



**COLORADO**  
Department of Public  
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

Received

APR - 6 2020

Water Quality Control

For Agency Use Only

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHANGE OF CONTACT(s) for all PERMITS, CERTIFICATIONS, AND AUTHORIZATIONS**

MAIL TO:

CDPHE WQCD Mail Code WQC-PCP-2034  
4300 Cherry Creek Dr South Denver CO 80246

This form must be submitted for changes made to any of the contacts or information listed below.

**PHOTO COPIES, FAXED COPIES, PDF COPIES OR EMAILS WILL NOT BE ACCEPTED.**

PERMIT, CERTIFICATION, OR AUTHORIZATION NUMBER CO0046451 (This number does not end in 0000)

(A separate form must be prepared for each Permit, Certification, or Authorization covered by these changes.)

PERMITTEE ORGANIZATION FORMAL NAME (If more than one please add additional pages) :

Wellington, Town of

The legally responsible organization is either the owner or operator of the facility or project to which the permit has been issued, or both if designated as co-permittees by the Division.

FACILITY NAME Town of Wellington WWTP

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

1. PERMITTEE the person authorized to sign and certify the permit application. This person receives all permit correspondences and is legally responsible for compliance with the permit.

Responsible Position (title) Mayor

Held by (person) Troy Hamman

Telephone # 303-912-2151 email address hammantl@wellingtoncolorado.gov

Organization Town of Wellington

Mailing address P.O. Box 127

City Wellington State Colorado Zip 80549

This form must be signed by the Permittee to be considered complete.

**Per Regulation 61** In all cases, it shall be signed as follows:

- a) In the case of corporations, by a responsible corporate officer. For the purposes of this section, the responsible corporate officer is responsible for the overall operation of the facility from which the discharge described in the application originates.
- b) In the case of a partnership, by a general partner.
- c) In the case of a sole proprietorship, by the proprietor.
- d) In the case of a municipal, state, or other public facility, by either a principal executive officer or ranking elected official

Revised 4/1/2015



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2. **DMR COGNIZANT OFFICIAL** (i.e. authorized agent) the person authorized to sign and certify the Reports as required by the permit, including Discharge Monitoring Reports (DMR's), Annual Reports, Compliance Schedule submittals, and other information requested by the Division. The Division will transmit pre-printed reports (i.e. DMR's) to this person. If more than one person, please add additional pages. **This party may not sign application forms.**

Responsible Position (title) ORC Distribution, Collection, Water Reclamation  
Held by (person) Michael J. Carrano, CWP  
Telephone # 970-203-5349 email address carranmj@wellingtoncolorado.gov  
Organization Town of Wellington  
Mailing address P.O. Box 127  
City Wellington State Colorado Zip 80549

3. **SITE CONTACT** local contact for questions relating to the facility and discharge authorized by this permit for the facility

Responsible Position (title) ORC Distribution, Collection, Water Reclamation  
Held by (person) Michael J. Carrano, CWP  
Telephone # \_\_\_\_\_ email address \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. **CERTIFIED OPERATOR IN RESPONSIBLE CHARGE (ORC)** may designate on or both if needed

**A. Wastewater Treatment Facility ORC**

Operator ID Number 1016  
Legal Name Michael J. Carrano, CWP  
Telephone # \_\_\_\_\_ email address \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**B. Wasterwater Collection System ORC**

Operator ID Number 1016  
Legal Name Michael J. Carrano, CWP  
Telephone # \_\_\_\_\_ email address \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CHANGE OF CONTACT(S) FOR ALL PERMITS, CERTIFICATIONS AND AUTHORIZATIONS

5. **BILLING CONTACT** if different than permittee

Responsible Position (title) Interim Finance Director  
Held by (person) Tyler Sexton  
Telephone # 970-568-3381 email address sextonty@wellingtoncolorado.gov  
Organization Town of Wellington  
Mailing address P.O. Box 127  
City Wellington State Colorado Zip 80549

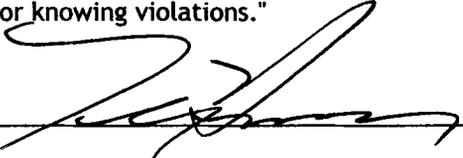
6. **OTHER CONTACT TYPES** (check below) Add pages if necessary.

Responsible Position (title) \_\_\_\_\_  
Held by (person) \_\_\_\_\_  
Telephone # \_\_\_\_\_ email address \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Pretreatment Coordinator    | <input type="checkbox"/> Compliance Contact                   |
| <input type="checkbox"/> Environmental Contact       | <input type="checkbox"/> Stormwater MS4 Responsible Party     |
| <input type="checkbox"/> Biosolids Responsible Party | <input type="checkbox"/> Stormwater Authorized Representative |
| <input type="checkbox"/> Inspection Facility Contact | <input type="checkbox"/> Property Owner                       |
| <input type="checkbox"/> Consultant                  | <input type="checkbox"/> Other _____                          |

**REQUIRED CERTIFICATION SIGNATURE [Reg 61.4(1)(h)]**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature (Legally Responsible Party)  Date April 1, 2020  
Name (printed) Troy Hamman Title Mayor