

Wyoming Pollution Discharge Elimination System
Application for Permit to Discharge

* = Required Field

Application No: APP-10094

Status: Unsubmitted

Applicant Status

Applicant Status: Local Government

(If other, please specify):

Owner/Operator: ☒ Operator ☐ Owner

Permit Type: CAFO

[Click here for Pre-submittal guidelines](#)

Permit Information

Application Type: ☒ New ☐ Renewal ☐ Major Modification

Permit Number: (Renewals and Modifications)

[Get Permit Data](#)

Expiration Date:

Modifications Requested:

Facility

Name/Address

Check for new facility ☒ This is a new facility

Choose Existing Facility:

Facility Name: Herschler Building

Street Address: 122 West 25th St.

City, State, Zip: City: Cheyenne State: WY Zip: 82002

Telephone Number:

Facility Location

County: ☒ Add County

If facility is located in multiple counties, click "Add County"

Other Permits

Associated With Facility

Permit Number	Permit Status	Permit Description	
			Remove

[Add Permit](#)

Representative Water Quality

New Facility - ☐ Yes ☒ No
Do any of the constituents in lab analyses exceed Wyoming Water Quality Standards?

If yes, what constituents were involved?

Describe Measures Taken to Address

Facility Discharge Details

River basin that discharge occurs in: Bear River

Erosion control measures:

Permittee

Company Name: EMS
Mailing Address: 9193 S. Jamaica Street
City: Englewood State, Zip: CO, 80112
Phone: 303-740-0019 Email: ems@ch2m.com
Preferred Contact Method: Phone

Consultant Contact(s)

Salutation: MAJOR
First Name: Mike Last Name: Jordan
Company Name: Company 1
Mailing Address: 1st Street
City: Cheyenne State, Zip: WY, 82002
Phone: 307-777-7937 Email: xyz@com1.com
Preferred Contact Method: Email[Remove](#)[Add Consultant Contact](#)

Other Contact(s)

Contact Type:

Permit Contact

Salutation:

MAYOR

First Name:

Sam

Last Name:

xyz

Company Name:

Company 2

Mailing Address:

2nd Street

City:

Cheyenne

State, Zip:

WY

,

62002

Phone:

307-777-7938

Email:

zyzz@com2.com

Preferred Contact Method:

Mail

Add Other Contact

Outfalls and Monitoring Stations

Change Desired:

Transfer Permit Number (for outfall transfer only):

Outfall Number:

888999

Outfall Type:

Outfall

Immediate Receiving Stream:

Distance Mainstem: (in stream miles):

Latitude (NAD83):

40.50001

Longitude (NAD83):

-111.00005

Reference Point:

Facility Center/Centroid

Collection Method:

GPS Precise position

Reservoir Names:

Big Reservoir

Option Type:

Class 4 - Channel Pit

Add Reservoir

Send Map Data

Map this outfall

Add Outfall/Monitoring Station

Reservoir Information

Reservoir Name:

Big Reservoir

Reservoir Storage Volume:

SE Permit Number:

SE Reservoir Requirement:

Latitude (NAD83):

40.50001

Longitude (NAD83):

-111.00005

Reference Point:

Release Point

Collection Method:

Drawn from Arc Explorer

Add Reservoir

Remove

Add Reservoir Mapping

First, press this button:

Prepare Features

Then, click this link to see map: [View Map Data](#)

("Prepare Features" sends outfall and reservoir information to the server.)

Application Document

Use the link below to download the specific form required to completed your WYDES application process.

Click on the link below and save the document on your computer.

Complete the document on your computer.

Attach the completed document below

Maximum attachment size: 4 MB.

Document Download:

[Click to download document](#)

Attach Completed Document:

Affidavit.pdf

67.77 KB

Logged in as: yongjianhu

Save and Close

Close

Print View