

Public Water System (PWS) Name \_\_\_\_\_ CT \_\_\_\_\_ PWSID \_\_\_\_\_ DPH Proj. #: \_\_\_\_\_  
 (DPH to assign)

**State of Connecticut – Department of Public Health  
 Drinking Water State Revolving Fund (DWSRF) – Project Eligibility Application**

Please note this is not an application for a loan.

<b>Name/title of the project:</b>	
<b>Full Legal Name of Public Water System Applicant</b>	<b>PWSID Number (CTxxxxxxx)</b>
<b>Authorized PWS Representative</b>	
Name:	Title:
Mailing Address:	
Telephone:	Fax:
Email:	
<b>Project Contact Person (If different than the Authorized Representative)</b>	
Name:	Title:
Mailing Address:	
Telephone:	Fax:
Email:	

**WATER SYSTEM TYPE AND SERVICING**

System Type: <input type="checkbox"/> Community PWS <input type="checkbox"/> Non-Profit Non-Community PWS <input type="checkbox"/> Other (explain)
Is this PWS a Not-for-Profit water company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a municipality-owned PWS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the Municipal Plan of Conservation and Development current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total population served by water system: _____.
Population to be served by the proposed project (see instructions): _____.
Current number of service connections supplied by the water system: _____.
Number of service connections supplied by the proposed project (see instructions): _____.
Will this project provide water service to additional service connections not already being supplied by this PWS? <input type="checkbox"/> Yes (answer questions below) <input type="checkbox"/> No (move on to next question)
a) Will this project consolidate or interconnect an existing PWS? <input type="checkbox"/> Yes (complete Public Water System Consolidation Form) <input type="checkbox"/> No
b) Will this project serve homes with private wells that have water quality (approach/exceed MCL or Action Level) or quantity issues? <input type="checkbox"/> Yes (complete Private Well Consolidation Form) <input type="checkbox"/> No
c) Other situation not covered by a) or b): <input type="checkbox"/> Yes (please provide explanation) <input type="checkbox"/> No
Is the PWS regulated by the DEEP Public Utilities Regulatory Authority (PURA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note that you may be required to submit the appropriate financial and Construction Work in Progress (CWIP) documentation prior to a funding award.

Public Water System (PWS) Name

DPH Project # (DPH to assign)

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**PROJECT COSTS - AMOUNT OF DWSRF REQUEST**

Estimated Total project cost:		\$	
Estimated Total amount requested from DWSRF:		\$	
Estimated amount from other sources:		\$	
Identify other funding sources:			
Basis of Estimate:			
Breakdown of DWSRF request: (check all that apply)	Anticipated Procurement Date (month & year)	Anticipated Contract Execution Date (month & year)	Estimated Amount from DWSRF
<input type="checkbox"/> Feasibility Study/Preliminary Engineering or Other Planning			\$
<input type="checkbox"/> Final Design			\$
<input type="checkbox"/> Construction			\$
Does this amount include: (check all that apply)	<input type="checkbox"/> Construction Oversight		<input type="checkbox"/> Easement
	<input type="checkbox"/> Closing Costs		<input type="checkbox"/> Contingencies
Have you retained an engineer or consultant for any work associated with this project? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list services:			
<b>Any contract executed without prior DPH approval is not eligible for funding.</b>			

**PROJECT DESCRIPTION**

Provide a brief description (summary) of your project. Include other options that were considered and why this project was preferred. Also explain the impact this project will have on the water system. If possible, please include an approximate age of the current infrastructure in your description. (Attach a separate sheet if necessary):

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**PROJECT LOCATION & ENVIRONMENTAL CONSIDERATIONS**

Please identify the physical location (address) of the project. **Attach a scaled map showing the project location, the delineated Conservation and Development areas, and other pertinent environmental information.**

If available, please provide the nearest GPS coordinates of the project location. For a water main, provide the start and end points.

Identify any potential obstacles that could prevent or delay this project from moving forward, including environmental considerations.

**PROJECT BENEFITS**

Describe the public health and environmental benefits that would be achieved with this project. (attach a separate sheet if necessary):

**GREEN PROJECT RESERVE**

To the extent required by Federal Law and to the extent there are sufficient eligible projects, the DWSRF will include a goal of utilizing funds for “green” projects. Please refer to the “[Green Project Information and Guidance](#)” document for more information when answering the question below.

Does this project include “green” components, including water or energy efficiency?

Yes Submit a completed “[Green Project Information Form](#)” along with sufficient justification

No

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DPH Project # (DPH to assign) \_\_\_\_\_

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**PROJECT READINESS INFORMATION**

Only those elements (planning, design, construction) of eligible projects that can result in executed contracts and DWSRF loan agreements within the July 1, 2018 to June 30, 2019 funding cycle may receive funding. Elements of eligible projects that cannot result in executed contracts and DWSRF loan agreements will be eligible to receive funding in future funding cycles. **This section must be completed in order for the DPH to determine those elements of a project that can be funded during this funding cycle.**

**PROJECT READINESS**

Indicate type(s) of local funding authorization(s) (i.e. town council, referendum, local board, etc.) necessary for this project:

Provide a list showing any that have been obtained with the date, and those that still need to be obtained and the date those are expected to be obtained.

What phase(s) of the project do these local funding authorization(s) cover? (check all that apply)

Planning     Design     Construction

Has a Preliminary Engineering Report, or similar project planning report, been prepared for this project?

Yes    Date report was completed: \_\_\_\_\_ . (you may submit report with this EA)  
 No    Anticipated date the report will be completed: \_\_\_\_\_ .

Is the final design of the project complete?

Yes    Date final design was completed: \_\_\_\_\_ .  
 No    Anticipated date the design will be completed: \_\_\_\_\_ .

Have bid specifications been prepared for this project?

Yes    Is the project ready for competitive bidding?  
           Yes  
           No    Anticipated date it will be ready for competitive bidding: \_\_\_\_\_ .  
 No    Anticipated date bid specifications will be available: \_\_\_\_\_ .

Have all sites, easements or rights-of-way necessary to assure undisturbed construction and operation and maintenance of the proposed project been acquired?

Yes    Submit a list of those sites, easements and rights-of-way  
 No    Submit a list of those sites, easements, or rights-of-way that are necessary, their status, and when they are anticipated to be acquired.  
 Not determined yet

Has the project obtained **all** required local approvals to proceed (e.g. planning & zoning, inland wetlands, etc.)?

Yes    Submit a list of all necessary local approvals and/or permits for this project, the local issuing entity, and date at which the approval or permit was obtained.  
 No    Submit a list of all necessary local permits or approvals for this project, the local issuing entity and the current status of each  
 Not determined yet

Has the project obtained **all** State permits or approvals needed for this project (i.e. DEEP diversion permits, DOT permits, DPH change of use permits, etc.)? **\*\* See note below \*\***

Yes    Submit a list of all necessary state agency approvals and/or permits for this project, the state issuing entity, and date at which the approval or permit was obtained.  
 No    Submit a list of all necessary state agency approvals and/or permits for this project, the state issuing entity and a status for each  
 Not determined yet

What is the anticipated start date for construction of this project? \_\_\_\_\_ .

**Please ensure that time to obtain all authorization and approvals noted above, along with necessary DWSRF Program approvals, has been taken into consideration in determining this anticipated date.**

**NOTE:** For purposes of answering the question regarding permits, state permits include permits issued by the DPH (i.e. Sale of Excess Water, Water Company Land, etc.); however, state approvals DO NOT include any approvals that are associated with the DPH DWSRF review process (technical project review & approval, pre-bid document review & approval, authorization to award contract).

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**SIGNATORY SHEET**

PLEASE SIGN AND DATE THE FOLLOWING STATEMENT:

As the duly authorized representative of the applicant, I understand that in evaluating this application, the State of Connecticut has relied upon the information provided to evaluate the enclosed project proposal. If such information subsequently proves to be incomplete, inaccurate, false and/or deceptive, this application may be modified, suspended or revoked.

Further, I understand that this application may also be suspended or revoked if it is found that any conditions(s) set forth by the State of Connecticut have been violated or if such an action is necessary to maintain the purity or adequacy of the water supply or public health.

I hereby agree to comply with all applicable requirements of other State and Federal laws, Executive Orders, regulations and policies governing this program and am fully aware that any modifications to the proposed project plan once it has been approved and priority ranked may significantly affect our eligibility ranking and/or opportunity to secure DWSRF financing.

I understand that this application (including any attachments thereto) and any other documents, records or information that I submit to the State of Connecticut in connection with the DWSRF program shall be public records, except as otherwise provided by any federal law or state statute. I further understand that third parties may have access to such public records as required under the Connecticut Freedom of Information Act, Connecticut General Statutes, Section 1-7 through Section 1-211, as amended.

**I understand that entering into any contracts or agreements for this project without receiving prior written approval from the Department may prevent a particular service from being funded by the DWSRF.**

I understand that this is not an application for a loan, but only to provide information to enable the Department of Public Health to evaluate the project for funding eligibility under the DWSRF program. Submittal of this application is necessary in order to be eligible for a loan.

\_\_\_\_\_  
Signature of Authorized Representative  
of Public Water System (PWS)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Person Signing

\_\_\_\_\_  
Print Title of Person Signing

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**PROJECT RANKING POINT SELECTION**

Please check all that apply. Adequate documentation or justification must be included with the application in order to qualify for points. Refer to the [Instructions](#) for additional information of each item.

Check below **Category 1: Water Quality**

Activity #	a. Immediate Action	Points	<a href="#">Exclusions<sup>1</sup></a>
1	Surface Water Treatment Rule Violation	50	None
2	Microbiological MCL Violation (E. Coli)	50	1
3	Nitrate MCL Violation	50	None
4	Nitrite MCL Violation	50	None
5	Lead Action Level Exceedance <sup>2</sup>	50	None
6	DPH Determination of Acute Health Risk for Other Contaminants	50	None
7	Arsenic	40	None
Activity #	b. Non-Acute MCL Violations	Points	<a href="#">Exclusions<sup>1</sup></a>
8	Radioactivity MCL Violations	30	None
9	Inorganic Chemical MCL Violations	30	3-7
10	Organic Chemical MCL Violations (excluding total trihalomethanes)	30	None
11	Pesticides, Herbicides and PCBs MCL Violations	30	None
12	Disinfection By-Product MCL Violations	30	None
Activity #	c. Other Contaminants of Health Concern	Points	<a href="#">Exclusions<sup>1</sup></a>
13	DPH Action Level Exceedance (excluding lead and copper)	25	5
14	Contaminant Exceeds 50% of MCL	20	1-12
15	Copper Action Level Exceedance	20	5,13
16	Sodium Notification Level Exceedance	5	9
Activity #	d. Physical/EPA Secondary MCL Exceedances	Points	<a href="#">Exclusions<sup>1</sup></a>
17	Turbidity Limit Exceedance	10	1
18	Odor Limit Exceedance	10	None
19	Color Limit Exceedance	10	None
20	pH Outside Range of 6.4 - 10	10	None
21	EPA Secondary MCL Exceedance	10	9,13,14,18-20
Activity #	e. Private Wells (complete Private/Non-Public Well Consolidation Form)	Points	<a href="#">Exclusions<sup>1</sup></a>
22	Water Main Extension to Serve Private Wells with MCL Violations or Action Level Exceedances	30	1-21, 23
23	Creation of New PWS to Serve Private Wells with MCL Violations	30	1-22

<sup>[1]</sup> Exclusion column indicates activity #'s that would be ineligible for additional points if the activities associated with those points are the same. Where 2 or more activities conflict the higher point activity shall be assigned to the project. These potential exclusions are typically displayed with the lower point value activity.

<sup>[2]</sup> Eligible schools and child care facilities with lead levels at or above 75% of the lead action level would qualify for this activity.

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Check below **Category 2: Advanced Surface Water Treatment (Maximum 15 pts from this category)**

Activity #	Elements	Points	Exclusions <sup>1</sup>
24	Treatment Plant Upgrades to Address Future Known SDWA Rule or Requirement	15	None
25	Treatment Plant Upgrades to Address Emerging Contaminants	10	None

**Category 3: Water Supply /Conservation**

Activity #	a. Source Water Deficits (Maximum 40 pts from this subcategory)	Points	Exclusions <sup>1</sup>
26	New Groundwater Well Development	40	None
27	Rehabilitation of Existing Groundwater Wells	40	None
28	Interconnection to Purchase Water from Another Community PWS	40	None
Activity #	b. System Capacity Deficits	Points	Exclusions <sup>1</sup>
29	System Capacity Deficit	20	None
Activity #	c. Source Development (Maximum 10 pts from this subcategory)	Points	Exclusions <sup>1</sup>
30	New Groundwater Well Development	10	26
31	Rehabilitation of Existing Groundwater Wells	10	27
Activity #	d. Conservation/Water Loss Reduction	Points	Exclusions <sup>1</sup>
32	Installation of Source Water Meters (previously unmetered) <sup>3</sup>	25	26-28, 30,31
33	Installation of Distribution Meters (previously unmetered) <sup>3</sup>	25	None
34	Replacement of Source or Distribution Meters <sup>3</sup>	15	None
35	Incorporation of Advance Metering Infrastructure (AMI) technology (real-time metering)	10	None
36	Water Transmission Main Rehabilitation or Replacement	15	None
37	Water Distribution Main Rehabilitation or Replacement	10	None
38	Project Will Significantly Reduce Water Loss (i.e. Unaccounted-for or Non-Revenue Losses)	10	32-35
Activity #	e. Water Main Extension to Replace Private Wells with Inadequate Supply	Points	Exclusions <sup>1</sup>
39	Water Main Extension (complete Private/Non-Public Well Consolidtion Form)	30	1-21, 23

<sup>[3]</sup> The primary purpose of the project must be for the installation or replacement of meters to qualify for these points.

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Check below **Category 4: Infrastructure Violations/Deficiencies/Safety Hazards/Failures**

Activity #	Elements	Points	Exclusions <sup>1</sup>
40	Infrastructure Violation/Deficiency/Safety Hazard/Failure (Source to Curb Stop)	10	32
41	Hydropneumatic Storage Tank Replacement/Elimination	50	None

**Category 5: Consolidation (Maximum 20 pts from Activities 43 and 44 combined)**

Activity #	Elements (complete a separate Public Water System Consolidation Form for each PWS proposed)	Points	Exclusions <sup>1</sup>
42	Consolidation of a Community PWS	15 each	None
43	Consolidation of a Non-Transient Non-Community PWS	10 each	None
44	Consolidation of a Transient Non-Community PWS	5 each	None

**Category 6: Resiliency/Security**

Activity #	a. Resiliency	Points	Exclusions <sup>1</sup>
45	Regional Interconnection with Another Community PWS	15	28
46	Relocation of Critical Facilities <sup>4</sup>	10	None
47	Redundancy of Critical Facilities <sup>4</sup>	10	None
Activity #	b. Planning (Maximum 50 pts from this subcategory) <sup>5</sup>	Points	Exclusions <sup>1</sup>
48	Climate Change/Drought Planning	50	1-47, 49-64
49	Asset Management Planning	50	1-48, 50-64
Activity #	c. Security <sup>6</sup>	Points	Exclusions <sup>1</sup>
50	Security Fencing, Alarms, Surveillance Systems or Other Security Measures	5	None
Activity #	d. Emergency Power Provisions for Existing Critical Facilities	Points	Exclusions <sup>1</sup>
51	New (does not currently exist) <sup>7</sup>	50	1-50, 52-64
52	Replacement or Upgrades <sup>7</sup>	20	1-51, 53-64
53	Included as Part of a Larger Project	5	None

<sup>[4]</sup> Project must be supported by a formal resiliency or climate change plan to qualify for these points.

<sup>[5]</sup> Points are only awarded for the creation of an initial plan.

<sup>[6]</sup> Security points may awarded to projects with existing security provisions or for the installation of new security provisions.

<sup>[7]</sup> Project must be only an emergency power project to qualify for these points.



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Check below **Category 7: Other Capital Improvements**

	Activity #	Elements	Points	<a href="#">Exclusions<sup>1</sup></a>
	54	Treatment Facilities	10	None
	55	Pumping Facilities	5	None
	56	Storage Facilities	5	41
	57	Transmission or Distribution System	5	36-37
	58	Facility Automation (SCADA)	5	None
	59	Complete Lead Service Line Replacement	10	None
	60	Internal Building Piping Replacement (as part of Lead or Copper remediation)	10	None

**Category 8: Sustainability/Statewide Planning Recognition**

	Activity #	Elements	Points	<a href="#">Exclusions<sup>1</sup></a>
	61	Acquisition/Transfer of a Community PWS (complete the Public Water System Consolidation Form)	10	None
	62	Project is supported by an on-going Asset Management Program	10	63
	63	Project is supported in a PWS's Water Supply Plan pursuant to RCSA Section 25-32d-3	5	62
	64	Project Identified in a Statewide or Regional Water Planning Document under DPH oversight	10	None

**Category 9: Affordability**

	Activity #	Elements	Points	<a href="#">Exclusions<sup>1</sup></a>
	65	Distressed Community	10	None

Clicking on "Reset form" will clear all fields in this form related to a specific project. Those fields related to the PWS will remain (e.g. PWS name, PWSID, and PWS Representative, etc.).