



**Water Quality Control Division
Engineering Section**

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Colorado Department
of Public Health
and Environment

**Applicant Certification and Review Agencies Recommendation
Section 22.7 of Regulation 22: Interceptor Sewers Not Eligible for Certification and Lift Stations**

A. Project and System Information	
System Name	Arrowhead Mobile Home Park
Project Title	Arrowhead Mobile Home Park Lift Station
County	El Paso

1. Applicant Certification

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

Applicant Legal Representative (e.g. Public Works Director)	Date	Typed Name	Signature
Owner	6/10/18	Dayton Orsburn	

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 Consulting Engineer is not the legal representative and cannot sign this form.

2. Recommendation of Review Agencies

As required in Section 22 7(2 and 3), the application and the engineering report must be submitted to all appropriate local governments, 208 planning agencies and State agencies for review and comment prior to submittal to the Division. By signing below, the entity or agency: 1) acknowledges receipt of the proposed site location application; 2) has reviewed the proposed site location application and may elect to provide comments; and 3) has provided a recommendation 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 any adopted water quality management plan(s). Please note: If a governmental authority does not recommend approval then the authority must attach a letter describing the reason for their decision or comment on the next page.

Signature of County, if proposed facility is located in unincorporated areas of a county			
Role	Date	Typed Name / Agency	Signature
ASST Director	10/31/18	El Paso County	
			Recommend Approval? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Signature of City or Town, if site is located within three miles of the City/Town boundary			
Role	Date	Typed Name / Agency	Signature
			Recommend Approval? Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Local Health Authority			
Role	Date	Typed Name / Agency	Signature
EH Manager	8-13-18	El Paso County Department of Health & Environment	
			Recommend Approval? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Signature of 208 Planning Agency			
Role	Date	Typed Name / Agency	Signature
CHAIR	5/8/18	Pike's Peak Area Council of Local Governments	
			Recommend Approval? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>