

## 7.1 State Water Plan Application

# State Water Plan Application Form

Applicant  Address:  Phone Number:	<b>Proposed Funding Package</b>  Requested Funding _____ Other _____ Other _____ Other _____  <b>TOTAL</b> _____
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Project Title: \_\_\_\_\_

Description: (Include present monthly utility rate and whether a reserve fund has been established for the utility to benefit from the project.)

**The Applicant Certifies That:**

I declare and affirm under the penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Name and Title of Authorized Signatory (Typed)  
Application Prepared By:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name and Title (Typed) Phone #

\_\_\_\_\_  
Representing

\_\_\_\_\_  
Name of Engineer/Architect Phone #

\_\_\_\_\_  
Representing

## 7.1.1 Drinking Water Project Eligibility and Priority Point Self-Assessment

**The engineering report must support all responses on this assessment.**

**Eligibility Assessment**

**YES            NO**

- |   |                          |  |
|---|--------------------------|--|
| 1. Is the project intended <u>mainly</u> for fire protection?   | <input type="checkbox"/> |  |
| 2. Is the project <u>primarily</u> intended to serve future growth?<br><i>Note: providing service to existing homes or businesses not currently served is not considered future growth.</i> | <input type="checkbox"/> |  |

If the answer to either question is “yes” the project may not be eligible for an SRF loan. Contact the department for more information.

**Priority Point Assessment**

- |   |                          |  |
|---|--------------------------|--|
| 1. If the water system has experienced either situation described below in the past three years, will this project correct the deficiency? If so, indicate which situation applies.       | <input type="checkbox"/> |  |
| A. occurrences of nitrates, fecal coliform, or E. coli bacteria that have exceeded the allowable limits as defined in ARSD 74:04:12;  | <input type="checkbox"/> |  |
| B. occurrences of chronic primary drinking water contaminants that have exceeded the allowable limits as defined in ARSD 74:04:12 or the system is in violation of a treatment technique. | <input type="checkbox"/> |  |

2. Please provide the monthly user rate expected as a result of this project (based on 5,000 gallons for municipalities and sanitary districts and 7,000 gallons for other systems).		_____
		(Dollars)

- |  |                          |  |
|--|--------------------------|--|
| 3. If the project will consolidate facilities, indicate which of the following best describes the project:   | <input type="checkbox"/> |  |
| A. one or more community water systems will consolidate with another community water system, and the consolidation is cost effective;              | <input type="checkbox"/> |  |
| B. A community water system will receive water from another community water system but will continue to operate its water system in some capacity. | <input type="checkbox"/> |  |

4. If the water system has experienced occurrences of secondary drinking water contaminants that have exceeded the guidelines in the past three years, will this project address the suspected cause of these occurrences? Indicate all contaminants that have been exceeded. The specific contaminants and the maximum contaminant level are:	<input type="checkbox"/>	
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- |                              |                          |  |
|------------------------------|--------------------------|--|
| chloride..... 250 mg/L       | <input type="checkbox"/> |  |
| color..... 15 color units    | <input type="checkbox"/> |  |
| fluoride ..... 2.0 mg/L      | <input type="checkbox"/> |  |
| foaming agents..... 0.5 mg/L | <input type="checkbox"/> |  |

iron.....	0.3 mg/L	<input type="checkbox"/>
manganese.....	0.05 mg/L	<input type="checkbox"/>
odor .....	3 threshold odor number	<input type="checkbox"/>
pH.....	range: 6.5 to 8.5	<input type="checkbox"/>
silver.....	0.1 mg/L	<input type="checkbox"/>
sulfate.....	250 mg/L	<input type="checkbox"/>
total dissolved solids .....	500 mg/L	<input type="checkbox"/>
zinc.....	5 mg/L	<input type="checkbox"/>

5. In the past three years has the water system experienced occurrences of total coliform that have exceeded the allowable limits, and will this project address the suspected cause of these occurrences?

6. The project is a rehabilitation of contaminated drinking water sources or development of new sources to replace contaminated sources.

7. The project is needed to develop sources due to inadequate supply.

8. Water meters are being installed and  
 A. the meters are being installed on services that were previously unmetered; or   
 B. the meters are replacing existing meters.

8. The project will replace transmission lines for the following reasons (indicate all that apply):  
 A. removal of lead piping   
 B. decrease water loss volume by 10% or more   
 C. looping of lines to improve water quality   
 D. lines are 50 years old or older

9. The project will construct storage for a system with capacity less than a peak day's demand or is needed to address low pressure problems. Low pressure is defined as less than 20 pounds per square inch.

10. The project will construct, upgrade, or replace a water treatment plant or its components to assure compliance with upcoming or existing regulations.

11. Population - For a project sponsored by a community or sanitary district, provide the population of the community as reported in the 2000 census. For regional systems, please provide the population of the area, based on the 2000 census, to benefit from the project. 

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 Population

Additional Comments: