	СТ	DPH Proj. #:
Public Water System (PWS) Name	PWSID	(DPH to assign)

Please note this is <u>not</u> an application for a loan.

Name/title of the project:		
Full Legal Name of Public Water System Applica	ant	PWSID Number (CTxxxxxxxx)
Authorized PWS Representative		
Name:	Title:	
Mailing Address:		
Telephone:	Fax:	
Email:		
	. 15	
Project Contact Person (If different than the Authonian) Name:	Title:	
name.	Tide.	
Mailing Address:		
Telephone:	Fax:	
Email:		
WATER SYSTEM TYPE AND SERVICING		
System Type: ☐ Community PWS ☐ Non-Profit N	Non-Community PWS	Other (explain)
Is this PWS a Not-for-Profit water company?	s	
Is this a municipality-owned PWS? Yes No If yes, is the Municipal Plan of Conservation and		□Yes □No
Total population served by water system:		
Population to be served by the proposed project (se	ee instructions):	<u>.</u>
Current number of service connections supplied by	the water system:	<u>.</u>
Number of service connections supplied by the proposition of the proposition of the project provide water service to additional substitution of the project provide water service to additional substitution of the project consolidate or interconnect an and the project consolidate or interconnect and the project public water System (b) Will this project serve homes with private wells or quantity issues?	service connections not all No (move on to next ques existing PWS? Consolidation Form)	ready being supplied by this PWS? tion)
Yes (complete Private Well Consolida	ation Form) No	
c) Other situation not covered by a) or b): Ye		ation) 🗌 No
Is the PWS regulated by the DEEP Public Utilities R If yes, please note that you may be required to Progress (CWIP) documentation prior to a fund	submit the appropriate fir	•

Public Water System (PWS) Name

DPH Project # (DPH to assign)

State of Connecticut – Department of Public Health Drinking Water State Revolving Fund – Project Eligibility Application

PROJECT COSTS - AMOUNT OF DWSRF REQUEST

		· ·		
Estimated Total project cost:		t: \$		
Estimated Total amo	=: \$			
Estimated amount from other sources: \$				
Identify other funding sources:		·		
Basis of Estimate:				
Breakdown of DWSRF request: (check all that apply)	Anticipated Procurement Date (month & year)	Anticipated Contract Execution Date (month & year)	Estimated Amount from DWSRF	
Feasibility Study/Preliminary Engineering or Other Planning			\$	
☐ Final Design			\$	
☐ Construction			\$	
Does this amount include:	☐ Construction Oversight		Easement	
(check all that apply)	☐ Closing Costs		Contingencies	
If yes, list services: Any contract executed without prior E	PPH approval is not eligible	e for funding.		
PROJECT DESCRIPTION Provide a brief description (summary) of project was preferred. Also explain the ir an approximate age of the current infrast	npact this project will have o	n the water system. If p	ossible, please include	

Public Water System (PWS) Name

DPH Project # (DPH to assign)

State of Connecticut – Department of Public Health Drinking Water State Revolving Fund – Project Eligibility Application

PROJECT LOCATION & ENVIRONMENTAL CONSIDERATIONS

Please identify the physical location (address) of the project. Attach a scaled map showing the project location, the delineated Conservation and Development areas, and other pertinent environmental information. If available, please provide the nearest GPS coordinates of the project location. For a water main, provide the start and end points.
Identify any potential obstacles that could prevent or delay this project from moving forward, including environmental considerations.
PROJECT BENEFITS
Describe the public health and environmental benefits that would be achieved with this project. (attach a separate sheet if necessary):

ASSET AND FISCAL MANAGEMENT PLANS

Public Act No. 18-168 §61 requires Asset and Fiscal Management Plans for small community water systems. These plans must be in place by January 1, 2021. Refer to Circular Letter 2019-01 and the Capacity Development webpage for more information. These plans are recommended for all community water systems.

In order for a small water system to be eligible for federal subsidy with a DWSRF loan, the system must have an Asset Management Plan currently in place, or agree to prepare one.

Does this public water system have an Asset Management Plan? Yes No Does this public water system have a Fiscal Management Plan? Yes No

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М	ublic	vvater	System	(PVV5)	mame

DPH Project # (DPH to assign)

State of Connecticut – Department of Public Health Drinking Water State Revolving Fund – Project Eligibility Application

PROJECT READINESS INFORMATION

Only those elements (planning, design, construction) of eligible projects that can result in executed contracts and DWSRF loan agreements within a state fiscal year funding cycle may receive funding. Elements of eligible projects that cannot result in executed contracts and DWSRF loan agreements will be eligible to receive funding in future funding cycles. This section must be completed in order for the DPH to determine those elements of a project that can be funded during this funding cycle.

PROJECT READINESS

1 NOCEO I NEMERO
Indicate type(s) of local funding authorization(s) (i.e. town council, referendum, local board, etc.) necessary for this
project:
Provide a list showing any that have been obtained with the date, and those that still need to be obtained and the
date those are expected to be obtained.
What phase(s) of the project do these local funding authorization(s) cover? (check all that apply)
Planning Design Construction
Has a Preliminary Engineering Report, or similar project planning report, been prepared for this project?
Yes Date report was completed: (you may submit report with this EA)
☐ No Anticipated date the report will be completed:
Is the final design of the project complete?
Yes Date final design was completed:
No Anticipated date the design will be completed:
Have bid specifications been prepared for this project?
Yes Is the project ready for competitive bidding?
☐ Yes ☐ Yes
No Anticipated date it will be ready for competitive bidding:
☐ No Anticipated date bid specifications will be available:
Have all sites, easements or rights-of-way necessary to assure undisturbed construction and operation and
maintenance of the proposed project been acquired?
☐ Yes Submit a list of those sites, easements and rights-of-way
□ No Submit a list of those sites, easements, or rights-of-way that are necessary, their status, and when
they are anticipated to be acquired.
☐ Not determined yet
Has the project obtained all required local approvals to proceed (e.g. planning & zoning, inland wetlands, etc.)?
Yes Submit a list of all necessary local approvals and/or permits for this project, the local issuing entity,
and date at which the approval or permit was obtained.
☐ No Submit a list of all necessary local permits or approvals for this project, the local issuing entity and the
current status of each
_
☐ Not determined yet
Has the project obtained all State permits or approvals needed for this project (i.e. DEEP diversion permits, DOT
permits, DPH change of use permits, etc.)? ** See note below **
☐ Yes Submit a list of all necessary state agency approvals and/or permits for this project, the state issuing
entity, and date at which the approval or permit was obtained.
□ No Submit a list of all necessary state agency approvals and/or permits for this project, the state issuing
entity and a status for each
☐ Not determined yet
What is the anticipated start date for construction of this project?
· · · · · · · · · · · · · · · · · · ·
Please ensure that time to obtain all authorization and approvals noted above, along with necessary
DWSRF Program approvals, has been taken into consideration in determining this anticipated date.
NOTE: For purposes of answering the question regarding permits, state permits include permits issued by the DPH
(i.e. Sale of Excess Water, Water Company Land, etc.); however, state approvals DO NOT include any approvals
that are associated with the DPH DWSRF review process (technical project review & approval, pre-bid document
review & approval, authorization to award contract)

SIGNATORY SHEET

PLEASE SIGN AND DATE THE FOLLOWING STATEMENT:

As the duly authorized representative of the applicant, I understand that in evaluating this application, the State of Connecticut has relied upon the information provided to evaluate the enclosed project proposal. If such information subsequently proves to be incomplete, inaccurate, false and/or deceptive, this application may be modified, suspended or revoked.

Further, I understand that this application may also be suspended or revoked if it is found that any conditions(s) set forth by the State of Connecticut have been violated or if such an action is necessary to maintain the purity or adequacy of the water supply or public health.

I hereby agree to comply with all applicable requirements of other State and Federal laws, Executive Orders, regulations and policies governing this program and am fully aware that any modifications to the proposed project plan once it has been approved and priority ranked may significantly affect our eligibility ranking and/or opportunity to secure DWSRF financing.

I understand that this application (including any attachments thereto) and any other documents, records or information that I submit to the State of Connecticut in connection with the DWSRF program shall be public records, except as otherwise provided by any federal law or state statute. I further understand that third parties may have access to such public records as required under the Connecticut Freedom of Information Act, Connecticut General Statutes, Section 1-7 through Section 1-211, as amended.

I understand that entering into any contracts or agreements for this project without receiving prior written approval from the Department may prevent a particular service from being funded by the DWSRF.

I understand that this is not an application for a loan, but only to provide information to enable the Department of Public Health to evaluate the project for funding eligibility under the DWSRF program. Submittal of this application is necessary in order to be eligible for a loan.

Signature of Authorized Representative of Public Water System (PWS)	Date	
Print Name of Person Signing		
Print Title of Person Signing		

PROJECT RANKING POINT SELECTION

Please check all that apply. Adequate documentation or justification must be included with the application in order to qualify for points. Refer to the <u>Instructions</u> for additional information of each item.

Check below Category 1: Water Quality

Activity #	a. Immediate Action	Points	Exclusions ¹
1	Surface Water Treatment Rule Violation	50	None
2	Microbiological MCL Violation (E. Coli)	50	1
3	Nitrate MCL Violation	50	None
4	Nitrite MCL Violation	50	None
5	Lead Action Level Exceedance ²	50	None
6	DPH Determination of Acute Health Risk for Other Contaminants	50	None
7	Arsenic	40	None
Activity #	b. Non-Acute MCL Violations	Points	<u>Exclusions</u> ¹
8	Radioactivity MCL Violations	30	None
9	Inorganic Chemical MCL Violations	30	3-7
10	Organic Chemical MCL Violations (excluding total trihalomethanes)	30	None
11	Pesticides, Herbicides and PCBs MCL Violations	30	None
12	Disinfection By-Product MCL Violations	30	None
Activity #	c. Other Contaminants of Health Concern	Points	<u>Exclusions</u> ¹
13	DPH Action Level Exceedance (excluding lead and copper)	25	5
14	Contaminant Exceeds 50% of MCL	20	1-12
15	Copper Action Level Exceedance	20	5,13
16	Sodium Notification Level Exceedance	5	9
Activity #	d. Physical/EPA Secondary MCL Exceedances	Points	<u>Exclusions</u> ¹
17	Turbidity Limit Exceedance	10	1
18	Odor Limit Exceedance	10	None
19	Color Limit Exceedance	10	None
20	pH Outside Range of 6.4 - 10	10	None
21	EPA Secondary MCL Exceedance	10	9,13,14,18-20
Activity #	e. Private Wells (complete Private/Non-Public Well Consolidtion Form)	Points	Exclusions ¹
22	Water Main Extension to Serve Private Wells with MCL Violations or Action Level Exceedances	30	1-21, 23
23	Creation of New PWS to Serve Private Wells with MCL Violations	30	1-22

^[1] Exclusion column indicates activity #'s that would be ineligible for additional points if the activities associated with those points are the same. Where 2 or more activities conflict the higher point activity shall be assigned to the project. These potential exclusions are typically displayed with the lower point value activity.

^[2] Eligible schools and child care facilities with lead levels at or above 75% of the lead action level would qualify for this activity.

Check below Category 2: Advanced Surface Water Treatment (Maximum 15 pts from this category)

	Activity #	Elements	Points	Exclusions ¹
	24	Treatment Plant Upgrades to Address Future Known SDWA Rule or Requirement	15	None
	25	Treatment Plant Upgrades to Address Emerging Contaminants	10	None

Category 3: Water Supply / Conservation

Activity #	a. Source Water Deficits (Maximum 40 pts from this subcategory)	Points	Exclusions ¹
26	New Groundwater Well Development	40	None
27	Rehabilitation of Existing Groundwater Wells	40	None
28	Interconnection to Purchase Water from Another Community PWS	40	None
Activity #	b. System Capacity Deficits	Points	Exclusions ¹
29	System Capacity Deficit	20	None
Activity #	c. Source Development (Maximum 10 pts from this subcategory)	Points	Exclusions ¹
30	New Groundwater Well Development	10	26
31	Rehabilitation of Existing Groundwater Wells	10	27
Activity #	d. Conservation/Water Loss Reduction	Points	Exclusions ¹
32	Installation of Source Water Meters (previously unmetered) ³	25	26-28, 30,31
33	Installation of Distribution Meters (previously unmetered) ³	25	None
34	Replacement of Source or Distribution Meters ³	15	None
35	Incorporation of Advance Metering Infrastructure (AMI) technology (real-time metering)	10	None
36	Water Transmission Main Rehabilitation or Replacement	15	None
37	Water Distribution Main Rehabilitation or Replacement	10	None
38	Project Will Significantly Reduce Water Loss (i.e. Unaccounted-for or Non-Revenue Losses)	10	32-35
Activity #	e. Water Main Extension to Replace Private Wells with Inadequate Supply	Points	Exclusions ¹
39	Water Main Extension (complete Private/Non-Public Well Consolidtion Form)	30	1-21, 23

^[3] The primary purpose of the project must be for the installation or replacement of meters to qualify for these points.

Check below Category 4: Infrastructure Violations/Deficiencies/Safety Hazards/Failures

Activity #	Elements	Points	Exclusions ¹
40	Infrastructure Violation/Deficiency/Safety Hazard/Failure (Source to Curb Stop)	10	32
41	Hydropneumatic Storage Tank Replacement/Elimination	50	None

Category 5: Consolidation (Maximum 20 pts from Activities 43 and 44 combined)

	Elements (complete a separate Public Water System Consolidation Form for each PWS proposed)	Points	Exclusions ¹
42	Consolidation of a Community PWS	15 each	None
43	Consolidation of a Non-Transient Non-Community PWS	10 each	None
44	Consolidation of a Transient Non-Community PWS	5 each	None

Category 6: Resiliency/Security

	Activity #	a. Resiliency	Points	Exclusions ¹
	45	Regional Interconnection with Another Community PWS	15	28
	46	Relocation of Critical Facilities ⁴	10	None
	47	Redundancy of Critical Facilities ⁴	10	None
	Activity #	b. Planning (Maximum 50 pts from this subcategory) ⁵	Points	<u>Exclusions¹</u>
	48	Climate Change/Drought Planning	50	1-47, 49-64
	49	Asset Management Planning	50	1-48, 50-64
	Activity #	c. Security ⁶	Points	Exclusions ¹
	50	Security Fencing, Alarms, Surveillance Systems or Other Security Measures	5	None
,	Activity #	d. Emergency Power Provisions for Existing Critical Facilities	Points	Exclusions ¹
	51	New (does not currently exist) ⁷	50	1-50, 52-64
	52	Replacement or Upgrades ⁷	20	1-51, 53-64
	53	Included as Part of a Larger Project	5	None

^[4] Project must be supported by a formal resiliency or climate change plan to qualify for these points.

 $^{^{[5]}}$ Points are only awarded for the creation of an initial plan.

^[6] Security points may awarded to projects with existing security provisions or for the installation of new security provisions.

^[7] Project must be only an emergency power project to qualify for these points.

Check below Category 7: Other Capital Improvements

Activity #	Elements	Points	Exclusions ¹
54	Treatment Facilities	10	None
55	Pumping Facilities	5	None
56	Storage Facilities	5	41
57	Transmission or Distribution System	5	36-37
58	Facility Automation (SCADA)	5	None
59	Complete Lead Service Line Replacement	10	None
60	Internal Building Piping Replacement (as part of Lead or Copper remediation)	10	None

Category 8: Sustainability/Statewide Planning Recognition

Activity #	Elements	Points	Exclusions ¹
61	Acquisition/Transfer of a Community PWS (complete the Public Water System Consolidation Form)	10	None
62	Project is supported by an on-going Asset Management Program	10	63
63	Project is supported in a PWS's Water Supply Plan pursuant to RCSA Section 25-32d-3	5	62
64	Project Identified in a Statewide or Regional Water Planning Document under DPH oversight	10	None

Category 9: Affordability

Ad	ctivity#	Elements	Points	Exclusions ¹
	65	Distressed Community	10	None

Clicking on "Reset form" will clear all fields in this form related to a specific project. Those fields related to the PWS will remain (e.g. PWS name, PWSID, and PWS Representative, etc.).