

STATE OF COLORADO

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

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado
<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

MODIFICATION FORM

Please print or type all information. All items must be filled out completely and correctly. If the form is not complete, it will be returned. All modification dates are established by the Division. This form is for modifying an established permit or certification. Terminations, Change of Contacts, Transfer of Permit, and Withdrawal of Permit Application and/or modification requests must be submitted on the appropriate form:

MAIL ORIGINAL FORM WITH INK SIGNATURES TO THE FOLLOWING ADDRESS:

Colorado Dept of Public Health and Environment
Water Quality Control Division
4300 Cherry Creek Dr South WQCD-P-B2
Denver, CO 80246-1530

FAXED or EMAILED FORMS WILL NOT BE ACCEPTED.

- PART A. IDENTIFICATION OF PERMIT** Please write the permit number to be modified

PERMIT NUMBER (Prefix + 6 digits - not ending in 0000) COG840002

- PART B. PERMITEE INFORMATION**

Company Name GreenBack Produced Water Recovery, LLC

Mailing Address 1900 Grant Street, Suite 630

City Denver

State CO Zipcode 80202

Legal Contact Name Daniel Packard

Phone Number 303-887-8387

Title Chief Executive Officer

Email danpackard@aol.com

- PART C. FACILITY/PROJECT INFORMATION**

Facility/Project Name GreenBack Shaeffer Ranch

Location (address) Latitude 39 27"59.11 Longitude 107 42"52.84

City Rifle

County Garfield

Local Contact Name Glen Jones

Phone Number 970-817-4119

Title Operator

Email Gjones@cgrs.com

• **PART D. DESCRIPTION OF MODIFICATION REQUESTED:**

Increase of 30-day average and daily max flow from 0.065 to 0.158 MGD.
Add units to metal parameters of concern in permit.

• **PART E. CERTIFICATION Required Signatures**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment.

"I understand that submittal of this application is for coverage under the State of Colorado Discharge Permit System until such time as the application is amended or the certification is transferred, inactivated, or expired."



Signature of Legally Responsible Party

Joby Adams

Name (printed)

11/17/2011

Date Signed

Chief Operating Officer

Title