DRINKING WATER
STATE REVPOLING FUND

LOAN APPLICATION
2009

Delaware Health and Social Services
Division of Public Health
Office of Drinking Water
655 Bay Road, Suite 203
Dover, DE 19901
Phone (302) 741-8585 · Fax (302) 741-8631
Enclosed are instructions and forms for a loan application to the State of Delaware’s Drinking Water State Revolving Fund (DWSRF). Please answer all questions completely and accurately. Attach additional pages if needed.

Submit the original plus 2 Copies of each application no later than **January 4, 2010** to:

Heather Warren  
Office of Drinking Water  
Blue Hen Corporate Center  
655 Bay Road, Suite 203  
Dover, Delaware 19901

The following items must be included with each copy of your application:
- Loan application
- Conceptual plans—layouts (include alignments, right of ways, and footprints)
- Organizational chart
- Proposal from private utility (municipals only)
- Current and proposed user rate schedule
- Current budget
- Audited financial statements of the last 3 fiscal years
- Annual reports of the last 3 fiscal years
- Latest Bond Rating (if available)
- Last Bond Official Statement (if applicable)
- Town charter (municipals only)
- Charter Restrictions on the Issuance of Debt (if applicable)
- Inter-municipal Service Agreement (if applicable)
- Articles of Incorporation (private companies only)
- Proof of line of credit, available funds or some other means of interim financing

Please remember that the DWSRF program’s intent is to improve existing infrastructure. Please refrain from applying for funds that are associated with: “proposed developments, annexation, anticipated growth, future population, etc”.

Questions?

Contact Heather Warren at the Office of Drinking Water (302) 741-8585 or heather.warren@state.de.us.
Section I: General Information

Public Drinking Water System:

________________________________________________________________________

Project Title:

________________________________________________________________________

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

Name: ___________________________________________________________________

Address: __________________________________________________________________

________________________________________________________________________

Phone: __________________ Fax: __________________

Email: __________________________________________________________________

Primary Contact (Authorized Official):

Name: ___________________________________________________________________

Address: __________________________________________________________________

________________________________________________________________________

Phone: __________________ Fax: __________________

Email: __________________________________________________________________

Project Contact (Consulting Engineer):

Name: ___________________________________________________________________

Address: __________________________________________________________________

________________________________________________________________________

Phone: __________________ Fax: __________________

Email: __________________________________________________________________
Legal Owner of System:

Name: _____________________________________________

Address: ___________________________________________

_____________________________________________________

Phone: ___________________ Fax: _____________________

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:

_____________________________________________________

Type of public water system:

____ Municipally-owned community
____ Community
____ Non-transient non-community
____ Transient non-community

Location of public water system:

____ New Castle County
____ Kent County
____ Sussex County

Type of ownership:

____ Public
____ Private for Profit
____ Private Non-profit
Section I. Public Health Risks:

Please describe the project and how it will impact public health risks, and include the following details:

- 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 old)

Section II. Project Information

Project description:

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
____ Unregulated VOCs
____ 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

Proposed project will eliminate treatment and/or design deficiency:
(Please list all deficiencies to be remediated by this project)
________________________________________
________________________________________
________________________________________
________________________________________

Proposed project will eliminate a security deficiency:
___ Treatment Plant
___ Storage Site
___ Distribution System
___ Source
___ Electronic

Proposed project will allow for returning to 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
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 allow for compliance with the following future SDWA Regulation(s):

- Groundwater Rule
- Radon
- Sulfate
- Long-Term II Enhanced Surface Water Treatment Rule
- Stage II Disinfectants/Disinfection Byproducts Rule

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:

________________________________________________________________________
________________________________________________________________________

Do all sources have master meters?  ____ Yes  ____ No

If system charges for water usage, does the rate structure promote conservation?

- N/A  ____ Yes  ____ No

If “YES”, please briefly describe:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does the water system have an unaccounted water loss of less than 10%?

- Yes  ____ No
If “YES,” please briefly describe process to account for all water:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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?  
___ Yes  ___ No

Does the water system have a documented maintenance schedule?  
___ Yes  ___ No

If “YES,” please provide documentation.

Does the water system implement a Cross Connection Control Program?  
___ Yes  ___ No

If “YES,” please provide documentation.

Describe where the project is in each process, including timelines.

A. Status of Preliminary Engineering:

B. Status of Environmental Information Document:

C. Status of Final Plans and Specifications:

D. Additional Comments:
### Proposed Schedule

<table>
<thead>
<tr>
<th>Event</th>
<th>Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Submit Final Plans</td>
<td>__________</td>
</tr>
<tr>
<td>B. Advertise for Bids</td>
<td>__________</td>
</tr>
<tr>
<td>C. Award Contracts</td>
<td>__________</td>
</tr>
<tr>
<td>D. Begin Construction</td>
<td>__________</td>
</tr>
<tr>
<td>E. Complete Construction</td>
<td>__________</td>
</tr>
<tr>
<td>F. Begin Operations</td>
<td>__________</td>
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</tbody>
</table>

The proposed schedule should be achievable and realistic. Projects should be ready to proceed at the time of loan closing. Financial penalties may be imposed if projects do not progress in a timely fashion.

### Section III. System Review

#### System Information

Current number of service connections __________
Number of metered service connections __________
Will the proposed project increase the number of service connections? ________________
If “Yes,” how many new connections? __________
How many new metered connections? __________
Projected annual growth in customers __________ %
Projected annual growth (# of new connections anticipated each year) ________________

#### Population Demographics

<table>
<thead>
<tr>
<th>Residential Population:</th>
<th>Current</th>
<th>Projected 1 Year</th>
<th>Projected 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Round</td>
<td>_______</td>
<td>________________</td>
<td>________________</td>
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<tr>
<td>Seasonal</td>
<td>_______</td>
<td>________________</td>
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<tr>
<td>Existing total daily usage</td>
<td>_______ gpd</td>
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<tr>
<td>Domestic flow</td>
<td>_______%</td>
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<tr>
<td>Industrial/commercial flow</td>
<td>_______%</td>
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</table>
Five (5) largest users of the water system

<table>
<thead>
<tr>
<th>User</th>
<th>Monthly Average (gallons)</th>
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<tbody>
<tr>
<td>1)</td>
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<td>5)</td>
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</tbody>
</table>

Enclose a copy of the Town Charter or Company Articles of Incorporation

Section IV. Financial Information

1. General Information
   A. Federal Tax I.D. Number: ________________________________
   B. Type of Water System: ( ) Municipal ( ) County ( ) Private
      ( ) Investor-Owned Utility
   C. Does the applicant represent other water systems not directly benefiting from these proposed improvements? ( ) Yes ( ) No
   D. If “Yes,” please list all systems: ________________________________

2. Availability of other funds needed to complete project

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Commitment Date</th>
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</table>

Total $________________

3. Project budget information:
   A. Non-construction (administrative, legal, engineering, etc.)
      a. Administration expense $___________
      b. Land, Right-of-Way $___________
      c. Engineering basic fees $___________
      d. Other engineering fees $___________
      e. Project inspection fees $___________
      f. Closing costs $___________
      g. Permits $___________
      h. Other (Explain) $___________

Total non-construction costs $___________
B. **Construction and Project Improvement**
   a. New source $______________
   b. Treatment plant $______________
   c. Treatment upgrade $______________
   d. Storage $______________
   e. Distribution $______________
   f. Other $______________

   **Total construction costs** $______________

C. **Contingencies** $______________

D. **Total cost of project (A + B + C)** $______________

4. **Annual operation, maintenance, and replacement/estimated cost for proposed facilities**
   A. Labor $______________
   B. Utilities $______________
   C. Materials $______________
   D. Outside services $______________
   E. Miscellaneous expenses $______________
   F. Equipment replacement $______________
   G. **Total O, M, & R cost for proposed facility** $______________

5. **Total estimated annual facilities costs**
   A. Net O, M, & R (existing) $______________
   B. Annual Debt Service (existing) $______________
   C. Net O, M, & R (proposed) $______________
   D. Annual Debt Service (proposed) $______________

   **Total Annual Costs** $______________

   Comments: ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

6. **Sources of revenues as a percentage of total annual water revenues**
   A. Residential share _________________%
   B. Industrial/commercial share _________________%
   C. Other (Explain) ___________________________ _________________%

7. **Type of security applicant proposes for the loan:**
   A. Pledge of Revenue of the water system only ( )
B. Pledge of Revenue of water and sewer system (   )
C. General Obligation (   )
D. Mortgage/Lien on the facility (   )
E. Other: ________________________________ (   )

8. Tax Base

Ten (10) principal taxpayers in the service area (municipal systems only)

<table>
<thead>
<tr>
<th>Name of Individual/Firm</th>
<th>Type of Business</th>
<th>Number of Employees</th>
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<tr>
<td>1)</td>
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<td>10)</td>
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9. Tax base for the previous 5 years (municipal systems only)

<table>
<thead>
<tr>
<th>Year</th>
<th>Assessed Property Value</th>
<th>Appraised Value (if different)</th>
<th>Tax Rate</th>
<th>Total Tax Levy</th>
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10. Water Rates
A. Current water rate: ________________________________
B. Are any rate increases being proposed to assist in retiring the new debt service and other costs (OM&R) associated with the proposed project? ( ) Yes ( ) No
C. If “Yes,” what rates are being considered? ________________________________
11. Sewer Rates
   A. Is the service area of the water system on public sewer? ( ) Yes ( ) No
   B. If “Yes,” what is the sewer rate? ________________________________

12. Incorporated municipalities serviced by the system:

13. Other incorporated municipalities impacted by the project: ________________________________

14. Planning Information
   A. Does the assistance require state, local, regional, or other planning approval?
      ( ) Yes ( ) No
   B. If “Yes,” Approving Agency ___________________________ Date Approved ___________________________
      1) __________________________________________________________  ___________________________
      2) __________________________________________________________  ___________________________
      3) __________________________________________________________  ___________________________
   C. Is the proposed project located in an area covered by an approved comprehensive plan?
      ( ) Yes ( ) No
   D. If “Yes,” does the project conform to the plan?
      ( ) Yes ( ) No
   E. Identify any current or pending permits/approvals to construct and/or operate the facility including:
      1) Construction Permit
      2) Sedimentation and Erosion Control Plan
      3) Department of Transportation
      4) Building Permit
      5) Other (Specify) ________________________________________________

Section V. Environmental Review

1. Introduction
   A. There are three levels of Environmental Review:
      1) Categorical Exclusion
      2) Environmental Assessment
      3) Environmental Impact Statement
2. **Categorical Exclusion**
   A. The Environmental Information Document must identify the purpose and need for the project as well as providing a brief description of its scope and site location maps.
   B. All applicants must complete the Environmental Screening Checklist on page 16.
   C. If the Categorical Exclusion is concurred with by all parties, then no further Environmental Review is required.
   D. If the Categorical Exclusion is not concurred with, then the next level of Environmental Review (Environmental Assessment) must be completed for the project.
   E. If a Categorical Exclusion is granted, the applicant must publish an advertisement in a local newspaper. The Categorical Exclusion will also be distributed to parties with known interest.

3. **Environmental Assessment**
   A. The Environmental Information Document must provide sufficient data, information, and analysis to determine whether an Environmental Impact Statement (EIS) is necessary or if a Finding of No Significant Impact (FONSI) can be issued.
   B. The Environmental Information Document must address and consider both the direct and indirect environmental impacts of the selected alternative. Both adverse and beneficial impacts need to be identified and considered, and the rationale for the chosen alternative outlined. Direct impacts are caused by the construction and indirect impacts are caused by the development made as a result of the project. The assessment must also evaluate and discuss the impacts that would result without the project.
   C. When the Environmental Information Document indicates that no significant impact is anticipated or the project is altered to eliminate any significant adverse impacts, a Finding of No Significant Impact (FONSI) may be issued and made available to the public.
   D. The Environmental Assessment will be included as part of the FONSI. The FONSI will list any mitigation measures necessary to make the recommended alternative environmentally sound.
   E. Public Notice of the FONSI must include publication in a local newspaper. The formal comment period (30 days) must be provided for all public notices during which no action on a project will occur.

4. **Environmental Impact Statement**
   If the Environmental Assessment indicates that a significant environmental impact may occur and that the impact cannot be mitigated through changes in the project, then an Environmental Impact Statement (EIS) must be prepared.
Environmental Information Document
Please include the following information with the application:

I.) Proposed Project: A concise description of the proposed system improvements should be provided along with an identification and location of the service area. A map of the project area locating mains and the facility should be attached. In addition, the existing and future population and an estimate on the amount of vacant land to be serviced should be noted.

II.) Purpose and Need: A discussion of the need for improved water treatment works or mains should be provided with an emphasis on the location and severity of existing public hazards (potential or certified) and water quality/quantity problems.

III.) Description of the Future Environment Without the Project: A brief account of the conditions that will exist in the future should a “no action” alternative be selected. This section should develop a picture of the future based on the current problems and the historic growth rate.

IV.) Evaluation of Alternatives: A concise calculation of feasible alternatives should be provided. This comparison of alternatives should address in as much detail as is necessary, the cost-effectiveness of each option. In particular, the capital and O & M costs, significant primary and secondary environmental impacts, ability to implement, public acceptability and the need to comply with regulatory requirements are items which may need to be addressed. Where other reasons for rejecting an alternative exist they should be addressed along with an identification of any significant environmental benefits, which were lost by rejection of the alternative. In addition, where appropriate to the project, the evaluation of the alternatives should address water conservation, backwash waste management options, energy savings, project phasing and multiple use options.

V.) Description of the Existing Environment: This description should include those environmental factors, which were considered during the environmental screening process, and are either unrelated to the alternative considered in this project or the proposed project has an insignificant level of impact, beneficial or adverse, on the environmental factor. A similar paragraph (to the following) should be prepared for this project. All environmental areas listed in the paragraph should be thoroughly investigated and the paragraph modified accordingly.

Sample Paragraph: (will need to be modified for each project)

Through the use of an Environmental Screening Checklist, this office has determined that the following factors/amenities wither do not exist within the service area of this water system or the resulting environmental effects are inconsequential and thus do not warrant further attention to this Environmental Assessment:

- Air quality
- Endangered or threatened species
- Fish and wildlife resources
- Wetlands/floodplains/coastal areas
- Surface/groundwater resources—quantity and/or quality related
- Backwash disposal
- Loss of prime agricultural land
- Excessive energy consumption
VI.)  **Environmental Consequences:** The major impacts of the project, other beneficial and adverse, primary and secondary should be considered. Unavoidable impacts, as well as irreversible or irretrievable resource commitments should be noted. Short-term uses or environmental gains should be considered in a tradeoff against long-term gains (i.e., what does the future bring in the way of available uses of land, water resources, health, etc., as a result of the selection of an option to solve perceived existing problems). A rationale for concluding that there will be no significant impact as a result of the selected alternative should be included.

VII.)  **Mitigating Measures:** (Those measures that have already been implemented or are available, either structural or non-structural, and which will minimize adverse impacts should be described.) The description should include existing land use controls, zoning ordinances, erosion and sedimentation control ordinances, water use ordinances, as well as project staging and changes in facility location or design. In addition, any conditions, which will be placed on the project approval or a future grant agreement, should be summarized.

**Environmental Screening Checklist**

The following questions are each followed by a series of three (3) boxes in which to respond and several blank lines to reference the source used in making the response. A negative response to each in a category will justify the decision of “no significant impact.” The statements are phrased to include both primary and secondary impacts and were based upon criteria for an impact statement (40 CFR Part 6). The Section on “Land Use Planning and Management” should determine secondary impacts due to development.

If a definite negative response cannot be made, then the “possible adverse” box should be checked and the particular category discussed in the environmental assessment. The environmental assessment when written should summarize beneficial impacts and discuss possible adverse impacts and mitigating circumstances.

The phrasing “Does documentation exist…” was used for several questions due to the difficulty in being specific and thus possibly not relating to all situations. The Environmental Screening form itself is worded generally to invoke in the reviewer the responsibility to deeply consider each item rather than routinely check blocks.

**Natural Environment**

1. **Air Quality**
   a. Does documentation exist to indicate a possible violation of ambient air quality standards as a primary impact due to the project?
   b. Is significant or excessive development planned or expected which could yield a possible violation of ambient air quality standards as a secondary impact of the project?
c. Does documentation exist to indicate a possible violation of noise standards as a primary or secondary impact due to the project?

__________ Yes __________ No __________ Possible Adverse

References: _________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

2. Water Quality
   a. A sedimentation and erosion control procedure has not been and will not be submitted and there are no county (or other enforceable) laws on sedimentation and erosion control.

 _____ Yes _____ No

b. Does documentation exist to indicate if existing or future development could affect the quality or quantity of groundwater (e.g. groundwater recharge area)?

 _____ Yes _____ No _____ Possible Adverse

References: _________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

   a. The project will cause a significant increase in the amount of water to be withdrawn from one aquifer.

 _____ Yes _____ No _____ Possible Adverse

References: _________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

4. Biology
   a. Endangered or threatened species are included in the initial or future service areas.

 b. Documentation exists to indicate wildlife and/or their habitat will be affected by the facility location or future development.

 _____ Yes _____ No _____ Possible Adverse

References: _________________________________________________________________

___________________________________________________________________________
5. Sensitive Areas
   a. The service area includes or is part of an area designated or considered sensitive by local, state, or federal agency(ies).

      _____ Yes  _____ No  _____ Possible Adverse

      References: _________________________________________________________________
      _________________________________________________________________
      _________________________________________________________________

6. Wetlands
   If the project results in a possible adverse impact, a specific wetlands assessment must be included in the environmental assessment.
   a. Wetlands, either fresh or saltwater, are included in the service area.

      _____ Yes  _____ No  _____ Possible Adverse

      References: _________________________________________________________________
      _________________________________________________________________
      _________________________________________________________________

Land Use Planning and Management

   A negative response to all questions will indicate minimal secondary impacts due to development.

7. The project does not conform to existing land use plans or could cause significant changes to existing land use patterns.

      _____ Yes  _____ No  _____ Possible Adverse

      References: _________________________________________________________________
      _________________________________________________________________
      _________________________________________________________________

8. Reserve Capacity
   a. Two filters in parallel in order to be able to backwash or repair one while still operating facility.
   b. Adequate fire capacity reserve using Delaware State Fire Prevention Regulations.

      _____ Yes  _____ No  _____ Possible Adverse

      References: _________________________________________________________________
      _________________________________________________________________
      _________________________________________________________________
9. Large areas of existing vacant land will be subject to increased development pressure.

_____ Yes _____ No _____ Possible Adverse

References: _________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

10. Documentation exists which indicates that the proposed project will induce population changes or migration which could:

   a. Surpass the water facility’s capacity.
   b. Affect demand or availability of energy sources.

_____ Yes _____ No _____ Possible Adverse

References: _________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

11. Coastal zones would be affected by water line routings or subsequent development.

_____ Yes _____ No _____ Possible Adverse

References: _________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

12. Prime agricultural land would be lost for its natural uses due to water line routing or subsequent development.

_____ Yes _____ No _____ Possible Adverse

References: _________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

13. Floodplains will be open to development due to water line routing. (Where a possible adverse impact exists, a specific floodplain assessment must be included in the environmental assessment.)

_____ Yes _____ No _____ Possible Adverse

References: _________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
14. Backwash disposal will occur in an area with inadequate sanitary landfill(s) or on land unsuitable for land application.

_____ Yes  _____ No  _____ Possible Adverse

References: _________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

************************************************************************************

For ODW Use Only

Additional Information Needed: Yes / No  Date Requested: ________ Date Received: _________

Comments: _____________________________________________________________________

Recommendation: ________ C.E. ________ FONSI ________ EIS

Rationale: _______________________________________________________________________

Reviewing Engineer: ____________________________ Date: ____________
Section VI. Capacity Development

TECHNICAL CAPACITY

1. What was the date of the most recent Sanitary Survey conducted by the Office of Drinking Water? List defects and when they were corrected.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

2. Provide the current number and type of service connections (residential, commercial, etc).

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

3. List the type and number of violations the water system has had in the past 5 years.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

4. List the contaminant, the MCL, and the level detected for any increased monitoring the water system is required to perform.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

5. List the number of lead and copper samples and the monitoring schedule for the water system to maintain compliance.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

6. If the water system is out of compliance with the lead and copper rule, provide the plan of action to return to compliance.

_________________________________________________________________________________
_________________________________________________________________________________
7. Provide the last three monthly water works reports as reported to the Office of Drinking Water.

8. Indicate the water pressure throughout the system.

9. Provide a copy of the water system’s maintenance schedule or log book listing when and by whom tank inspections, hydrant flushing and valve exercising are done.

10. Provide a copy of the system’s operating plan (list of procedures) in place for all treatment plants.

11. Provide a copy of the system cross-connection control plan. What is the number of employees who have attended cross-connection control training in the past 5 years?

12. Provide a copy of the water system emergency plan.

13. List any security upgrades that have been implemented as a result of the vulnerability assessment or security training.

14. Describe how local law enforcement has been consulted about security issues.

15. Provide a copy of the communication plan to alert consumers of a threat of public health.

   Indicate the type(s) of training would be most beneficial to the water operator(s).
   
   ___ How to Prepare for a Sanitary Survey
   ___ SDWA Requirements
   ___ Cross Connection Control
   ___ Disinfection By-Product Rule
   ___ Lead and Cooper Rule/Minor Revisions
   ___ Sampling
___Valve exercising/system flushing
___Operation and maintenance manuals
___Emergency preparedness and response
___Other (please list)

**MANAGERIAL**

1. What is the system’s long term plan for growth, expansion, and/or upgrading the water system to address new regulatory requirements?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

2. Was the most recent Consumer Confidence Report (CCR) completed correctly and mailed to ODW and to your customers on time?

_________________________________________________________________________________

3. Provide an organizational chart that includes elected officials and water system employees.

4. Explain how policies include background checks on newly hired personnel.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

5. Explain exit procedures for personnel that choose or are asked to terminate their employment with the water system.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

6. Provide the name, license number and expiration date, and endorsements of the water operator. If there are several operators, please list the Direct Responsible Charge, as specified in Delaware Regulations.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
7. Provide the number of hours per week an operator is in attendance at the water system per week.

_________________________________________________________________________________
_________________________________________________________________________________

8. Are water operators consulted on a regular basis about the condition and/or needs of the water system?

_________________________________________________________________________________
_________________________________________________________________________________

9. List any considerations the water system has made based upon the source water assessment provided by DNREC

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

10. What is the percentage of unaccounted for water, how were these figures arrived at?

_________________________________________________________________________________
_________________________________________________________________________________

11. Has regionalization with a neighboring community been explored?

_________________________________________________________________________________
_________________________________________________________________________________

12. Has the water system considered pooling resources such as personnel or equipment with another community?

_________________________________________________________________________________
_________________________________________________________________________________

13. Has leasing or contracting out water system operations been explored?

_________________________________________________________________________________
_________________________________________________________________________________

14. Provide documentation that privatization has been considered (municipalities only).

15. Provide documentation that elected officials have agreed to move forward with this loan as stated herein. Meeting minutes are acceptable.
Indicate what type(s) of training that would be most beneficial to water system managers, including elected officials.

___ Water System Basics for Elected Officials
___ Time and Project Management
___ SDWA & Compliance Planning
___ Team Building
___ Consumer Confidence Reports
___ Public Notification Requirements
___ Emergency Preparedness and Response
___ Other (please list)

**FINANCIAL**

1. Explain how the water system is a separately managed fund.
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________

2. Explain how the operating reserve, capital reserve, and emergency reserves are funded.
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________

3. How were the past five capital improvement projects financed?
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________

4. Were bonds ever issued for capital improvement?
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________

5. Explain the basis for determining customer charges?
   
   ___________________________________________________________________________________
   
   ___________________________________________________________________________________
6. What is the median household income for the service area?

_________________________________________________________________________________
_________________________________________________________________________________

7. What is the average quarterly bill for residential customers?

_________________________________________________________________________________
_________________________________________________________________________________

8. How are customers with delinquent bills addressed?

_________________________________________________________________________________
_________________________________________________________________________________

9. Explain how revenues from water billing provide adequate funds to meet the water system’s annual operating expenses.

_________________________________________________________________________________
_________________________________________________________________________________

10. When was the water rate structure last reviewed or revised, how often is this done?

_________________________________________________________________________________
_________________________________________________________________________________

Indicate what type(s) of training that would be most beneficial to water system financial personnel.

___ Asset Management
___ Capital Improvements Planning
___ Rate Setting
___ Budgeting From Scratch
___ Other (please list)
Section VII. Applicant Certification

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

Applicant’s Certification

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 recognize that there is a 1% fee based on the total loan amount, due at the time of closing that cannot be incorporated into the loan. I certify that I am legally authorized to sign, date, and submit this loan 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: ____________________________________________________________________

Name: _________________________________________________________________
(printed)