



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 TRASNFER (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 TREASER 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