

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

ASSIGNED PERMIT NUMBER

Date Received 11/29/2023 18:41:18

MM DD YYYY HH:MM:SS

Revised: 3-2016

STORMWATER DISCHARGE ASSOCIATED WITH CONSTRUCTION ACTIVITIES APPLICATION COLORADO DISCHARGE PERMIT SYSTEM (CDPS)

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

Any additional information that you would like the Division to consider in developing the permit should be provided with the application. Examples include effluent data and/or modeling and planned pollutant removal strategies.

Beginning July 1, 2016, invoices will be based on acres disturbed. DO NOT PAY THE FEES NOW – Invoices will be sent after the receipt of the application.

Disturbed Acreage for this application (see page 4)

| Less than 1 acre | (\$83 initial fee, \$165 annual fee) |
|-----------------------|---------------------------------------|
| □ 1-30 acres | (\$175 initial fee, \$350 annual fee) |
| Greater than 30 acres | (\$270 initial fee, \$540 annual fee) |

A. PERMIT INFORMATION

Reason for Application

| ☑ NEW CERT | |
|---------------------|--|
| | |
| □ CHANGE OF CONTACT | |
| Existing Cert # | |

B. PERMITTED PROJECT/FACILITY INFORMATION

| Facility Name: | Tree Source Wholes | ale Nursery | | | Original IE | D: | | |
|---------------------|---------------------------------------|--------------------------|------------|-----------------------|---------------|------------------------------|--|--|
| Property Address 1: | s 1: 21275 US-24 Property Address 2: | | | | County: | El Paso | | |
| City: | Peyton | State: | со | | Zip Code: | 80831 | | |
| Latitude : | 39.02548 | Longitude : | -104.433 | 053 | _ | | | |
| | SIC Code |) | | | Descr | iption | | |
| | Receiving Water | Name | | | Receiving | Water Type | | |
| Hagler Creek | | | | Immediate | | | | |
| C. CONTACT IN | | IAL - the party that has | operation | n control over day to | o day activit | ies – may be the same as the | | |
| <u>Owner</u> | | | | | | | | |
| Responsible Person | erson (Title): Owner First Name: Eric | | | Eric | | Last Name: Mitton | | |
| Telephone No: (2 | 208) 650-6642 | Email Addre | ess: Eric@ | treesource.com | Organ | anization: Tree Source | | |
| Mailing Address: 2 | 0851 F st. | | | | _ | | | |

| 2) *PROPERTY OWNER (CO-PERMITTEE) RESPONSIBLE OFFICIAL Responsible Person (Title): Owner Telephone No: (208) 650-6642 Mailing Address: 20851 F st. City: Rupert State: ID Zip Code: 83350 3) *SITE CONTACT (local contact for questions relating to the facility & discharge authorized by this permit) Responsible Person (Title): Project Engineer First Name: Micheal | |
|--|---------|
| Telephone No: (208) 650-6642 Email Address: Eric@treesource.com Organization: Tree Source Mailing Address: 20851 F st. City: Rupert State: ID Zip Code: 83350 3) *SITE CONTACT (local contact for questions relating to the facility & discharge authorized by this permit) Responsible Person (Title): Project First Name: Micheal Last Name: Bartusek | |
| Telephone No: (208) 650-6642 Email Address: Eric@treesource.com Organization: Tree Source Mailing Address: 20851 F st. City: Rupert State: ID Zip Code: 83350 3) *SITE CONTACT (local contact for questions relating to the facility & discharge authorized by this permit) Responsible Person (Title): Project First Name: Micheal Last Name: Bartusek | |
| City: Rupert State: ID Zip Code: 83350 3) *SITE CONTACT (local contact for questions relating to the facility & discharge authorized by this permit) Responsible Person (Title): Project First Name: Micheal Last Name: Bartusek | |
| 3) *SITE CONTACT (local contact for questions relating to the facility & discharge authorized by this permit) Responsible Person (Title): Project First Name: Micheal Last Name: Bartusek | |
| Responsible Person (Title): Project First Name: Micheal Last Name: Bartusek | |
| | |
| | |
| Telephone No: (719) 640-8057 Email Address: mike.bartusek@respec.com Organization: Respec | |
| Mailing Address: 5540 Tech Center Dr., Suite 100 | |
| City: Colorado Springs State: CO Zip Code: 80919 | |
| 4) *BILLING CONTACT | |
| Responsible Person (Title): Owner First Name: Eric Last Name: Mitton | |
| Telephone No: (208) 650-6642 Email Address: Eric@treesource.com Organization: Tree Source | |
| Mailing Address: 20851 F st. | |
| City: Rupert State: ID Zip Code: 83350 | |
| 5) OTHER CONTACT TYPES | |
| Title First Last Phone Email Address City State Zip Contact Typ | e Other |
| Name Name | |
| | |
| 6) Former Permittee (transfer) | |
| Responsible Person (Title): First Name: Last Name: | |
| Email Address: Company: | |
| D. LEGAL DESCRIPTION | |
| Legal description: if subdivided, provide the legal description below, or indicate that it is not applicatable. Do not supply Township/Range/s or metes and bounds description of the site. | Section |
| Subdivision(s): Lot(s): Block(s): | |
| OR | |
| ☑ Not applicable (site has not been subdivided) | |
| □ Facility additional description info | |
| | |
| | |
| | |
| | |

E. AREA OF CONSTRUCTION SITE

Total area of construction site40acres

Total area of project disturbance

19.6 acres

F. NATURE OF CONSTRUCTION ACTIVITY

Check the appropriate box(s) or provide a brief description that indicates the general nature of the construction activities. (The full description of activities must be included in the Stormwater Management Plan.)

| \checkmark | Commercial | Development |
|--------------|------------|-------------|
|--------------|------------|-------------|

□ Residential Development

□ Highway and Transportation Development

D Pipeline and Utilities (including natural gas, electricity, water, and communications)

□ Oil and Gas Exploration and Well Pad Development

| □ Non-structural and other development (i.e. parks, trails, stream realignment, bank stabilization, demolition, e | ∃ Nor | n-structural and oth | ner development | (i.e. p | arks, trails, | stream realig | gnment, bank | stabilization, | demolition, | etc | .) |
|---|-------|----------------------|-----------------|---------|---------------|---------------|--------------|----------------|-------------|-----|----|
|---|-------|----------------------|-----------------|---------|---------------|---------------|--------------|----------------|-------------|-----|----|

□ Other

G. ANTICIPATED CONSTRUCTION SCHEDULE

Construction Start Date: 12/04/2023

Final Stabilization Date: 04/30/2024

• Construction Start Date - This is the day you expect to begin ground disturbing activities, including grubbing, stockpiling, excavating, demolition, and grading activities.

• Final Stabilization Date - in terms of permit coverage, this is when he site is finally stabilized. This means that all ground surface disturbing activities at the site have been completed and all disturbed areas have either been built on, paved, or a uniform vegetative cover has been established with an individual plant density of at least 70 percent of pre-disturbance levels.

• Permit coverage must be maintained until the site is finally stabilized. Even if you are only doing one part of the project, the estimated final stabilization date must be for the overall project. If permit coverage is still required once your part is completed, the permit certification may be transferred to a new responsible operator.

SIGNATURE REQUIREMENTS:

TERMINATION CERTIFICATION

By checking this box I understand that by submitting this notice of termination, I am no longer authorized to discharge stormwater associated with construction activity by the general permit. I understand that discharging pollutants in stormwater associated with construction activities to the waters of the State of Colorado, where such discharges are not authorized by a CDPS permit, is unlawful under the Colorado Water Quality Control Act and the Clean Water Act.

STORMWATER MANAGEMENT PLAN CERTIFICATION (on new and renewals)

By checking this box "I certify under penalty of law that a complete Stormwater Management Plan, has been/or will be completed, prior to the commencement of any construction activity. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Stormwater Management Plan is/or will be, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for falsely certifying the completion of said SWMP, including the possibility of fine and imprisonment for knowing violations."

THIS PORTION OF THE SIGNATURE LANGUAGE IS REQUIRED ON ALL SUBMITTALS

"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."

"I understand that submittal of this application is for coverage under the State of Colorado General Permit for Stormwater Discharges Associated with Construction Activity for the entirety of the construction site/project described and applied for, until such time as the application is amended or the certification is transferred, inactivated, or expired."

Signature of Operator

Date Signed

Date Signed

Name (printed)

Title

Signature of Owner

Name (printed)

Title

Signature: The applicant must be either the owner and 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).

FORMER PERMITTEE used for transfers

Signature (Legally Responsible Party)

Date

Name (printed)

Title