

## RECLAIMED WATER TERMINATION APPLICATION

Please print or type. Original signatures are required. **Photo, faxed, pdf or email copies will not be accepted.**

This application form is for terminating a Notice of Authorization (NOA). 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 which will ultimately delay termination of the NOA.

**Part I** of the application is to be filled out by the user or treater requesting termination of the NOA

**Part II** of the application is to be filled out by treater

**User NOAs:** User NOAs may be terminated by the user or treater. For a user requested termination, 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 application to the Water Quality Control Division (division). For a treater requested termination, Part I and Part II of the application must be filled out by the treater. A treater may request termination of a user NOA, where the user and treater are the same entity, or where the treater certifies that reclaimed water is no longer being provided to the user.

**Treater NOAs:** Treater NOAs may be terminated by the treater. For a treater NOA termination, only Part I of the application is required.

The completed document with all original signatures must be mailed or delivered to the following address:

*Colorado Department of Public Health and Environment  
Water Quality Control Division, WQCD-P-B2  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530*

### **PART I - TO BE COMPLETED BY USER OR TREATER REQUESTING TERMINATION**

#### **A. IDENTIFICATION OF NOA TO BE TERMINATED**

NOA Number:\_\_\_\_\_

Please limit submission to one NOA per form. All NOA termination dates are effective on the date approved by the division.

#### **B. LEGALLY RESPONSIBLE PERSON FOR NOA TO BE TERMINATED**

Organization Formal Name\_\_\_\_\_

Legal Contact Name\_\_\_\_\_ Title\_\_\_\_\_

Mailing Address\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone\_\_\_\_\_ Email address\_\_\_\_\_

#### **C. FACILITY INFORMATION FOR NOA TO BE TERMINATED**

Facility Name\_\_\_\_\_

Location/Address\_\_\_\_\_

City \_\_\_\_\_ County\_\_\_\_\_

Local contact name\_\_\_\_\_ Title\_\_\_\_\_

Phone\_\_\_\_\_ Email address\_\_\_\_\_

**D. TERMINATION INFORMATION**

Select the reason for the termination request below.

- 1. The facility is no longer using reclaimed water or is no longer using reclaimed water for the specific use authorized in the NOA referenced in Part I.A above.
- 2. The organization identified in Part I.B above is no longer the owner/operator of the site and all efforts have been made to transfer the NOA to appropriate parties. Please attach copies of registered mail receipts, letters, etc.
- 3. This is a treater requested termination of a user NOA. The treater is no longer providing reclaimed water to the user identified in Part I.A. above.
- 4. Other - provide a description of the reason for the requested termination in the space below.

**E. CERTIFICATION SIGNATURE**

For a user requested termination, this Part must be signed by the legally responsible person for the user NOA identified in Part I.B. For a treater requested termination, this Part must be signed by the legally responsible person for the treater identified in Part II.A.

"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 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 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 PERSON** (Part II.C below must be signed by the legal contact listed here) Same as Legally Responsible Person in Part I

Organization Formal Name\_\_\_\_\_

Legal Contact Name\_\_\_\_\_ Title\_\_\_\_\_

Mailing Address\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone\_\_\_\_\_ Email address\_\_\_\_\_

**B. FACILITY INFORMATION** (facility providing reclaimed water for user in Part I) Same as Facility in Part I

Facility Name\_\_\_\_\_

Location/Address \_\_\_\_\_

City \_\_\_\_\_ County\_\_\_\_\_

Local contact name\_\_\_\_\_ Title\_\_\_\_\_

Phone\_\_\_\_\_ Email address\_\_\_\_\_

**C. TREATER CERTIFICATION SIGNATURE**

“By signing below, I certify that I have reviewed the termination request identified in Part I of this form and have updated my records as appropriate. In addition, I am requesting that the treater’s Letter of Intent and Notice of Authorization be amended to remove the facility identified in Part I of this form.”

“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 municipal, state, or other public operation, by either a principal executive officer, ranking elected official, or other duly authorized employee