

STATE OF COLORADO

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

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado
<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

For Agency Use Only
Permit Number Assigned

COG605- _____

Date Received ____/____/____
Month Day Year

COLORADO DISCHARGE PERMIT SYSTEM (CDPS)

DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER APPLICATION

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

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 the permit application shall be signed as follows:

- 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.
- In the case of a partnership, by a general partner.
- In the case of a sole proprietorship, by the proprietor.
- 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 send pre-printed reports (e.g. DMR's) to this person. If more than one, please add additional pages.

Same as Permittee—Item 1

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); and

(iii) The written authorization is submitted to the Division.

- 3. Site/Local Contact**—contact for questions regarding the facility & discharges authorized by this permit

Same as Permittee—Item 1

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

Email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- 4. Operator in Responsible Charge** Same as Permittee—Item 1

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: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Pretreatment Coordinator | <input type="checkbox"/> Inspection Facility Contact | <input type="checkbox"/> Stormwater MS4 Responsible Person |
| <input type="checkbox"/> Environmental Contact | <input type="checkbox"/> Consultant | <input type="checkbox"/> Stormwater Authorized Representative |
| <input type="checkbox"/> Biosolids Responsible Party | <input type="checkbox"/> Compliance Contact | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Property Owner | | |

B. Permitted Project/Facility Information

1. Project/Facility Name _____
 Street Address or cross streets _____
 City, State and Zip Code _____ County _____

Type of Facility Ownership

- City Government Corporation Private Municipal or Water District
 State Government Mixed Ownership _____

Legal Description

Directions from nearest major cross streets

B. Permitted Project/Facility Information continued

2. Facility Latitude/Longitude—List the latitude and longitude of the excavation(s) resulting in the discharge(s). If the exact excavation location(s) are not known, list the latitude and longitude of the center point project. **If using the center point, be sure to specify that it is the center point of activity.**

001A Latitude _____ . _____ Longitude _____ . _____ (e.g., 39.703°, 104.933°)
 degrees (to 3 decimal places) degrees (to 3 decimal places)

or

001A Latitude ____° ____' ____" Longitude ____° ____' ____" (e.g., 39°46'11"N, 104°53'11"W)
 degrees minutes seconds degrees minutes seconds

Horizontal Collection Method: GPS Unspecified Interpolation Map – Map Scale Number _____

Reference Point: Project/Facility Entrance Project/Facility Center/Centroid

Horizontal Accuracy Measure (WQCD Requires use of NAD83 Datum for all references) _____
 (add additional pages if necessary)

3. Facility Activity

Standard Industrial Code (SIC Code) _____

Facility Industrial/Business Activity

Describe the primary industrial activities which take place on site. Include the type of facility (car lot, gas station parking lot, potato processing plant, etc.) plus a brief description of the nature of the business and the industrial processes used. (The applicant may want to submit a process flow sheet.) If this is a seasonal operation, list the months of operation. Indicate the number of hours per day or weeks of operation:

Production: List the principal product(s) produced (if any) and maximum production rate:

C. Discharge Information

Discharge will begin (date) _____

Estimate how long dewatering will last _____ Years _____ Months _____ Days

List the Actual, total duration of the discharge only, not the duration of the project

Is this a ONE TIME Discharge YES NO

If recurring/intermittent/discontinuous, please describe expected schedule or periods of discharge.

Will the discharge go to a ditch storm sewer, or any other type of conveyance? YES NO

- If YES, in table below include the name of the ultimate receiving waters where the ditch discharges.

C. Discharge Information continued

In the table below, include the following information for the discharge: (See Instructions)

- Include the number of discharge points (use a separate piece of paper if necessary)
- Include the latitude and longitude of each discharge point
- Include the name of the receiving stream(s)
- Include the volume of water to be discharged or the estimated flow of the discharge in gallons per minute

NOTE: If a construction dewatering permit is needed along with the Non-contact cooling water discharge permit for work on the same facility such as construction dewatering permit for the construction of an underground parking structure and the minimal discharge permit for the sump to dewater the facility once construction is complete, **one permit may be issued for both**. If both permits are needed, list the construction dewatering discharge as discharge point 001. List the other discharge (minimal discharge) as discharge point 002

OUTFALL NUMBER	Latitude Degrees/Minutes/Seconds	Longitude -Degrees/Minutes/Seconds	Receiving Stream	Volume/Flow
001				
002				
003				

Sampling and Reporting Requirements: Sampling must occur at every end-of-pipe dewatering location (after going through your choice of BMP, if necessary), as required. Discharge Monitoring Reports (DMRs) must be submitted to the Division monthly. The sampling results must be maintained on the construction site.

D. Site Specific Information

Chemical treatment: Will any chemical additives or other materials be used in the water or to treat water prior to discharge? If YES, list here and include the Material Safety Data Sheet (MSDS) with the application List here those chemicals or materials added to the water prior to, during, and after the water is used and prior to discharge. Also list chemicals or materials used in the **treatment** of the wastewaters. This includes but is not limited to soaps, surfactants, conditioners, flocculants, biocides, acids, or bases.

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 ingredients if known.

Used or manufactured toxics: The applicant must provide a list of any toxic products which the applicant currently uses or manufactures as an intermediate or final product or by product List those toxic products that are used in the manufacturing process or are produced by the manufacturing process. In the case of root crop washing, any chemical listed in Appendix A that the grower is known to use in the growing of these crops is to be listed in this section. Do not include those substances .

Flow measurement: What method of flow measurement will be used for each discharge point (e.g., v notch weir, pump capacity, parshall flume, etc.)? Designate whether currently installed or proposed. Identify the minimum and maximum flow measurement capability

D. Site Specific Information (cont.)

Improvements: Please provide a description of any construction, upgrading or operation of waste treatment equipment. Also include here a description of any changes to the facility since the previous permit renewal. (List any improvements to the wastewater treatment system which are required or which are being undertaken to ensure future compliance with environmental regulations)

Is or will land application of any wastewater be practiced? If YES Briefly describe the process wastewater to the effluent for each outfall including process wastewater, cooling waters, domestic wastewater and storm-water runoff; the average, maximum and design flow which each process contributes; and a description of the treatment the wastewater receives including the ultimate disposal of any solid or fluid wastes other than by discharge. Processes, operations or production areas may be described in general terms. The average flow of point sources composed of stormwater may be estimated. Use additional pages as needed.

Outfall Number	Wastewater Source	Treatment Used	Average Flow gpm*	Design Flow gpm**	Daily Maximum Flow gpm

If land application, defined as any discharge being applied to the land for treatment or disposal purposes, is practiced or proposed the Division needs appropriate information to make a judgement as to possible impact on ground or surface waters. **If not identified elsewhere, identify the nearest surface waters or dry stream bed.**

Discharge Quality: Analytical data for the following parameters, may be required by the permit drafter in order to complete the certification properly, and if so shall be submitted from at least one grab sampling of each discharge point. If this information is required, the legal contact will be contacted and said data will be requested. Do not perform and submit data for the parameters listed below unless requested by the Division or unless data from analyses are already available and permittee wishes to include this information with the application.

These items may be required monitoring for various pollutants. If required, in item 22, analysis for the indicated parameters shall be performed on each outfall. In the case of sedimentation ponds for stormwater runoff, one outfall can be sampled if it can reasonably be assumed to be representative of all sedimentation pond outfalls.

WET testing procedures are described in the Colorado Water Quality Control Division Biomonitoring Guidance Document (July 1993) which can be obtained from the Division. The effluent sample for analysis shall be a composite sample and proportioned according to flow. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period greater than 24 hours. For discharges other than stormwater discharges, the Division may waive composite sampling for any outfall for which the applicant demonstrates that the use of an automatic sampler is infeasible and that the minimum of four (4) grab samples will be a representative sample of the effluent being discharged. Include the sampling date and the name of the laboratory performing the analyses. When quantitative data for a pollutant are required, the applicant must collect a sample of effluent and analyze it for the pollutant in accordance with analytical methods approved under 40 C.F.R. Part 136. When no analytical method is approved the applicant may use any suitable method but must provide a description of the method. The Division may allow or establish appropriate site-specific sampling procedures or requirements, including sampling locations, the season in which the sampling takes place, protocols for collecting samples and additional time for submitting data on a case-by-case basis.

IT IS RECOMMENDED THAT YOU CONTACT AN ANALYTICAL LABORATORY PRIOR TO SAMPLING AND ANALYSIS SO THAT PROPER PROCEDURES ARE FOLLOWED.

If there is no water to analyze at this time so indicate.

D. Site Specific Information (cont.)

PARAMETER	DETECTION LEVEL	PARAMETER	DETECTION LEVEL
Total Dissolved Solids, mg/L	10	Total Recoverable Iron, mg/L	0.3
Flow, MGD	NA	Total Residual Chlorine, mg/L	0.05
pH, s.u.	NA	Fecal Coliform Bacteria, #/100 ml	NA
Oil and Grease, mg/L	5	Nitrate, mg/L as N	0.1
Dissolved Oxygen, mg/L	NA	Chemical Oxygen Demand, mg/L	30
Total Alkalinity (as CaCO ₃ , mg/L	10	Biochemical Oxygen Demand, mg/L	1
Total Suspended Solids, mg/L	10	Temperature, °C Summer	NA
Hardness, mg/L as CaCO ₃	10	Temperature, °C Winter	NA
Total Ammonia, mg/L as N	0.05	Total Phosphorus, mg/L	0.05

Whole Effluent Toxicity Testing: If required, the WET testing shall be conducted on 100% effluent and be for both Ceriodaphnia dubia and fathead minnows. This requirement is waived where routine testing is currently required under an existing CDPS permit. The test shall be an acute test. The Division reserves the right to request WET testing as part of the application review process. If so required, the permit application will not be considered complete until the additional information is submitted. Do not perform and submit data for this parameter unless requested by the Division or unless data from analyses are already available.

Additional WET Testing: All applicants must identify any biological toxicity tests which have been performed within the last 3 years on any of the discharges or the receiving water in relation to a discharge from this facility.

Additional monitoring: All applicants must review the parameters listed in Appendix A and Appendix B to this application, and indicate whether they know or have reason to believe that these pollutants are present. For every pollutant expected to be discharged, the applicant must briefly describe the reasons the pollutant is expected to be discharged, and report any quantitative data it has for any pollutant.

The applicant must review Appendices A and B and must indicate whether it knows or has reason to believe that any of the pollutants listed are present in its discharge. Each applicant must report quantitative data for each outfall containing process wastewater with the following exceptions:

a.) For every pollutant discharged which is not so limited in an effluent limitations guideline, the applicant must either report quantitative data or briefly describe the reasons the pollutant is expected to be discharged.

b.) For every pollutant expected to be discharged in concentrations of 10 ug/L or greater the applicant must report quantitative data. For acrolein, acrylonitrile, 2,4 dinitrophenol, and 2-methyl-4,6 dinitrophenol, where any of these four pollutants are expected to be discharged in concentrations of 100 ug/L or greater the applicant must report qualitative data. For every pollutant expected to be discharged in concentrations less than 10 ug/L, or in the case of acrolein, acrylonitrile, 2,4 dinitrophenol, and 2-methyl-4,6 dinitrophenol, in concentrations less than 100 ug/L, the applicant must either submit quantitative data or describe the reasons the pollutant is expected to be discharged.

E. Location Map designating the location of the construction site and the discharge(s) to the receiving water(s) listed in Item 5. A north arrow shall be shown. **This map must be on paper 8-1/2 x 11 inches.**

Site-specific conditions:

- Does this facility have bulk storage of diesel fuel, gasoline, solvents, fertilizers, hazardous, or toxic materials on site?
- Is this operation located within one mile of a landfill, or any mine or mill tailings?
- Does the dewatering area have or possibly have groundwater contamination, such as plumes from leaking underground storage tanks, etc.?

If YES for **any** of these, please show location of the landfill, tailings or possible groundwater contamination on the location map or in the site sketch. Please explain the location, extent of contamination, possible effect on the discharges from this facility.

F. A Legible Sketch of the site shall be submitted and include the location of the end of pipe dewatering discharge at the site (e.g. where the flow will be discharges from the pump of BMP), the BMP(s) that will be used to treat the discharge(s), and the sampling location(s). Refer to the instructions for additional guidance specific to sites with multiple potential dewatering locations. **This map must be on paper 8-1/2 x 11 inches.**

G. Pollution Prevention Plans: Please describe any pollution prevention or best management plans currently in place which could result in the improvement of water quality. These could include solvent recycling programs, material containment procedures, education, etc.

Note to the applicant: Upon review of the application, the Division may request additional discharge information, or analysis of certain parameters once the application has been reviewed. If the Division requests a representative analysis of the water which will be discharged, the application processing time may be lengthened.

H. Other Environmental Permits: Does this facility currently have any environmental permits or is it subject to regulation, under any of the following programs?

Mark which of the other permits/programs the facility has obtained or is in the process of obtaining or is subject to regulation under.

Under item .h., mark "yes" if the facility has any of the following permits:

- a.) Prevention of Significant Deterioration (PSD) program under the Clean Air Act;
- b.) Non-attainment Program under the Clean Air Act; or
- c.) National Emission Standards for Hazardous Pollutants (NESHAPS) under the Clean Air Act.

Permit Name	Yes	No	Date Applied	Permit Number
a) Colorado Division of Minerals and Geology (formerly MLRD)				
b) Underground Injection Control				
c) Dredge or Fill Permit, Section 404 (Army Corps of Engineers)				
d) Resource Conservation and Recovery Act (RCRA)				
e) CDPS Stormwater				
f) Colorado State Air Pollution Program				
g) Other				

I. REQUIRED FOR ALL APPLICANTS:**REQUIRED SIGNATURES:**

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: (Regulation 61.4 (1ei))

- a) In the case of corporations, by the responsible corporate officer is responsible for the overall operation of the facility from which the discharge described in the form 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, (a principal executive officer has responsibility for the overall operation of the facility from which the discharge originates).

"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 or imprisonment.

Signature of Legally Responsible Person (submission must include original signature)

Date Signed

Name (printed)

Title

In the case of permittees that intend to discharge to storm sewer systems or other conveyances, the permittee must contact the owner of the system prior to discharge to verify local ordinances, regulations or additional requirements. If the discharge is to private property, the permittee must to obtain permission from the land owner.

**Owners are not required to accept discharges*

"I certify that I have read and understand the preceding paragraph and will comply with it by contacting the owner of the conveyance system or owners agents prior to discharge into the system."

Signature of Legally Responsible Person (submission must include original signature)

Date Signed

Name (printed)

Title