COLORADO
Department of Public Health & Environment

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

For Agency Use Only:
Permit Number Assigned
COG641- _____
App Rec'd_____

Application for COLORADO DISCHARGE PERMIT SYSTEM (CDPS)
General Permit Water Treatment Plant Wastewater

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

This application is for use by all water treatment plant **wastewater** dischargers. It is applicable for coverage under a general permit or an individual permit.

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 ensuring 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:
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

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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

Operator Number _____

Legal Name: _____

Telephone No: _____

Email address: _____

Company: _____

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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: _____

□ Environmental Contact
□ Facility Inspection Contact
□ Consultant
□ Compliance Contact
□ Property Owner

□ *Other* _____

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

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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 of the construction project. I**f using the center point, be sure to specify that it is the center point of construction activity**.

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

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 and/or business activities which take place on site. If this is a seasonal operation, list the months of operation:

4. Production: List the principal product(s) produced and maximum production rate.

5. Intermittent Discharges

A discharge is intermittent unless it occurs without interruption during the operating hours of the facility, except for maintenance, process change or similar shutdown. A discharge is seasonal if it occurs only during certain parts of the year.

Except for storm runoff, are any discharges intermittent or seasonal? ☐ YES ☐NO

Describe the frequency, duration, and flow rate of each discharge occurrence, except for storm runoff, spillage, or leaks:

6. Location Map : A location map designating the facility property, intake points, discharge points, each of its hazardous waste treatment storage or disposal facilities, each well where fluids from the facility are injected underground, those wells, springs, other surface water bodies and drinking water wells listed in public records or otherwise known to the applicant and the receiving waters shall be sheet, or
a map of comparable scale. A north arrow shall be shown. **The map must be on paper 8.5 x 11 inches.**

7. Site sketch: A legible sketch of the facility site shall be submitted and will include buildings, roads, ditches, ponds, streams, drains, sumps, impoundment(s), land application areas, any septic systems and monitoring well locations (indicate if in place or proposed). This sketch may be the same as the one in the surface water discharge permit, if no additional information is needed. **The sketch will be on 8.5 X 11 inch paper**.

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B. Permitted Project/Facility Information continued

8. **Water Balance:** Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in item 18. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

9. **Site-specific conditions:**

   a) Does this facility have bulk storage of diesel fuel, gasoline, solvents, fertilizers, 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

   If **YES for either** of these, please show location of landfill, tailings, or possible groundwater contamination on the **Location Map or in the Site Sketch** (See above requirements). Please explain the location, extent of contamination, possible effect on the discharges from this facility.

10. **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) 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.

11. **Used of Manufactured toxics:** The applicant must provide a list of any constituents listed in Appendices A and B which the applicant currently uses or manufactures as an intermediate or final product or by-product. If any constituents are known to be used or manufactured and are not identified in Appendices A and B, list those as well:

12. **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.

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13. **Improvements:** Please provide a description of any abatement requirement, abatement project and projected final compliance dates if subject to any present requirements or compliance schedules for construction, upgrading or operation of waste treatment equipment. Also include here a description of any changes to the facility since the previous permit renewal.

14. **Ground Water Discharge:** Is or will land application of any wastewater be practiced?: ☐ NO YES

Briefly describe the process:

Average flows and treatment: Please provide a narrative identification of each type of process, operation, or production area which contributes wastewater to the effluent for each outfall including process wastewater, cooling waters, domestic wastewater and stormwater 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. The basis for the rainfall event and the method of estimation must be indicated.

Use additional pages as needed

OUTFALL NUMBER	WASTEWATER SOURCE	TREATMENT USED	AVG FLOW MGD*	DESIGN ** FLOW MGD*	DAILY MAX FLOW MGD*
001					

*MGD - Million gallons/day
**If sediment pond, indicate approximate volume of water.

For each outfall to surface water or discharge to ground water, provide latitude/longitude and receiving water

OUTFALL	LATITUDE	LONGITUDE	RECEIVING WATERS* * Give Formation Name for Discharges to Ground Water
001			

Are the receiving waters, indicated above, a ditch or storm sewer? ☐ NO ☐ YES

YES, submit documentation that the owner of the ditch or storm sewer allows this discharge. No permit will be processed unless documentation of approval is received.

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Discharge Quality: Analytical data for the following parameters, unless waived by the Division, shall be submitted from at least one composite sampling of each surface process water discharge point as well as state waters upstream of each discharge. Instream sampling is not required if upstream flow is intermittent or representative instream data exists. See instructions.

PARAMETER	DETECTION LEVEL	PARAMETER	DETECTION LEVEL
Total Dissolved Solids, mg/l	10	Dissolved Aluminum, mg/l	0.05
Flow, MGD	NA	Total Residual Chlorine, mg/	0.05
pH, s.u.	NA	Total Suspended Solids, mg/l	0.00025
Oil and Grease, mg/l	5	Alkalinity, mg/l	0.05
Hardness, mg/l	10	Temperature, C Winter	NA
Temperature, C Summer	NA		

Additional monitoring:

All applicants must review the parameters listed in Appendix A and Appendix B to this application, and indicate whether it knows or has 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 is has for any pollutant.

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 surface discharge from this facility.

Activity duration: When did the activity commence? _____What is the estimated life of the activity from which the discharge(s) identified in item 13 originate? _____years.

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.

Please include any other information which you feel the Division should be aware of in drafting this permit.

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 other 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.
d.) CERCLA

Permit name	Yes	No	Date applied for	Permit no.
Colorado Division of Minerals and Geology				
Underground Injection Control				
Dredge or Fill permit, Section 404 – Army Corps of Engineers				
Resource Conservation and Recovery Act (RCRA)				
CDPS Stormater				
Colorado State Air Pollution Program				
Other				

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REQUIRED SIGNATURES:

Signature of Applicant: The legally responsible party must be either the owner and/or operator of the facility. Refer to Part B of the instructions for additional information.

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.

"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 party** (Part A item 1-submission must include original signature) _____ Date signed _____

Name (printed) _____ Title _____

Signature of **Operator** (submission must include original signature) _____ Date signed _____

Name (printed) _____ Title _____

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Appendix A - Priority Pollutants

Organic Toxic Pollutants in Each of Three Fractions in Analysis by Gas Chromatography/Mass Spectroscopy(GC/MS).

VOLATILES
Acrolein
Acrylonitrile
Benzene
Bromoform
Carbon Tetrachloride
Chlorobenzene
Chlorodibromomethane
Chloroethane
2-Chloroethylvinyl Ether
Chloroform
Dichlorobromomethane
1,1-Dichloroethane
1,2-Dichloroethane
1,1-Dichloroethylene
1,2-Dichloropropane
1,3-Dichloropropylene
Ethylbenzene
Methyl Bromide
Methyl Chloride
Methylene Chloride
1,1,2,2-Tetrachloroethane
Tetrachloroethylene
Toluene
1,2-Trans-dichloroethylene
1,1,1-Trichloroethane
1,1,2-Trichloroethane
Trichloroethylene
Vinyl Chloride

ACID
2-Chlorophenol
2,4-Dichlorophenol
2,4-Dimethylphenol
4,6-Dinitro-o-cresol
2,4-Dinitrophenol
2-Nitrophenol
4-Nitrophenol
P-chloro-m-cresol
Pentachlorophenol
Phenol
2,4,6-Trichlorophenol

BASE/NEUTRAL
Acenaphthene
Acenaphthylene
Anthracene
Benzidine
Benzo(a)anthracene
Benzo(a)pyrene
3,4-Benzofluoranthene
Benzo(ghi)perylene
Benzo(k)fluoranthene
Bis(2-chloroethoxy)methane
Bis(2-chloroethyl) ether
Bis(2-chloroisopropyl) ether
Bis(2-ethylhexyl)phthalate
4-Bromophenyl phenyl ether
Butylbenzyl phthalate
2-Chloronaphthalene
4-Chlorophenyl phenyl ether
Chrysene
Dibenzo (a,h) anthracene
1,2-Dichlorobenzene
1,3-Dichlorobenzene
1,4-Dichlorobenzene
3,3-Dichlorobenzidine
Diethyl phthalate
Dimethyl phthalate
Di-n-butyl phthalate
2,4-Dinitrotoluene
2,6-Dinitrotoluene
Di-n-octyl phthalate
1,2-Diphenylhydrazine (as
Fluorene
Fluoranthene
Hexachlorobenzene
Hexachlorobutadiene
Hexachlorcyclopentadiene
Hexachloroethane
Indeno(1,2,3-cd) pyrene
Isophorone
Naphthalene
Nitrobenzene
N-Nitrosodimethylamine
N-Nitrosodi-n-propylamine
N-Nitrosodiphenylamine
Phenanthrene
Pyrene
1,2,4-Trichlorobenzene

PESTICIDES
Aldrin
Alpha-BHC
Beta-BHC
Gamma-BHC
Heptachlor
Delta-BHC
Chlordane
4,4'-DDT
4,4'-DDE
4,4'-DDD
Dieldrin
Alpha-Endosulfan
Beta-Endosulfan
Endosulfan Sulfate
Endrin
Endrin Aldehyde
Total Recoverable Thallium
Heptachlor Epoxide
PCB-1242
PCB-1254
PCB-1221
PCB-1232
PCB-1248
PCB-1260
PCB-1016
Toxaphene

METALS, CYANIDE, AND TOTAL
Total Recoverable Antimony
Total Recoverable Beryllium
Bromide
Color
Sulfite
Surfactants
Total Magnesium
Total Molybdenum
Total Tin
Total Titanium

Appendix B - Toxic Pollutants and Hazardous Substances

Toxic Pollutants

Asbestos

Hazardous Substances

Acetaldehyde
Amyl acetate

Butyl acetate
Captan

Chlorphyrifos

2,4-D (2,4-Dichlorophenoxy acetic acid)
Diazinon
Dicamba
Dichlobenil
Dichlone
2,2-Dichloropropionic acid
Dichlorvos
Diethyl amine
Dimethly amine
Dinitrobenzene
Diquat
Disulfoton
Diuron
Epichlorohydrin
Ethion
Ethylene diamine
Ethylene dibromide
Formaldehyde
Furfural
Guthion
Isoprene
Isopropanolamine
Kelthane Allyl alcohol Kepone Allyl chloride Malathion
Mercaptodimethur Aniline Methoxychlor Benzonitrile
Methyl mercaptan Benzyl chloride Methyl methacrylate
Methyl parathion Butylamine Mevinphos
Mexacarbate Carbaryl Monoethyl amine Carbofuran
Monomethyl amine Carbon disulfide Naled
Naphthenic acid Coumaphos Nitrotoluene Cresol
Parathion Crotonaldehyde Phenolsulfanate Cyclohexane
Phosgene
Propargite
Propylene oxide
Pyrethrins
Quinoline
Resorcinol
Strontium
Strychnine
Styrene
2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)

TDE (Tetrachlorodiphenyl ethane)
2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanoic acid]

Trichlorofan
Triethanolamine dodecylbenzenesulfonate
Triethylamine
Trimethylamine
Uranium
Vanadium
Vinyl acetate
Xylene
Xylenol
Zirconium dodecylbenzenesulfonate