



REUSE CHANGE OF CONTACT APPLICATION

Please print or type.

This application form is for change of contacts associated with reclaimed water Treater and User Authorizations. All items must be completed accurately and in their entirety for the form to be deemed complete. Incomplete forms will not be processed until all information is received.

Part I of the application is to be filled out by the Treater or User requesting the change of contact.

Part II of the application is to be filled out by the Treater.

User Authorizations: For changes to a User Authorization, Part I of the application must be filled out by the User and submitted to the Treater identified in Part II of this document. The Treater will then fill out Part II of this document and submit the completed form to the Water Quality Control Division (division). Please note that in some cases the Treater and the User may be the same entity.

Treater Authorizations: For changes to a Treater Authorization, both Part I and Part II of the application must be filled out by the Treater.

The completed and signed documents must be uploaded via the division's website.

Upload signed application using the instructions on the Reclaimed Water Website:

<https://cdphe.colorado.gov/water-quality-reclaimed-water-reuse-permits>



PART I - TO BE COMPLETED BY TREATER OR USER REQUESTING CHANGE OF CONTACT

TREATER OR USER AUTHORIZATION NUMBER: COE ____

A separate form must be prepared for each Treater or User Authorization covered by these changes.

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

- A. LEGALLY RESPONSIBLE INDIVIDUAL** (the person is **authorized to sign and certify** the User Application and Site Management Plan (UASMP) or Treater Application. This person receives all correspondences and is **legally responsible** for compliance with the Authorization. Part I.I below must be signed by the legal contact listed here.

Responsible Position (Title): _____

Held By (Person): _____

Organization: _____

Telephone No: _____ Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

B. FACILITY INFORMATION

Facility Name: _____

Street Address (or cross streets): _____

City: _____ Colorado, Zip: _____

County: _____

C. FACILITY CONTACT INFORMATION

Responsible Position (Title): _____

Held By (Person): _____

Organization: _____

Telephone No: _____ Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____



- D. DMR COGNIZANT OFFICIAL** (i.e. authorized agent) the person authorized to sign and certify reports as required by the Treater Authorization such as Discharge Monitoring Reports (DMRs), Annual Reports, and other information requested by the division. The division will transmit pre-printed reports (i.e. DMRs) 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): _____

Organization: _____

Telephone No: _____ Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- E. SITE CONTACT** local contact for questions relating to the facility and activities authorized by the Treater or User Authorization.

Responsible Position (Title): _____

Held By (Person): _____

Organization: _____

Telephone No: _____ Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- F. CERTIFIED OPERATOR IN RESPONSIBLE CHARGE (ORC)**

Operator ID Number: _____ Operator Certification Number: _____

Legal Name _____

Organization: _____

Telephone No: _____ Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____



G. BILLING CONTACT if different than legally responsible person

Responsible Position (Title): _____

Held By (Person): _____

Organization: _____

Telephone No: _____ Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

H. OTHER CONTACT TYPES Add pages if necessary

Type of Contact (e.g. consultant): _____

Responsible Position (Title): _____

Held By (Person): _____

Organization: _____

Telephone No: _____ Email address: _____

Mailing

Address: _____

City: _____ State: _____ Zip: _____

I. CERTIFICATION

"I certify, under penalty of law, that the information I am providing in Part I of this submittal is true, accurate, and correct. This determination has been made under my direction and supervision in accordance with a system designed to ensure qualified personnel properly gather and evaluate the information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

Signature (Legally Responsible Individual*) _____ Date _____

Name (printed) _____ Title _____

*This part shall be signed, dated, and certified for accuracy by the legally responsible person. In all cases, it shall be signed as follows:

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 facility;
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 either a principal executive officer, ranking elected official, or other duly authorized employee.



PART II - TO BE COMPLETED BY TREATER

A. LEGALLY RESPONSIBLE INDIVIDUAL (Part II.C below must be signed by the legal contact listed here)

☐ Same as Legally Responsible Person in Part I

Organization Formal Name: _____

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No: _____ Email address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

B. FACILITY INFORMATION (facility providing reclaimed water)

☐ Same as Facility in Part I Facility

Name: _____

Location (address): _____

City: _____ County: _____

Local Contact Name: _____ Telephone No: _____

Title: _____ Email address: _____

C. TREATER CERTIFICATION

“By signing below, I certify that I have reviewed the changes identified in Part I of this form and have updated my records as appropriate. If necessary, I am also requesting that the Treater’s Authorization be modified to reflect any changes identified in Part I of this form such as changes to a facility name.” “I certify, under penalty of law, that the information I am providing in Part II of this submittal is true, accurate, and correct. This determination has been made under my direction and supervision in accordance with a system designed to ensure qualified personnel properly gather and evaluate the information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.”

Signature (Legally Responsible Person*) _____ Date _____

Name (printed) _____ Title _____

*This part shall be signed, dated, and certified for accuracy by the legally responsible person. In all cases, it shall be signed as follows:

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 facility;
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 municipality, state, or other public operation, by either a principal executive officer, ranking elected official, or other duly authorized employee