

**GENERAL PERMIT APPLICATION**  
**STORMWATER DISCHARGES**  
ASSOCIATED WITH:  
**LIGHT INDUSTRIAL ACTIVITY** (Permit No.  
COR-010000)  
**HEAVY INDUSTRIAL ACTIVITY** (Permit No.  
COR-020000)

For Agency Use Only **COR-0** 20483

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**ALL APPLICANTS MUST FOLLOW THE DIRECTIONS FOR COMPLETION OF THIS FORM IN PART C OF THE INSTRUCTIONS**

**Please print or type.** All items must be completed accurately and in their entirety or the application will be deemed incomplete and the application returned. Processing of the application will not begin until all information is received. Please refer to the instructions for information about the required items. **Original** signatures for Items 7.a and 8 are **required**.

1. **Name and address of the permit applicant:**

Company Name Superior Colorado

Mailing Address 4900 Clarkson Street

City, State and Zip Code Denver CO 80216

Phone Number (303) 749-5291 Who is applying? Owner  Operator

Local Contact (familiar with facility) James Teitscheid

Title Plant Manager Phone Number (303) 749-5291

Local Contact E-mail Address jamest@superiorfarms.com

Legally Responsible Person (application signer) E-mail Address same

2. **Location of the Facility:**

Street Address 4900 Clarkson Street

City, State, and Zip Code Denver CO 80216

County Denver Name of Facility Superior Colorado

Latitude/Longitude – use one of the following formats:

Latitude 39 / 47 / 09 Longitude 104 / 58 / 37 (e.g., 39°42'11", 104°55'57")  
degrees minutes seconds degrees minutes seconds

-or- Latitude \_\_\_\_\_ . \_\_\_\_\_ Longitude \_\_\_\_\_ . \_\_\_\_\_ (e.g., 39.703°, 104.933°)  
degrees (to 3 decimal places) degrees (to 3 decimal places)

3. **Standard Industrial Classification (SIC) Code(s)** for this facility. (Include up to four, in order of importance.)

a) 2011 b) 2077 c) \_\_\_\_\_ d) \_\_\_\_\_

4. **Permit Category:** Under which stormwater general permit does this facility belong? (See Appendix A.)

Heavy Industry  Light Industry

lg 2h



5. **The name of the receiving waters(s).** (If discharge is to a ditch or storm sewer, also include the name of the ultimate receiving water):

South Platte River

6. **Describe the industrial activities which take place on site.**

Lamb Slaughter

Red Meat Processing

7. a) **Stormwater Management Plan Certification:** A Stormwater Management Plan (SWMP) shall be prepared prior to applying for coverage under a general permit, and the following certification signed. See SWMP requirements in Appendix B.

"I certify under penalty of law that a complete Stormwater Management Plan (SWMP), in compliance with Appendix B of the application, has been prepared for my facility. The SWMP was prepared under my direction or supervision and 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 SWMP 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.

*James P. Teitscheid*

5/16/2007

Signature of Legally Responsible Person (submission must include original signature) Date Signed

James P. Teitscheid

Plant Manager

Name (printed)

Title

b) **Heavy Industry:** the permittee shall also submit a copy of the SWMP to the Division with the permit application.

SWMP enclosed? Yes  No

8. **Signature of Applicant**

"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.

*James P. Teitscheid*

5/16/2007

Signature of Legally Responsible Person (submission must include original signature) Date Signed

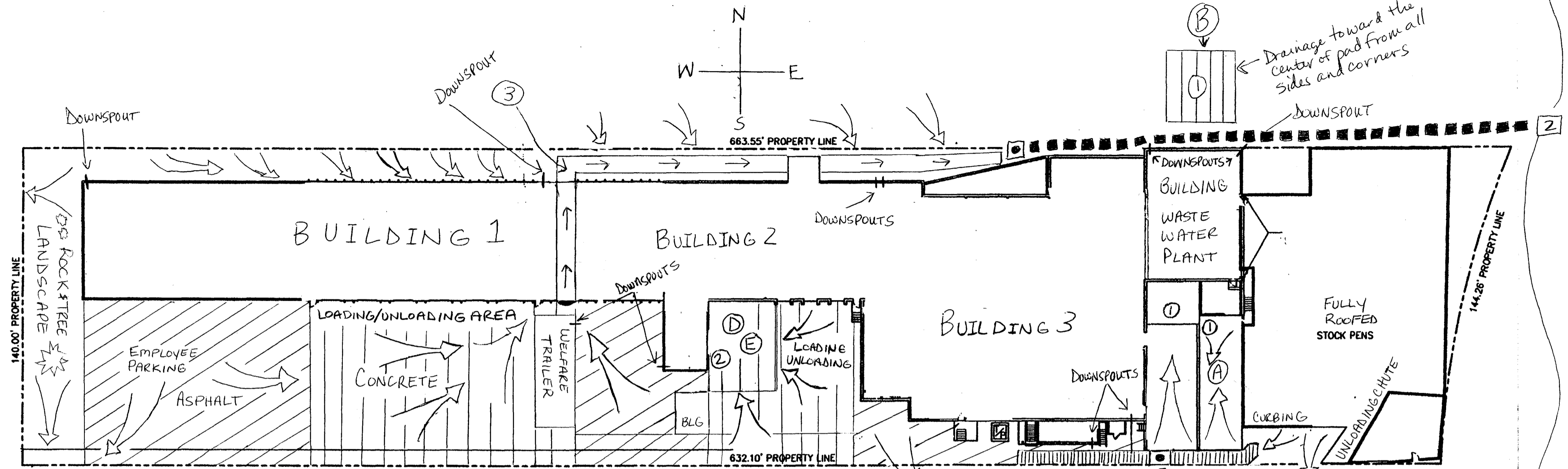
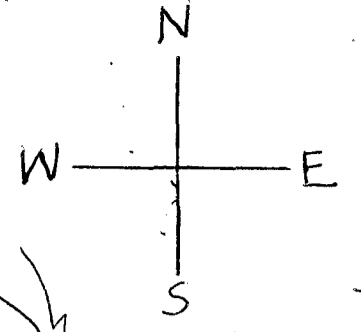
James P. Teitscheid

Plant Manager

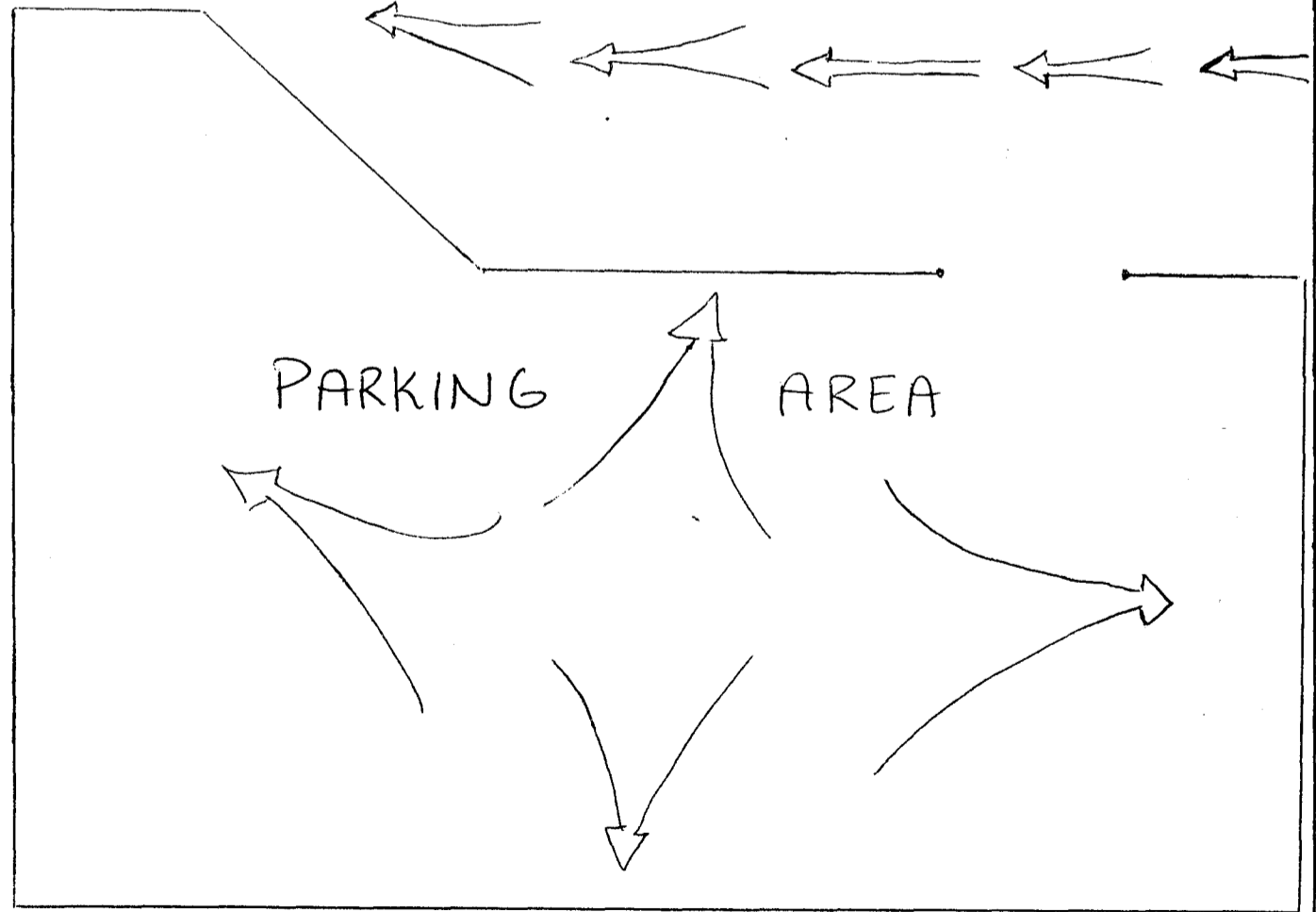
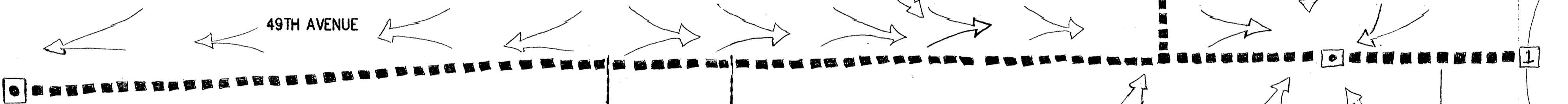
Name (printed)

Title

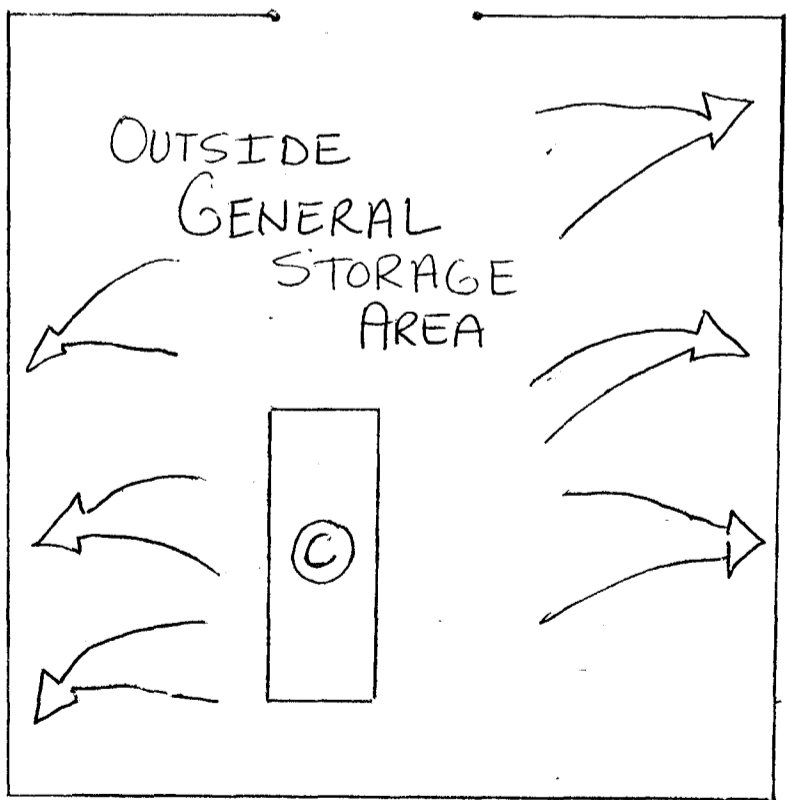
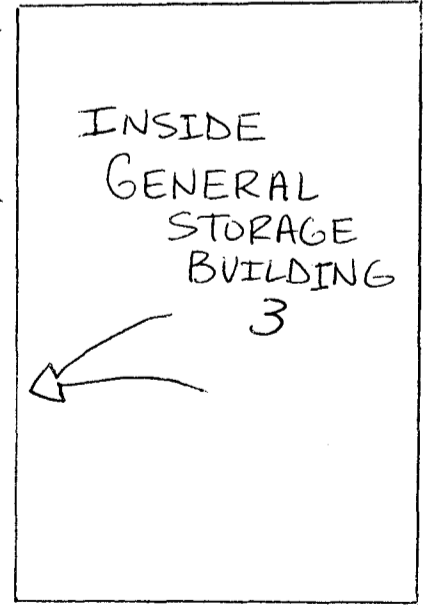
WASHINGTON STREET



49TH AVENUE



CLARKSON STREET



EMERSON STREET

SOUTH PLATTE RIVER