

DRINKING WATER REVOLVING LOAN FUND (DWRLF)

LOAN APPLICATION FORM 100A

Date: _____ PWS ID # : _____

System Name: _____

Official Project Representative's Name: _____

Official Project Representative's Title: _____

System Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Website Address: _____ Email Address: _____

System Physical Address: _____

Parish: _____ OPH Region: _____

Number of service connections: _____ Population served: _____

DESIRED LOAN TERM

LENGTH*: Select One

☐ 10-Years

☐ 20-Years

☐ 25-Years

☐ 30-Years

(10, 20, 25, or 30 Years Only)

**Remember that the System Improvement Plan (SIP) must be designed to cover this same length of time. DWRLF encourages the use of 20-years based on the anticipated useful life of most water system components. Please be aware that DWRLF may require a different loan length than desired.*

Engineering Consultant (Firm): _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Project Engineer: _____

FOR THE FOLLOWING QUESTIONS, PLEASE ATTACH ADDITIONAL EXPLANATIONS IF ADEQUATE SPACE IS NOT PROVIDED.

1. Description of proposed facilities:

2. Description of problems to be solved by this project:

3. Does the proposed project benefit any other public water systems? ☐ YES ☐ NO

If so, list the other public water systems and their PWS ID #'s below and explain how the project benefits each of them (*i.e. as a consolidation project, emergency connection, purchased water source, etc.*):

* If this is a "**Consolidation Initiative**" Project, two (2) additional items need to be submitted/addressed:

- A Resolution from both parties regarding the proposed consolidation - to be submitted with Application,
- A Buy/Sell Agreement - to be submitted prior to the loan closing.

DRINKING WATER REVOLVING LOAN FUND (DWRLF)
LOAN APPLICATION FORM 100A
 INTENDED USE PLAN INFORMATION

Estimated Project Schedule
 (Give Estimated Dates)

Submittal of DWRLF Loan Application Form 100A _____

Completion Date of Project Planning
 (i.e. Submission of the System Improvement Plan (SIP)/ Environmental Review) _____

Completion Date of Design
 (i.e. Submission of Plans & Specs) _____

Expected Loan Closing _____

Start of Construction _____

Completion of Construction _____

NOTE: For the purpose of providing the dates above, assume the project will be funded as soon as the loan application process is complete.

Estimated Project Costs
 (To Nearest \$10,000)

Legal/Fiscal: _____

Total Engineering: _____

Planning/Design: _____

Construction Phase: _____

Land Acquisition: _____

Construction: _____

Contingencies: _____

Total Project Costs: _____

Total Funding Request from DWRLF: _____

Funding Request Source Type: _____

Base (Loan) BIL-GS BIL-EC BIL-LSL

CERTIFICATION

The following section is to be completed by the Owner or Authorized Representative of the Water System:

I hereby certify that the information contained herein is true and accurate, to the best of my ability.

Name of Water System: _____
Print Full Name Clearly

PWSID#: _____

Print Your Full Name Clearly

Print Your Full Title Clearly

Signature

Date

Seal and Signature
of Registered Professional
Engineer Certifying
Estimated Costs

LOUISIANA DWRLF PROJECT PRIORITY CRITERIA WORKSHEET

Water System: _____ PWSID: _____
 Owner Name: _____ Parish: _____
 Person Completing Worksheet: _____ Date: _____

| | | |
|---|---|--|
| Water Supply Source: <input type="radio"/> Ground <input type="radio"/> Surface <input type="radio"/> Purchased <input type="radio"/> Combination | Water Supply Type: <input type="radio"/> Community <input type="radio"/> Non-Community <input type="radio"/> Non-Transient, Non-Community | Organizational Structure: <input type="radio"/> Governmental Entity <input type="radio"/> Private for Profit <input type="radio"/> Private Non-Profit |
|---|---|--|

Population Served: _____

ADMINISTRATIVE CRITERIA

Violations (SDWA Violations in Last 8 Quarters)

| | | | |
|---|-------|---------------|-------|
| Number of Total Coliform MCL Violations | _____ | x 2 pt each = | _____ |
| Number of Acute Coliform MCL Violations | _____ | x 6 pt each = | _____ |
| Number of IESWTR Violations (Turbidity, C.T.) | _____ | x 6 pt each = | _____ |
| Number of Chemical MCL Violations (i.e. THM, HAA5) | _____ | x 2 pt each = | _____ |
| Number of Acute Chemical MCL Violations (i.e. nitrates, nitrites) | _____ | x 6 pt each = | _____ |
| Number of Secondary MCL Exceedances (i.e. iron, taste, odor) | _____ | x 1 pt each = | _____ |

Consolidation (population absorbed from other PWSs)

Identify the size & number of other community and non-community systems to be tied into this system (they must be completely absorbed by the system):

| | | | | |
|--------------------------------|----------------|-------|---------------|-------|
| Population greater than 10,000 | No. of Systems | _____ | x 4 pt each = | _____ |
| Population of 3,301 to 10,000 | No. of Systems | _____ | x 3 pt each = | _____ |
| Population of 100 to 3,300 | No. of Systems | _____ | x 2 pt each = | _____ |
| Population less than 100 | No. of Systems | _____ | x 1 pt each = | _____ |

Affordability

| | | | |
|---|---|--------------|-------|
| Service area lies within a census tract where the Median Household Income is 25% or more below the State average. | <input type="radio"/> Yes <input type="radio"/> No | If Yes, 4 pt | _____ |
|---|---|--------------|-------|

Other

| | | |
|--|-------|-------|
| New multi-year, multi-phase project or project has received prior DWRLF funding. | 10 pt | _____ |
| Proposal includes work to address Administrative Orders and/or significant deficiencies noted in the most recent sanitary survey | 10 pt | _____ |
| Project has funding commitment from another source. | 5 pt | _____ |
| Project qualifies as a Green Project Reserve (GPR) | 5 pt | _____ |
| Project includes adding fluoride | 2 pt | _____ |

Total Points on this Page = _____

Total Points from Page 2 = _____

TOTAL PRIORITY POINTS = _____

LOUISIANA DWRLF PROJECT PRIORITY CRITERIA WORKSHEET

Page 2

Water System: _____ PWSID: _____
 Owner Name: _____ Parish: _____
 Person Completing Worksheet: _____ Date: _____

PHYSICAL CRITERIA

For each YES answer to the questions below, provide the appropriate number of points in the blank.

Physical Conditions

| System Condition | Condition to be | Pts | |
|--|--|-----|--|
| Low Pressure - less than 40 psi (but greater than 20 psi) | <input type="radio"/> Yes <input type="radio"/> No | 1 | |
| Leaks/Water Loss of 15% to 25% of production | <input type="radio"/> Yes <input type="radio"/> No | 1 | |
| Leaks/Water Loss greater than 25% of production | <input type="radio"/> Yes <input type="radio"/> No | 2 | |
| Dead Ends will be eliminated | <input type="radio"/> Yes <input type="radio"/> No | 2 | |
| Asbestos Cement Pipe or Lead Pipe (replacement) | <input type="radio"/> Yes <input type="radio"/> No | 2 | |
| No disinfection-PWS has a variance from mandatory disinfection | <input type="radio"/> Yes <input type="radio"/> No | 3 | |
| Production less than 85% of potable (non-fire) demand | <input type="radio"/> Yes <input type="radio"/> No | 3 | |
| Storage less than 2 day potable demand | <input type="radio"/> Yes <input type="radio"/> No | 2 | |
| No meters or non-functioning meters | <input type="radio"/> Yes <input type="radio"/> No | 5 | |
| Source capacity inadequate | <input type="radio"/> Yes <input type="radio"/> No | 2 | |
| Industrial activity, Agricultural activity, Oil/Gas Spills, etc. are within source recharge area | <input type="radio"/> Yes <input type="radio"/> No | 3 | |
| Directly impacted by point source discharge | <input type="radio"/> Yes <input type="radio"/> No | 2 | |
| Unprotected Watershed | <input type="radio"/> Yes <input type="radio"/> No | 2 | |
| Will serve area not on community sewerage | <input type="radio"/> Yes <input type="radio"/> No | 2 | |
| Proposed system will replace private wells | <input type="radio"/> Yes <input type="radio"/> No | 2 | |
| Project includes system redundancy | <input type="radio"/> Yes <input type="radio"/> No | 2 | |
| Components exceeding design life to be replaced | <input type="radio"/> Yes <input type="radio"/> No | 4 | |

NOTE: None of the above physical conditions are violations of the Louisiana Administrative Code, Title 51, Chapter XII shown below.

Sanitary Code Violations

| Louisiana Administrative Code Section Violated (Formerly Chapter 12 of the LA State Sanitary Code) | | Violation to be Corrected | Pts | |
|---|------------------------|--|-----|--|
| LAC 51:XII.135 | Standby Power | <input type="radio"/> Yes <input type="radio"/> No | 1 | |
| LAC 51:XII.141 | Sample Taps | <input type="radio"/> Yes <input type="radio"/> No | 1 | |
| LAC 51:XII.151; 179; 355 | Disinfection | <input type="radio"/> Yes <input type="radio"/> No | 1 | |
| LAC 51:XII.159; 315 | Security | <input type="radio"/> Yes <input type="radio"/> No | 1 | |
| LAC 51:XII.167 or 169 | Surface / Ground Water | <input type="radio"/> Yes <input type="radio"/> No | 1 | |
| LAC 51:XII.225-231 | Finished Water Storage | <input type="radio"/> Yes <input type="radio"/> No | 1 | |
| LAC 51:XII.233-255 | Distribution System | <input type="radio"/> Yes <input type="radio"/> No | 1 | |

Total Points on this Page =

Emerging Contaminants (if applicable)

Condition

Project addresses contaminant listed on Contaminant Candidate List (CCL) 1 thru 5 Yes No N/A
 List the Emerging Contaminant the project is addressing: