



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

DIVISION USE ONLY

Date Received

**CHANGE OF CONTACT(s) for all WQCD Permits, Certifications,
and Authorizations**

This form must be submitted for changes made to any of the contacts or information listed below.

**TEMPORARY COVID19 SUBMISSION, digitally signed documents may be emailed to:
cdphe.wqrecordscenter@state.co.us**

PERMIT, CERTIFICATION, OR AUTHORIZATION NUMBER _____ (This number does not end in 0000)

(A separate form must be prepared for each Permit, Certification, or Authorization covered by these changes.)

PERMITEE ORGANIZATION FORMAL NAME (If more than one please add additional pages) :

The legally responsible organization is either the owner or operator of the facility or project to which the permit has been issued, or both if designated as co-permittees by the Division. Changing the Permittee Organization name requires a **modification** of the permit and/or certification documents.

FACILITY NAME

ENTER ALL OF THE INFORMATION FOR EACH CONTACT WHERE THERE IS A CHANGE

1. **PERMITEE** the person **authorized to sign and certify** the permit application. This person receives all permit correspondences and is **legally responsible** for compliance with the permit.

Responsible Position (title) _____

Held by (person) _____

Telephone # _____ 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, 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



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2. **DMR COGNIZANT OFFICIAL** (i.e. authorized agent) the person **authorized to sign and certify** the Reports as required by the permit, including Discharge Monitoring Reports (DMR's), Annual Reports, Compliance Schedule submittals, and other information requested by the Division. The Division will transmit pre-printed reports (i.e. DMR's) to this person. If more than one person, please add additional pages.
THIS PARTY MAY NOT SIGN APPLICATION FORMS.

Responsible Position (title) _____
Held by person) _____
Telephone # _____ email address _____
Organization _____
Mailing address _____
City _____ State _____ Zip _____

3. **SITE / FACILITY CONTACT** local contact for questions relating to the facility and discharge authorized by this permit for the facility

Responsible Position (title) _____
Held by person) _____
Telephone # _____ email address _____
Organization _____
Mailing address _____
City _____ State _____ Zip _____

4. **CERTIFIED OPERATOR IN RESPONSIBLE CHARGE (ORC)** may designate one or both if needed

A. Wastewater Treatment Facility ORC

Operator Name _____
Organization _____
Operator ID # _____ Operator Certification # _____
Telephone # _____ email address _____
Mailing address _____
City _____ State _____ Zip _____

B. Wastewater Collection System ORC

Operator Name _____
Organization _____
Operator ID # _____ Operator Certification # _____
Telephone # _____ email address _____
Mailing address _____
City _____ State _____ Zip _____



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5. BILLING CONTACT

Responsible Position (title) _____
Held by person) _____
Telephone # _____ email address _____
Organization _____
Mailing address _____
City _____ State _____ Zip _____

6. OTHER CONTACT TYPES (check below) Add pages if necessary.

Responsible Position (title) _____
Held by person) _____
Telephone # _____ email address _____
Organization _____
Mailing address _____
City _____ State _____ Zip _____

- | | |
|--|---|
| <input type="checkbox"/> Pretreatment Coordinator | <input type="checkbox"/> Compliance Contact |
| <input type="checkbox"/> Environmental Contact | <input type="checkbox"/> Stormwater MS4 Responsible Party |
| <input type="checkbox"/> Biosolids Responsible Party | <input type="checkbox"/> Stormwater Authorized Representative |
| <input type="checkbox"/> Inspection Facility Contact | <input type="checkbox"/> Property Owner |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Other _____ |

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 of Legally Responsible Party
Listed page 1 item 1 _____ Date _____

Name (printed) _____ Title _____

ACCEPTABLE electronic signature

- Computer login verified - Sign with a digital signature
- Drawn in or a photograph of signature inserted
- Print, Sign, Scan , and email scanned document

NOT ACCEPTABLE - Typed in special font or converted to special font

For further information see coloradowaterpermits.com
Water and COVID-19 Frequently Asked Questions page 22

