

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Water Quality Control Division
4300 Cherry Creek Drive South
Denver, Colorado 80246-1530
(303) 692-3500

APPLICATION FOR SITE LOCATION APPROVAL FOR EXPANSION OF
AN EXISTING DOMESTIC WASTEWATER TREATMENT WORKS
(Section 22.5, of Regulation 22)

Applicant: _____ Phone: _____

Address: _____

City, State, Zip: _____

Email Address _____

Primary Contact (for project inquiries): _____ **Phone:** _____

Consulting Engineer: _____ Phone: _____

Address: _____

City, State, ZIP: _____

Email Address _____

A. Summary of information regarding existing wastewater treatment plant:

1. Existing Location (Legal Description): _____ 1/4, _____ 1/4, Section _____

Township: _____ Range: _____ County: _____

Lat. _____ Long. _____ for Wastewater Treatment Works

2. Type and capacity of treatment facility proposed: _____

Processes Used: _____

Hydraulic: _____ gal/day (maximum monthly average) Organic: _____ lbs. BOD₅/day

Present PE: _____ Design PE: _____ % Domestic: _____ % Industrial: _____

3. Location of Facility:

Attach a map of the area, which includes the following:

(a) 5-mile radius: all sewage treatment plants, lift stations, and domestic water supply intakes.

(b) 1-mile radius: habitable buildings, location of public and private potable water wells, and an approximate indication of the topography.

4. Effluent disposal: Surface discharge to watercourse (name) _____

Subsurface disposal _____ Land Application _____ Evaporation _____

Other (list): _____

5. Will a State or Federal grant/loan be sought to finance any portion of this project? _____

6. Present zoning of site area? _____

Zoning within a 1-mile radius of site? _____

7. What is the distance downstream from the discharge to the nearest domestic water supply intake? _____

Name of Supply: _____

Address of Supply: _____

What is the distance downstream from the discharge to the nearest other point of diversion? _____

Name of User: _____

Address of User: _____

8. Who has the responsibility for operating the proposed facility? _____

9. Who owns the land upon which the facility will be constructed? _____

(Please attach copies of the document creating authority in the applicant to construct the proposed facility at this site.)

10. Estimated project cost: _____

Who is financially responsible for the construction and operation of the facility? _____

11. Names and addresses of all municipalities and water and/or sanitation districts within 5-miles downstream of the proposed wastewater treatment facility site. _____

(Attach a separate sheet of paper if necessary)

12. Is the facility in a 100-year flood plain or other natural hazard area? _____

If so, what precautions are being taken? _____

Has the flood plain been designated by the Colorado Water Conservation Board, Department of Natural Resources, or other agency? _____

(Agency Name)

If so, what is that designation? _____

13. Please identify any additional factors that might help the Water Quality Control Division make an informed decision regarding your application for site approval. _____

(Attach a separate sheet of paper if necessary)

B. If the facility will be located on or adjacent to a site that is owned or managed by a federal or state agency, send the agency a copy of this application for the agency's review and recommendation.

C. Recommendation of governmental authorities:

Please address the following issues in your recommendation decision. Are the proposed facilities consistent with the comprehensive plan and any other plans, policies, and/or regulations for the area, including the 201 Facility Plan or 208 Water Quality Management Plan, as they affect water quality? If you have any further comments or questions, please call (303) 692-3500.

<u>Date</u>	<u>Recommend</u> <u>Yes</u>	<u>Approval</u> <u>No</u>	<u>Signature and Title of</u> <u>Representative</u>
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1. _____
Management Agency (if different from entities listed below) Typed

2. _____
County (if site is located in an unincorporated area of the County)

3. _____
City or Town (if site is located within 3 miles of the boundaries of a City or Town)

4. _____
Local Health Authority

5. _____
208 Management Agency

I certify that I am familiar with the requirements of the "Site Location and Design Approval Regulations for Domestic Wastewater Treatment Works". An engineering report, as described by the regulations, has been prepared and is enclosed.

Date _____
Signature of Applicant* Typed Name and Title

***This form must be signed by the applicant. This form cannot be signed by the Consulting Engineer.**