



**WATER SUPPLY REVOLVING LOAN ACCOUNT
(WSRLA) NOMINATION FORM**

IMPORTANT: Nominations must include all required information, including the required attachments listed in Section VIII to be scored on the project priority list and considered for funding. See instructions.

QUESTIONS: Please refer to the instructions for information on completing this form and for the telephone number of your local Division of Drinking and Ground Waters district office loan coordinator.

DISADVANTAGED COMMUNITY: If the community would like to be evaluated for designation as a disadvantaged community, a completed "Disadvantaged Community Program Application Form" must be submitted concurrently. Please call (614) 644-2798 if you have questions.

I. SYSTEM INFORMATION		Date prepared:
Water System Name:		DUNS#
Project Name:		
PWS ID#:	Population Served:	County:
Water System Owner:		
Applicant (if other than owner):		
Entity Responsible for Loan Repayment (if other than owner):		
II. PROJECT INFORMATION		
Project Address – If an address is not available, please provide the street and nearest cross street to the project.		
Street:		
Street:		
Village/Town:		Zip code + 4:
A. What does the project entail? <i>(Check boxes as applicable)</i>		Project Description <i>Describe the work planned for each component type checked. Attach additional pages as needed.</i>
Type of Work:	Component Type:	
<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Repair <input type="checkbox"/> Upgrade <input type="checkbox"/> Rehabilitate <input type="checkbox"/> Other <i>(specify)</i> :	Source <input type="checkbox"/> Well(s) <input type="checkbox"/> Intake Structure	
	Treatment <input type="checkbox"/> Water Plant <input type="checkbox"/> Structure/building <input type="checkbox"/> Treatment Process(es) <i>(specify)</i> :	
	Distribution <input type="checkbox"/> Waterline <input type="checkbox"/> Metering <input type="checkbox"/> Water Storage <input type="checkbox"/> Pump station	
	Other <i>(specify)</i>:	

PWS Name: _____

Project: _____

II. PROJECT INFORMATION - Continued																							
<p>B. What problem(s) does the project address? (Check boxes as applicable, if any)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Public health issue(s)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Inadequate storage</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> MCL violations(s)</td> <td style="border: none;"><input type="checkbox"/> Insufficient pressure</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bacterial contamination</td> <td style="border: none;"><input type="checkbox"/> Waterline breakage</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Chemical contamination</td> <td style="border: none;"><input type="checkbox"/> Waterline undersized</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Well contamination</td> <td style="border: none;"><input type="checkbox"/> Regionalization</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insufficient source quantity</td> <td style="border: none;"><input type="checkbox"/> Tie-in of other PWS(s)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Deteriorated intake</td> <td style="border: none;"><input type="checkbox"/> No meters</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Insufficient plant capacity</td> <td style="border: none;"><input type="checkbox"/> Deteriorated meters</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Plant deterioration</td> <td style="border: none;"><input type="checkbox"/> Unaccounted for water loss</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Disinfection residual violations</td> <td style="border: none;"><input type="checkbox"/> Distribution deterioration</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other (specify):</td> </tr> </table>	<input type="checkbox"/> Public health issue(s)	<input type="checkbox"/> Inadequate storage	<input type="checkbox"/> MCL violations(s)	<input type="checkbox"/> Insufficient pressure	<input type="checkbox"/> Bacterial contamination	<input type="checkbox"/> Waterline breakage	<input type="checkbox"/> Chemical contamination	<input type="checkbox"/> Waterline undersized	<input type="checkbox"/> Well contamination	<input type="checkbox"/> Regionalization	<input type="checkbox"/> Insufficient source quantity	<input type="checkbox"/> Tie-in of other PWS(s)	<input type="checkbox"/> Deteriorated intake	<input type="checkbox"/> No meters	<input type="checkbox"/> Insufficient plant capacity	<input type="checkbox"/> Deteriorated meters	<input type="checkbox"/> Plant deterioration	<input type="checkbox"/> Unaccounted for water loss	<input type="checkbox"/> Disinfection residual violations	<input type="checkbox"/> Distribution deterioration		<input type="checkbox"/> Other (specify):	<p><i>Please describe the specific problem(s) and how the project will address it in basic terms below for all checked boxes. Attach a general plan or project planning documentation for all design and/or construction projects; describe the checked boxes in detail.</i></p>
<input type="checkbox"/> Public health issue(s)	<input type="checkbox"/> Inadequate storage																						
<input type="checkbox"/> MCL violations(s)	<input type="checkbox"/> Insufficient pressure																						
<input type="checkbox"/> Bacterial contamination	<input type="checkbox"/> Waterline breakage																						
<input type="checkbox"/> Chemical contamination	<input type="checkbox"/> Waterline undersized																						
<input type="checkbox"/> Well contamination	<input type="checkbox"/> Regionalization																						
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<input type="checkbox"/> Insufficient plant capacity	<input type="checkbox"/> Deteriorated meters																						
<input type="checkbox"/> Plant deterioration	<input type="checkbox"/> Unaccounted for water loss																						
<input type="checkbox"/> Disinfection residual violations	<input type="checkbox"/> Distribution deterioration																						
	<input type="checkbox"/> Other (specify):																						

III. CONTACT INFORMATION	
<i>Attach additional pages if needed. Please designate the best contact for questions about the project.</i>	
Public Water System Owner	Name: _____ Best contact? <input type="checkbox"/> Y <input type="checkbox"/> N
	Title: _____
	Telephone: _____ E-mail Address: _____
	Mailing address: _____ Zip code +4: _____
Applicant (if not owner)	Name: _____ Best contact? <input type="checkbox"/> Y <input type="checkbox"/> N
	Title: _____ Employer: _____
	Telephone: _____ E-mail Address: _____
	Mailing address: _____ Zip code +4: _____
Operator	Name: _____ Best contact? <input type="checkbox"/> Y <input type="checkbox"/> N
	Title: _____ Employer: _____
	Telephone: _____ E-mail Address: _____
	Mailing address: _____ Zip code +4: _____
Engineer	Name: _____
	Title: _____ Employer: _____
	Telephone: _____ E-mail Address: _____
	Mailing address: _____ Zip code +4: _____
Other (specify):	Name: _____ Best contact? <input type="checkbox"/> Y <input type="checkbox"/> N
	Title: _____ Employer: _____
	Telephone: _____ E-mail Address: _____
	Mailing address: _____ Zip code +4: _____

PWS Name: _____ Project: _____

IV. GENERAL AND DETAILED ENGINEERING PLAN APPROVAL INFORMATION		
Has a general plan been submitted to Ohio EPA? <input type="checkbox"/> Y <input type="checkbox"/> N	If Y, Date:	
Have detailed plans been submitted to Ohio EPA? <input type="checkbox"/> Y <input type="checkbox"/> N	If Y, Date:	
Has Ohio EPA approved detailed plans? <input type="checkbox"/> Y <input type="checkbox"/> N	If Y, Date:	Plan App. #:

V. PROPOSED PROJECT SCHEDULE		
<i>Provide a completion date for each of the listed tasks for a construction loan project. For a planning loan only, complete 3, 4, 8 and 9. For a design loan only OR a planning and design loan combined, complete 1, 3, 4, 8, and 9. Ensure the minimum time frames for each task are met.</i>		
	Task	Date (mm/dd/yy)
1	Submit Approvable Project Planning Information	
2	Submit Complete Detail Plans for Approval - includes detailed plans, review fee, contract documents, and specifications (240 days prior to task 9 for a plant construction projects or 150 days prior to task 9 for distribution-related projects)	
3	Submit Complete Capability Assurance Plan – includes technical, managerial, and financial sections (at least 90 days prior to task 9)	
4	Submit Complete Loan Application, Water Rate Ordinance and Water System Regulations/Ordinances (at least 90 days prior to task 9)	
5	Advertise for construction bids (at least 90 days prior to task 9)	
6	Open construction bids (at least 30 days prior to task 9 – be sure to allow for a minimum of 60 days to award contracts)	
7	Submit bid information (at least 21 days prior to task 9)	
8	Submit signed loan documents (at least 7 days prior to task 9)	
9	Request a loan award by (1 st of month in which the Loan is awarded) <i>*This date must be no later than June 2017</i>	
Are you nominating other drinking water project(s) concurrently with this project?		<input type="checkbox"/> Y <input type="checkbox"/> N
If Y, do you plan to complete construction of any other(s) concurrently with this project?		<input type="checkbox"/> Y <input type="checkbox"/> N
If Y, identify the concurrent project(s):		

VI. FUNDING INFORMATION				
Type of project?	Estimated Total Cost	Estimated Amount Requested from WSRLA	Estimated Amount Requested from Other Sources*	Estimated Date of WSRLA Loan Award (month/year)
Planning	\$	\$	\$	
Design	\$	\$	\$	
Construction <small>*Project planning information must be submitted with this nomination form for all construction loans.</small>	\$	\$	\$	
*List all other potential funding sources and specify amount requested from each.				

PWS Name: _____

Project: _____

VII. WATER AND SEWER RATE INFORMATION

A. Is PUBLIC DRINKING WATER currently provided to residents in the proposed project's service area?	<input type="checkbox"/> Y <input type="checkbox"/> N
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If Y, attach a copy of the WATER Rate Ordinance, Resolution, current rates and user charges. Be sure to specify the basis (e.g. cu. ft. or 1,000s of gallons) as well as the billing period (e.g. monthly or quarterly).

If water users are not charged, explain:

B. Is SEWER SERVICE currently provided to residents in the proposed project's service area?	<input type="checkbox"/> Y <input type="checkbox"/> N
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If Y, attach a copy of the SEWER Rate Ordinance, Resolution, current rates and user charges. Be sure to specify the basis (e.g. cu. ft. or 1,000s of gallons) as well as the billing period (e.g. monthly or quarterly).

If sewer users are not charged, explain:

VIII. REQUIRED ATTACHMENTS

This nomination form is not complete unless all required documentation has been attached. Please note that all required documentation must be submitted with each project nominated regardless of the submission of previous or concurrent nominations.

Documentation attached?	Type of Documentation
<input type="checkbox"/> Y <input type="checkbox"/> N/A	Ohio EPA-Approved General Plan or Project Planning Documentation <i>Required for all design and/or construction loans. See instructions.</i>
<input type="checkbox"/> Y <input type="checkbox"/> N/A	Water Rate Ordinance, Resolution, current rates and user charges (Section VII.A.) <i>If users are charged for water, this information MUST be attached.</i>
<input type="checkbox"/> Y <input type="checkbox"/> N/A	Sewer Rate Ordinance, Resolution, current rates and user charges (Section VII.B.) <i>If users are charged for sewer services, this information MUST be attached.</i>
<input type="checkbox"/> Y <input type="checkbox"/> N/A	Disadvantaged Community Application <i>Required <u>only</u> if consideration under the Disadvantaged Community Loan Program is also requested.</i>

IX. SIGNATORY AUTHORITY

By signing below, I certify that I am a representative of the owner of the subject public water system and am fully authorized to enter into and legally bind contracts for the public water system. I certify that I have personally examined and am familiar with the information submitted in this nomination and all attachments and that, based on my inquiry of those persons responsible for obtaining the information contained in the form, I believe the information is true, accurate, and complete. I certify that I have read and understood the instructions provided with this form and have attached all required supporting documentation listed in Section VIII. I understand that consideration under the disadvantaged community program requires submission of a Disadvantaged Community Loan Application in addition to this nomination form.

Name:	Title:
Signature:	Date:

Email the completed form and one file of the required documents to: DWAF.mail@epa.ohio.gov .

IMPORTANT: If the FTP option is used for large submittals, do not submit to DWAFmail, it will not go through. Enter kevin.spurbeck@epa.ohio.gov for the email address when using the FTP option.