

# STATE OF COLORADO

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
WATER QUALITY CONTROL DIVISION  
TELEPHONE: (303) 692-3500



## Annual Compliance Self-Reporting Form

Domestic Wastewater Treatment Works With Land Treatment of Effluent at Agronomic Rates  
**PERMIT NO: COX-633000**

Domestic wastewater treatment works (WWTWs) covered under General Permit 633000 must complete and submit this compliance self-reporting form to the Water Quality Control Division in order to demonstrate compliance with the terms and conditions of the permit. This report form must be submitted annually and must summarize the operation of the facility during the preceding twelve month period. The report shall cover the twelve month period beginning with the first full month following the effective date of the WWTW's coverage under the General Permit. Each subsequent annual report shall cover the subsequent twelve-month period. Attach additional pages as necessary to fully address each question.

### Section A. General Information

1) Facility Name: \_\_\_\_\_

2) Permit Certification Number: \_\_\_\_\_

3) Facility Contact Information:

Contact Name/Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

4) Legal Owner Information:

Legal Owner  
Name/Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

5) Operator in Responsible Charge (if different from the facility contact or legal owner):

Operator  
Name/Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

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**Section B. Operation and Maintenance Information**

- 6) Describe any changes in the quality or quantity of wastewater influent to the facility during the course of the preceding twelve-month period.

- 7) Describe any operational problems with the facility during the year such as power outages, failures of mechanical components, overflows, etc. Such description shall also include preventive maintenance activities undertaken during the year and repairs made to the facility. Identify causes of any problem encountered and identify what practices were/shall be implemented to correct each problem. Identify what practices were/shall be implemented to prevent the problem for recurring.

- 8) Describe any proposed or potential expansions or significant alterations to the facility, including any plans to abandon the facility or connect to other wastewater collection facilities.

- 9) Summarize the results of the visual inspections of the land application area(s) conducted in accordance with the WWTW's approved Land Application Management Plan. Was runoff observed? If so, when? Was a decline in vegetative quantity or quality observed? If so, provide a detailed description.

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**Section C. Demonstration of Agronomic Rates**

- 10) Attach all analytical results for nitrate sampling performed in accordance with the WWTW's approved Land Application Management Plan.
  
- 11) Attach the monthly nitrogen loading calculations applicable to each land application area performed in accordance with the WWTW's approved Land Application Management Plan. Include a narrative description of adjustments to land application rates based on nitrogen loading data.
  
- 12) Attach a copy of logs and recordkeeping forms completed and maintained in accordance with WWTW's approved Land Application Management Plan.

**Section D. Certification**

- 13) I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, 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.

|                                |                      |
|--------------------------------|----------------------|
| _____<br>Signature of Owner(s) | _____<br>Date Signed |
| _____<br>Name (Printed)        | _____<br>Title       |
| _____<br>Signature of Operator | _____<br>Date Signed |
| _____<br>Name (Printed)        | _____<br>Title       |

*Both the owner and operator must sign the annual compliance self-reporting form. Please print clearly.*