



COLORADO

Department of Public Health & Environment

General Permit Application COR080000 or COR090000

Please print or type. 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. Applications may be submitted to:

Submission - Digitally signed documents may be emailed to

cdphe.wqrecordscenter@state.co.us

Do not follow up with mailed in copies.

Any additional information that you would like the Division to consider in developing the permit should be emailed to cdphe.wqrecordscenter@state.co.us or provided with the application on a CD.

DO NOT INCLUDE PAYMENT – AN INVOICE WILL BE SENT AFTER THE PERMIT IS ISSUED.

PERMIT INFORMATION

- Reason for Application: NEW CERTIFICATION UNDER GENERAL PERMIT
 - COR080000 Cherry Creek Reservoir Basin General Permit
 - COR090000 Statewide Standard MS4 General Permit
- RENEW PERMIT
 - EXISTING PERMIT # _____

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: _____

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 permit, 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.



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 some pre-printed reports (e.g. DMR's) for use until their NetDMR account has been established. If there is more than one DMR Cognizant Official, 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. Billing Contact (if different than the permittee)

Same as Permittee—Item 1

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____

Email address _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

5. Include any other permit contact information on a CD or other electronic method.



B. LOCATION OF THE MS4

Location description (narrative). If more space is needed, submit on a CD or other electronic method.

C. MAP OF AREA

1. Provide a map of the MS4 that indicates the city, town, or district boundaries, and urbanized area (UA) boundaries, if part(s) of the MS4 is within a UA. Use one of following methods:

Attach a pdf map to this application, or

Submit a map using an electronic method, such as a website link to a GIS map of the MS4 boundary, or CD.

Link to Online Map: _____

2. If no map is submitted, the application is not complete and a permit will not be issued.



D. RECEIVING WATERS

Include all named receiving waters within the permitted area. If discharge is to another MS4, include the name of the MS4 and then provide the name and the water body identification code (WBID) of the first named receiving water receiving the MS4 discharge (there could be multiple MS4s and receiving waters). A WBID is an 8 digit number (for example, COSPUS14) that can be identified using the division’s interactive map of stream segmentation (ArcGIS online map) available at:

<https://cdphe.colorado.gov/clean-water-gis-maps>

Receiving waters are any waters of the State of Colorado. This includes all water courses, even if they are usually dry. If stormwater enters a ditch or storm sewer system that is not part of your MS4 system, identify that system under the MS4 column and indicate the first named receiving water name and segment WBID for which the ditch or storm sewer flow to.

NEED TO DETERMINE

Note: a stormwater discharge permit does not allow a discharge into a ditch or storm sewer system without the approval of the owner/operator of that system.

First Named Receiving Water Name	WBID, or if not available, the nearest downstream WBID	Via Another MS4 (provide name of MS4 permittee)

E. OTHER ENTITIES

CHAZ COMPANY INFO?

Include the name of all entities that will perform some or all of the program areas for your MS4.



F. FOR RENEWAL APPLICATIONS ONLY - COMPLIANCE

Is the Permittee in compliance with or has substantially complied with all terms, conditions, requirements, and schedules of compliance of the expiring permit?

Yes No

G. FOR RENEWAL APPLICATIONS ONLY -SUBSTANTIAL CHANGES

Describe any substantial changes related to the facility or discharge occurring since the issuance of the existing permit, which materially affects the quantity or quality of the permitted effluent.

H. ADDITIONAL INFORMATION

Include any additional information that the division may find reasonably necessary to evaluate the application. This information should be submitted on a CD or by another electronic method.

I. REQUIRED SIGNATURE

Signature of Applicant: The applicant must be the person listed as permittee in item A1 to be considered complete. Refer to Part B of the instructions for additional information.

In all cases, it shall be signed as follows:

Regulation 61.4(1)(e)

- 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 or ranking elected official. (A principal executive officer has responsibility for the overall operation of the facility from which the discharge originates.)

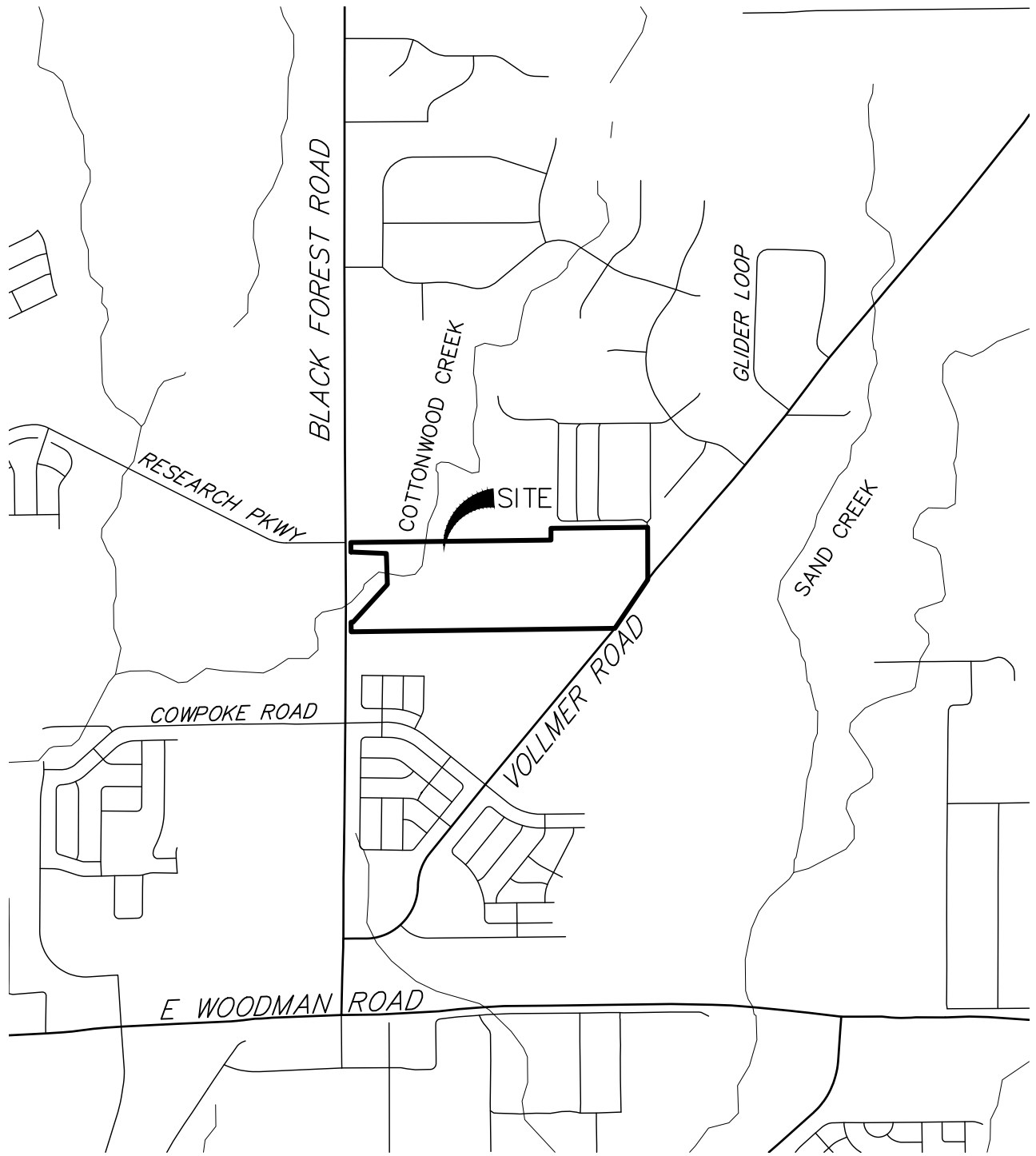
SIGNATURE OF PERMIT LEGAL CONTACT

“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.”

XX _____
Signature of Legally Responsible Person Date Signed

Name (printed Title





2000 1000 0 2000



ORIGINAL SCALE: 1" = 2000'

VICINITY MAP
SCHMIDT PARCEL
JOB NO. 25188.13
03/31/2022
SHEET 1 OF 1