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**

**Wastewater Service Utility Area Population Modification or Update**

**(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: | | |  |
| Amendment projects include WUSA population projections that change or update the current population projections documented the agency’s approved Utility Plan less than or equal to 25%. WUSA population projections that change or update the current population projections documented the agency’s approved Utility Plan greater than 25% cannot apply for a 208 plan amendment and must update the agency’s Utility Plan. | | | | | | |
| **C. Current Wastewater Utility Service Area (WUSA) Agency / System Information, Appendix A.** | | | | | | |
| ***WUSA Boundary currently recognized and approved:*** | | | ***Current WUSA Calculated loadings:*** | | | |
| WUSA map: <https://nfrwqpa.colorado.gov/agency-service-area-maps> |  | | Maximum Month Average WUSA Hydraulic loading in million gallons per day (MGD) | | | MGD |
| WUSA Description |  | | Peak Hour WUSA Hydraulic loading in million gallons per day (MGD) | | | MGD |
| County |  | | WUSA Organic loading (lbs. BOD5/day) | | | lbs. BOD5/day |
| 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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| **D. WUSA Population Modification Information, Appendix B-C.** | | | | | | | | | | | | | | | | | | | | |
| Include a map illustrating the currently approved WUSA, identifying the receiving WWTF, 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/> | | | | | | | | | | | | | | | | | | | | |
| For support of the WUSA population modification and loading projections, also provide the WUSA land use and zoning maps, Appendix C.  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. | | | | | | | | | | | | | | | | | | | | |
| **E. WUSA Population Modification, Loading, and Capacity Information** | | | | | | | | | | | | | | | | | | | | |
| ***Current WWTF Design Capacity:*** | | | | | | | | | | ***WWTF Capacity with WUSA population modification:*** | | | | | | | | | | |
| Maximum Month Average WWTF Hydraulic Capacity in million gallons per day (MGD) | | | | MGD | | | | | | Maximum Month Average WWTF Change Hydraulic Capacity in million gallons per day (MGD) | | | | | | | MGD | | | |
| Peak Hour WWTF Hydraulic Capacity in million gallons per day (MGD) | | | | MGD | | | | | | Peak Hour WWTF Hydraulic Capacity in million gallons per day (MGD) | | | | | | | MGD | | | |
| WWTF Organic Capacity (lbs. BOD5/day) | | | | lbs. BOD5/day | | | | | | WWTF Organic Capacity (lbs. BOD5/day) | | | | | | | lbs. BOD5/day | | | |
| ***Current and anticipated WWTF Flow loads (mgd):*** | | | | | | | | | | ***Current and 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 | | | | | | |  | | | |
| **WUSA Population Information** | | | | | | | | | | | | | | | | | | | | |
| ***Current WUSA Population and SFE Projections:*** | | | | | | | | | ***WUSA Population Modification and SFE Projections:*** | | | | | | | | | | | |
|  | | Population | | | | Single Family Equivalents (SFEs) | | |  | | | | | | Population | | | | Single Family Equivalents (SFEs) | |
| **Existing:** | |  | | | |  | | | **Current SFEs:** | | | | | |  | | | |  | |
| **5 Years:** | |  | | | |  | | | **5 Years:** | | | | | |  | | | |  | |
| **10 Years:** | |  | | | |  | | | **10 Years:** | | | | | |  | | | |  | |
| **15 Years:** | |  | | | |  | | | **15 Years:** | | | | | |  | | | |  | |
| **20 Years:** | |  | | | |  | | | **20 Years:** | | | | | |  | | | |  | |
| Population Source: | | | | | | | | | SFEs Factor(s): | | | | | | | | | | | |
| **F. WUSA population modification purpose.** | | | | | | | | | | | | | | | | | | | | |
| The applicant shall briefly explain the reason for the WUSA population modification. | | | | | | | | | | | | | | | | | | | | |
| **G. CDPS Permit, Primary Effluent Limits (PELs), or Notice of Authorization (NOA) requirements and constraints, Appendix D.** | | | | | | | | | | | | | | | | | | | | |
| ***CDPS permit or PELs description and information:*** | | | | | | | | | | | | | | | | | | | | |
| a) CDPS #: | | | | | | | | Expiration Date: | | | | | | | | | | | | |
| b) PELs #: | | | | | | | | Expiration Date: | | | | | | | | | | | | |
| c) CDPS Status: | | | | | Active: | | | | | | | | Administratively Extended: | | | | | | | |
| NOA #: | | | | | | | | | | | | | | | | | | | | |
| Other CDPS or PELs info: | | | | | | | | | | | | | | | | | | | | |
| d) Will the WUSA population modification increasing or decreasing create any difficulties in meeting the water quality limits of the CDPS, PELs, or NOA:  Explain: | | | | | | | | | | | | | | | | | | | | |
| **H. Performance of Existing WWTF regarding the water quality-based limits of the CDPS, PELs, or NOA, Appendix E-F.** | | | | | | | | | | | | | | | | | | | | |
| Regarding the performance of the receiving WWTF and the permitted water quality planning targets as developed in coordination with the Division, will the WWTF have any difficulties or special treatment requirements for meeting the CDPS, PELs, or NOA water quality planning targets concerning the WUSA population modification (Appendix D)? The applicant must provide an overview of the receiving WWTF describing the treatment process, including a flow schematic, Appendix E. | | | | | | | | | | | | | | | | | | | | |
| **I. 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 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 | | |  | | | |  | | | | | | |  | | | | | |  |
| **J. Stream Segment WID & EPA Classifications and Assessments** | | | | | | | | | | | | | | | | | | | | |
| 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 Description: | | |  | | | | | | | | | | | | | | | | | |
| Affected Use | | | Analyte | | | | | | | | | Category / List | | | | | | Priority | | |
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| **K. Discharge Downstream Distances; NFRWQPA GIS Database;** [**https://data-nfrwqpa.hub.arcgis.com/**](https://data-nfrwqpa.hub.arcgis.com/) | | | | | | | | | | | | | | | | | | | | |
|  | a) 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:* | | | | | | | | | | | | | | | | | | | |
| b) 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:* | | | | | | | | | | | | | | | | | | | |
|  | c) Will the additional discharge of the WUSA boundary amendment 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:* | | | | | | | | | | | | | | | | | | | |
| **L. WUSA Collection System needs.** | | | | | | | | | | | | | | | | | | | | |
| The applicant must provide the collection system requirements, sizing, pipe type, and staging, including any lift stations, needed to be constructed to serve the WWTF regarding the WUSA population modification. | | | | | | | | | | | | | | | | | | | | |
| **M**. **Capital Improvements Schedule** | | | | | | | | | | | | | | | | | | | | |
| Capital improvements implementation plan and schedule, including the estimated construction time and the estimated date upon which the collection system or WWTF will need to accommodate the projected WUSA population modification flows and loads. | | | | | | | | | | | | | | | | | | | | |
| **N. Management Capabilities - Intergovernmental Agreement(s) (IGAs), Appendix I.** | | | | | | | | | | | | | | | | | | | | |
| Management capabilities for controlling the wastewater loadings within the proposed treatment works’ 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 New WWTF, including collection systems to be served by the New WWTF, and capacity sharing agreements. Including contracts to pay for acceptable waste treatment. IGAs may be simple nonlegal agreements that document agencies agree to the New WWTF, or agree to be served by the New WWTF. These IGAs ensure long term 208 planning collaboration between agencies concerning WUSA boundaries and consolidation WWTFs (5-mile radius). | | | | | | | | | | | | | | | | | | | | |
| **O. Capacity Sharing Agreements, Appendix J.** | | | | | | | | | | | | | | | | | | | | |
| Where capacity in domestic wastewater treatment works is shared between two or more entities, the entities must have entered into a capacity sharing agreement. The capacity sharing agreement must include terms that define the capacity allocations of the treatment works amongst the parties and terms for initiating the expansion of capacity and provisions for design capacity changes (increase or decrease). The applicant must submit the agreements with the 208 AWQMP amendment application. | | | | | | | | | | | | | | | | | | | | |
| **P. 208 Areawide Water Quality Management Plan Considerations.** | | | | | | | | | | | | | | | | | | | | |
| For amendments updating an agency’s population projection 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. | | | | | | | | | | | | | | | | | | | | |
| **Q. Agency Point Source Inventory Data, Appendix K.** | | | | | | | | | | | | | | | | | | | | |
| Include an updated Agency’s Point Source Inventory Data summary from the NFRWQPA website, <https://nfrwqpa.colorado.gov/agency-point-source-data-inventory>. | | | | | | | | | | | | | | | | | | | | |

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| **R. 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 L) |  | | | Site Location Approved Capacity | |  | |
| **Proposed WUSA population modification 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 flows and loads from the proposed wastewater utility service area population modification.  (initial in box). | | | | | | |  |
| OR | | | | | | | |
| I certify that the receiving treatment plant does not currently have the capacity to serve the proposed wastewater utility service area flows and loads 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 flows and loads from the proposed wastewater utility service area population modification. (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 wastewater utility service area projected population modification. | | | | | | | |
| **Receiving Treatment Entity Representative** | | | | | | | |
| Position/Title: | Typed Name: | | Signature: | | | | Date: |
| Email: | | | Phone: | | | | |

### Referral Agencies Signatures Page

*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, and discharge location

### Appendix C

### WUSA land use and zoning maps

### Appendix D

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

### Appendix E

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

### Appendix F

### Receiving WWTF overview and Flow schematic

### Appendix G

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

### Appendix H

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

### Appendix I

### Intergovernmental Agreements (IGAs)

### Appendix J

### Capacity Sharing Agreements

### Appendix K

### Agency Point Source Inventory Data

### Appendix L

### Wastewater Treatment Facility Site Application Approval