

STATE OF COLORADO

Dedicated to protecting and improving the health and environment of the people of Colorado
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Colorado Department
of Public Health
and Environment

For Agency Use Only

COG50- _____

Date Received ____/____/____
Month Day Year

REGULATION _____

WATER BODY ID _____

APPLICATION for DISCHARGES ASSOCIATED WITH SAND & GRAVEL MINING AND PROCESSING

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. If more space is required to answer any question, please attach additional sheets to the application form. Applications must be submitted by mail or hand delivered 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. Examples include effluent data and/or modeling and planned pollutant removal strategies.

PERMIT INFORMATION

Reason for Application: NEW CERT
 RENEW CERT EXISTING CERT # _____

Applicant is: Property Owner Contractor/Operator

IS THIS THE CORRECT APPLICATION FOR YOUR FACILITY?

This application is for use by all industrial process water dischargers, or process water plus stormwater dischargers, engaged in sand and gravel production operations (and other nonmetallic minerals, except fuels). This application is for both active and inactive mining operations and concrete and asphalt batch plants at the facility. It is suggested that all applicants contact the Division of Reclamation, Mining and Safety at the Colorado Department of Natural Resources, for information on their rules and regulations for Sand and Gravel mining and processing.

Are any of the following discharged from the sand and gravel production operation subject to this application?

- YES NO Product wash waters?
YES NO Maintenance/Equipment wash waters?
YES NO Transport waters (e.g. slurries)?
YES NO Scrubber waters (Crushers or classifiers)?
YES NO Mine dewatering (groundwater and/or runoff from the mine)?

If the answer is **YES** to any of these questions, this is the correct application for the discharge.

If the answer is **NO** to ALL of these questions, **STOP NOW**, and instead, complete the application for Stormwater Discharges Associated with Sand and Gravel Mining and Processing (COR340000).

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 compliance with the permit.

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

This form must be signed by the Permittee to be considered complete. **Per Regulation 61** In all cases, it 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

- 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 transmit pre-printed reports (ie. DMR's) to this person. If more than one, please add additional pages.

Same As 1) Permittee

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**)
- (iii) Written request is submitted to the Division

A. CONTACT INFORMATION Continued

3) **SITE CONTACT** local contact for questions relating to the facility & discharge authorized by this permit for the facility.

Same As 1) Permittee

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

4) **OPERATOR in Responsible Charge** Same As 1) Permittee

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Certification Type _____ Certification Number _____

5) **BILLING CONTACT** if different than the permittee

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

6) **OTHER CONTACT TYPES (check below) Add pages if necessary:**

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Pretreatment Coordinator

Property Owner

Compliance Contact

Environmental Contact

Inspection Facility Contact

Stormwater Authorized Representative

Biosolids Responsible Party

Consultant

Other _____

B. Permitted Facility Information

Type of Facility New (beginning operations after 10/1/1992) Existing (as of 10/1/1992)

Name of Facility _____

Location of Facility

Street Address (or cross streets): _____

City (if unincorporated, so indicate): _____

County: _____

State and Zip Code: _____

Latitude and Longitude (approximate center of facility to nearest 15 seconds, using one of following formats and NAD 83 coordinate system):

Latitude: _____
degrees /minutes/ seconds

Longitude: _____
degrees/ minutes/ seconds

(e.g., 39°42'11", 104°55'57")

OR

Latitude: _____
degrees (to 3 decimal places)

Longitude: _____
degrees (to 3 decimal places)

(e.g., 39.703°, 104.933')

C. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE(S) FOR THIS FACILITY

(See Appendix A - include up to 4 in order of importance).

a. _____ b. _____ c. _____ d. _____

D. DESCRIBE THE INDUSTRIAL ACTIVITIES WHICH TAKE PLACE ON THIS SITE**E. RECEIVING WATERS**

(If discharge is to a storm sewer system, ditch, or manmade conveyance, include the name of the ultimate receiving waters.)

Immediate Receiving Water(s): _____

Ultimate Receiving Water(s): _____

Are the receiving waters indicated above a storm sewer system, ditch, or manmade conveyance? NO YES

If discharge is to a storm sewer system, ditch, or manmade conveyance, approval from the owner of the system must be obtained before discharge.

F. MAP (Provide as an attachment to the application)

Map: Attach a map that indicates the site location and that CLEARLY shows the boundaries of the area subject to the application. Maps must be **no larger** than 11 x 17 inches.

Map attached? NO YES

G. SITE SKETCH (Provide as an attachment to the application)

A legible general sketch of the site **MUST** be submitted, showing appurtenant facilities (buildings, ponds, diversion ditches, stockpiles, etc.), stream location, numbered discharge points, sampling and flow monitoring points. The map must be **no larger** than 11 x 17 inches. The outfalls shall be labeled to correspond with the numbers listed in the Outfalls list.

Site Sketch attached? NO YES

H. SITE-SPECIFIC CONDITIONS:

- a. Does this facility have bulk storage of diesel fuel, gasoline, solvents, fertilizer, or other hazardous materials on site? NO YES
- b. Is this operation located within one mile of a landfill, or any mine or mill tailings? NO YES
- c. Does the dewatering area have or possibly have groundwater contamination, such as plumes from leaking underground storage tanks, etc.? NO YES

If **YES** for any of the above questions, show location of the landfill, tailings or possible groundwater contamination on the location map in item 7 or in the general sketch in item 8. Please explain the location, extent of contamination, and possible effect on the discharges from this facility.

- d. Is all stormwater runoff from the facility discharged with the facility's process water discharge(s)? NO YES

I. CHEMICAL TREATMENT

Will any flocculants (settling agents or chemical additives) be used to treat water prior to discharge? NO YES
 If YES, list here, and include the Material Safety Data Sheet (MSDS):

Chemical Name *	Manufacturer	Purpose	In Which Waste Stream?

* If the chemical formula is unknown or confidential, provide the manufacturer's name, contact person, address and phone number or a copy of the manufacturer's brochure, product label information or materials handling data sheet for each product used. Please list the major constituents or active ingredient(s), if known.

J. FLOW MEASUREMENT

What method of flow measurement will be used for each discharge point (e.g., v-notch weir, pump capacity, parshall flume, etc.)?

K. OUTFALLS

For each process water outfall, provide a description of:

- latitude and longitude (format described in section 2 of application)
- all operations contributing wastewater to the effluent, including water associated with product crushing or washing, equipment washing, sanitary wastewater, groundwater;
- the treatment received by the wastewater, including an identification of any chemical additives used.
- the average flow contributed by each operation;

Use additional pages as needed.

Outfall Number	Latitude and Longitude	Wastewater Source	Treatment used	Average Flow, MGD*	Design** Flow, MGD	Receiving Water(s)
001						

*MGD - Million gallons/day

**If sediment pond, indicate approximate volume of water.

L. WATER QUALITY DATA

Analytical data for the following parameters shall be submitted for at least one grab sample from each discharge point. If no water is currently available for analysis, so indicate.

_____	_____
Alkalinity (mg/l)	pH (s.u.)
_____	_____
Dissolved Solids (mg/l)Total	COD (mg/l)
_____	_____
Suspended Solids (mg/l)	No water to analyze at this time

Oil and Grease (mg/l)	

The Division may request analysis of other parameters once the application has been reviewed.

M. ACTIVITY DURATION

When did the activity commence? _____

What is the estimated life of the activity from which the discharge(s) identified in Section 4 originate? _____ years.

N. OTHER ENVIRONMENTAL PERMITS

Does this facility currently have any environmental permits, or is it subject to regulation, under either of the following programs?

Permit Name	Yes	No	Applied For, Date	Permit No.
a. Colorado Division of Reclamation, Mining and Safety— permit anniversary:	<input type="checkbox"/>	<input type="checkbox"/>		
b. Underground Injection Control	<input type="checkbox"/>	<input type="checkbox"/>		
c. Clean Water Act (CWA) Section 404 (Army Corps of Engineers)	<input type="checkbox"/>	<input type="checkbox"/>		
d. Resource Conservation and Recovery Act (RCRA)	<input type="checkbox"/>	<input type="checkbox"/>		
e. CDPS Stormwater	<input type="checkbox"/>	<input type="checkbox"/>		
f. Colorado State Air Pollution Emission	<input type="checkbox"/>	<input type="checkbox"/>		
g. Other	<input type="checkbox"/>			

O. Stormwater Management Plan Certification - REQUIRED SIGNATURE

STOP! A Stormwater Management Plan must be completed prior to signing the following certifications!

This item applies to all facilities. A Stormwater Management Plan (SWMP) shall be prepared prior to applying for coverage under the general permit, and the following certification signed. See the SWMP requirements in Appendix B.

"I certify under penalty of law that a complete Stormwater Management Plan, as described in Appendix B of this application, has been prepared for my activity. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Stormwater Management Plan is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for falsely certifying the completion of said SWMP, including the possibility of fine and imprisonment for knowing violations."

Signature of Legally Responsible Person or Authorized Agent (original ink signature required)

Date Signed

Name (printed)

Title

P. Signature of Permit Legal Contact (see Item A.1 for signatory requirements) - REQUIRED SIGNATURE [Reg 61.4(1)(h)]

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature of Legally Responsible Person (original ink signature required)

Date Signed

Name (printed)

Title

NOTE: Please also submit a RENEWAL APPLICATION SUPPLEMENT with this application.

<https://www.colorado.gov/pacific/sites/default/files/blank%20supplement%20form.pdf>

The application supplement requires additional information regarding the industrial activities conducted at, and discharges from, the facility. The division will use this information in developing conditions for permit certifications issued under the renewal Sand and Gravel permit.