

Piceance Basin Oil and Gas Facility (Facility)		
COGCC Form ____: Pollution Prevention Checklist		Checklist Year
Company Name:		
Facility Name:		
Facility Location:		
Chemical Inventory Requirements		
1. Has your business identified chemical names used at this Facility? (See Rule 205)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is your business maintaining, in an accessible form, a list of chemical names used at this facility, including the quantities of chemicals used, how they were used and when they were used? (See Rule 205)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Exploration and Production Waste Management Requirements		
3. Is your facility a Centralized E& P Waste Management Facility? (See Rule 908)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4. If yes, does this facility have a valid permit? (See Rule 908)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
5. Have you inspected the facility's oil and gas exploration and production pits and determined that there is a minimum of 2 feet of freeboard between the top of the pit wall and the fluid level of the pit? (See Rule 902)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
6. Have you inspected the facility's secondary containment structures and determined that their capacity is sufficient to contain the contents of the largest single tank in the bermed area plus sufficient freeboard to contain precipitation? (See Rule 906)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Odor Management Requirements		
7. Have you inspected control devices capable of achieving 95% control efficiency of volatile organic compounds installed on condensate, crude oil and produced water tanks, and glycol dehydrators and determined that they are in good working order? (See Rule 805)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Source Drinking Water Protection Requirements		
8. Is your facility located within a Surface Water Drinking Water Supply Area? (See Rule 317B)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
9. If yes, has your Facility implemented applicable performance standards? (See Rule 317B)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Stormwater Requirements		
10. Has your business developed a stormwater program for this facility? (See Rule 1002.f)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
11. Has your business implemented stormwater BMPs for this facility? (See Rule 1002.f)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
12. Have you inspected this facility as presented in your established inspection schedule and determined that applicable BMPs are in place and operating properly? (See Rule 1002.f)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
"I, the undersigned Company Representative, have personally examined this oil and gas facility and certify that, to the best of my knowledge, the information contained in this form is accurate."		Date:
Signature of Authorized Company Representative _____ Printed Name _____		