STATE OF COLORADO

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

COLORADO DEPARTMENT OF PUBLIC
HEALTH AND ENVIRONMENT
Water Quality Control Division
4300 Cherry Creek Drive South B2 Permits
Denver, Colorado 80246-1530

Colorado Department of Public Health and Environment

For Agency Use Only

Date Received ____/____/____

Complete _____

Paid _____

Effective Date ____/____/____

APPLICATION FOR TRANSFER OF OWNERSHIP FOR ALL PERMITS, CERTIFICATIONS, AND AUTHORIZATIONS
PHOTO COPIES, FAXED COPIES, PDF COPIES OR EMAILS WILL NOT BE ACCEPTED.

TO BE COMPLETED BY NEW PERMITTEE: Permit **or** Certification **or** Authorization Number COR03L864

I hereby apply for a transfer of ownership of this Colorado Discharge Permit, Certification, or Authorization listed above, which was issued to (permittee listed in Part 2, page 2) FIORE & SONS INC.

I have reviewed the terms and conditions of this permit and accept responsibilities, coverage and liability (including Stormwater Management Plan where applicable).

If all information is correct, form is complete, and transfer approved, I request this transfer to be effective on JULY 15,2014.

I have ensured that all of the following requirements have been met:

- ☒ 1. **BOTH parties have completed and signed this form – pages 1 and 2**
- ☒ 2. **ORIGINAL Form mailed to Division 30 Days Prior to the Transfer Effective Date (which may be the date property exchanges hands.**
  Copies, PDF versions, and Faxes will NOT be accepted and will delay the issuance of the transfer.
- ☐ 3. **All existing invoices paid and verified by the Division. Payment MUST be received prior to transfer issuance**

PROJECT OR FACILITY INFORMATION

Project or Facility Name: PELICAN LAKE RANCH

Facility Address (location) CR30 AND BEEBE DRAW FARMS PKWY

City: PLATTEVILLE State: CO Zip: 80651 County: WELD

NEW PERMITTEE INFORMATION (fill out all appropriate contacts)

Company name: Special District Management Services, Inc.

Mailing Address: 141 Union Blvd, #150, Lakewood, Co 80228

City: _____ State: _____ Zip: _____ Telephone No: 303-987-0835

- **Legal Contact**: will receive all future permit correspondences and is legally responsible for compliance with the permit

Name: Joe Knopinski email address LJohnson@sdmsi.com

Title: Board President Telephone No: 303-987-0835

- **Local Contact:** will be contacted for questions relating to the facility and the discharge authorized by the permit for the facility.

Name: Lisa A. Johnson email address LJohnson@sdmsi.com

Title: District Manager Telephone No: 303-987-0835

- **Authorized Agent(s) -** may sign reports (such as DMR's or Annual Reports) required by the permit.

Authorized Agent MARK VOLLE email address mark.volle@tamarackconsulting llc.com

Title: PROJECT MANAGER Telephone No: 719-246-6282

Authorized Position _____ Telephone No: _____

Currently held by: _____ email address: _____

APPLICATION FOR TRANSFER OF OWNERSHIP FOR ALL PERMITS, CERTIFICATIONS, AND AUTHORIZATIONS

- **Billing Contact Information** - if billing address is different than legal contact

Name: Lisa A. Johnson email address LJohnson@Sdmsi.com

Company Name: Special District Management Services, Inc.

Mailing Address: 141 Union Blvd, #150, Lakewood, Co 80228

City: State: Zip: Telephone No: 303-987-0835

REQUIRED SIGNATURE:

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.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and 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 and imprisonment.

Signature(Legally Responsible Party) Date 9/30/14

Name (printed) Christine Hethcock Title Board Member

PART 2 - TO BE COMPLETED BY PREVIOUS PERMITTEE

As previous owner, I hereby agree to the transfer of the above-referenced permit and all responsibilities thereof.

Company Name: FIORE & SONS INC

Mailing Address: 730 W.62nd AVE

City: DENVER State: CO Zip: 80216 Telephone No: 303-429-8893

Signature (Legally Responsible Party) Date 6/30/14

Name (printed) LARRY FIORE JR. Title PRESIDENT

Email address butch@fioreandsons.com