

DRMS ePermitting Change of Contact



COLORADO

Division of Reclamation,
Mining and Safety

Department of Natural Resources

General Information

Submittal Date

6/17/2025

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

Neil

Administrator Last Name

Whitmer

Administrator Email

neil.whitmer@holcim.com

Select a Permit Number *

M1999004

Select Contact Type *

Select all that apply

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

Permitting Contact Information

Permitting Company Name

Holcim - WCR, Inc.

Salutation

Mr

First Name

Wyatt

Middle Initial

Last Name

Webster

Address 1

1687 Cole Blvd., Suite 300

Address 2

City

Golden

State

CO

Zip Code

80401

Telephone

7023794623

Digits only, no separators

Extension

Fax

Digits only, no separators

Email Address

wyatt.webster@holcim.com

Inspection Contact Information**Inspection Company Name**

Holcim - WCR, Inc.

Salutation	First Name	Middle Initial	Last Name
Mr	Wyatt		Webster

Address 1	Address 2
1687 Cole Blvd., Suite 300	

City	State	Zip Code
Golden	CO	80401

Telephone #	Extension	Fax #
7023794623		
Digits only, no separators		Digits only, no separators

Email Address

wyatt.webster@holcim.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 *
	Walt		Wright

Remove Existing Contact?☐ Remove

Salutation	First Name *	Middle Initial	Last Name *
	Wyatt		Webster

Annual Fee Notice Company Name

Holcim

Address 1	Address 2
1687 Cole Blvd., Suite 300	

City	State	Zip Code
Golden	CO	80401

Telephone #

7023794623

Digits only, no separators

Extension**Fax #**

Digits only, no separators

Email Address

wyatt.webster@holcim.com

Remove Existing Contact?☒ Remove**Salutation**

Mr

First Name *

Lu

Middle Initial**Last Name ***

Toxvard

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