and in their entirety for the application to be deemed complete. Incomplete applications will not be processed until all information is received which will ultimately delay the issuance of a permit. Applications must be submitted to:

Colorado Department of Public Health and Environment  
Water Quality Control Division  
4300 Cherry Creek Drive South  
WQCD-P-B2  
Denver, Colorado 80246-1530

**Any additional information that you would like the Division to consider in developing the permit should be provided with the application on a CD or other electronic method.**

**PERMIT INFORMATION**

- Reason for Application:
- NEW CERTIFICATION UNDER GENERAL PERMIT #
    - COR090000
    - COR080000 (Cherry Creek)
  - EXISTING PERMIT CERTIFICATION # COR-\_\_\_\_\_

**A. CONTACT INFORMATION**

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 ensuring compliance with the permit.

Responsible Position (Title): \_\_\_\_\_

Currently Held By (Person): \_\_\_\_\_

Telephone No: \_\_\_\_\_

email address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**This form must be signed by the Permittee to be considered complete.**

Per Regulation 61: In all cases the permit application 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



**Municipal Separate Storm Sewer Systems (MS4) Individual Permit Application**

2. **DMR Cognizant Official** (i.e. authorized agent)—the person or position authorized to sign and certify reports required by permits including Discharge Monitoring Reports [DMR's], Annual Reports, Compliance Schedule submittals, and other information requested by the Division. The Division will send pre-printed reports (e.g. DMR's) to this person. If more than one, please add additional pages

Same as Permittee Item 1

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/Local Contact**—contact for questions regarding the facility & discharges authorized by this permit

Same as Permittee—Item 1

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)

Same as Permittee—Item 1

Responsible Position (Title): \_\_\_\_\_

Currently Held By (Person): \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email address \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Include any other permit contact information on a CD or other electronic method.



Municipal Separate Storm Sewer Systems (MS4) Individual Permit Application

**B. LOCATION OF THE MS4**

Location description (narrative) If more space is needed, submit on a CD or other electronic method.

**C. MAP OF AREA**

Attach a map of the MS4 that indicates the city, town, or district boundaries, and urbanized area (UA) boundaries, if part(s) of the MS4 is within a UA.

Submit map on a CD or other electronic method is preferred.

If no map is submitted, the application is not complete and a permit will not be issued.

**D. RECEIVING WATERS**

Include all named receiving waters within the permitted area, including other MS4s. 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): \_\_\_\_\_

Identify the receiving water of the stormwater from your site. Receiving waters are any waters of the State of Colorado. This includes all water courses, even if they are usually dry. If stormwater from the construction site enters a ditch or storm sewer system, identify that system and indicate the ultimate receiving water for the ditch or storm sewer. Note: a stormwater discharge permit does not allow a discharge into a ditch or storm sewer system without the approval of the owner/operator of that system.

**E. OTHER ENTITIES**

Include the name of all entities that will perform some or all of the program areas for your MS4.

**F. FOR RENEWAL APPLICATIONS ONLY - COMPLIANCE**

Is the Permittee in compliance with or has substantially complied with all terms, conditions, requirements, and schedules of compliance of the expiring permit?

Yes

No



