

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.cdph.state.co.us>



Colorado Department
of Public Health
and Environment

For Agency Use Only
CDPHE BMP# _____
EPA REGION 8 GENERAL
PERMIT # _____
FACILITY NPDES PERMIT

APPLIER SITE ID # _____
LOIN DATE _____
COMP/AIR DATE _____
NOA DATE _____

LETTER OF INTENT FOR THE USE AND DISTRIBUTION OF BIOSOLIDS FOR LAND APPLICATION TO AGRICULTURAL LAND OR FOR RECLAMATION OF LAND

Regulation No 64 Section 64.10 (A)(3)

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 Authorization should be provided with the application.

A. Contact Information

Permittee (If more than one please add additional pages)

Facility Formal Name: _____

- 1. Permittee (Land Applier)** the person **authorized to sign and certify** the Letter of Intent. This person receives all Letter of Intent correspondences and is **legally responsible** for compliance with the Letter of Intent Authorization.

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

email address _____

Company name _____

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

**LETTER OF INTENT FOR THE USE AND DISTRIBUTION OF BIOSOLIDS
FOR LAND APPLICATION TO AGRICULTURAL LAND OR FOR RECLAMATION OF LAND**

2. Site/ Contact—contact for questions regarding the facility Same as Permittee—Item 1

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

Email address: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

3. Site Owner Same as Permittee—Item 1

Name: _____

Title: _____

Telephone No: _____

Email address: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

B. Permitted Facility/Site Information

1. Facility/ Site Name _____

Site Location (Township, Range, Section)

Nearest Cross Streets: _____

Please attach driving directions.

County: _____

Type of Facility Ownership

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

2. Facility Latitude/Longitude—List the latitude and longitude of the CENTER POINT OF THE FIELD.

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 _____

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

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B. Permitted Facility/Site Information (Cont)

3. Crops Irrigated or Dryland Acreage

CROP	IRRIGATED OR DRYLAND	ACREAGE
TOTAL		

4. Application Information:

Initial Application Rate _____ Dry Tons/Acre (attach an agronomic worksheet)

Biosolids Application Method

- _____ Surface Application, No Incorporation
 _____ Surface Application With Incorporation Within _____ Hours
 _____ Subsurface Injection

Application Frequency

- _____ One Time Application
 _____ Annual Application
 _____ Periodic Application > 1 Year Intervals
 _____ Periodic Application < 1 Year Intervals

C. OWNER NOTIFICATION DOCUMENTATION

- _____ New Site (biosolids have never been applied) –
 Provide Certification per Section 64.10(A)(3)(c)(i)(A) of the Regulation
 _____ Existing Site (biosolids have previously been applied) –
 Provide Certification per Section 64.10

D 1. BIOSOLIDS ANALYSES AND REPORTING UNITS

PARAMETER	UNITS	VALUE	PARAMETER	UNITS	VALUE
total solids	percent		total arsenic	mg/kg dry weight	
pH	standard units		total cadmium	mg/kg dry weight	
total phosphorus	percent dry weight		total copper	mg/kg dry weight	
total potassium	percent dry weight		total lead	mg/kg dry weight	
volatile solids	percent of total solids		total mercury	mg/kg dry weight	
organic nitrogen as N	percent dry weight		total molybdenum	mg/kg dry weight	
total ammonia as N	percent dry weight		total nickel	mg/kg dry weight	
nitrate as N	percent dry weight		total selenium	mg/kg dry weight	
Laboratory:			total zinc	mg/kg dry weight	
Date Sampled (if individual sample) ____/____/____					
Dates of Samples if averaged (must be in same calendar month) ____/____/____; ____/____/____; ____/____/____					

D 2. BIOSOLIDS ANALYSES AND REPORTING UNITS

PARAMETER	UNITS	VALUE	PARAMETER	UNITS	VALUE
total solids	percent		total arsenic	mg/kg dry weight	
pH	standard units		total cadmium	mg/kg dry weight	
total phosphorus	percent dry weight		total copper	mg/kg dry weight	
total potassium	percent dry weight		total lead	mg/kg dry weight	
volatile solids	percent of total solids		total mercury	mg/kg dry weight	
organic nitrogen as N	percent dry weight		total molybdenum	mg/kg dry weight	
total ammonia as N	percent dry weight		total nickel	mg/kg dry weight	
nitrate as N	percent dry weight		total selenium	mg/kg dry weight	
Laboratory:			total zinc	mg/kg dry weight	

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Date Sampled (if individual sample) ____/____/____
Dates of Samples if averaged (must be in same calendar month) ____/____/____; ____/____/____; ____/____/____

D. CLASS A PATHOGEN DESTRUCTION CRITERIA *Skip if Biosolids are Class B*

CIRCLE ONE: Fecal Coliform or Salmonella Monitoring Results (dry weight basis):

Laboratory	Sample Date	Fecal Coliform Units = MPN/gram of Total Solids Salmonella Units = MPN/4 grams of Total Solids

Geometric Mean _____

AND

Identify the Alternative Used:

- Heat Treatment
- PH Adjustment
- Monitoring for Enteric Virus and Ascaris Ova (attach QAPP)
- PFRP – Method _____ (attach Results)

E. CLASS B PATHOGEN DESTRUCTION CRITERIA *Skip Biosolids are Class A*

Fecal Coliform Monitoring Results (Dry weight basis)

Laboratory	Sample Date	Circle one: MPN or CFU / gram of Total Solids

Geometric Mean _____

OR

- Identify the PSRP Used:
- Aerobic Digestion
- Air Drying
- Anaerobic Digestion
- Composting
- Lime Stabilization
- Other (Attach written approval from EPA Region 8)

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F. VECTOR ATTRACTION REDUCTION METHOD (check all applicable methods used)*

- 1) ___ Volatile Solids Reduction ___ % (must be 38% or greater)
- 2) ___ Bench-Scale Anaerobic Digestion ___% (must be 17% or less)
- 3) ___ Bench-Scale Aerobic Digestion ___% (must be 15% or less)
- 4) ___ Specific Oxygen Uptake Rate ___ mg/hr (must be 1.5 mg/hr/gram or less)
- 5) ___ Aerobic Processing (aerobic process for 14 days @ > 40° C and avg. temp > 45° C)
- 6) ___ Alkaline Addition (pH to > 12, w/o further addition, pH > 12 for 2 hrs then > 11.5 for 22 hrs)
- 7) ___ Percent Solids > 75% prior to mixing with other materials (contains no primary solids)
- 8) ___ Percent Solids > 90% prior to mixing with other materials (contains primary solids)
- 9) ___ Subsurface Injection
 ___ Class B (no significant amount remaining on surface within 1 hour after injection)
 ___ Class A (inject within 8 hrs after discharge from the pathogen treatment process)
- 10) ___ Surface Application With Incorporation Within 6 Hours of Application
- 11) ___ Class A (application within 8 hrs after discharge from pathogen treatment process)

**Use 1 thru 11 for application of biosolids to agricultural or disturbed land, or to a public contact site.*

Use 1 thru 8 for biosolids distributed to the public.

G. SOILS FERTILITY ANALYSES, PHYSICAL CHARACTERISTICS AND REPORTING UNITS

Parameter	Units	Value	Parameter	Units	Value
ph	Standard units		Total phosphorus	mg/kg	
ammonia as N	mg/kg		Conductivity	mmhos/cm	
nitrate as N	mg/kg		Organic matter	Percent	
Lab	Sample Date		Available phosphorus	ppm extract	

H. SOILS METALS ANALYSES AND REPORTING UNITS (AB-DPTA EXTRACTION)

Parameter	Units	Value	Parameter	Units	Value
arsenic	mg/kg soil		mercury	mg/kg soil	
cadmium	mg/kg soil		molybdenum	mg/kg soil	
copper	mg/kg soil		nickel	mg/kg soil	
lead	mg/kg soil		selenium	mg/kg soil	
Lab	Sample Date		zinc	mg/kg soil	

I. ATTACHMENTS

- ___ Site Map (USGS 7.5 or 15 minute Quadrangle)
- ___ SCS Soils Map (include soil descriptions for each series on the site)
- ___ Documentation of Depth to GW (well completion data, SCS water features table, etc.)
- ___ Documentation of Compliance with Section 64.15(C) "Application Near State Waters"
- ___ Site Operating Plan
- ___ describe the application of biosolids to the site
- ___ describe applicable site access, grazing and cropping restrictions
- ___ include the biosolids storage plan (in compliance with section 64.13) if applicable
- ___ nutrient management worksheet including reference to N recommendations used
- ___ Driving Directions to the Site From the Nearest Major Intersection (or map)

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SUBMITTAL REQUIREMENTS

Mail the Letter of Intent to the address listed on the front page.
Submit a copy of the Letter of Intent to the Local Health Authority. Don't forget to send additional information requested by the Division to the Local Health authority.
Allow 30 days for Division review – the Division will notify the Applicant within 30 days of the completeness of this Letter of Intent.
Allow 30 days from the date of the completeness notification for Division issuance of a Notice of Authorization.
Contact the Division at 303-692-3613 with any questions you may have.

J. Required Certification 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 (Legally Responsible Party) _____ Date _____

Name (printed) _____ Title _____