NORTH FRONT RANGE WATER QUALITY PLANNING ASSOCIATION

257 Johnstown Center Dr.; Unit 206

Johnstown, CO 80534

970-587-8872 – [http://www.nfrwqpa.org](http://www.nfrwqpa.org/)

**208 Areawide Water Quality Management Plan Amendment**

**Interceptors Eligible for Certification**

**(60-Day Public Notice Required)**

*To meet the plan amendments minimum requirements, all items are required and must be included to be accepted for review and considered for approval. Submitted references to other materials is not acceptable, i.e., refer to.., or see..*

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| **A. Project and System Information.** | | | | | | | | |
| Applicant / Entity | |  | | | | | | |
| Representative Name / Title | |  | | | | | | |
| Project Title | |  | | | | | | |
| Address | |  | | | | | | |
| Email | |  | | | | | | |
| Phone | |  | | | | | | |
| County | |  | | | | | | |
| **B. Project Design Company Information.** | | | | | | | | |
| Design Company Name | |  | | | | | | |
| Design Engineer | |  | | | CO License Number | | |  |
| Address | |  | | | | | | |
|  | | | | | | |
| Email | |  | | | | | | |
| Phone | |  | | Date of Application: | | |  | |
| **C. Interceptor Hydraulic Capacity Determination.** | | | | | | | | |
| **Is the Proposed Interceptor design peak hour hydraulic capacity equal to or less than 50,000 gpd serving 667 people or less.** | | | | | | | | |
| Yes:  If Yes, proceed with the application. | | | No: | | |
| If No, and the Interceptor design peak hour hydraulic capacity is greater than 50,000 gpd and serves more than 667 people per day, the Agency’s Utility Plan must be updated to include the Interceptor project before Site Application Approval. | | | | | | | | |
| **D. Current Wastewater Utility Service Area (WUSA) Agency / Project Information, Appendix A.** | | | | | | | | |
| ***WUSA Boundary currently recognized and approved:*** | | | | ***Proposed Interceptor capacity:*** | | | | |
| WUSA map: <https://nfrwqpa.colorado.gov/agency-service-area-maps> |  | | | Maximum Month Average Hydraulic Capacity in million gallons per day (MGD) | | | N/A | |
| Latitude & Longitude of Lift Station |  | | | Peak Hour Hydraulic Capacity in million gallons per day (MGD) | | | MGD | |
| County |  | | | Organic Capacity (lbs. BOD5/day) | | | N/A | |
| The current WUSA or proposed WUSA must demonstrate that the Management or Operating agency has the ability to provide sewage service to all types of water rights within the WUSA boundary. This may be demonstrated by a map illustrating water providers and differing water rights by crosshatched boundaries overlayed on a WUSA Map. | | | | | | | | |

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| **WUSA Population Information** | | | | | | | | | | | | | |
| ***Current WUSA Population and Projections:*** | | | | | | ***Current Single Family Equivalents (SFEs) and Projections:*** | | | | | | | |
| **Current population:** |  | | | | | **Current SFEs:** | | | | |  | | |
| **5 Years:** |  | | | | | **5 Years:** | | | | |  | | |
| **10 Years:** |  | | | | | **10 Years:** | | | | |  | | |
| **15 Years:** |  | | | | | **15 Years:** | | | | |  | | |
| **20 Years:** |  | | | | | **20 Years:** | | | | |  | | |
| Population Source: | | | | | | SFEs Source/Factor(s): | | | | | | | |
| **Receiving Agency WWTF projected loads.** | | | | | | | | | | | | | |
| ***Current or anticipated WWTF Flow loads (mgd):*** | | | | ***Current or anticipated WWTF Organic loads*** (lbs. BOD5/day)***:*** | | | | | | | | | |
| ***Design Capacity (mgd)*** | |  | | ***Organic Design Capacity*** | | | | |  | | | | |
| Current Flow Load | |  | | Current Organic Load | | | | |  | | | | |
| 5 Year Flow Load | |  | | 5 Year Organic Load | | | | |  | | | | |
| 10 Year Flow Load | |  | | 10 Year Organic Load | | | | |  | | | | |
| 15 Year Flow Load | |  | | 15 Year Organic Load | | | | |  | | | | |
| 20 Year Flow Load | |  | | 20 Year Organic Load | | | | |  | | | | |
| Year at 80% Design Capacity | |  | | Year at 80% Design Capacity | | | | |  | | | | |
| Year at 95% Design Capacity | |  | | Year at 95% Design Capacity | | | | |  | | | | |
| Include a map illustrating the interceptor vicinity within the WUSA, the interceptor service area, stream segment, and discharge location, Appendix B.  Sources of information:   1. NFRWQPA Agency Wastewater Utility Service Area Maps; <https://nfrwqpa.colorado.gov/agency-service-area-maps> 2. NFRWQPA GIS Database; <https://data-nfrwqpa.hub.arcgis.com/> | | | | | | | | | | | | | |
| **Project Agency Capacity.** | | | | | | | | | | | | | |
| ***Current WWTF load including proposed interceptor:*** | | | | | ***WWTF Approved Capacity:*** | | | | | | | | |
| Maximum Month Average Hydraulic Capacity in million gallons per day (MGD) | MGD | | | | Maximum Month Average Hydraulic Capacity in million gallons per day (MGD) | | | | | | MGD | | |
| Peak Hour Hydraulic Capacity in million gallons per day (MGD) | MGD | | | | Peak Hour Hydraulic Capacity in million gallons per day (MGD) | | | | | | MGD | | |
| Organic Capacity (lbs. BOD5/day) | lbs. BOD5/day | | | |
|  | | | | | Organic Capacity (lbs. BOD5/day) | | | | | | lbs. BOD5/day | | |
| **E. Funding Process.** | | | | | | | | | | | | | |
| Will the State Revolving Fund (SRF) loan program be used to finance any portion of the project? | | | | | Yes: | | | No: | | If yes, please list project number. | | |  |
| Is the project self-funded? | | | | | Yes: | | | No: | |  | | |  |
| **F. Project Schedule and Cost Estimate.** | | | | | | | | | | | | | |
| Estimated Bid Opening Date: | | |  | | | | Estimated Construction Start Date: | | | | |  | |
| Estimated Bid Closing Date: | | |  | | | |  | | | | |  | |
| Estimated Project Cost | | |  | | | | Estimated Completion Date: | | | | |  | |
| **G. Interceptor Location Map and Land Use, Appendix C.** | | | | | | | | | | | | | |
| Please attach a map of the interceptor location and current and or proposed land use zoning maps of the WUSA and interceptor Project Site.  Sources of information:   1. USGS’ National Land Cover Dataset (NLCD, <http://www.mrlc.gov/>) 2. USDA’s National Agricultural Statistics Service (NASS, <http://www.nass.usda.gov/> 3. Colorado State University WRAP tool (<https://erams.com/catena/tools/colorado-collaborative/watershed-assessment/>) under the “Land Surface” data category for any area of interest across the country 4. County and city land and zoning maps. | | | | | | | | | | | | | |

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| **H. Floodplain (FEMA) or other natural Hazards, Appendix D.** | | | | | | | | | | | | | | | | | | | | | | | |
| Is the proposed interceptor in a 100-year floodplain or other natural hazard areas? Evidence that the proposed site and facility operations will not be adversely affected by floodplain or other natural hazards. Where such hazards are identified at the selected site, the report shall describe means of mitigating the hazard. | | | | | | | | | | | | | | | | | | | | | | | |
| **I. Land Ownership, Appendix E.** | | | | | | | | | | | | | | | | | | | | | | | |
| Legal arrangements showing control of the site for the project life or showing the ability of the entity to acquire the site and use it for the project life. | | | | | | | | | | | | | | | | | | | | | | | |
| **J. Right of Way Easements, Appendix F.** | | | | | | | | | | | | | | | | | | | | | | | |
| Legal arrangements showing control of the site or right-of-way for the project life or showing the ability of the entity to acquire the site or right-of-way and use it for the project life. Noting, all right of way easements must be obtained for NFRWQPA Site Application approval. | | | | | | | | | | | | | | | | | | | | | | | |
| **K. Agency Certification, the agency or receiving agency has or will have the capacity to support the Proposed Lift Station** | | | | | | | | | | | | | | | | | | | | | | | |
| ***Receiving Agency Capacity Certification*** | | | | | | | | | | | ***Current agency/system WWTF approved design capacity*** | | | | | | | | | | | | |
| **Applicant Legal Representative (e.g., Public Works Director) Typed Name:** |  | | | | | | | | | | Maximum Month Average WWTF Hydraulic Capacity in million gallons per day (MGD) | | | | | | | | MGD | | | | |
| **Signature:** |  | | | | | | | | | | Peak Hour WWTF Hydraulic Capacity in million gallons per day (MGD) | | | | | | | | MGD | | | | |
| **Date:** |  | | | | | | | | | | Organic Capacity (lbs. BOD5/day) – WWTF Only | | | | | | | | lbs. BOD5/day | | | | |
| **L. Receiving Agency Discharge Downstream Distances;**NFRWQPA GIS Database; <https://data-nfrwqpa.hub.arcgis.com/>. | | | | | | | | | | | | | | | | | | | | | | | |
| The applicant must provide the receiving agency’s WWTF discharge relationship to other water and wastewater treatment plants in the area by providing a 1-mile radius map to all drinking water wells and sources and a 5-mile radius map to all wastewater facilities. Providing the distances to the nearest water supply intake, name of supply and the next nearest discharge point, name of the facility, to the proposed WWTF discharge point. The applicant must determine if the new or additional interceptor discharge will affect the other discharges on the stream segment and any drinking water supplies on the segment. | | | | | | | | | | | | | | | | | | | | | | | |
| Downstream distance from the discharge point to the nearest domestic water supply intake? Name of supply? Address of supply? Please include a 1-mile radius map of domestic water supplies, Appendix G. | | | | | | | | | | | | | | | | | | | | | | | |
| *Distance:*  *Name of Supply:*  *Address of Supply:* | | | | | | | | | | | | | | | | | | | | | | | |
| Downstream Distance from the discharge point to the next nearest permitted discharge? Name of the user? Address of the user? Please include a 5-mile radius map of permitted discharges, Appendix H. | | | | | | | | | | | | | | | | | | | | | | | |
| *Distance:*  *Name of User:*  *Address of User:* | | | | | | | | | | | | | | | | | | | | | | | |
| Will the additional discharge of the Lift Station affect other dischargers on the stream segment? Name of the user? Address of the user? No: Yes: | | | | | | | | | | | | | | | | | | | | | | | |
| *Distance:*  *Name of User:*  *Address of User:*  *If yes, explain:* | | | | | | | | | | | | | | | | | | | | | | | |
| **M. Receiving Agency WWTF Discharging Stream Segment WID & EPA Classifications and Assessments.** | | | | | | | | | | | | | | | | | | | | | | | |
| The Stream Segment and EPA Classifications may be obtained with Divisions Section 305(b) Integrated Water Quality Monitoring and Assessment Report here:  <https://cdphe.colorado.gov/rulemaking-boards-and-commissions/water-quality-control-commission/water-quality-control-commission> | | | | | | | | | | | | | | | | | | | | | | | |
| Stream Segment WID: | | | | |  | | | | | | | | | | | | | | | | | | |
| Stream Segment WID Description: | | | | |  | | | | | | | | | | | | | | | | | | |
| Stream Segment Description: | | | | |  | | | | | | | | Acres/Miles: | | | | | | |  | | | |
| Stream Segment IR Category: | | | | |  | | | | | | | | Recreational Tier: | | | | | | |  | | | |
| EPA Classified Use | | | Assessment | | | | Analyte | | | | | | | | | Category / List | | | | | | Priority | |
| Aquatic Life Use | | |  | | | |  | | | | | | | | |  | | | | | |  | |
| Recreation | | |  | | | |  | | | | | | | | |  | | | | | |  | |
| Agriculture | | |  | | | |  | | | | | | | | |  | | | | | |  | |
| Water Supply | | |  | | | |  | | | | | | | | |  | | | | | |  | |
| Wetlands | | |  | | | |  | | | | | | | | |  | | | | | |  | |
| Aquatic Life Use | | |  | | | |  | | | | | | | | |  | | | | | |  | |
| **N. Receiving Agency WWTF Discharging Stream Segment TMDLs.** | | | | | | | | | | | | | | | | | | | | | | | |
| The Stream Segment TMDLs may be obtained within Divisions Regulation #93 and the 303(d) list of impaired waters here:  <https://cdphe.colorado.gov/impaired-waters> | | | | | | | | | | | | | | | | | | | | | | | |
| Stream Segment WID: | | | |  | | | | | | | | | | | | | | | | | | | |
| Stream Segment WID Description: | | | |  | | | | | | | | | | | | | | | | | | | |
| Affected Use | | | | Analyte | | | | | | | | | | Category / List | | | | | | | | | Priority |
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| **O. Receiving Agency CDPS Permit, Primary Effluent Limits (PELs), or Notice of Authorization (NOA) requirements and constraints, Appendix I.** | | | | | | | | | | | | | | | | | | | | | | | |
| ***CDPS permit or PELs description and information:*** | | | | | | | | | | | | | | | | | | | | | | | |
| CDPS #: | | | | | | | | Expiration Date: | | | | | | | | | | | | | | | |
| PELs #: | | | | | | | | Expiration Date: | | | | | | | | | | | | | | | |
| CDPS Status: | | | | | | Active: | | | | | | | | | Administratively Extended: | | | | | | | | |
| NOA #: | | | | | | | | | | | | | | | | | | | | | | | |
| Other CDPS or PELs info: | | | | | | | | | | | | | | | | | | | | | | | |
| d) Will the interceptor create any difficulties in meeting the water quality limits of the CDPS, PELs, or NOA:  Explain: | | | | | | | | | | | | | | | | | | | | | | | |
| **P. Responsible Parties.** | | | | | | | | | | | | | | | | | | | | | | | |
| What agency or entity is financially responsible for the construction of the interceptor? | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| What agency or entity has the financial responsibility for owning and long-term operating expense of the interceptor? | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| What agency or entity has the financial responsibility for managing and operating expense of the interceptor after construction? | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Q. 208 Areawide Water Quality Management Plan Considerations.** | | | | | | | | | | | | | | | | | | | | | | | |
| For interceptor amendment projects in the region, indicate how this project aligns with the Association’s current 208 Areawide Water Quality Management Plan to ensure present and future wastewater needs are met economically and with a focus on protecting, maintaining, or restoring water quality. | | | | | | | | | | | | | | | | | | | | | | | |
| **R. Agency Point Source Inventory Data, Appendix J.** | | | | | | | | | | | | | | | | | | | | | | | |
| Include the Agency’s updated Point Source Inventory Data summary for adoption into the 208 AWQMP. Examples may be viewed on the NFRWQPA website, <https://nfrwqpa.colorado.gov/agency-point-source-data-inventory>. | | | | | | | | | | | | | | | | | | | | | | | |
| **S. Responsible Party Certification.** | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Interceptor sewers not eligible for certification cannot apply for a 208 AWQMP amendment and must update the said agency’s Utility Plan with the project before NFRWQPA site application approval. | | | | | | | | | | | | | | | | | | | | | | | |
| System Name | |  | | | | | | | | | | | | | | | | | | | | | |
| Project Title | |  | | | | | | | | | | | | | | | | | | | | | |
| County | |  | | | | | | | | | | | | | | | | | | | | | |
| **Receiving Treatment Entity Information – Certification of Available Treatment Capacity** | | | | | | | | | | | | | | | | | | | | | | | |
| Receiving Treatment Entity | |  | | | | | | | | | | Receiving Treatment Plant | | | | | |  | | | | | |
| CDPS Permit No. | |  | | | | | | | | | | Permit Capacity | | | | | |  | | | | | |
| Site Location Approval No. (Appendix K) | |  | | | | | | | | | | Site Location Approved Capacity | | | | | |  | | | | | |
| **Proposed treatment works capacity impacts on receiving treatment plant** | | | | | | | | | | | | | | | | | | | | | | | |
| Proposed maximum month average hydraulic capacity: | | | | | | | | | MGD | | | | | | | | | | | | | | |
| Proposed peak hour hydraulic capacity: | | | | | | | | | MGD | | | | | | | | | | | | | | |
| Proposed maximum month average organic loading capacity: | | | | | | | | | lbs BOD5/day | | | | | | | | | | | | | | |
| Proposed treatment works will increase the receiving treatment plant’s hydraulic loading to: | | | | | | | | | | | | | | | | | (% of total plant capacity) | | | | | | |
| Proposed treatment works will increase the receiving treatment plant’s organic loading to: | | | | | | | | | | | | | | | | | (% of total plant capacity) | | | | | | |
| **Receiving wastewater treatment capacity information in accordance with existing site approval and discharge permit** | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the receiving treatment plant is not presently receiving wastes in excess of the design capacity as defined in the above listed site location approval and discharge permit and has the capacity to treat the  projected discharge from the proposed treatment works (initial in box). | | | | | | | | | | | | | | | | | | | | |  | | |
| OR | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the receiving treatment plant does not currently have the capacity to serve the proposed project flows but is under construction, or will be in a phased construction of new or expanded facilities, and will have  the necessary capacity to treat the projected discharge from the proposed treatment works (initial in box). | | | | | | | | | | | | | | | | | | | | |  | | |
| Estimated date capacity will be available: | | | | | | | | | | | | | | | | | | | | |  | | |
| I certify that the receiving treatment entity information presented above is correct and that the treatment plant is currently capable (or will be capable) of treating the wastewater produced by the proposed interceptor sewer. | | | | | | | | | | | | | | | | | | | | | | | |
| **Receiving Treatment Entity Representative** | | | | | | | | | | | | | | | | | | | | | | | |
| Position/Title: | | Typed Name: | | | | | | | | Signature: | | | | | | | | | | | Date: | | |
| Email: | | | | | | | | | | Phone: | | | | | | | | | | | | | |

### Recommendation of Review Agencies

*NOTE: NFRWQPA will route and acquire the required signatures, not the applicant.*

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| **Signature of Management Agency (Applicant), if different from other entities listed below** | | | | | | | | | | | |
| **Role** | **Date** | | **Typed Name / Agency** | | **Signature** | | | | | | |
|  |  | |  | |  | | | | | | |
| **Recommend Approval?** | ***Yes*** |  | | ***No*** |  | |
| **Signature of County Planning Department** | | | | | | | | | | | |
| **Role** | **Date** | | **Typed Name / Agency** | | **Signature** | | | | | | |
|  |  | |  | |  | | | | | | |
| **Recommend Approval?** | ***Yes*** |  | | ***No*** |  | |
| 1. **Adjacent Signature of City or Town, could be multiple adjacent boundaries of WUSA Amendment being proposed needed for approval** | | | | | | | | | | | |
| **Role** | **Date** | | **Typed Name / Agency** | | **Signature** | | | | | | |
|  |  | |  | |  | | | | | | |
| **Recommend Approval?** | ***Yes*** |  | | ***No*** |  | |
| 1. **Adjacent Signature of City or Town, could be multiple adjacent boundaries of WUSA Amendment being proposed needed for approval** | | | | | | | | | | | |
| **Role** | | **Date** | | **Typed Name / Agency** | **Signature** | | | | | | |
|  | |  | |  |  | | | | | | |
| **Recommend Approval?** | ***Yes*** |  | ***No*** | | |  |
| 1. **Adjacent Signature of City or Town, could be multiple adjacent boundaries of WUSA Amendment being proposed needed for approval** | | | | | | | | | | | |
| **Role** | | **Date** | | **Typed Name / Agency** | **Signature** | | | | | | |
|  | |  | |  |  | | | | | | |
| **Recommend Approval?** | ***Yes*** |  | ***No*** | | |  |
| 1. **Adjacent Signature of City or Town, could be multiple adjacent boundaries of WUSA Amendment being proposed needed for approval** | | | | | | | | | | | |
| **Role** | | **Date** | | **Typed Name / Agency** | **Signature** | | | | | | |
|  | |  | |  |  | | | | | | |
| **Recommend Approval?** | ***Yes*** |  | ***No*** | | |  |
| **Signature of Local Health Authority** | | | | | | | | | | | |
| **Role** | **Date** | | **Typed Name / Agency** | | **Signature** | | | | | | |
|  |  | |  | |  | | | | | | |
| **Recommend Approval?** | ***Yes*** |  | | ***No*** |  | |
| **Signature of Other Basin Water Quality Authority, Watershed Association, Watershed Authority, etc., if the facility is located in a Water Quality Control Commission Watershed Protection Control Area.** | | | | | | | | | | | |
| **Role** | **Date** | | **Typed Name / Agency** | | **Signature** | | | | | | |
|  |  | |  | |  | | | | | | |
| **Recommend Approval?** | ***Yes*** |  | | ***No*** |  | |
| **Signature of North Front Range Water Quality Planning Association**  **NOTE: NFRWQPA signature is obtained, including the Association’s recommendation, after the public hearing decision of the 208 plan amendment.** | | | | | | | | | | | |
| **Role** | **Date** | | **Typed Name / Agency** | | **Signature** | | | | | | |
|  |  | |  | |  | | | | | | |
| **Recommend Approval?** | ***Yes*** |  | | ***No*** |  | |

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| Review Agency Comments: |
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### Appendix A

### Current WUSA Map recognized and approved by NFRWQPA

### Appendix B

### Map Identifying Stream Segment WID, WWTF, discharge location, and Interceptor

### Appendix C

### Land use and Zoning Map of WUSA and Interceptor Project Site

### Appendix D

### FEMA Flood Plain Maps identifying the proposed Lift Station site

### Appendix E

### Land Ownership Documentation

### Appendix F

### Right of Way Easements

### Appendix G

### 1-mile Radius Map Identifying Drinking Water wells or water sources

### Appendix H

### 5-mile Radius Map Identifying other permitted discharges sources

### Appendix I

### CDPS Permit, Primary Effluent Limits (PELs), or Notice of Authorization (NOA) requirements and constraints

### Appendix J

### Agency Point Source Inventory Data

### Appendix K

### Wastewater Treatment Facility Site Application Approval