WEST VIRGINIA DEPART Drinking Water Treatment FY202 Project Priority L		N TO:
REFER TO MEMO FO	DR DUE DATE Applications to: depsrfppl@wv.gov 601 57th St Charleston, W	wv.gov ia DEP ng Fund reet, SE V 25304
SECTION A - Organiza	Ational Data Telephone: (304) 92 Fax: (304) 92	
1. Legal Authority	DWTRF Project No. If known (otherwise completed by DEP)	
a. Name of Entity:		
b. Address:		
	City: State: WV Zip Code:	
c. County:	Congressional District:	
d. Contact Person:	Phone Number:	
	Title:	
e. Email:		
2. Consulting Engineer		
a. Name:		
b. Address:		
	City: State: Zip Code	
c. Email:	Phone Number:	
3. Prepared by:		
Name:	Firm:	
	Phone Number:	

Describe your current system

Describe the problem being solved: (Must be completed - Limit 630 characters)

Describe the project being proposed to solve the problem: (Must be completed - Limit 630 charaters)

### **SECTION C - Readiness to Proceed**

1. Project Status of: a. Submittal to Infrastructure and Jobs Development Council: IJDC#: Submittal Date: Submittal Date: b. Plans and Specs: c. Rights of Way acquisition or purchase: d. Advertise for Bids: Date: e. Award Contract(s) 120 days after bid Advertise Date: f. Complete Construction:

Date:

### **SECTION D - Total Project Costs by Needs Category**

Please see attached definitions for Drinking Water Treatment Works Categories	Design Cost	Construction Cost	Green Cost	Total Cost	Percentage
Treatment					
Transmission & Distribution					
Storage					
DW Source Change					
Restructuring (Change to Ownership/Consolidation					
Purchase of Systems					
Planning and Design					
Land Acquisition					
Other					
TOTALS					
				Total cost should equal Section E8	

Date of Estimate:

	PROJEC	T COST SUMM	IARY	
Budget Line Item			Cost	
1. Construction Cost:				
2. Engineering Cost:				
Planning	g			
Design				
Constru	ction		Subto	tal:
3. Legal Cost:				
Project /	Attorney	_		
Right-of	-Ways - (Legal)			
PSC Atto	orney		Subto	tal:
4. Administrative Cost:				
Project C	Coordinator	_		
Other Ac	dministrative Cost		Subto	tal:
Describe:				
5. Financing Cost:				
	Financing			
Registrar	-			
Bond Co			Subto	tal:
6. Sites, Easements and ROV	W Cost ·			
	e Land/easement Costs (NFP)			
	Land/easement Costs		Subto	tal:
Activity				
7. Contingency:				
8. TOTAL PROJECT COST:				
Project Funds				Amount
Estimated DWTRF loan terms:	% for years		Estimated DWSRF loan amoun	
		<b></b>		¨ []
Federal Grants (Total)	Applied Committed	Agency		
State Grants (Total)	Applied Committed	Agency		
Federal Loan @	Applied 🗌 Committed	Agency		
State Loan @	Applied Committed	Agency		
% for years				

DWTRF Principal Forgiveness:

TOTAL FUNDING PROVIDED

## **SECTION F - Statistical Data**

- 1. \*Total Current population:
  - a. Current population now served by a distribution system:
  - b. Proposed population to be served by this project:

#### \* Please use population - not number of service connections

<ol> <li>Existing WTP Production Rates</li> <li>Number of Service Connections:</li> </ol>	gpd	% of Domestic Flow	% Industrial
<ul> <li>a. Residential Service Connections:</li> <li>b. Commercial Service Connections:</li> <li>c. Industrial Service Connections:</li> </ul>	Existing Existing Existing	Future Future Future	
4. Water Rates: (3,400 gal): Existing		Proposed	
5. PWSID Permit: Yes No	o Permit number:		
6. Is this project to correct acute health h	azards? Yes	No	
If yes, provide documentation.			

Examples of these include:

\*Projects that address documented nitrate or nitrite violations.

\*Projects that address exceedances of the Lead Rule.

\*Projects that address documented exceedances of primary inorganic MCL's.

\*Projects that address a problem where a system has significant turbidity violations. The project must ensure compliance to receive DWTRF assistance.

\*Projects that address a problem where a system has significant microbiological violations. the project must ensure compliance to receive DWTRF assistance.

\*Projects that propose filtration for surface water source that currently do not have filtration.

\*Projects that propose disinfection for a system that currently do not have disinfection.

\*Projects that address documented or potential water outages for extended periods (1 week or more) due to contamination or system/design deficiencies.

7. Is this project to correct chronic health hazards? Yes No

If yes, provide documentation.

Examples of these include:

\*Projects that address occasional turbidity violations for a system that has a moderate ETT score.

\*Projects that address occasional microbiological violations for a system that has a moderate ETT score.

\*Projects that address exceedances of the Copper Rule.

\*Projects that address documented exceedances of primary organic MCL's.

\*Projects that address documented exceedances of radiological MCL's.

\*Projects that address treatment technologies for the SWTR.

\*Projects that address documented or potential water outages (1-6 days) due to contamination or system/design deficiencies. \*Projects that enhance source water protection to prevent widespread contamination throughout the distribution system via alternate water sources or additional storage. 8. Is this project to correct periodic health hazards? Yes No

If yes, provide documentation.

Examples of these include:

\*Projects that address low chlorine residuals.

\*Projects that address periodic exceedances of a primary MCL.

\*Projects that address periodic water outages to some customers for at least a day due to design or system deficiency. \*Projects to bring existing facilities to current design standards which affect water quality: treatment, chemical application, pumping facilities, finished storage and distribution systems.

9. Will this project bring the system into compliance with administrative orders, agreement, statutes, or regulatory requirements? Yes No

If yes, provide documentation.

10. Will this project bring the system into compliance with sanitary survey deficiencies, permits, new regulations, or design standards. Yes No

If yes, provide documentation.

11. Will this project extend water service to customers with drinking water contaminated with fecal coliform? Yes No

If yes, provide documentation.

12. Has an Asset Management Plan been completed? Yes No

## **SECTION G - Emerging Contaminants Project Solicitation**

- 1. Project Sponsor
- 2. Contact Name

3. Phone Number

#### EMERGING CONTAMINANTS

4. Detailed Project Description (PFAS and Address contaminant on EPA's CCL)

- 5. Project Cost Estimate included
- 6. Project Schedule included

# **SECTION H - Lead Service Line Solicitation**

1.	Project Sponsor					
2.	Contact Name				3. Phone Number	
4.	Does your system	have LSL's?	Yes	No		
5.	Have you complet	ed the LSL Inventory?	Yes	No	lf yes, date su	ubmitted to Dept. of Health:
6.	Detailed Project D	escription				

- 7. Project Cost Estimate included
- 8. Project Schedule included