



For Agency Use Only  
Date Received \_\_\_/\_\_\_/\_\_\_

## RECLAIMED WATER CHANGE OF CONTACT APPLICATION

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

This application form is for change of contacts associated with reclaimed water Notice of Authorizations (NOAs). 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 user or treater requesting the change of contact

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

**User NOAs:** For changes to a user NOA, 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 NOAs:** For changes to a treater NOA, both Part I and Part II of the application must be filled out by the treater.

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 CHANGE OF CONTACT

**NOTICE OF AUTHORIZATION (NOA) NUMBER:** \_\_\_\_\_

A separate form must be prepared for each NOA covered by these changes.

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

#### A. FACILITY INFORMATION

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

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

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

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

**B. LEGALLY RESPONSIBLE PERSON** (the person is authorized to sign and certify the User Plan to Comply or Letter of Intent. This person receives all correspondences and is **legally responsible** for compliance with the NOA. Part I.H 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: \_\_\_\_\_

- C. DMR COGNIZANT OFFICIAL** (i.e. authorized agent) the person **authorized to sign and certify** reports as required by the NOA 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: \_\_\_\_\_

- D. SITE CONTACT** local contact for questions relating to the facility and activities authorized by the NOA

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

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

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

Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

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

Operator ID Number: \_\_\_\_\_

Legal Name: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

- F. BILLING CONTACT** if different than legally responsible person

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

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

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

Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

**G. 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: \_\_\_\_\_

**H. 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 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: \_\_\_\_\_

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

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

Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

**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: \_\_\_\_\_ 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 Notice of 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 municipal, state, or other public operation, by either a principal executive officer, ranking elected official, or other duly authorized employee