



COLORADO
 Department of Public
 Health & Environment

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

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 COR900216 (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) :

Fremont County

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 Fremont County Airport

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

- 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) Chair, BOCC
 Held by (person) Debbie Bell
 Telephone # 719-276-7300 email address debbie.bell@fremontco.com
 Organization Fremont County
 Mailing address 615 Macon Ave., Rm 105
 City Canon City State CO Zip 81212

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

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

- 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.
- In the case of a partnership, by a general partner.
- In the case of a sole proprietorship, by the proprietor.
- 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) Project Manager
Held by (person) Lucas Teigen
Telephone # 719-276-7367 email address lucas.teigen@fremontco.com
Organization Fremont County
Mailing address 615 Macon Ave., Room 205
City Canon City State CO Zip 81212

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

Responsible Position (title) _____
Held by (person) _____
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 _____
Legal Name _____
Telephone # _____ email address _____
Organization _____
Mailing address _____
City _____ State _____ Zip _____

B. Wasterwater Collection System ORC

Operator ID Number _____
Legal Name _____
Telephone # _____ email address _____
Organization _____
Mailing address _____
City _____ State _____ Zip _____

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5. BILLING CONTACT if different than permittee

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

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 the 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 _____

Name (printed) Debbie Bell Title BOCC Chair

Part F: Required Monitoring (Indicate if the following monitoring is required at the permitted facility. Refer to the facility's permit certification for information on required monitoring.)	YES	NO
- Visual Monitoring (Part I.I.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Benchmark Monitoring (Part I.I.2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Effluent Limitations Guidelines (ELG) Monitoring (Part I.I.3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Water Quality Standards Monitoring (Part I.I.4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part G: Corrective Actions (Indicate whether any of the following conditions occurred at the permitted facility.)	YES	NO
- An unauthorized release or discharge observed (e.g., spill, leak, discharge of non-stormwater not authorized under COR900000 or another permit);	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- A discharge violates a numeric effluent limit;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Facility control measures are not stringent enough for the discharge to meet applicable water quality standards;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Modifications to the facility control measures are necessary to meet the practice-based effluent limits in this permit;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- The permittee finds in a facility inspection, that facility control measures are not properly selected, designed, installed, operated or maintained.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Construction or a change in design, operation, or maintenance at the facility significantly changes the nature of pollutants discharged in stormwater from the facility, or significantly increases the quantity of pollutants discharged;	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- The average of quarterly sampling results as described in Part I.I.2.e of this permit exceeds an applicable benchmark.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>If the answer to any of the above is "YES," provide a description of the conditions that met the criterion/criteria and describe the corrective action(s) taken (attach additional pages as needed): The March inspection found culverts blocked and needing maintenance. All items reported should be remedied by next quarterly inspection, yet some items may be ongoing.</p>		
Part H: Required Certification Signature [Reg 61.4(1)(h)]		
<p>"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 the 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."</p>		
Name: Debbie Bell	Title: Chair, BOCC	
Signature:	Date signed:	



COR900000 Annual Report Form
Stormwater Discharges Associated with
Non-Extractive Industrial Activity

FOR INTERNAL USE ONLY	
Reviewer: _____	
Further Review: Yes No	

Part A: Permit Identification General Permit Number: <u>COR900000</u> Facility Certification Number <u>COR90 0216</u>	Part B: Reporting Period Jan 1 through Dec 31 (Check one. Report is due by March 31 of the following year.) <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 <input type="checkbox"/> 2022
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Part C: Permittee Information

Organization: Fremont County Board of County Commissioners

Mailing Address: 615 Macon Ave.
Room 106

City: Canon City State: CO Zip: 81212

Part D: Facility Information

Facility Name: Fremont County Airport

Facility Address: 60298 US Highway 50

City: Canon City

Facility Contact Name: Wes Brandt
Title: Airport Manager

Telephone No: 719-784-3816

Email Address: wes.brandt@fremontco.com

Part E: Permittee-conducted Inspection Dates (Provide the date the inspection was conducted for each quarter, as required by Part I.G of the permit).

Jan - Mar: March 29, 2021 July - Sept: Sept. 29, 2021

Apr - June: June 29, 2021 Oct - Dec: Dec. 30, 2021

Note: If an inspection was not conducted during any quarter(s) please attach an explanation of why.





FREMONT COUNTY
Project Engineer
615 Macon Avenue – Room 204
Canon City, Colorado 81212
Office (719) 276-7367 Cell (719) 792-9372
Email lucas.teigen@fremontco.com

December 30, 2021

Airport / Industrial Park
Drainage and Storm Water Quarterly Inspection

All known inlets and outlets for culverts and all known detention ponds were visually inspected to determine whether they were properly functioning or obstructed/damaged and in need of repair. The descriptions serve to detail any necessary intervention.

Item 1: The culvert to the east of the new Dawson hanger has some sedimentation build up:



Item 2: Due to the high winds that have been experienced in Fremont County, many of the culvert inlets are showing build up of tumble weeds and trash. The picture below is one example located under the access road between the taxiway and Cole property:



Conclusions:

All items from quarter three issues have been addressed and the overall condition of the drainage facilities are good. All items documented for maintenance should be remedied by the next quarterly inspection, although it is understood that some items may be ongoing.

Best Regards,
Lucas Teigen
Fremont County Project Engineer