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**

**New Lift Station or Capacity Increase**

**(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. Is the Lift Station Project Identified with the Applicant Agency’s Approved Utility Plan? Access NFRWQPA approved Utility Plans here;** [**https://nfrwqpa.colorado.gov/approved-utility-plans**](https://nfrwqpa.colorado.gov/approved-utility-plans)**.** | | | | | | | | |
| Yes: | | | If Yes, no 208 Plan Amendment required. | | | No: | | |
| If No, is Lift Station capacity less than 50,000gpd or serve less than 667 people per day? | | | Yes:  If Yes, proceed with the application. | | | No: | | |
| If No, and the Lift Station capacity is greater than 50,000gpd and serves more than 667 people per day, the Agency’s Utility Plan must be updated to include the Lift Station project before Site Application Approval or 208 Plan Amendment approval. | | | | | | | | |
| **D. Current Wastewater Utility Service Area (WUSA) Agency / Project Information, Appendix A.** | | | | | | | | |
| ***WUSA Boundary currently recognized and approved:*** | | | | ***Proposed Lift Station capacity:*** | | | | |
| WUSA map: <https://nfrwqpa.colorado.gov/agency-service-area-maps> |  | | | Maximum Month Average Hydraulic Capacity in million gallons per day (MGD) | | | New: | |
| Current: | |
| Capacity Increase: | |
| Latitude & Longitude of Lift Station |  | | | Peak Hour Hydraulic Capacity in million gallons per day (MGD) | | | New: | |
| Current: | |
| Capacity Increase: | |
| County |  | | | Organic Capacity (lbs. BOD5/day) | | | New: | |
| Current: | |
| Capacity Increase: | |
| 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): | | |
| Include a map illustrating the new lift station vicinity within the WUSA, 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/> | | | | | | | |
| **Lift Station projected loads.** | | | | | | | |
| ***Current or anticipated lift station Flow loads (mgd):*** | | | ***Current or anticipated lift station 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 | | |  | |
| **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 | | |  | |
| **Project Agency Capacity.** | | | | | | | |
| ***Current WWTF load & lift station load:*** | | | | ***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. Lift Station Location Map and Land Use, Appendix C.** | | | | | | | |
| Please attach a map of the new lift station location and current and or proposed land use zoning maps of the WUSA and Lift Station 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. | | | | | | | |
| **F. Floodplain (FEMA) or other natural Hazards, Appendix D.** | | | | | | | |
| Is the proposed lift station 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. | | | | | | | |
| **G. 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. | | | | | | | |
| **H. Right of Way Easements, Appendix F.** | | | | | | | |
| Legal arrangements showing control of the site or right-of-way easements 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. | | | | | | | |
| **I. Agency Intergovernmental Agreement(s) (IGAs), letters, or statements, Appendix G.** | | | | | | | |
| For the project, provide a letter from all existing sanitation districts or other sewer service entities within 5 miles stating the feasibility of providing service to the lift station’s service area and the justification for not connecting to an existing facility where feasible. These IGAs, letters, or statements ensure long term 208 planning collaboration between agencies concerning WUSA boundaries and wastewater treatment facility (5-mile radius) consolidation. Understanding that gravity flow sewers are preferred over lift stations. | | | | | | | |
| **J. 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 |
| **K. Receiving Agency Confirmation Letter, Appendix H.** | | | | | | | |
| Confirmation, in writing, from the wastewater treatment entity that it:   * + - 1. Will treat the wastewater.       2. Is not presently receiving wastes in excess of its design capacity as defined in its site location approval and/or discharge permit, or 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 new or expanded lift station. Projections of flow and loading to the treatment plant over the period during which build out of the service area will occur or twenty years, whichever is less as well as current and future plant capacity information must be provided to demonstrate the plan for maintaining adequate capacity to treat. Any proposed treatment plant phased construction must be shown in the Water Quality Management Plan, or by appropriate planning and engineering studies.       3. Has not been in violation of any effluent limitations in its discharge permit for the last two years and is not operating under a Notice of Violation and/or Cease and Desist Order from the Division resulting from discharge permit violations. Alternatively, if there have been effluent violations or if the treatment plant is operating under a Notice of Violation and/or Cease and Desist Order from the Division, then the Division will evaluate the situation and the treatment entities' proposed corrective measures to achieve consistent compliance and determine if approval should be granted, granted with conditions, or denied. | | | | | | | |
| **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 lift station discharge will affect the other discharges on the stream segment and any drinking water supplies on the segment. | | | | | | | |

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| 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 I. | | | | | | | | | | | | | |
| *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 J. | | | | | | | | | | | | | |
| *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 IR Category: | | |  | | | | Acres/Miles: | | | |  | | |
| Aquatic Life Tier: | | |  | | | | 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 K.** | | | | | | | | | | | | | |
| ***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 Lift Station create any difficulties in meeting the water quality limits of the CDPS, PELs, or NOA for the permitted agency?  Explain: | | | | | | | | | | | | | |
| **P. Responsible Parties.** | | | | | | | | | | | | | |
| What agency or entity is financially responsible for the construction of the new Lift Station? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| What agency or entity has the financial responsibility for owning and long-term operating expense of the new Lift Station? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| What agency or entity has the financial responsibility for managing and operating expense of the new Lift Station after construction? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Q. Management Capabilities - Intergovernmental Agreement(s) (IGAs), Appendix L.** | | | | | | | | | | | | | |
| Management capabilities for controlling the wastewater loadings within the proposed lift station capacity limitations, i.e., user contracts, operating agreements, pretreatment requirements, and/or the management capabilities to expand the facilities as needed (subject to the appropriate, future review and decision procedures).  Include intergovernmental agency agreement(s) with agencies agreeing to the lift station, including collection systems to be served by the lift station, and capacity sharing agreements. Including contracts to pay for acceptable waste treatment. IGAs may be simple nonlegal agreements that document agencies agree to the lift station, or agree to be served by the lift station. These IGAs ensure long term 208 planning collaboration between agencies concerning WUSA boundaries and consolidation WWTFs (5-mile radius). | | | | | | | | | | | | | |
| **R. Financial 20-Year Capabilities, Appendix M.** | | | | | | | | | | | | | |
| Provide a 20-year financial budget developed to provide necessary capital and continued operation, maintenance, capital improvement projects, and replacement through the life of the project. | | | | | | | | | | | | | |
| **S. Emergency Operations Plan, Appendix N.** | | | | | | | | | | | | | |
| Demonstration of the owner’s capability to operate and maintain the facility, which shall include an emergency operations plan. The emergency operations plan shall outline procedures to minimize the possibility of sanitary sewer overflows and health hazards to the public and operations personnel. The emergency operations plan shall include information on, but not be limited to telemetry, backup power supply identification, portable emergency pumping equipment, emergency storage/overflow protection, and operator emergency response time. | | | | | | | | | | | | | |
| **T. Lift Station Implementation plan, schedule, and costs.** | | | | | | | | | | | | | |
| Project Schedule | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Cost Estimates | | | | | | | | | | | | | |
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| How is the projected funded? |
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| **U. Current Lift Station Condition Assessment, Appendix O.** |
| **If a current lift station is being utilized for a capacity increase, please provide a recent condition assessment.** |
| **V. 208 Areawide Water Quality Management Plan Considerations.** |
| For lift station 208 Plan amendment projects in the region, indicate how this project aligns with the Association’s current 208 Areawide Water Quality Management Plan as a regional solution to optimize wastewater utility service area collection systems to ensure present and future wastewater needs are met economically and with a focus on protecting, maintaining, or restoring water quality. |
| **W. Agency Point Source Inventory Data, Appendix P.** |
| 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>. |

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| **X. Responsible Party Certification.** | | | | | | | |
| 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 Q) |  | | | Site Location Approved Capacity | |  | |
| **Proposed lift station 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 lift station (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 lift station (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 lift station. | | | | | | | |
| **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 Lift Station

### Appendix C

### Land use and Zoning Map of WUSA and Lift Station 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

### Intergovernmental Agreements (IGAs), Letters, or Statements

### Appendix H

### Receiving Agency Confirmation Letter

### Appendix I

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

### Appendix J

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

### Appendix K

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

### Appendix L

### Intergovernmental Agreements (IGAs), Letters, or Statements

### Appendix M

### 20-Year Financial Budget and Capabilities

### Appendix N

### Emergency Operations Plan

### Appendix O

### Current Lift Station Condition Assessment

### Appendix P

### Agency Point Source Inventory Data

### Appendix Q

### Wastewater Treatment Facility Site Application Approval