



For Agency Use Only	
Date Received	____/____/____
Effective Date	____/____/____

RECLAIMED WATER MODIFICATION APPLICATION

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

This application form is for modifying or making amendments to an existing Letter of Intent (LOI), Notice of Authorization (NOA), or User Plan to Comply (UPC). Terminations, Change of Contacts, Transfers of Ownership, and/or Withdrawal requests must be submitted on the appropriate form. 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 modification

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

User Modifications: For modifications to a user NOA or UPC, 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). Please note that in some cases the treater and the user may be the same entity.

Treater Modifications: For modifications to a treater NOA or LOI, 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 MODIFICATION

A. IDENTIFICATION OF NOA FOR MODIFICATION

NOA Number: _____

B. LEGALLY RESPONSIBLE PERSON (Part I.E below must be signed by the legal contact listed here)

Organization Formal Name: _____

Legal Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

C. FACILITY INFORMATION

Facility Name: _____

Location/Address: _____

City: _____ County: _____

Local Contact Name: _____ Title: _____

Phone: _____ Email address: _____

D. DESCRIPTION OF MODIFICATION REQUESTED:

Attach additional pages, if necessary, to include revised site maps, schematics, agronomic rate calculations, updated UPC, or other relevant information.

E. CERTIFICATION SIGNATURE

“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 modification request identified in Part I of this form and have updated my records as appropriate. If necessary, I am also requesting that the treater’s Letter of Intent and Notice of Authorization be modified to reflect any changes 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