

WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STATE REVOLVING LOAN FUND  
PROJECT PRIORITY LIST  
FACT SHEET

SECTION A - ORGANIZATIONAL DATA

1. Legal Applicant

- a. Name of Applicant: \_\_\_\_\_
- b. Address: \_\_\_\_\_  
\_\_\_\_\_
- c. County/Regional Council area: \_\_\_\_\_
- d. Watershed: \_\_\_\_\_
- e. Contact Person: \_\_\_\_\_
- f. Telephone / FAX: \_\_\_\_\_
- g. Email: \_\_\_\_\_

2. Consulting Engineer

- a. Firm Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_  
\_\_\_\_\_
- c. Telephone / FAX: \_\_\_\_\_
- d. Email: \_\_\_\_\_

3. The above Applicant is requesting consideration for placement on the State's Project Priority List for: (circle Choices)

- |              |     |         |     |               |
|--------------|-----|---------|-----|---------------|
| Fiscal Year  | (a) | 2010    | (b) | 2011          |
| Project Type | (e) | Updated | (f) | New Submittal |

SECTION B - DETAILED PROJECT DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_

SECTION C - READINESS TO PROCEED

1. Project Status

- a. Status of Facilities Plan: \_\_\_\_\_
- b. Status of Plans and Specs: \_\_\_\_\_
- c. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Proposed Schedule

Date

- a. Submittal/approval of Facilities Plan \_\_\_\_\_
- b. Submittal/approval of Plans/Specs \_\_\_\_\_
- c. Advertise for Bids \_\_\_\_\_
- d. Award Contracts (120 days after C) \_\_\_\_\_
- e. Complete Construction \_\_\_\_\_

SECTION D - TOTAL PROJECT COSTS BY NEEDS CATEGORY INCLUDING ADMINISTRATIVE, LEGAL, AND ENGINEERING FEES, ETC.

1.	Design Costs	Construction Costs	
I	_____	_____	Secondary Treatment
II	_____	_____	Greater than Secondary
IIIA	_____	_____	Infiltration/Inflow Correction
IIIB	_____	_____	Major Sewer System Rehab
IVA	_____	_____	New Collectors & Appurtenances
IVB	_____	_____	New Interceptors & Appurtenances
V	_____	_____	Correction of Combined Sewer Overflows
VI	_____	_____	Storm Water Control
TOTAL	_____	_____	(should equal Section E7)

2. For category V costs Provide:

Quadrant of Combined Sewer overflow affected area latitude and longitude for each corner

\_\_\_\_\_

\_\_\_\_\_

3. Total CSO Population affected by this project: \_\_\_\_\_

4. For category IVA and IVB:

- a. Does this project eliminate decentralized/on site septic systems?
  - a. Percentage of elimination based on total units \_\_\_\_\_

**SECTION E – PROPOSED FINANCING**

**1. Costs:**

A. PROJECT COST SUMMARY	
Budget Line Item	Cost

1. Construction Cost:		\$ _____
2. <b>Engineering Cost:</b>		
Planning	\$ _____	
Design	\$ _____	
Construction	\$ _____	
Subtotal	\$ _____	\$ _____
3. <b>Legal Cost:</b>		
Project Attorney	\$ _____	
Right-of-Ways – (Legal)	\$ _____	
PSC Attorney	\$ _____	
Subtotal:	\$ _____	\$ _____
4. <b>Administrative Cost</b>		
Project Coordinator	\$ _____	
Other Administrative Cost	\$ _____	
Subtotal:	\$ _____	\$ _____
5. <b>Financing Cost:</b>		
Interim Financing	\$ _____	
Capitalized Interest	\$ _____	
Bond Counsel	\$ _____	
Subtotal:	\$ _____	
6. <b>Sites, Easements and ROW Cost:</b>	\$ _____	
Land Acquisition Costs (NFP)	\$ _____	
Easement Costs	\$ _____	
Subtotal:	\$ _____	\$ _____
7. <b>Project Contingency:</b>		\$ _____
<b>TOTAL PROJECT COST</b>		\$ _____
<b>Date of Estimate:</b> _____		

Project Funds	Amount
Federal Grants (Total) Circle one: applied _____ committed _____	\$ _____
State Grants (Total) Circle one: applied _____ committed _____	\$ _____
Federal Loan @ _____% for _____ Years Circle one applied _____ committed _____	\$ _____
State Loan @ _____% for _____ Years Agency _____	\$ _____
Identify Other Funding Sources _____	\$ _____
_____	\$ _____
<b>TOTAL FUNDING PROVIDED</b>	\$ _____

	<u>Current</u>	<u>After Project</u>
2. Total Annual O & M Cost	\$ _____	/ \$ _____
3. Existing Annual Debt	\$ _____	/ \$ _____

Bondholder or Agency: \_\_\_\_\_

SECTION F - STATISTICAL DATA

1. Describe your current system?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.\*Current population on septic tanks \_\_\_\_\_

3.\*Current population on collection system with:

- a. - no treatment \_\_\_\_\_ (Excludes those on Septic tanks)
- b. - secondary or better treatment \_\_\_\_\_

- 4.\*a. Total current population \_\_\_\_\_ (Excludes those on Septic Tanks)
- b. Current population now served \_\_\_\_\_
- c. Proposed population to be served by this Project \_\_\_\_\_

\* Please use population - not number of customers

- 5. a. Existing Wastewater Treatment Flows \_\_\_\_\_ gpd  
\_\_\_\_\_ % Domestic Flow \_\_\_\_\_ % Industrial
- b. Existing Residential Customers \_\_\_\_\_. Future \_\_\_\_\_.
- c. Existing Commercial/Industrial Customers \_\_\_\_\_.  
Future \_\_\_\_\_.

- 6. Existing Sewer Rates:
  - a. Minimum Bill \$ \_\_\_\_\_
  - b. Average (4,500 gal)\$ \_\_\_\_\_ (4,000 gal) \$ \_\_\_\_\_

7. Name of immediate receiving waters: \_\_\_\_\_

8. Pollution problem being solved:

- \_\_\_\_\_ direct discharge \_\_\_\_\_ CSO separation/rehabilitation
- \_\_\_\_\_ failing septic systems/package plants
- \_\_\_\_\_ Non point source problems
- \_\_\_\_\_ Other (Specify)\_\_\_\_\_

SECTION G - VERIFICATION

The above information is correct to the best of my knowledge.

Signature of Consulting Engineer	Typed Name and Title	Date
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Signature of Applicant	Typed Name and Title	Date
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PLEASE RETURN TO:

West Virginia Department of Environmental Protection  
 Clean Water State Revolving Fund  
 601 57<sup>th</sup> Street, SE  
 Charleston, WV 25304  
 ATTN: Gale Burdette

Telephone Number: (304) 926-0499; ext. 1606  
 Fax Number: (304) 926-0496