

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

Laboratory Services Division
8100 Lowry Blvd
Denver, Colorado 80230-6928
(303) 692-3090



Colorado Department
of Public Health
and Environment

DIVISION USE ONLY

WQCD Division Initiated

Modification

Requested by AN

Date requested 4/19/12

Date entered _____

MODIFICATION APPLICATION

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:

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

PERMIT NUMBER COG840005

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

PERMIT NUMBER COG840005

- PART B. PERMITEE INFORMATION (application must be signed by the legal contact listed here)

Company Name Diamond Operating

Mailing Address 6680 Gunpark Dr, Ste100

City Boulder State CO Zipcode 80301

Legal Contact Name Dave Peterson Phone Number _____

Title President Email _____

- PART C. FACILITY/PROJECT INFORMATION

Facility/Project Name Ward Unit

Location (address) _____

City _____ County _____

Local Contact Name _____ Phone Number _____

Title _____ Email _____

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

Correct the TDS limit between the effective until 12/31/15 and beginning 1/1/16 limits tables

- **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

Date Signed

Name (printed)

Title