



**Delaware Health & Social Services**  
**Division of Public Health**



# DRINKING WATER STATE REVOLVING FUND

## LOAN PRE-APPLICATION

### AUGUST 2011

2012 Federal Allotment

Delaware Health and Social Services  
Division of Public Health  
Drinking Water State Revolving Fund  
417 Federal Street  
Dover, DE 19901  
Phone (302) 744-4739

The Drinking Water State Revolving Fund provides Public Drinking Water Systems with low-interest loans, for up to 20 years, for infrastructure improvement projects. Included in this package are preliminary instructions and the forms required to apply for a loan.

**Eligibility:** All community water systems, both publicly and privately owned, and non-profit non-community water systems are eligible. The entity applying for the loan must own the system if the water system is currently in operation. If the application is for a proposed water system, the entity applying for the loan must hold the Certificate of Public Convenience and Necessity for the area. Federally owned and State owned systems are not eligible to receive assistance.

**Fees:** A 1% Loan Origination Fee will be charged on all loans, is due at loan closing, and may not be included in the loan.

**Application Ranking:** All pre-applications received will be ranked according to the information provided herein. Projects will be funded in ranking order until funds are exhausted. Please ensure that all questions are answered completely and accurately. A separate application form must be submitted for each project. If you submit applications for more than one project, make sure to use different project titles for each.

**Due Date:** Submit the Original plus 3 unbound copies of each pre-Application on or before **September 30, 2011**. The applicant certification portion of this application requires an original authorized signature; therefore electronic submissions cannot be accepted.

### Questions?

Contact Heather Warren at the Office of Drinking Water (302) 744-4739.  
Email [Heather.Warren@state.de.us](mailto:Heather.Warren@state.de.us) to request an electronic version of this document.

## **Instructions**

### **Section I-General Information**

#### ***Public Drinking Water System***

Indicate the name of the drinking water system where the project will be located.

#### ***Project Title***

Indicate the name of the project. If applications are submitted for more than one project, make sure different titles are used for each.

#### ***Applicant's Name and Address***

Indicate the entity who is applying for the loan for this project. Also include information regarding the mailing address, telephone number, and email address, of the person(s) or company applying for the assistance on behalf of the water system.

#### ***Primary Contact***

Include information regarding the mailing address, telephone number, and email address, of the person our office should contact for more information. If this is the same information as in number 1, please state "Same as Above".

#### ***Project Contact or Consulting Engineer***

Include information regarding the mailing address, telephone number, and email address, of the project contact or consulting engineer of the company assisting with the project.

#### ***Legal Owner of System:***

Indicate the entity who is the legal owner of the system. Also include the mailing address, telephone number, and email address.

#### ***Ownership Information***

Indicate ownership and information regarding Certificate of Public Convenience and Necessity (CPCN).

### **Section II- Project Information**

#### ***Project Ranking Information***

Mark all areas that apply to the project's purpose. Include all information regarding the project that will assist our office in accurately evaluating and ranking the project.

**\*\***Only mark deficiencies and violations that are **existing** or **have occurred** within the preceding 5 years AND will be remediated with this project. Do not check **possible** deficiencies or violations.

#### ***Brief Project Description***

Provide a brief description of the project. For example:

- Replace deteriorated water mains on Smith Street—3,000 feet of 8 inch pipe.
- Replace 30 lead goose-necks.
- Install nitrate removal system on Well #1.
- Replace finished water storage tank. (10,000 gallons) with a 20,000-gallon tank due to deterioration of 30-year-old tank and unable to meet peak demand.

**Description of Problems to be Solved by Project**

Include all information regarding the problems within the water system that should be solved by the project. Make sure to also reference the project that remediates this problem under Section II, page 6. For example:

- Eliminate broken mains and possible causes for bacteriological public notices last year (replace deteriorated main).
- Move into compliance with the Lead and Copper rule (removal of lead goosenecks).
- Removal of enforcement status for nitrates above 10 mg/L (installing nitrate removal system).
- Eliminate possible cause for bacteriological public notice, increased water clarity, and eliminate water shortages during peak hours (replacing storage tank).

**Proposed Project Time Frame**

Indicate the time needed for each portion of the project.

**Section III- Financial Information**

**Project Financial Summary**

Complete all expense lines for the project.

**Section IV- Project Benefits Description**

Federal programs are facing increasing scrutiny to measure program effectiveness. It is essential to be able to provide federal oversight agencies and decision-makers with credible information regarding the benefits of the DWSRF program. Therefore, beginning in July 2007, the EPA required DWSRF fund recipients (applicants) and funding agencies (DHSS) to provide more specific project information. The objective is to succinctly capture the public health benefits of projects in terms that are meaningful and easily understood to outside observers (e.g., Congress, public).

Complete all applicable sections.

**Section V- Applicant Certification**

**Applicant's Certification**

Insert the name and signature of the person legally authorized to sign, date, and submit this loan pre-application on behalf of the owner(s) of this water system.

**Loan Pre-Application Form**  
**State of Delaware Drinking Water State Revolving Fund**  
**Section I- General Information**

**Public Drinking Water System:**

**Project Title:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant's Name and Address: (P.O. Box or Street, City & Zip Code)**

Primary Contact/Authorized Official Name:  
\_\_\_\_\_

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

Phone: \_\_\_\_\_

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

**Project Contact (Consulting Engineer):**

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

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

**Legal Owner of System (only complete if different from information provided above):**

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

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

Phone: \_\_\_\_\_

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

**Ownership Information:**

Does the entity applying for this DWSRF Loan own the water system?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If "NO," please list owner of the water system:

\_\_\_\_\_

Does the entity applying for this DWSRF loan hold the CPCN for the area in which the water system is located?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If "NO," please list who holds the CPCN for this area:

\_\_\_\_\_

**Section II- Project Information**

**Check only EXISTING problems to be remediated by this project.**

Proposed project will eliminate a water *quality* deficiency:

Acute:

- \_\_\_ *E. coli*
- \_\_\_ Nitrate
- \_\_\_ Nitrite

Non-Acute:

- \_\_\_ Total Coliform Bacteria
- \_\_\_ Volatile Organic Chemicals (VOCs), including MTBE
- \_\_\_ Total Trihalomethanes (TTHMs)
- \_\_\_ Synthetic Organic Chemicals (SOCs)
- \_\_\_ Trace Metals
- \_\_\_ Regulated VOCs -- PCE
- \_\_\_ Unregulated SOCs
- \_\_\_ Turbidity
- \_\_\_ Radiologicals
- \_\_\_ Lead/Copper

Secondary Standards:

- Iron
- Trace Metals (such as Manganese, Silver, Copper)
- pH
- Chloride
- Total Dissolved Solids
- Sulfate
- Taste
- Odor
- Color

Proposed project will eliminate a water *quantity* deficiency:

Acute:

- System water pressure less than 25 psi
- Water shortages – lack of adequate supply

Chronic:

- Water shortages – lack of adequate storage
- Water shortages – during peak demand
- System water pressure greater than 100 psi

Please list all deficiencies to be remediated by this project

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Proposed project will eliminate a *security* deficiency:

- Treatment Plant
- Storage Site
- Distribution System
- Source
- Electronic (SCADA)

Proposed project will allow for returning to or maintaining compliance with the following Safe Drinking Water Act (SDWA) Regulation(s):

- Lead/Copper Rule
- Surface Water Treatment Rule
- Stage 1 Disinfectants/Disinfection Byproducts Phase I, II, or V
- Total Coliform Rule
- Interim Enhanced Surface Water Treatment Rule
- Radionuclides
- Long-Term I Enhanced Surface Water Treatment Rule
- Filter Backwash Rule
- MTBE Primary Standard
- Arsenic
- Groundwater Rule
- Radon
- Long-Term II Enhanced Surface Water Treatment Rule

Proposed project will eliminate a compliance or enforcement status with the Office of Drinking Water.

- Significant Non-Compliance
- Active Bilateral Compliance Agreement
- Alternate Contaminant Level
- Active Administrative Compliance Order

Proposed project will result in regionalization:

- Consolidation of multiple non-complying water systems
- Consolidation with one non-complying water system
- Consolidation of complying water systems
- Service to areas of existing private wells with water quality deficiencies
- Service to areas with existing private wells
- Emergency interconnection with another Public Water System

List all consolidated systems and/or areas with private wells to be included with this project:

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Identify the water system's licensed drinking water operator and provide license number.

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

License # \_\_\_\_\_

If there are several operators, please list the Direct Responsible Charge, as specified in Delaware Regulations.

Does the operator possess all applicable treatment endorsements?

Does the water system have a documented maintenance schedule?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "YES," please attach.

Does the water system implement a Cross Connection Control Program?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "YES," please attach.

**Project description:**

**Summary of proposed project time frame:**

**(Month/Year)**

Projected funding start date: \_\_\_\_\_

Completion of planning and design: \_\_\_\_\_

Bidding period: \_\_\_\_\_

Construction period: \_\_\_\_\_

Initiation of operations \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section III- Financial Information**

**Project Financial Summary:**

Construction	\$ _____
Engineering	+\$ _____
Other (Contingency)	+\$ _____
Estimated total cost of project	=\$ _____
Anticipated funds from all other source(s) to be used to finance total project cost	
Source(s) _____	-\$ _____
<b>Total project cost financed through DWSRF</b>	<b>=\$ _____</b>

## Section IV- Project Benefits

### Public Health Problems

Identify contaminants of concern:

Describe current drinking water system facilities:

Note problem(s) that is/are being addressed/corrected/avoided:

Describe compliance and enforcement actions and include dates of violations:

### Drinking Water Source

Note source water protection issues:

Summarize the status of source water and wellhead protection efforts:

### Expected Project Benefits (check all that apply)

Meet national drinking water standards

Eliminate taste/odor problems

Provide more reliable water quantity/pressure

Enhance system technical, financial, or managerial capacity

Improve facility security

Improve fire safety

Other public health benefits (describe below)

### Project Demographics-Municipalities Only

Describe any important demographic characteristics of the area (examples would be: % of population over 65 years old, % of population under 5 years old)

## Section V- Applicant Certification

### Applicant's Certification:

**\*\*\*This section is required and must be completed in order to be eligible for\*\*\*  
**\*\*\*funding through the DWSRF Program.\*\*\*****

I hereby certify that the information provided in this application and on any attachments to this application is true and correct, to the best of my belief and knowledge. It is understood that the state may verify information and that untruthful or misleading information may be cause for rejection of this application. I certify that I am legally authorized to sign, date, and submit this loan pre-application on behalf of the owner(s) of this water system.

The undersigned also agrees to clarify or supplement information pertaining to this application upon request.

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_