

DRMS ePermitting Change of Contact



COLORADO

Division of Reclamation,
Mining and Safety

Department of Natural Resources

General Information

Submittal Date

2/13/2025

The ePermitting Contact Change form is used to update the contact information for the Permittee, Permitting and/or Inspection contact information.

Administrator Information

Administrator First Name

Bryan

Administrator Last Name

Jorgensen

Administrator Email

bryan.jorgensen@kilgorecompanies.com

Select a Permit Number *

M1979089

Select Contact Type *

Select all that apply

☒ Permittee Contact ☒ Permitting Contact ☒ Inspection Contact ☒ Additional Annual Fee
Contact(s)

Permittee Contact Information

Permittee Company Name

Grand Junction Pipe & Supply Co.

Name change requires succession of operator application

Salutation

Mr

First Name

Bryan

Middle Initial

K

Last Name

Jorgensen

Address 1

7057 W 2100 S

Address 2

City

Salt Lake City

State

UT

Zip Code

84128

Telephone

8015974471

Digits only, no separators

Extension

Fax

Digits only, no separators

Email Address

bryan.jorgensen@kilgorecompanies.com

Permitting Contact Information**Permitting Company Name**

Grand Junction Pipe & Supply Co.

Salutation	First Name	Middle Initial	Last Name
Mr	Bryan		Jorgensen

Address 1	Address 2
7057 W 2100 S	

City	State	Zip Code
Salt Lake City	UT	84128

Telephone #	Extension	Fax #
8015974471		
Digits only, no separators		Digits only, no separators

Email Address

bryan.jorgensen@kilgorecompanies.com

Inspection Contact Information**Inspection Company Name**

Grand Junction Pipe & Supply Co

Salutation	First Name	Middle Initial	Last Name
Mr	Bryan		Jorgensen

Address 1	Address 2
7057 W 2100 S	

City	State	Zip Code
Salt Lake City	UT	84128

Telephone #	Extension	Fax #
8015974471		
Digits only, no separators		Digits only, no separators

Email Address

bryan.jorgensen@kilgorecompanies.com

Annual Fee Notice to Copy

Additional people you would like to receive notices of upcoming annual fee/report due dates

Remove Existing Contact?

☐ Remove

Salutation

First Name *

Middle Initial

Last Name *

Morgan

Sandritter

Annual Fee Notice Company Name

Address 1

Address 2

City

State

Zip Code

00000000

Telephone #

Extension

Fax #

Digits only, no separators

Digits only, no separators

Email Address

morgan.sandritter@kilgorecompanies.com

Confirmation

Have you reviewed all the information provided on this form? *



Yes