

WEST VIRGINIA DEPARTMENT OF ENVIRONMENT PROTECTION

Clean Water State Revolving Fund
FY2017 Project Priority List Application

PLEASE RETURN TO:
West Virginia DEP
Clean Water State Revolving Fund
601 57th Street, SE
Charleston, WV 25304
Telephone: (304) 926-0499 ext. 1371
Fax: (304) 926-0496

NOTE: ONLY REQUIRED IF PROJECT WILL CLOSE ON FINANCING BETWEEN JULY 1, 2016- JUNE 30, 2017

SECTION A - ORGANIZATIONAL DATA

1. Legal Authority

Project No.
(completed by DEP)

a. Name of Firm:

b. Address:

City:

State: WV

Zip Code

c. County:

Congressional Districts:

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)

Describe the project being proposed to solve the problem: (must be completed)

SECTION C - READINESS TO PROCEED

1. Project Status of:

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

SECTION D - TOTAL PROJECT COSTS BY NEEDS CATEGORY :

	Design Cost	Construction Cost	Green Cost	Total Cost
I. Secondary Treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
II. Greater than Secondary Treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IIIA. Infiltration/Inflow Correction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IIIB. Major Sewer System Rehab	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IVA. New Collectors & Appurtenances*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IVB. New Interceptors & Appurtenances*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VA. Correction of Combined Sewer Overflows with traditional infrastructure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VB. Correction of Combined Sewer Overflows with green technologies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VI. Storm Water Control				
A. Conveyance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Green	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL (should equal Section E8)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION E. Proposed Financing

Date of Estimate:

PROJECT COST SUMMARY

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

Project Funds	Amount
Estimated CWSRF loan amount: <input type="text"/> % for <input type="text"/> years	<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"/>
TOTAL FUNDING PROVIDED	<input type="text"/>

SECTION F. - STATISTICAL DATA

1. *Current population on septic tanks:

Provide documentation for failing septic tanks or no treatment

2. *Current population with no treatment:

3. *Total Current population:

a. Current population now served by a collection system:

b. Proposed population to be served by this project:

*** Please use population - not number of customers**

4. Existing Wastewater Treatment Flows

gpd

% of Domestic Flow

% Industrial

5. Number of Customers:

a. Residential Customers:

Existing

Future

b. Commercial Customers:

Existing

Future

c. Industrial Customers:

Existing

Future

6. Sewer Rates: (4,000 gal):

Existing

Proposed

7. Name of immediate receiving waters or streams impacted by the project:

a. Is the receiving stream on WV's 303d list for fecal/biological impairment?

Yes

No

N/A

b. Is advanced treatment required because of a more stringent wasteload allocation?

Yes

No

N/A

8. WVPDES Permit:

Yes

No

WV

Watershed

9. Does this project achieve full/partial compliance with a court order, administrative order or consent decree? If yes, provide Order Number.

Order No.

Yes

No

N/A

10. Does this project achieve compliance with a Notice of Violation (NOV)?

Yes

No

N/A

(provide a copy of NOV)

11. If this is for a WWTP upgrade, are the facilities at the end of their useful life?

Yes

No

N/A

12. Is this project in compliance with an approved LTCP?

Yes

No

N/A

Date of approval:

13. Does the community have sanitary sewer overflows?

Yes

No

14. Is the service area on a building moratorium until health hazards have been eliminated by upgrading and/or building a new WWTP? (If yes, provide a copy)

Yes

No

15. Is the project in accordance with an approved Asset Management Plan?

Yes

No

16. Is the project in accordance with CIP/Strategic plan or an otherwise sustainable project? If so, provide narrative/excerpts from the plan.

Yes

No

17. Is the project necessary to comply with an MS4 permit?

Yes

No

N/A

SECTION G. - Green Infrastructure Project Solicitation

1. Project Sponsor

2. Contact Name

3. Phone Number

4. Category

decentralized sewer system

storm water

energy efficiency/savings

water reuse

other (describe)

5. Detailed Project Description

6. Project Cost Estimate included

7. Project Schedule included