

## State Water Plan Application

Applicant:  Address:  Phone Number:	Proposed Funding Package  Projected State Funding _____  Local Cash _____  Other: _____  Other: _____  TOTAL _____
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Project Title:

Description: (Include present monthly utility rate.)

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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.

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Name & Title of Authorized Signatory  
(Typed)

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Signature

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Date

## Professional Consultants

**Application Prepared By:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**Consulting Engineering Firm:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**Legal Counsel's Firm:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

## State Water Plan Application Information

Infrastructure projects requesting placement on the State Water Facilities Plan must provide a completed preliminary engineering report with this application and should be ready for construction within two years. Additionally, for drinking water projects complete the Drinking Water Project Eligibility and Priority Point Self-Assessment sections.

Watershed projects requesting placement on the State Water Facilities Plan must provide a completed watershed assessment report with this application and should be ready for implementation within two years.

Projects that are large, costly water projects that are requesting significant state cost share participation may be recommended for placement on the State Water Resources Management System. These projects are necessary for the needs and general welfare of the people of South Dakota.

# Drinking Water Project Eligibility and Priority Point Self-Assessment

## Eligibility Assessment

**YES NO**

1. Is the project intended mainly for fire protection?  YES  NO
2. Is the project primarily intended to serve future growth?  YES  NO  
 Note: Providing service to existing homes or businesses not currently served is not considered future growth.  
 Note: 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.  YES  NO
- A. Occurrences of nitrates, fecal coliform, or E. coli bacteria that have exceeded the allowable limits as defined in ARSD 74:04:12.  YES  NO
- 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.  YES  NO
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).
3. If the project will consolidate facilities, indicate which of the following best describes the project:  YES  NO
- A. One or more community water systems will consolidate with another community water system and the consolidation is cost effective.  YES  NO
- B. A community water system will receive water from another community water system but will continue to operate its water system in some capacity.  YES  NO
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? If so, indicate all contaminants that exceeded the maximum contaminant level below.  YES  NO
- Chloride.....250 mg/L  YES  NO
- Color.....15 color units  YES  NO
- Fluoride.....2.0 mg/L  YES  NO
- Foaming Agents.....0.5 mg/L  YES  NO
- Iron.....0.3 mg/L  YES  NO
- Manganese.....0.05 mg/L  YES  NO
- Odor.....3 threshold odor number  YES  NO
- pH.....range: 6.5 to 8.5  YES  NO
- Silver.....0.1 mg/L  YES  NO
- Sulfate.....250 mg/L  YES  NO
- Total Dissolved Solids.....500 mg/L  YES  NO
- Zinc.....5 mg/L  YES  NO

**Priority Point Assessment Continued**

**YES NO**

- 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?  YES  NO
- 6. The project is a rehabilitation of contaminated drinking water sources or development of new sources to replace contaminated sources.  YES  NO
- 7. The project is needed to develop sources due to inadequate supply.  YES  NO
- 8. If water meters are being installed:
  - A. The meters are being installed on services that were previously unmetered.  YES  NO
  - B. The meters are replacing existing meters.  YES  NO
- 9. If the project is replacing transmission lines indicate all that apply:
  - A. Remove lead piping.  YES  NO
  - B. Decrease water loss volume by 10% or more.  YES  NO
  - C. Loop lines to improve water quality.  YES  NO
  - D. Lines are 50 years old or older.  YES  NO
- 10. The project will construct storage for a system with capacity less than an average day's demand or is needed to address low pressure problems. Low pressure is defined as less than 20 pounds per square inch.  YES  NO
- 11. The project will construct, upgrade, or replace a water treatment plant or its components to assure compliance with upcoming or existing regulations.  YES  NO
- 12. For a project sponsored by a community or sanitary district, provide the population of the community as reported in the 2010 census. For regional systems, please provide the population of the area, based on the 2010 census, to benefit from the project. \_\_\_\_\_

Additional Comments:

A large empty rectangular box intended for additional comments.

## **State Water Plan Application Instructions**

*Note: The State Water Plan includes projects such as rural, municipal, and industrial drinking water; wastewater; storm sewer; and watershed restoration. Placement on the State Water Plan provides no guarantee of funding.*

### **Application Cover Page (page 1)**

*Applicant.* Name, mailing address, and phone number of the entity sponsoring the project.

*Project Title/Description.* Provide a one line title and a paragraph describing the project. Be specific, providing the feet or miles of pipe to be constructed, replaced or repaired; treatment process being utilized; gallon capacity of storage tanks; cubic yards of sediment to be removed; linear feet of shoreline to be stabilized; and so forth. Include the current monthly utility rate. If the rate is not a flat rate, compute the monthly water and wastewater rate at 5,000 gallons for municipalities and sanitary districts and at 7,000 gallons for all other systems. Additionally, indicate whether a reserve fund has been established for the utility benefiting from the project.

*Proposed Funding Package.* Include the amount and type of anticipated funding, the amount of local funds being provided as match, including public or private direct contributions, loans, federal funds, and water development district grants. Enter project funding as anticipated for the total project even if the project and funding will be phased.

*Applicant Certification.* This section is to be read and dated by an official of the sponsoring entity who has been authorized by resolution of the governing body to submit the application.

### **Professional Contacts (page 2)**

*Application Prepared By:* Identify the entity, the individual that helped prepare the application, and the other contact information requested in case questions arise about the application.

*Consulting Engineering Firm:* Identify the engineering firm retained by the sponsor, the engineer's name, and the other contact information requested in case questions arise about the application.

*Legal Counsel's Firm:* Identify the law firm retained by the sponsor, the attorney's name, and the other contact information requested in case questions arise about the application.

*Note: Infrastructure projects requesting placement on the State Water Facilities Plan must provide a completed preliminary engineering report with this application and should be ready for construction within two years. Additionally, for drinking water projects complete the Drinking Water Project Eligibility and Priority Point Self-Assessment sections.*

*Watershed projects requesting placement on the State Water Facilities Plan must provide a completed watershed assessment report with this application and should be ready for implementation within two years.*

*Projects that are large, costly water projects that are requesting significant state cost share participation may be recommended for placement on the State Water Resources Management System. These projects are necessary for the needs and general welfare of the people of South Dakota.*

### **Drinking Water Project Eligibility and Priority Point Self-Assessment (page 3)**

*Note: For drinking water projects complete the Drinking Water Project Eligibility and Priority Point Self-Assessment sections.*

*Note: Below is outline for the preliminary engineering reports.*

#### **Preliminary Engineering Report Requirements**

- I. Introduction
  - A. Background Information
  - B. Purpose/Scope of Report
- II. Need for Project
  - A. Health and Safety Issues
  - B. Condition/Adequacy of Existing System
- III. Description of Proposed System
  - A. Map
  - B. Land Requirements
- IV. Design Parameters
  - A. Identify Planning/Service Area
  - B. Expected Usage
    1. Include I/I for wastewater projects
    2. Include water loss for water projects
  - C. Population Trend
  - D. Design Period
- V. Cost Estimates
  - A. Itemized Break-out of Construction Costs
  - B. Other Costs
    1. Engineering
    2. Administration

- 3. Land Acquisition/Easements
- 4. Legal
- 5. Other
- C. Annual O&M Costs
- D. User Rate Impacts
- VI. Other Alternatives Considered
- VII. Implementation Schedule

## **Watershed Assessment Report Requirements**

- I. Summary Sheet
- II. Statement of Need
  - A. Project need - water quality problem(s) and priority.
  - B. Waterbody and aquatic habitat description.
  - C. Maps -watershed, sampling sites and sources of NPS pollution.
  - D. Topography, land ownership/use, precipitation, geology.
  - E. Define the quality problem.
- III. Project Description
  - A. Project Goal, objectives, tasks and products
  - B. Milestone table with outputs, quantities and timing of each output,
  - C. Environmental permits required to conduct the project.
  - D. Why the sponsor is the appropriate entity to implement the project.
  - E. Plans and responsibilities for BMPs operation and maintenance.
- IV. Coordination Plan
  - A. Sponsor and project partner responsibilities, roles and commitments.
  - B. Local support and letters of commitment.
  - C. Coordination with other 319 programs and projects.
  - D. Similar activities taking place in the watershed.
- V. Evaluation and Monitoring Plan
  - A. EPA\_approved Quality Assurance Project Plan (QAPP)
  - B. Monitoring strategy
  - C. How and when data will be stored, managed and reported.
  - D. Models used.
  - E. Funding for the operation and maintenance (O&M) of BMPs.
- VI. Budget
  - A. Budget identifying the sources and uses project year.
- VII. Public Involvement
  - A. How public involvement will be encouraged.
- VIII. Threatened and Endangered Species
  - A. Threatened and Endangered Species in the project area.