

**STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY**



CLEAN WATER STATE REVOLVING FUND



FUNDING PRE-APPLICATION

**Louisiana Department of Environmental Quality
Office of Environmental Assessment
P. O Box 4314
Baton Rouge, LA 70821-4314**

Part A: General Information

1. Applicant Name: _____ Address: _____ Authorized Representative Name: _____ Title: _____ Telephone(): _____ E-mail: _____	2. Engineering Consultant Name: _____ Address: _____ Contact Person Name: _____ Telephone (): _____ E-mail: _____
3. Bond Attorney Name: _____ Address: _____ Contact Person Name: _____ Telephone () _____ Email: _____	4. Other Consultant/Attorney/ Financial Advisor Name: _____ Address: _____ Contact Person Name: _____ Telephone () _____ Email: _____

5. Population of project area (current census) _____ 6. Current average sewer bill _____

7. Parish(es) _____ U.S. Congressional District(s) _____

LA House District(s) _____ LA Senate District(s) _____

8. Annual median household income _____, data source _____

9. Unemployment Rate _____ 10. Population Growth _____

Part B: Certification

Please include a resolution adopted by the governing body of the municipality authorizing the below named official, and his/her predecessors, to submit the pre-application and other information that may be requested.

Signature of official authorized representative _____

Title of official authorized representative _____ Date _____

Resolution Included? Yes _____ No, will be provided separately _____

Part C: Existing Facilities (for priority rating purposes)

Complete the following information for **each** wastewater treatment plant in the project area.

Name of treatment plant:

Agency Interest No:

1. List the processes of the treatment plant from head works through discharge. (Include solids treatment and disposals.)

2. Please attach a copy of your current permit (if available).

Effluent conditions	Design	Average performance (from last 12 month's DMR's)	Required limits from permit or WQM Plan	Number of violations for the last 12 months	Limit type (monthly average)
Average daily flow					MGD
BOD ₅ /CBOD ₅					mg/l
BOD ₅ /CBOD ₅					lb/day
TSS					mg/l
TSS					lb/day
Fecal Coliform					no./100ml
NH ₃ /N					mg/l
NH ₃ /N					lb/day
D.O.					mg/l
Chlorine Residual					mg/l
Other (state)					

Part C: Existing Facilities continued

3. Population equivalent served: Design _____ Actual _____

4. Permit number: _____

Permit expiration date _____ Have you filed for a new/renewal permit application (yes ___ no ___)
 If yes date sent to LDEQ _____

5. Year of construction or last major renovation of treatment plant _____

6. If no permit attached please include

	Latitude	Longitude
Plant Entrance		
Discharge		

7. Receiving stream: _____

Collection system serving this treatment plant only:

Year of construction or last major renovation of the collection system _____

8. Please give a narrative description of collection system. Please include the age of the system and/or the major subsystems, and types of piping. Are there frequent overflows and/or bypasses in the system? Do there appear to be problems with excessive infiltration and/or inflow in the system?

9. Is this treatment plant and/or collection system presently subject to any state or federal enforcement actions? (Yes No)
 If yes, please state what type of enforcement action and reason for non-compliance.

Part D: Non-Point Source, Storm Water Management, and/or Estuary Projects

1. Describe the proposed non-point source, storm water management, or estuary project:

Part E: Proposed Project

1. Describe the proposed project. If treatment plant construction is proposed, give the design average daily flow (MGD) and effluent limits. If the project is to construct a new treatment plant, the proposed receiving stream and discharge location should be given (if known). If a current discharge is to be relocated, please provide as many details as possible.

2. For the project described above, give the estimated construction cost for each of the following categories:

Secondary treatment	Category I	\$
Advanced treatment	Category II	\$
Infiltration/Inflow Correction	Category IIIA	\$
Major Sewer System Rehab	Category IIIB	\$
New Collector Sewers	Category IVA	\$
New Interceptor Sewers	Category IVB	\$
Storm Water Management	Category VI-A/B	\$
Non-Point Source	Category VII	\$
Energy Conservation	Category GPR	\$
Water Conservation	Category GPR	\$
Estuary Management	Category XI	\$
TOTAL:		\$

3. Total estimated project costs:

Total Construction Cost	\$
Engineering Cost	\$
Legal Cost	\$
Other Costs (state)	\$
Contingencies	\$
Total Project Cost	\$

4. What is the anticipated financing through CWSRF? _____

5. List any other funding sources (including approximate amount) that are being utilized to finalize this project?

IIJA / BIL	OSG	Water Sector
\$ _____	\$ _____	\$ _____

Other Funding (Local, Federal, etc.): _____

PART F: Loan Financial Pre-Qualifications

1. Federal Law requires dedicated repayment source(s) for principal and interest for this proposed loan. Please select the source that will be dedicated:

SEWER USER FEES

UTILITY USER FEES

SALES TAX-PERCENTAGE PLEDGED _____

AD VALOREM TAX

GENERAL OBLIGATION

OTHER _____

2. Give the annual amount of each source pledged for repayment of this proposed loan: _____

3. How is this amount reported in your audit each year, {i.e. to which fund(s) are these monies reported}?
