



Natural Swimming Area Management Plan Update Form

ALL COLORADO NATURAL SWIMMING AREAS MUST SUBMIT THIS FORM FOR THE UPCOMING SEASON

PLEASE FILL OUT ALL REQUESTED INFORMATION

If there have been changes to the Natural Swimming Area Management Plan for your facility since last season, please attach a copy of the updated and current management plan to this form.

Natural swimming area name: _____

Primary contact name and title: _____

Office phone number: _____ Mobile phone number: _____

Email address: _____

Secondary contact name and title: _____

Office phone number: _____ Mobile phone number: _____

Email address: _____

Year: _____ Opening Day: _____ Closing Day: _____

Assigned Monthly Peak-Use Day(s):

May _____

June _____

July _____

August _____

September _____

Electronic submission of monthly *E. coli* results (check one)? Yes No

Please email this form to: mandy.mercer@state.co.us

If you are unable to submit your data electronically, please mail this form to:

Colorado Department of Public Health and Environment

WQCD-CWE-B2, Attn: Mandy Mercer

4300 Cherry Creek Drive South, Denver, CO 80246-1530