



# Department of Public Health

## Drinking Water State Revolving Fund

### Emergency Power Generator Program

# DPH Authorization to Commence Work Request Form

This request form is required to be completed and submitted to the Department of Public Health's (DPH) Drinking Water Section (DWS) by all Public Water Systems (PWS) that filed an eligible Drinking Water State Revolving Fund (DWSRF) Emergency Power Generator Program application. All applicants for this program are required to receive written authorization from the DPH prior to entering into a financial agreement with a contractor for any work that will be financed through the DWSRF program.

## **A. PUBLIC WATER SYSTEM INFORMATION:**

1. PWS Name: \_\_\_\_\_

2. PWS ID: \_\_\_\_\_

3. DWSRF Project ID: \_\_\_\_\_

4. DWS Project ID: \_\_\_\_\_

## 5. Project Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

6. Representative legally authorized to sign loan documents for the PWS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Address:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**B. PROJECT DESCRIPTION:** Check the appropriate boxes below that apply to the portions of the generator system project that you are requesting DWSRF financial assistance for. Also provide the physical address of the facility where the generator will be located (numbered street address and town) and a detailed description of the generator system project, including any portion of the project that will be funded with non-DWSRF funds.

1. DWSRF financial assistance is being requested for the following activities related to this generator system project (check all that apply):

- Purchase of generator system equipment and materials
- Labor associated with installing any one or more of the following components generator, transfer switch, electrical wiring, fuel lines and/or fuel tanks
- Labor associated with construction work (demolition, excavation, construction or renovation of structures, etc.). **NOTE:** If the project involves construction work, you may be required to comply with the federal Davis-Bacon Act wage rate requirements, and you should contact the Drinking Water Section for assistance in determining the applicability of these requirements to the project.
- Project will include replacing existing emergency power generator
- Other, describe: \_\_\_\_\_

2. Street Address of Project Site: \_\_\_\_\_

3. Town: \_\_\_\_\_

4. Name or Description of PWS facility that the generator system will provide emergency power to: \_\_\_\_\_

5. Population served by this PWS facility: \_\_\_\_\_

6. Detailed description of Project: \_\_\_\_\_

7. Is the generator located on property owned by the PWS? Yes  No  If no, please provide legal easement or supporting documents which would allow the proposed generator improvements.

**C. EXISTING GENERATOR SYSTEM INFORMATION:**

- Check this box if you do not currently have a generator system or generator that provides emergency back-up power to the PWS facility that the new generator system project will serve.

Complete questions 1-4 below only if you have an existing generator system or generator. You must provide this information even if the existing generator will be replaced as part of the new generator system project.

1. Provide the following information for the existing emergency power generator:

- a. Type of generator (check one):  Stationary Stand-by  Portable
- b. Fuel Source (check all that apply):  Diesel  Gasoline  Propane  Natural Gas
- c. Maximum Kilowatts (kW): \_\_\_\_\_

2. Transfer Switch Type:  automatic  manual  none

3. If the generator system project will include using DWSRF funding to replace this existing generator please provide the age of the existing generator system and state the reason why the existing generator needs replacement: \_\_\_\_\_
  
4. Provide the location of the existing generator (for portable generators describe the location where the generator is stored): \_\_\_\_\_

**D. NEW GENERATOR SYSTEM INFORMATION:** Please provide all of the following details for the generator system that will be in place when the project is completed including portions of the system that will be paid for by non-DWSRF funding sources (include existing generator system components that are not intended to be replaced).

1. Provide the following for the new generator: (If the generator system will use the existing generator provided in Section C then check here  and skip to question 2)
  - a. Type of generator (check one):  Stationary Stand-by  Portable
  - b. Make = \_\_\_\_\_
  - c. Model = \_\_\_\_\_
  - d. HP = \_\_\_\_\_
  - e. Maximum (kW) including motor starting = \_\_\_\_\_
  - f. Fuel Source (check all that apply):  
 Gasoline  Diesel  Propane  Natural Gas
  - g. Provide the location where the generator will be installed (for portable generators describe the location where the generator will be stored): \_\_\_\_\_
  
2. Provide the Public Water System's maximum emergency power demand necessary for water system facility components operation (attach a specification sheet supplied by the electrical engineer consultant which itemizes the existing and future electrical equipment and their known or anticipated maximum loads that will be placed on the generator)  
(in kW) = \_\_\_\_\_
  
3. If the generator system will also supply power to other electrical components not directly related to the operation of the water system, provide the maximum power demands for **non-drinking water components** (in kW) = \_\_\_\_\_

Answers provided to Questions 2 and 3, when added together, must equal the answer provided to question 1.e of this section or the answer provided to question 1.c in Section C., as appropriate, for the project. If they do not, provide an explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Type of Transfer Switch:  Manual  Automatic

Please attach a copy of your Emergency Generator Activation Plan as indicated in Section 1.A.2 of the [Guidelines for Recipients of Drinking Water State Revolving Funds for the Emergency Power Generator Program](#). ***“Smart” switches are not allowed as they may result in removing power from a critical water system component during periods of high electrical demand.***

5. If the fuel type of the generator is propane, diesel or gasoline, provide the following information for the on-site fuel storage facilities that will be provided for the generator system:

- a. Provide the size of the on-site fuel storage tank(s) (in gallons): \_\_\_\_\_
- b. Specify the volume of fuel necessary for the generator system to provide operational power for the water system facility for seven (7) consecutive days of operation during a loss of normal utility power: \_\_\_\_\_

6. If the fuel type is liquid fuel such as gasoline or diesel, and is stored on-site, provide the following information

- a. Specify the above ground location of the fuel storage tank(s): \_\_\_\_\_
- b. Describe the containment area that will be provided to contain at least 110% of the total volume of stored fuel in the event of a storage tank leak or rupture: \_\_\_\_\_
- c. Will the generator and its associated fuel lines and fuel storage tanks be located within 200 feet of any active or inactive Public Water System groundwater sources (i.e. water supply wells)?  Yes  No

If Yes, list all of these groundwater sources, their well pump withdrawal rate and the distance that the generator, fuel lines and fuel tank will be located from each drinking water source in the table below:

Groundwater Source	Well Pump Withdrawal Rate (gallons per minute)	Separation Distance From Groundwater Source (ft)		
		Generator	Fuel Lines	Fuel Storage Tank(s)

7. Specify how the generator will be protected against inclement weather, theft and vandalism (example: locking weatherproof enclosure):

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#### **E. PERMITTING REQUIREMENTS FOR THE GENERATOR SYSTEM:**

1. Does the emergency generator require an Air Emissions Permit from the State of Connecticut Department of Energy and Environmental Protection (DEEP)? (Utilize the DEEP Guidance Documents and worksheet entitled "[Permitting Air Emissions from New Emergency Engines](#)" to assist you in making this determination or contact the DEEP Clean Air Program at 860-424-4152 for more assistance)

Yes  No

Provide the Emergency Generator Potential Emissions E Value for the generator (in tons per year using the calculation in the DEEP guidance referenced above): \_\_\_\_\_

2. Please specify how the generator system will meet all local permitting requirements including any special siting and noise requirements (example: residential grade muffler required):  
\_\_\_\_\_

3. Complete Worksheet A – By attesting to the conditions described within Worksheet A, you provide assurance that the purity and adequacy of your water supply will not be adversely impacted as a result of this project. This attestation will serve as your Water Company Land permit.

#### **F. CONTRACTOR LUMP SUM QUOTES AND INVOICING:**

(Refer to Section 1.C. of the [Guidelines for Recipients of Drinking Water State Revolving Funds for the Emergency Power Generator Program](#) for more information on obtaining price quotes).

CT sales tax shall be incorporated in the quotes, unless the PWS is tax exempt. If the PWS is tax exempt, the CT Department of Revenue Services [CERT-141](#) form should be filled out by the PWS and submitted to contractors prior to preparation of quotes. A copy shall also be attached to this form.

1. If the DWSRF will be used to finance **both materials and labor** associated with the generator system project then you must attach a minimum of 3 comparable price quotes (for equivalent equipment and/or installation services) from Connecticut-licensed contractors that specialize in the installation of generator systems. All quotes shall provide a lump sum price with an itemized cost of all materials and labor.
2. If the DWSRF will be used to finance **only materials** associated with the generator system project then you must attach a minimum of 3 price quotes from retail or wholesale supply centers licensed and/or authorized to sell these materials.
3. Name of contractor(s) selected to perform the work:

Company/Contractor Name: \_\_\_\_\_

CT License #: \_\_\_\_\_ Quote amount \$ \_\_\_\_\_

Company/Contractor Name: \_\_\_\_\_

CT License #: \_\_\_\_\_ Quote amount \$ \_\_\_\_\_

Company/Contractor Name: \_\_\_\_\_

CT License #: \_\_\_\_\_ Quote amount \$ \_\_\_\_\_

4. If the selected contractor(s) did not submit the lowest quote then attach information justifying the selection of the contractor(s).
5. After all work is complete, all relevant invoices amounting to the total eligible costs incurred on the project must be submitted to the DPH for the request for payment to be accepted and processed.

#### **G. AIS Requirement**

Federal “Use of American Iron and Steel” (AIS) requirements apply to this project unless you have received a waiver in writing from the United States Environmental Protection Agency or received notification in writing from the DPH that your project is exempt from this requirement. Under this requirement, all iron and steel products used in this project must be produced in the United States. Federal guidance on this requirement is available on EPA’s AIS website: [www.epa.gov/cwsrf/state-revolving-fund-american-iron-and-steel-ais-requirement](http://www.epa.gov/cwsrf/state-revolving-fund-american-iron-and-steel-ais-requirement) and it is essential that your contractor is made aware of this requirement and understands their role in documenting compliance. See Section C. of the [Guidelines for Recipients of DWSRF for the Emergency Power Generator Program](http://www.epa.gov/cwsrf/state-revolving-fund-american-iron-and-steel-ais-requirement) for additional details on this requirement.

If you have received a written waiver or exemption from this requirement please attach it to this form.

#### **H. LOAN REPAYMENT TERM:**

The term of the financial agreement to which the PWS is seeking to complete the full repayment of the loan

- Immediately
- In accordance to Table 2 of Section 1.H of the [Guidelines for Recipients of Drinking Water State Revolving Funds for the Emergency Power Generator Program](http://www.epa.gov/cwsrf/state-revolving-fund-american-iron-and-steel-ais-requirement)

**I. FINANCIAL INFORMATION:** The following information must be provided by the PWS in order for the State of Connecticut to determine if the applicant financially qualifies for financial assistance under the DWSRF program.

- A copy of the past 2 years completed tax returns (IRS Form 990 for non-profits) or most recent 2 years annual financial statements showing account balances / revenues and expenses for the PWS.
- A resolution adopted by the PWS to file the application and execute the loan agreement. The resolution should contain: brief description of the project description, how much funding the board/committee approved for the project, the date of approval and who has the authority to sign for loan documents. In the case of a municipality, the resolution must be certified and sealed with live signature & embossed seal by the Town/City Clerk; and in the case of a private entity, authorization must be evidenced by the appropriate parties.
- Certificate of Incumbency

## WORKSHEET A

### Department of Public Health – Water Company Land Permitting

Please check off the appropriate box for the statement that is applicable to the work to be undertaken to install your generator system, then sign and date at the bottom of the page.

This project **will not** include a physical land disturbance or significant construction activities on land owned by the public water system that is within 200' of a public water supply well.

This project **will** include a physical land disturbance or significant construction activities on land owned by the public water system that is within 200' of a public water supply well. I hereby attest that the following terms and conditions associated with this project will be met, pursuant to Connecticut General Statutes Section 25-32(b):

- Any agreements entered into with any outside contractor or other parties for this project shall reference this permit and all conditions contained herein, as well as best management provisions submitted as part of the application.
- The applicant shall conduct onsite inspections to assure that the purity and adequacy of the drinking water sources are not placed in jeopardy. Inspections will be conducted multiple times per week until the area is stabilized. These inspections are in addition to the routine inspections conducted throughout construction of the project.
- No construction shall take place until any necessary erosion and sedimentation controls are in place. These controls shall be installed, properly functioning, inspected regularly, and remain in place throughout the project.
- Any malfunction or breakdown of erosion and/or sedimentation control devices or water pollution control devices shall be repaired immediately. Construction activities shall be discontinued until repairs have been completed.
- Any materials to be placed on site as fill shall be inspected and approved as clean by the applicant or its authorized representative. All fill shall be stabilized to prevent erosion and contained to prevent runoff. The extent of fill or excavation shall be minimized. All fill areas shall be restored and re-vegetated.
- Storage, servicing and refueling of machinery shall take place outside of the recharge area of the well(s).
- Disturbed areas must be seeded or sodded as soon as possible to provide a vegetative cover against erosion. Seed mixtures and erosion control fabric shall be free from any herbicide or pesticide additive or treatment.
- Spill containment materials, adequate in type and number, shall be available on-site.
- No herbicides or pesticides shall be in any seed mix.

**I certify to the best of my knowledge that the information provided is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a Permit for the Sale, Lease, Transfer or Assignment or Change in Use of Water Company Land is required.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_