



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

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

Report can be emailed to cdphe.wqrecordscenter@state.co.us

Part A: Permit Identification General Permit Number: COR900000 Facility Certification Number COR90 _____	Part B: Reporting Period Jan 1 through Dec 31 (Check one. Report is due by March 31 of the following year.) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 12.5%;">2024</td><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td style="width: 12.5%;">2025</td><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td style="width: 12.5%;">2026</td><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td style="width: 12.5%;">2027</td><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td style="width: 12.5%;">2028</td><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td style="width: 12.5%;">2029</td><td style="width: 5%; text-align: center;"><input type="checkbox"/></td></tr></table>	2024	<input type="checkbox"/>	2025	<input type="checkbox"/>	2026	<input type="checkbox"/>	2027	<input type="checkbox"/>	2028	<input type="checkbox"/>	2029	<input type="checkbox"/>
2024	<input type="checkbox"/>	2025	<input type="checkbox"/>	2026	<input type="checkbox"/>	2027	<input type="checkbox"/>	2028	<input type="checkbox"/>	2029	<input type="checkbox"/>		

Part C: Permittee Information (If there are any changes, please submit a [Change of Contact](#) form)
Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part D: Facility Information
Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Part E: Facility Contact Information (If there are any changes, please submit a [Change of Contact](#) form)
Facility Contact Name: _____
Title: _____
Mailing Address : _____
City: _____ State _____ Zip: _____

Telephone No: _____
Email Address: _____

Part F: 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: _____ July - Sept: _____

Apr - June: _____ Oct - Dec: _____

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

Part G: 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 (Table 4 and Part I.I.2)

- Benchmark Monitoring (Table 4 and Part I.I.3)

- Numeric Limitations Monitoring (Table 4 and Part I.I.4)

- Additional Monitoring (Table 4 and Parts I.D.3-7)

Part H: 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);

- A discharge violates a numeric effluent limit;

- Facility control measures are not stringent enough for the discharge to meet applicable water quality standards;

- Modifications to the facility control measures are necessary to meet the practice-based effluent limits in this permit;

- The permittee finds in a facility inspection, that facility control measures are not properly selected, designed, installed, or operated to meet effluent limits. Discovery of the need for routine maintenance of existing control measures, by itself, does not trigger a corrective action.

- 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;

- A 24-hour oral report, required under Part II.L.7, was filed;

- On or after July 1, 2024, did you perform any corrective actions in response to a benchmark exceedance?

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). If a 24-hour oral report was filed, please provide the spill report number and the date that the follow-up report was sent to the division:



revised 10-2024


Part I: Additional Information (Information (Indicate whether any of the following conditions occurred at the permitted facility.) * For Reporting Periods of July 1, 2024-December 31, 2024 then annually thereafter.	YES	NO
- The permittee applied or reapplied high PAH sealant on paved surfaces, where industrial activities are located, during the permit term (do not report high PAH sealant applied prior to July 1, 2024 unless reapplied after this date);		
- If the answer is "YES," did stormwater discharge from areas where high PAH sealant was applied after the effective date of the permit?		

FOR SECTOR S:
 If you are an operator of an airport facility (Sector S) that is subject to the airport effluent limitations guidelines¹, and are complying with the Part III.S.7 effluent limitation through the use of non-urea-containing deicers, provide the following statement certifying that you do not use pavement deicers containing urea, "Urea was not used at [name of airport] for pavement deicing in the past year and will also not be used in [following year]." (Note: Operators of airport facilities that are complying with Part III.S.7 by meeting the numeric effluent limitation for ammonia do not need to include this statement.)

¹ Your facility is a primary airport as defined at 40 CFR 449.2, with 1,000 or more annual non-propeller aircraft departures that discharge stormwater from airfield pavement deicing.

PERMITTEES WITHOUT DMR MONITORING RESULTS
 * For Reporting Period after July 1, 2024.
 If, due to lack of a measurable storm event, you have not reported any DMR monitoring results for the first full four quarters for which your permit certification is effective (June 30, 2025 for permittees with coverage as of July 1, 2024), you must attach a discharge preparation plan, as described in Part.I.I.9. This does not apply if your permit certification only requires visual monitoring and does not require additional monitoring.
This a one-time requirement.

Part J: 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."

Name:	Title:
Signature: 	Date signed: