

# 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

## MODIFICATION FORM

Please print or type all information. All items must be filled out completely and correctly. If the form is not complete, it will be returned. All modification dates are established by the Division. This form is for modifying an established permit or certification. Terminations, Change of Contacts, Transfer of Permit, and Withdrawal of Permit Application and/or modification requests must be submitted on the appropriate form:

**MAIL ORIGINAL FORM WITH INK SIGNATURES TO THE FOLLOWING ADDRESS:**

Colorado Dept of Public Health and Environment  
Water Quality Control Division  
4300 Cherry Creek Dr South WQCD-P-B2  
Denver, CO 80246-1530

**FAXED or EMAILED FORMS WILL NOT BE ACCEPTED.**

- **PART A. IDENTIFICATION OF PERMIT** Please write the permit number to be modified

**PERMIT NUMBER** (Prefix + 6 digits - not ending in 0000) \_\_\_\_\_

- **PART B. PERMITEE INFORMATION**

Company Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Legal Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

- **PART C. FACILITY/PROJECT INFORMATION**

Facility/Project Name \_\_\_\_\_

Location (address) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Local Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

• **PART D. DESCRIPTION OF MODIFICATION REQUESTED:**

• **PART E. CERTIFICATION Required Signatures**

"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.

"I understand that submittal of this application is for coverage under the State of Colorado Discharge Permit System until such time as the application is amended or the certification is transferred, inactivated, or expired."

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Signature of **Legally Responsible Party**

Date Signed

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Name (printed)

Title

Signatory requirements: This withdraw of permit application request shall be signed, dated, and certified for accuracy by the permittee in accord with the following criteria:

1. In the case of a corporation, by a principal executive officer of at least the level of vice-president, or his or her duly authorized representative, if such representative is responsible for the overall operation of the operation from which the discharge described herein originates;
2. In the case of a partnership, by a general partner;
3. In the case of a sole proprietorship, by the proprietor;
4. In the case of a municipal, state, or other public operation, by wither a principal executive officer, ranking elected official, or other duly authorized employee.