



For Agency Use Only
 Date Received ___/___/___

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

WASTEWATER OPERATOR IN RESPONSIBLE CHARGE REPORT

NOTE: This form is to be used only for initial reporting of Operator in Responsible charge (“ORC”) information. Any updates and/or changes should be reported on the Division’s [Change of Contacts Form](#)

1. PERMIT, CERTIFICATION, OR AUTHORIZATION NUMBER:

- Individual Permit: CO00_____
- General Permit (begins with COG or COX): CO_____ (this number does not end in 0000)
- Collection Only Facility (please skip to number 3)

2. PERMIT/CERTIFICATION INFORMATION:

Facility Name _____

Permittee Name _____

Mailing Address _____

Telephone # _____ Email Address _____

3. COLLECTION ONLY FACILITY INFORMATION:

Legal name of collection system owner _____

Name of permit holder for the waste receiving facility _____

Permit number of waste receiving facility _____

4. FACILITY ORC INFORMATION:

WASTEWATER TREATMENT ORC

Operator Id# _____ Legal Name _____

COLLECTION SYSTEM ORC

Operator Id# _____ Legal Name _____

5. LEGAL CONTACT COMPLETING THIS FORM:

Signature (Legally Responsible Party) _____ Date _____

Name (printed) _____ Title _____

