

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

**PUBLIC WATER SYSTEM CONSOLIDATION PROJECT FORM**

This form is necessary to be completed only if a project is a consolidation, acquisition, transfer of ownership, interconnection, or water main extension associated with providing water service to another public water system. This form must be submitted with your eligibility application to earn points within Category 5 (activities 42, 43, or 44) or Category 8 (activity 61) of the Priority Ranking System. A copy of this form must be completed for **EACH** public water system to be consolidated, whether publicly or privately owned, in order to be eligible for ranking points.

Name/title of the project:

**NOTE: A written letter of intent/agreement with the water system you propose to serve indicating the water system’s intent/agreement to connect must be provided with this worksheet.**

System to be Served (all questions below relate to this system)	PWSID	Population Served (number and type – C or NC)	Number of Connections

1. Do you currently own this water system? Yes No
2. Do you propose to take over ownership of this water system? Yes No
3. Do you currently operate this water system? Yes No
4. Are you providing water or will you provide water service to this system through an interconnection with your system? Yes No
5. Has the system experienced documented instances of water distribution outages?  
Yes No (if yes, provide documentation)
6. Does the system lack adequate disinfection? Yes No (if yes, provide documentation)
7. Is the system’s documented water production capability less than the minimum required by the DPH?  
Yes No (if yes, provide documentation)
8. Is the system’s water storage capacity less than the minimum required by the DPH?  
Yes No (if yes, provide documentation)
9. Has the system experienced documented instances of water distribution pressures below 25 pounds of pressure per square inch? Yes No (if yes, provide documentation)
10. Has the system experienced documented instances of water contaminants approaching or exceeding the primary or secondary Maximum Contaminant Level (MCL)? Yes No (if yes, provide documentation)
11. Is the system experiencing water distribution losses of greater than 15%?  
Yes No (if yes, provide documentation)

For each “Yes” answer above, please indicate the solution proposed by this project:

Identified Problem from list above (Item #)	Proposed Solution