

**REFER TO MEMO FOR DUE DATE**  
**Submit Priority List Applications to: [depsrfppl@wv.gov](mailto:depsrfppl@wv.gov)**

PLEASE RETURN TO:  
[depsrfppl@wv.gov](mailto:depsrfppl@wv.gov)  
West Virginia DEP  
Drinking Water State Revolving Fund  
601 57th Street, SE  
Charleston, WV 25304  
Telephone: (304) 926-0499  
Fax: (304) 926-0463

**SECTION A - Organizational Data**

**1. Legal Authority**

DWSRF Project No. If known  
(otherwise completed by DEP)

D-

a. Name of Entity:

b. Address:

City:

State: WV

Zip Code:

c. County:

Congressional District:

d. Contact Person:

Phone Number:

Title:

e. Email:

**2. Consulting Engineer**

a. Name:

b. Address:

City:

State:

Zip Code

c. Email:

Phone Number:

**3. Prepared by:**

Name:

Firm:

Phone Number:

## SECTION B - Detailed Project Description

**Describe your current system**

**Describe the problem being solved: (Must be completed - Limit 630 characters)**

**Describe the project being proposed to solve the problem: (Must be completed - Limit 630 characters)**

SECTION C - Readiness to Proceed

1. Project Status of:

- a. Submittal to Infrastructure and Jobs Development Council: IJDC#:  Submittal Date:
- b. Plans and Specs: Submittal Date:
- c. Rights of Way acquisition or purchase:
- d. Advertise for Bids: Date:
- e. Award Contract(s) 120 days after bid Advertise Date:
- f. Complete Construction: Date:

SECTION D - Total Project Costs by Needs Category

Please see attached definitions for Drinking Water Treatment Works Categories		Design Cost	Construction Cost	Green Cost	Total Cost	Percentage
Treatment						
Transmission & Distribution						
Storage						
DW Source Change						
Restructuring (Change to Ownership/Consolidation						
Purchase of Systems						
Planning and Design						
Land Acquisition						
Other						
TOTALS						
						Total cost should equal Section E8

# SECTION E - Proposed Financing

Date of Estimate:

## PROJECT COST SUMMARY

Budget Line Item	Cost
<b>1. Construction Cost:</b>	<input type="text"/>
<b>2. Engineering Cost:</b>	
Planning	<input type="text"/>
Design	<input type="text"/>
Construction	<input type="text"/>
	Subtotal: <input type="text"/>
<b>3. Legal Cost:</b>	
Project Attorney	<input type="text"/>
Right-of-Ways - (Legal)	<input type="text"/>
PSC Attorney	<input type="text"/>
	Subtotal: <input type="text"/>
<b>4. Administrative Cost:</b>	
Project Coordinator	<input type="text"/>
Other Administrative Cost	<input type="text"/>
	Subtotal: <input type="text"/>
Describe: <input type="text"/>	
<b>5. Financing Cost:</b>	
Interim Financing	<input type="text"/>
Registrar Fee	<input type="text"/>
Bond Counsel	<input type="text"/>
	Subtotal: <input type="text"/>
<b>6. Sites, Easements and ROW Cost:</b>	
Purchase Land/easement Costs (NFP)	<input type="text"/>
Activity Land/easement Costs	<input type="text"/>
	Subtotal: <input type="text"/>
<b>7. Contingency:</b>	<input type="text"/>
<b>8. TOTAL PROJECT COST:</b>	<input type="text"/>

Project Funds	Amount
Estimated DWSRF loan terms: <input type="text"/> % for <input type="text"/> years	Estimated DWSRF loan amount: <input type="text"/>
Federal Grants (Total) <input type="checkbox"/> Applied <input type="checkbox"/> Committed Agency <input type="text"/>	<input type="text"/>
State Grants (Total) <input type="checkbox"/> Applied <input type="checkbox"/> Committed Agency <input type="text"/>	<input type="text"/>
Federal Loan @ <input type="text"/> % for <input type="text"/> years <input type="checkbox"/> Applied <input type="checkbox"/> Committed Agency <input type="text"/>	<input type="text"/>
State Loan @ <input type="text"/> % for <input type="text"/> years <input type="checkbox"/> Applied <input type="checkbox"/> Committed Agency <input type="text"/>	<input type="text"/>

DWSRF Principal Forgiveness:

TOTAL FUNDING PROVIDED

## SECTION F - Statistical Data

1. \*Total Current population:

a. Current population now served by a distribution system:

b. Proposed population to be served by this project:

**\* Please use population - not number of service connections**

2. Existing WTP Production Rates                      gpd                      % of Domestic Flow                      % Industrial

3. Number of Service Connections:

a. Residential Service Connections:	Existing	Future
b. Commercial Service Connections:	Existing	Future
c. Industrial Service Connections:	Existing	Future

4. Water Rates: (3,400 gal):      Existing                      Proposed

5. PWSID Permit:                      Yes                      No      Permit number:

6. Is this project to correct acute health hazards?                      Yes                      No

If yes, provide documentation.

Examples of these include:

\*Projects that address documented nitrate or nitrite violations.

\*Projects that address exceedances of the Lead Rule.

\*Projects that address documented exceedances of primary inorganic MCL's.

\*Projects that address a problem where a system has significant turbidity violations. The project must ensure compliance to receive DWTRF assistance.

\*Projects that address a problem where a system has significant microbiological violations. the project must ensure compliance to receive DWTRF assistance.

\*Projects that propose filtration for surface water source that currently do not have filtration.

\*Projects that propose disinfection for a system that currently do not have disinfection.

\*Projects that address documented or potential water outages for extended periods (1 week or more) due to contamination or system/design deficiencies.

7. Is this project to correct chronic health hazards?                      Yes                      No

If yes, provide documentation.

Examples of these include:

\*Projects that address occasional turbidity violations for a system that has a moderate ETT score.

\*Projects that address occasional microbiological violations for a system that has a moderate ETT score.

\*Projects that address exceedances of the Copper Rule.

\*Projects that address documented exceedances of primary organic MCL's.

\*Projects that address documented exceedances of radiological MCL's.

\*Projects that address treatment technologies for the SWTR.

\*Projects that address documented or potential water outages (1-6 days) due to contamination or system/design deficiencies.

\*Projects that enhance source water protection to prevent widespread contamination throughout the distribution system via alternate water sources or additional storage.

8. Is this project to correct periodic health hazards?            Yes            No

If yes, provide documentation.

Examples of these include:

\*Projects that address low chlorine residuals.

\*Projects that address periodic exceedances of a primary MCL.

\*Projects that address periodic water outages to some customers for at least a day due to design or system deficiency.

\*Projects to bring existing facilities to current design standards which affect water quality: treatment, chemical application, pumping facilities, finished storage and distribution systems.

9. Will this project bring the system into compliance with administrative orders, agreement, statutes, or regulatory requirements?            Yes            No

If yes, provide documentation.

10. Will this project bring the system into compliance with sanitary survey deficiencies, permits, new regulations, or design standards.            Yes            No

If yes, provide documentation.

11. Will this project extend water service to customers with drinking water contaminated with fecal coliform?  
                 Yes            No

If yes, provide documentation.

12. Has an Asset Management Plan been completed?            Yes            No

## **SECTION G - Emerging Contaminants Project Solicitation**

1. Project Sponsor

2. Contact Name

3. Phone Number

### **EMERGING CONTAMINANTS**

4. Detailed Project Description (PFAS and Address contaminant on EPA's CCL)

5. Project Cost Estimate included

6. Project Schedule included

## SECTION H - Lead Service Line Solicitation

1. Project Sponsor

2. Contact Name  3. Phone Number

4. Does your system have LSL's?                      Yes                      No

5. Have you completed the LSL Inventory?    Yes                      No                      If yes, date submitted to Dept. of Health:

6. Detailed Project Description

7.            Project Cost Estimate included

8.            Project Schedule included