



**DEADLINE:** The completed nomination form must be submitted by **March 15, 2011** to be considered.

**IMPORTANT:** Nominations must include all required information, including the required attachments listed in Section VIII, to be scored, ranked on the project priority list and considered for funding. *Submission of this form does not constitute an application for or guarantee of a loan or other financial assistance.*

**QUESTIONS:** Please refer to the instructions for more 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 "Application for Designation as a Disadvantaged Community" must be submitted concurrently. See [www.epa.ohio.gov/ddagw/financialassistance.aspx](http://www.epa.ohio.gov/ddagw/financialassistance.aspx) or call (614) 644-2752.

I. SYSTEM INFORMATION		
Water System Name:		
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		
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> :	<b>Source</b> <input type="checkbox"/> Well(s) <input type="checkbox"/> Intake Structure	
	<b>Treatment</b> <input type="checkbox"/> Water Plant <input type="checkbox"/> Structure/building <input type="checkbox"/> Treatment Process(es) <i>(specify)</i> :	
	<b>Distribution</b> <input type="checkbox"/> Waterline <input type="checkbox"/> Metering <input type="checkbox"/> Water Storage <input type="checkbox"/> Pump station	
	<b>Other <i>(specify)</i>:</b>	

<b>II. PROJECT INFORMATION - Continued</b>	
<p><b>B. What problem(s) does the project address?</b> <i>(Check boxes as applicable, if any)</i></p> <p><input type="checkbox"/> Public health issue(s)      <input type="checkbox"/> Inadequate storage</p> <p><input type="checkbox"/> MCL violations(s)            <input type="checkbox"/> Insufficient pressure</p> <p><input type="checkbox"/> Bacterial contamination      <input type="checkbox"/> Waterline breakage</p> <p><input type="checkbox"/> Chemical contamination      <input type="checkbox"/> Waterline undersized</p> <p><input type="checkbox"/> Well contamination            <input type="checkbox"/> Regionalization</p> <p><input type="checkbox"/> Insufficient source quantity   <input type="checkbox"/> Tie-in of other PWS(s)</p> <p><input type="checkbox"/> Deteriorated intake            <input type="checkbox"/> No meters</p> <p><input type="checkbox"/> Insufficient plant capacity    <input type="checkbox"/> Unaccounted for water loss</p> <p><input type="checkbox"/> Plant deterioration            <input type="checkbox"/> Other <i>(specify)</i>:</p> <p><input type="checkbox"/> Disinfection residual violations</p>	<p><i>Please describe the problem(s) the project will address and <b>attach supporting documentation.</b></i></p>

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

**IV. DETAILED ENGINEERING PLAN APPROVAL INFORMATION**

Have detailed plans been submitted to Ohio EPA?  Y  N If Y, Date: \_\_\_\_\_

Has Ohio EPA approved detailed plans?  Y  N If Y, Date: \_\_\_\_\_ Plan App. #: \_\_\_\_\_

**V. PROPOSED CONSTRUCTION PROJECT SCHEDULE**

*Provide a completion date for each of the listed tasks. Ensure the minimum time frames for each task are met.*

	Task	Date (mm/dd/yy)
1	First day of the month in which construction loan is to be awarded	
2	Date signed loan documents will be returned to Ohio EPA (not later than 7 days prior to task 1)	
3	Date bid information will be submitted to Ohio EPA (not later than 21 days prior to task 1)	
4	Date construction bids will be opened (not later than 30 days prior to task 1) <i>Be sure to allow for a minimum of 60 days to award contracts</i>	
5	Date request for construction bids will be advertised (not later than 90 days prior to task 1)	
6	Date the complete loan application and Capability Assurance Plan will be submitted to Ohio EPA (not later than 90 days prior to task 1)	
7	Date detailed engineering plans will be submitted for director's approval (not later than 170 days prior to task 1)	
8	Date the general planning information will be submitted to Ohio EPA (generally 200 days prior to task 1)	

Are you nominating other drinking water project(s) concurrently with this project?  Y  N

If Y, do you plan to complete construction of any other(s) concurrently with this project?  Y  N

If Y, identify the concurrent project(s): \_\_\_\_\_

**VI. FUNDING INFORMATION**

Type of project? <i>(Check boxes as applicable)</i>	Estimated Total Cost	Estimated Amount Requested from WSRLA	Estimated Amount Requested from Other Sources*	Estimated Date Funds are Needed <i>(mm/dd/yy)</i>
<input type="checkbox"/> Planning	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> Design	\$ _____	\$ _____	\$ _____	
<input type="checkbox"/> Construction	\$ _____	\$ _____	\$ _____	

\*List all other potential funding sources and specify amount requested from each.

Describe any green project components of the proposed project. *(See instructions for details and examples)*

If possible, estimate the cost of the green components of the proposed project. \$ \_\_\_\_\_

VII. WATER AND SEWER RATE INFORMATION	
<b>A. Is PUBLIC DRINKING WATER</b> currently provided to residents in the proposed project's service area?	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>If Y, attach a copy of the WATER Rate Ordinance, Resolution, current rates or 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).</i>	
If water users are not charged, explain:	
<b>B. Is SEWER SERVICE</b> currently provided to residents in the proposed project's service area?	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>If Y, attach a copy of the SEWER Rate Ordinance, Resolution, current rates or 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).</i>	
If sewer users are not charged or service is not provided, explain:	

VIII. REQUIRED ATTACHMENTS	
<i>This nomination form is not complete unless all required documentation has been attached. Please note that <u>all</u> required documentation must be submitted with <u>each</u> project nominated regardless of the submission of previous or concurrent nominations.</i>	
Documentation attached?	Type of Documentation
<input type="checkbox"/> Y <input type="checkbox"/> N/A	<b>Supporting documentation for Section II.B. of form</b> <i>Required for projects that will correct problem(s) as identified in Section II.B.</i>
<input type="checkbox"/> Y <input type="checkbox"/> N/A	<b>Water Rate Ordinance, Resolution, current rates and user charges (Section VI.A.)</b> <i>If users are charged for water, this information MUST be attached.</i>
<input type="checkbox"/> Y <input type="checkbox"/> N/A	<b>Sewer Rate Ordinance, Resolution, current rates and user charges (Section VI.B.)</b> <i>If users are charged for sewer services, this information MUST be attached.</i>
<input type="checkbox"/> Y <input type="checkbox"/> N/A	<b>Disadvantaged Community Application</b> <i>Required <u>only</u> if consideration under the Disadvantaged Community Loan Program is also requested.</i>

IX. SIGNATORY AUTHORITY	
<i>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.</i>	
Name:	Title:
Signature:	Date:

Mail completed form and required attachments to:  
 Ohio Environmental Protection Agency, Division of Drinking and Ground Waters,  
 Attn: Monica Hogan, PO Box 1049, Columbus, OH 43216-1049  
 or submit via fax to (614) 644-2909 or e-mail to [DWAF.mail@epa.ohio.gov](mailto:DWAF.mail@epa.ohio.gov)