



## RECLAIMED WATER TRANSFER APPLICATION

Please print or type.

This application is for transferring the ownership of a Treater or User Authorization (e.g. Change of User Organizational Name or Facility Name). 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 delay the transfer and reissuance of the Treater or User Authorization.

**Part I** of the application is to be filled out *and signed* by the **new** Treater or User accepting responsibility for the Authorization.

**Part II** of the application is to be filled out *and signed* by previous Treater or User.

**Part III** of the application is to be filled out and signed by the Treater (Legally Responsible Individual) *if* the transfer is for one of their Users.

The division may request a new Treater Application or User Application and Site Management Plan (UASMP) if necessary.

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 NEW TREATER OR USER TAKING OWNERSHIP OF AUTHORIZATION**

TREATER OR USER AUTHORIZATION NUMBER: COE \_\_\_\_\_

**ENTER ALL OF THE INFORMATION THAT IS CHANGING AS A RESULT OF THE TRANSFER (e.g. contacts, organization name, facility name, etc.)**

**A. NEW LEGALLY RESPONSIBLE INDIVIDUAL AND ORGANIZATIONAL FORMAL NAME** (This person receives all correspondences and is **legally responsible** for compliance with the Treater or User Authorization. Part I.I below must be signed by the legal contact listed here).

Organizational Formal Name:\_\_\_\_\_

Responsible Position (Title):\_\_\_\_\_

Held By (Person):\_\_\_\_\_

Telephone No:\_\_\_\_\_ Email address:\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

**B. NEW FACILITY INFORMATION**

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

Street Address (or cross streets):\_\_\_\_\_

City:\_\_\_\_\_ Colorado, Zip:\_\_\_\_\_

County: \_\_\_\_\_

**C. NEW FACILITY CONTACT INFORMATION**

Responsible Position (Title):\_\_\_\_\_

Held By (Person):\_\_\_\_\_

Organization:\_\_\_\_\_

Telephone No:\_\_\_\_\_ Email address:\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_



**D. NEW 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. NEW 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. NEW 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. NEW 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. NEW TREAER OR USER CERTIFICATION STATEMENT**

"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 PREVIOUS USER OR TREATER**

**A. PREVIOUS USER OR TREATER CONTACT INFORMATION**

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

Legally Responsible Individual: (the legal contact signing Part II.B below)

Responsible Position (Title): \_\_\_\_\_

Currently Held By (Person): \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. PREVIOUS USER OR TREATER SIGNATURE**

"As previous owner of the NOA referenced in Part I of this application, I hereby agree to the transfer of the NOA and all responsibilities thereof."

Signature (Legally Responsible Person\*) \_\_\_\_\_ Date \_\_\_\_\_

\*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 III - TO BE COMPLETED BY TREATER IF TRANSFER IS FOR ONE OF THEIR USERS**

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

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)

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 Parts I and II 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 Parts I and II 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