



TEMPORARY COVID19 SUBMISSION, digitally signed documents may be emailed to:
cdphe.wqrecordscenter@state.co.us

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: COR900000 Facility Certification Number COR90 <u>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 type="checkbox"/> 2021 <input checked="" 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: Cañon City State: Colorado Zip: 81212

Part D: Facility Information

Facility Name: Fremont County Airport

Facility Address: 60298 US Hwy 50

city: Cañon 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: Not Conducted July - Sept: Aug. 20, 2022

Apr - June: Not Conducted Oct - Dec: Dec. 12, 2023

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



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 checked="" type="checkbox"/>	<input 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):</p> <p>Drainage features are undersized and blocked by debris. Drainage improvement contract has been advertised and should be completed in 2023.</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: Kevin Grantham	Title: BOCC Chair	
Signature: 	Date signed: 7/27/23	



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

**CHANGE OF CONTACT(s) for all WQCD Permits, Certifications,
and Authorizations**

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

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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. Changing the Permittee Organization name requires a modification of the permit and/or certification documents.

FACILITY NAME

Fremont County Airport

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) Chair, BOCC

Held by (person) Kevin Grantham

Telephone # 719-276-7300 email address kevin.grantham@fremontco.com

Organization Fremont County

Mailing address 615 Macon Ave. Rm 105

City Cañon City State Colorado 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:

- 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



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

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) Fremont County Engineer
Held by person) J Kyle Bunderson
Telephone # 719-276-7367 email address j.bunderson@fremontco.com
Organization Fremont County
Mailing address 615 Macon Ave. Rm 204
City Cañon City State CO Zip 81212

3. **SITE / FACILITY 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 one or both if needed

A. Wastewater Treatment Facility ORC

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

B. Wastewater Collection System ORC

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



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

5. BILLING CONTACT

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 of Legally Responsible Party _____ Date 7/27/23
Listed page 1 item 1 _____

Name (printed) Kevin Grantham Title BOCC Chair

ACCEPTABLE electronic signature

- Computer login verified - Sign with a digital signature
- Drawn in or a photograph of signature inserted
- Print, Sign, Scan , and email scanned document

NOT ACCEPTABLE - Typed in special font or converted to special font

For further information see coloradowaterpermits.com
Water and COVID-19 Frequently Asked Questions page 22



Permittee conducted inspections for January – March, and April – June 2022 were not conducted due to the County engineering position being vacant at the time. The County engineer is typically the DMR Cognizant Official responsible for certifying the quarterly reports.