



# LIFT STATION REMOVED FROM DESIGNS. APPLICATION NO LONGER REQUIRED

## Regulation 22 Site Location Application Form Section 22.9 - Lift Station

A. Project and System Information				
System Name	Village Camp Durango Private Lift Station			
Project Title	Village Camp Durango			
County	La Plata			
Associated CDPS Permit No.	Unknown			
Date Fee Paid or payment attached		Invoice Number and Check Number		
Design Company Name	Short Elliott Hendrickson, Inc. (SEH*)			
Design Engineer	Travis Mooney	CO License Number	51259	
Address	934 C Main Ave Durango, CO 81301			
Email	tmooney@sehinc.com	Phone	970.759.9009	
Applicant/Entity	Durango River View RV Resorts, LLC			
Representative Name	Brian Fero / Natl Director of Land Development			
Address	8250 E Raintree Dr, Ste 22 Scottsdale, AZ 85260			
Email	bfero@robertsrc.com	Phone	480.450.4790	
B. Project Information				
Location (existing or proposed site)		Proposed Project Capacity		
Brief location description	876 CR 252	Firm Pumping Capacity (capacity with the largest unit out of service)	60 GPM	
Legal Description (e.g., Township, Range)	Section 15, T36N, R9W, NMPM	Service Area Flow to Lift Station (maximum month average flow)	0.86 MGD	
County	La Plata	Service Area Flow to Lift Station (peak hour flow)	4,600 GPH / 0.028 MGD	
Latitude	37° 23' N			
Longitude	107° 27' W			
Funding Process	Will the State Revolving Fund (SRF) loan program be used to finance any portion of the project?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes, please list project number
Project Schedule and Cost Estimate				
Estimated Bid Opening Date	08/31/2023			
Estimated Completion Date	05/01/2023 <b>5/1/2024</b>			
Estimated Project Cost	\$200,000			

**Project and System Information**

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Associated CDPS Permit No.	Unknown

**Treatment Entity Information**

- |    |  |
|----|--|
| 1. | Name and address of the treatment plant providing treatment (Receiving treatment entity must fill out "Receiving Wastewater Entity Certification") |
|    | Hermosa Sanitation District  |

**Site Information**

- |    |  |
|----|--|
| 2. | <b>Vicinity maps of site location which includes the following:</b><br>a) 5-mile radius map: all treatment plants, lift stations and domestic water supply intakes<br>b) 1-mile radius map: habitable buildings (e.g., residences, schools, and commercial structures), location of public and private potable water wells, an approximate indication of the topography of the area, and neighboring land uses.<br>Maps are attached at the end of this form |
|    |  |
| 3. | <b>Site Location Zoning</b>  |
|    | a) Present zoning of the site location?<br>General Commercial  |
|    | b) Zoning within a one (1) mile radius of the site location?   |
|    | Industrial, General Commercial, Neighborhood Commercial, High Density Single Family/PUD, Multi-Family Residential, 1 Acre Single Family Residential, 3 Acre Single Family, 10 Acre Single Family, 15 Acre Single Family, River Corridor  |
| 4. | <b>Flood Plain and Natural Hazards</b>   |
|    | a) Is the site located in a 100-year flood plain or other natural hazard area? If so, what precautions are being taken?<br>Site is, not lift station. See BDR for design details and protections   |
|    | b) Has the flood plain been designated by the Colorado Water Conservation Board, Department of Natural Resources or other agency? If so, please list agency name and the designation.<br>FEMA  |
|    |  |
| 5. | <b>Legal Arrangements Demonstrating Control of the Site</b>  |
|    | Please provide the 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.<br>Lift station is on privately owned parcel it will serve only the parcel it is on.  |

**Lift Station Information**

- |    |   |
|----|---|
| 6. | Please describe the period during which service area build-out will occur.<br>2023-2027   |
|    |   |
| 7. | Please describe the flows/loadings expected in the first five years operation. Also provide the flow/loading projections showing projected flow and loading over the following 20 years.<br>refer to BDR, Section 2           |
|    |   |
| 8. | Will the proposed lift station replace an existing lift station?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
|    | If Yes, please describe the current flows and loadings that will be switched to the proposed lift station.  |
|    |   |
| 9. | Describe emergency back-up system in case of lift station and/or power failure to minimize the possibility of sanitary sewer overflows and health hazards to the public and operations personnel.<br>refer to BDR, Appendix B |
|    |   |

**Project Information**

10.	What entity is financially responsible for the construction of the treatment works?
	No construction of treatment works included in project
11.	What entity has the financially responsibility for owning and long term operating expense of the proposed treatment works?
	Hermosa Sanitation District
12.	What entity has the responsibility for managing and operating the proposed treatment works after construction?
	Hermosa Sanitation District

**Additional Factors**

13.	Please identify any additional factors that might help the Division make an informed decision on your site location application.
	Project is a privately owned lift station, discharging to Hermosa Sanitation District. Lift Station is on single parcel it will serve, which is adjacent to Sanitation District - collections cross no other properties. Net flows under 30,000 GPD.

## Applicant Certification and Review Agencies Recommendation


### Section 22.9 - Lift Station

Project and System Information	
System Name	Village Camp Durango Private Lift Station
Project Title	Village Camp Durango
County	La Plata
Associated CDPS Permit No.	Unknown

#### 1. Applicant Certification

I certify that I am familiar with the requirements of *Regulation 22 - Site Location and Design Regulations for Domestic Wastewater Treatment Works*, and have posted the site location in accordance with the regulations. An engineering report, as described and required by the regulations, has been prepared and is enclosed.

#### Applicant Legal Representative

Position/Title Nat'l Director of Land Development	Typed Name Brian Fero	Signature 	Date 8/3/23
Email bfero@robertsrc.com	Phone 480.450.4790		

The system legal representative is the legally responsible agent and decision-making authority (e.g. mayor, president of a board, public works director, owner). The Design Engineer is not the legal representative and cannot sign this form.

#### 2. Recommendation of Review Agencies

As required in Sections 22.9(1)(c) and 22.9(1)(d), the application and the engineering report must be submitted to all appropriate local governments, local health authority, 208 designated planning and management agencies and other state or federal agencies for review and comment prior to submittal to the Division. By signing below, the review agency: 1) acknowledges receipt of the proposed site location application, 2) has reviewed the proposed application and may elect to provide comments, and 3) has provided a recommendation concerning the application to the Division. The recommendation should be based on the consistency of the proposed site location application with the local comprehensive plan(s) as they relate to water quality and the approved regional water quality management plan(s). *Please note: Review agencies are encouraged to provide project comments; however, if a review agency does not recommend approval then the agency must attach a letter describing the reason for their decision or comment on the next page.*

#### Signature of designated Management Agency (i.e., Water Quality Authority, Watershed Association, Watershed Authority)

Agency	Typed Name	Signature	Date				
Email	Phone	Recommend Approval?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>						
No	<input type="checkbox"/>						

#### Signature of County, if the site is located in unincorporated areas of a county

County	Typed Name	Signature	Date				
Email	Phone	Recommend Approval?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>						
No	<input type="checkbox"/>						

#### Signature of City or Town, if the site is located within a City/Town boundary or within three miles of the City/Town boundary (if multiple, attach additional sheets as needed)

City/Town	Typed Name	Signature	Date				
Email	Phone	Recommend Approval?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>						
No	<input type="checkbox"/>						

#### Signature of Local Health Authority

Agency	Typed Name	Signature	Date				
Email	Phone	Recommend Approval?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>						
No	<input type="checkbox"/>						

#### Signature of 208 Designated Planning Agency

Agency	Typed Name	Signature	Date	
Email		Phone	Recommend Approval?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Signature of other State or Federal Agencies, if treatment works is located on or adjacent to a site that is owned or managed by a federal or state agency.</b>				
Agency	Typed Name	Signature	Date	
Email		Phone	Recommend Approval?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Signature of other undesignated Basin Water Quality Authority, Watershed Association, Watershed Authority, etc.</b>				
Agency	Typed Name	Signature	Date	
Email		Phone	Recommend Approval?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Review Agency Comments:**



**Department of Public Health & Environment**

**Engineering Section**

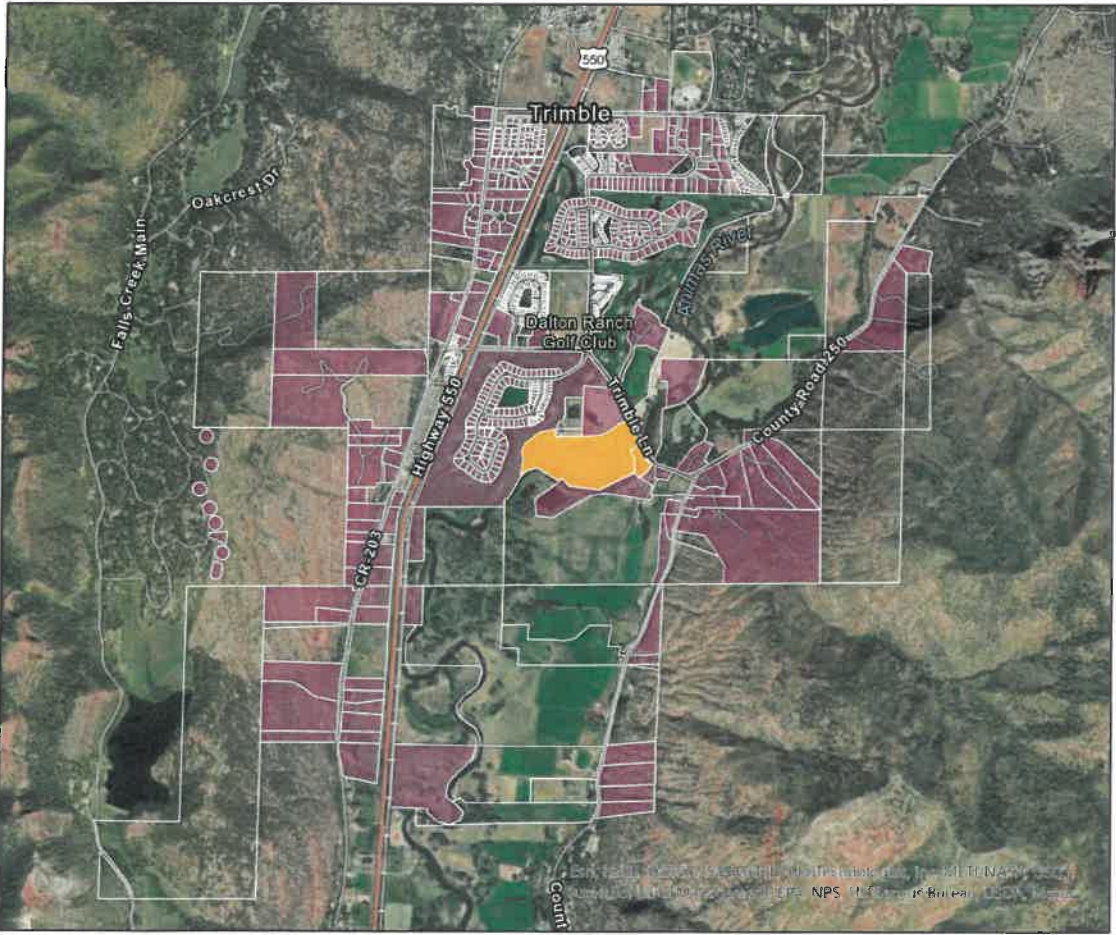
4300 Cherry Creek Drive South, B2  
Denver, Colorado 80246-1530  
[CDPHE.WQEngReview@state.co.us](mailto:CDPHE.WQEngReview@state.co.us)  
303-692-6298

**Wastewater Receiving Entity Certification  
Section 22.9 - Lift Station**



<b>Project and System Information</b>			
System Name	Village Camp Durango Private Lift Station		
Project Title	Village Camp Durango		
County	La Plata		
<b>Receiving Treatment Entity Information - Certification of Available Treatment Capacity</b>			
Receiving Treatment Entity	Hermosa Sanitation District	Receiving Treatment Plant	
CDPS Permit No.		Permit Capacity	
Site Location Approval No. (attach copy of approval)	in process	Site Location Approved Capacity	
<b>Proposed treatment works capacity impacts on receiving treatment plant (projected at buildout or 20-years)</b>			
Proposed maximum month average hydraulic capacity:		0.028	MGD
Proposed peak hour hydraulic capacity:		0.112	MGD
Proposed maximum month average organic loading capacity:		74	lbs BOD <sub>5</sub> /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)	
<b>Treatment Certification - Section 22.9(1)(b)(v)(A)</b>			
Yes, the treatment entity will provide treatment	<input checked="" type="checkbox"/>	No, the treatment entity will not provide treatment	<input type="checkbox"/>
<b>Capacity Certification - Section 22.9(1)(b)(v)(B)</b>			
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			
Note: 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.			
<b>Compliance Status Certification - Section 22.9(1)(b)(v)(C)</b>			
I certify that the receiving treatment plant has not been in violation of any effluent limitations in its discharge permit for the last two years (initial in box).			
I certify that the receiving treatment plant is not operating under a Notice of Violation and/or Cease and Desist Order from the Division resulting from discharge permit violations (initial in box).			
Note: 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, please provide additional description of the situation and the treatment entity's proposed corrective measures to achieve consistent compliance. The Division will evaluate information provided and determine if approval should be granted, granted with conditions, or denied.			
<b>Signature of Treatment Entity Representative certifying that the information presented above is accurate and complete.</b>			
Position/Title	Typed Name	Signature	Date
Email	Phone		

# 1-Mile Radius Map - Parcels Containing Habitable Buildings



- Parcels within 1-Mile Radius
- Project Location
- Parcels with a Habitable Building

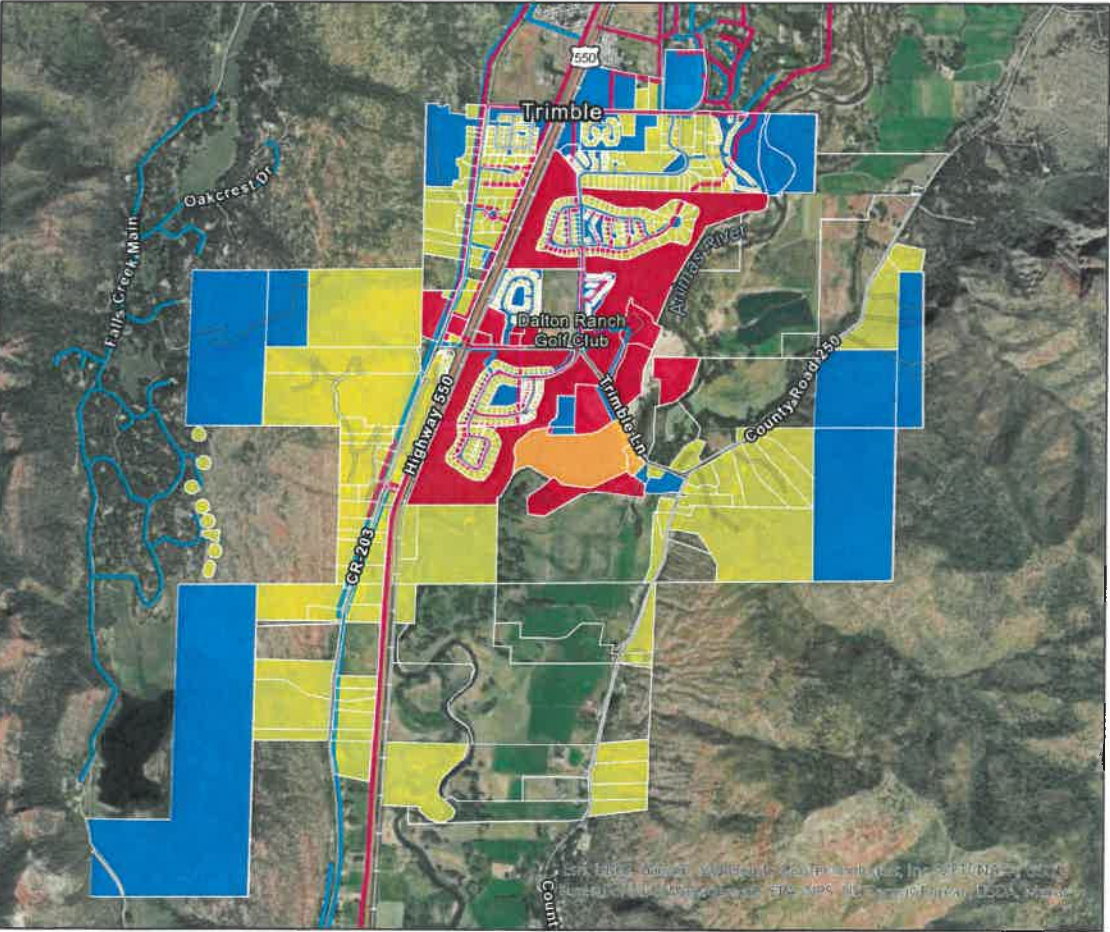


Esri, HERE/DeLorme,  
SafeGraph, FAO, METI/  
NASA, USGS, Bureau of  
Land Management, EPA,  
Land Management, EPA,  
NPS

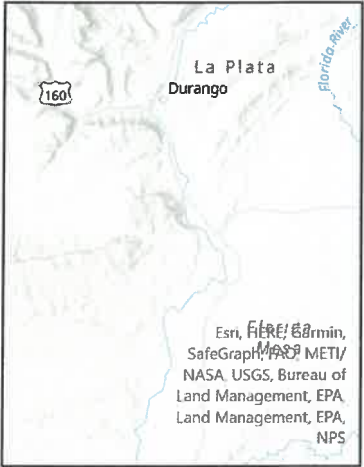




# 1-Mile Radius Map

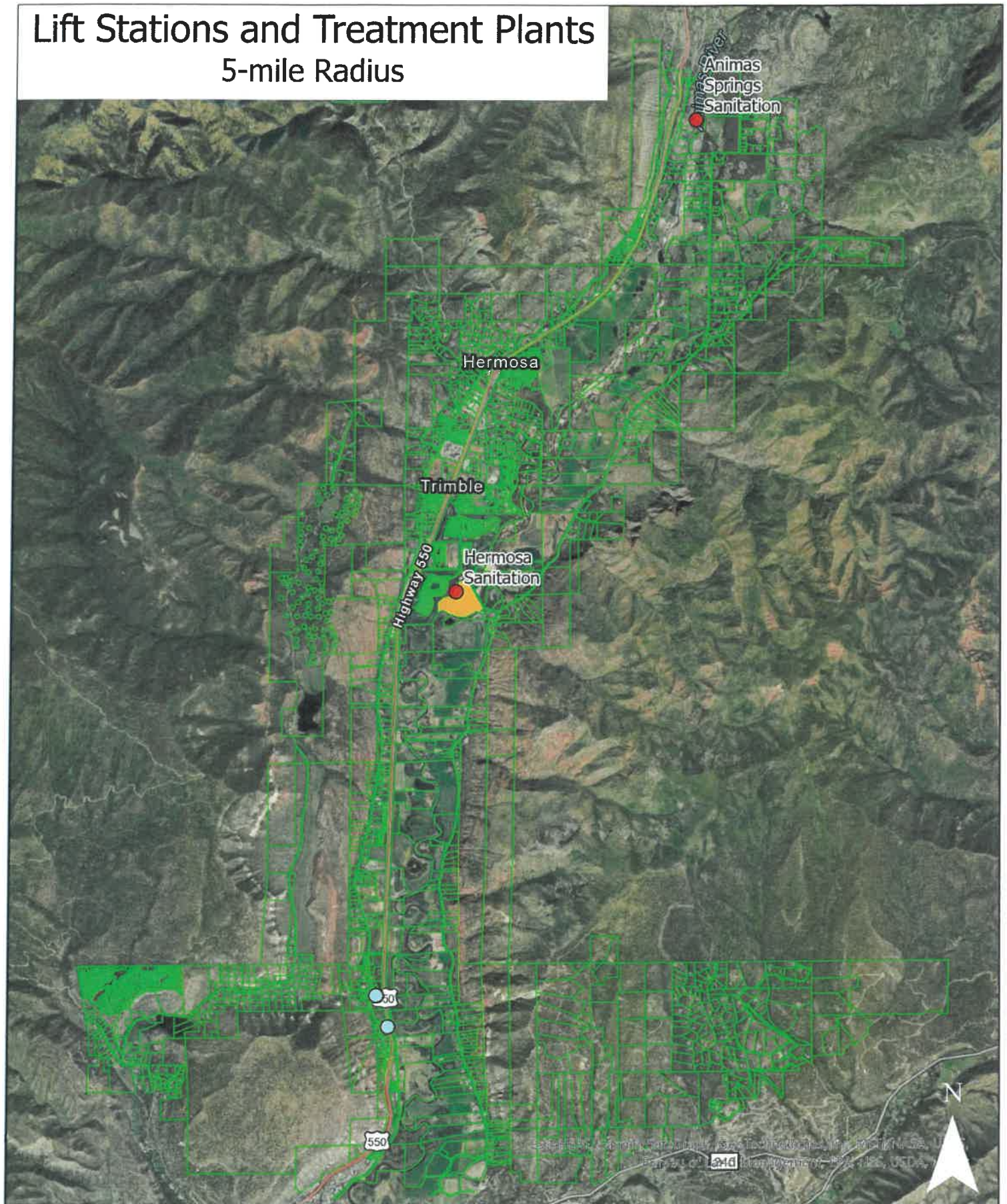


- Parcels within 1-Mile Radius
- Assessed Land Use
- COMMERCIAL
  - EXEMPT
  - RESIDENTIAL
  - CountyWideSewerLines
  - CountyWideWaterLines
  - Project Location





# Lift Stations and Treatment Plants 5-mile Radius



0 1.25 2.5 5 Miles

- Sewer Lift Station
- Sewer Treatment Plant
- La Plata County Parcels
- 5 mile radius
- Project Location