

# STATE OF COLORADO

Bill Ritter, Jr., Governor  
James B. Martin, Executive Director

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

Laboratory Services Division  
8100 Lowry Blvd.  
Denver, Colorado 80230-6928  
(303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department  
of Public Health  
and Environment

For Agency Use Only

Permit Number Assigned

COG607-\_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**COMMERCIAL WASHING OF OUTDOOR STRUCTURES  
CURRENTLY ONLY COVERS DISCHARGES ASSOCIATED WITH  
HTE CLEANING AND BLEACHER WASHING.  
INDUSTRIAL WASTEWATER DISCHARGE APPLICATION**

**PHOTO COPIES, FAXED COPIES, PDF COPIES OR EMAILS WILL NOT BE ACCEPTED.**

**Please print or type. Original signatures are required.** This application must be considered complete by the Division prior to initiation of permit processing. The Division will notify you if additional information is needed to complete the application. (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 data and/or modeling regarding receiving water characteristics, data and/or modeling regarding effluent characteristics, and planned pollutant removal strategies and their implementation timeframe. Please indicate any types of additional information that are provided with this application below.

**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 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); 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: \_\_\_\_\_

**PART I DISCHARGES ASSOCIATED WITH CLEANING HEAT TRANSFER EQUIPMENT (HTE)**

Complete Part I for discharges associated with cleaning of HTE. Applications for Bleacher Washing skip to Part II

Are the discharges expected to be statewide?  YES  NO

If NO, indicate the city/county where the discharges will occur

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

If YES, the permittee shall contact the owner of the system prior to discharge; the owner of the system may have additional ordinances, regulations, and requirements.

If YES, the applicant shall sign item 18

**Best Management Compliance Plan:**

Compliance with a Best Management Practice Plan (for each discharge location) is a requirement for discharges associated with HTE cleaning.

**Note:** Chemical additives have **not** been approved by the Water Quality Control Division for discharges associated with HTE cleaning. If chemicals were to be approved, compliance with numeric effluent limits would likely be required.

**END PART I**

**PART II DISCHARGES ASSOCIATED WITH BLEACHER WASHING**

**Location of the bleacher washing:**

Street Address (include city, county and zip code) \_\_\_\_\_

Is this a one time discharge?  YES  NO If recurring, what is the frequency?

Estimate how long the discharge will last: \_\_\_\_\_ Months \_\_\_\_\_ Days

What is the source of water used in the bleacher washing? e.g., potable water, well water, groundwater, etc.

If known treatment will be required to meet numeric effluent limits, including Best Management Practices for Total Suspended Solids, include a description of the treatment process (please be as detailed as possible, attach additional paper if necessary)

**Chemical Additions:** Will any chemical additives or other materials be used in the bleacher washing process or to treat the water prior discharge? If YES, list here and applicants MUST include the Material Safety Data Sheet (MSDS) with the application

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.

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.
- If YES, submit documentation that the owner of the ditch allows this discharge. **No certification will be processed unless documentation of approval is received.**

**Discharge Information:** 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

DISCHARGE POINT	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 in the Construction Dewatering permit. Discharge Monitoring Reports (DMRs) must be submitted to the Division monthly. The sampling results must be maintained on the construction site.

5. **A Location Map** designating the location of the construction site and the discharge(s) to the receiving water(s) listed in Item 8. A north arrow shall be shown. **This map must be on paper 8-1/2 x 11 inches.**
6. **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.**

**END OF PART II**

**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.

**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.

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

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Name (printed) Title

**REQUIRED FOR APPLICANTS WISHING TO DISCHARGE TO STORM SEWERS OR OTHER CONVEYANCES**

**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."

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

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Name (printed) Title

**REQUIRED FOR APPLICANTS APPLYING FOR COVERAGE FOR WASHING HTE (PART I)**

Applicants applying for coverage for **washing of heat transfer equipment** are required to create and comply with a Best Management Practice Plan for each discharge location.

"I certify that I have read and understand the preceding paragraph and will comply with it prior to discharge".

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Signature of Permit Operator Date Signed

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Name (printed) Title