

**COLORADO****Department of Public
Health & Environment**

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

COG500000 Annual Report Form
Sand and Gravel Mining and Processing
Applicable to Stormwater-only discharges**FOR INTERNAL USE ONLY**

Reviewer: _____

Further Review: Yes No

Part A: Permit IdentificationGeneral Permit Number: **COG500000**Facility Certification Number COG50 2016**Part B: Reporting Period Jan 1 through Dec 31**

(Check one. Report due by February 28 of the following year.)

☒ 2017☐ 2018☐ 2019☐ 2020**Part C: Permittee Information**Organization: Colorado Department of Transportation (John David)Mailing Address: 606 S. 9th StreetCity: Grand Junction State: CO Zip: 81501**Part D: Facility Information**Facility Name: Forest Service Pit Spring CreekFacility Address: SH 149 and Antelope MountainCity: Hinsdale CountyFacility Contact Name: Kane SchneiderTitle: LTC OPS 1Telephone No: 970-683-6308Email Address: kane.schneider@state.co.us**Part E: Permittee-conducted Inspections**

Check the box for which inspection frequency applies to the permitted facility, Part I.J.:

Active Site - 4 inspections annually
(Quarterly)Inactive Site w/ No Exposure - 2
inspections annually (Spring/Fall)Inactive Site w/ Exposure - 6
inspections annually (Every 2 months)

Provide the date(s) the inspections were conducted, as required by Part I.J of the permit:

9/13/17

If an inspection(s) was not conducted in accordance with the required frequency, 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) (If any of the characteristics in Part I.I.1.b are observed, attach a summary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Benchmark Monitoring (Part I.I.2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Water Quality Standards Monitoring (Part I.I.3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- Additional Monitoring Required by Division (Part I.I.4)	<input checked="" type="checkbox"/>	<input 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 COG500000 or another permit);	<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"/>
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):		
Part H: 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: John David	Title: Deputy Mtc. Superintendent	
Signature: John David	Date signed: 2-1-18	