**STATE OF LOUISIANA**

**DEPARTMENT OF ENVIRONMENTAL QUALITY**

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#### CLEAN WATER STATE REVOLVING FUND

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## LOAN 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 ( )  Fax ( )  E-mail: | 2. **Engineering Consultant**  Name:  Address:  Contact Person  Name:  Telephone ( )  Fax ( )  E-mail: |
| 3. **Bond Attorney**  Name:  Address:  Contact Person  Name:  Telephone ( )  Fax ( )  Email: | 4. **Other Consultant/Attorney/ Financial Advisor**  Name:  Address:  Contact Person  Name:  Telephone ( )  Fax ( )  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 above 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 \_ | |

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| **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: .    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 |  |
|  | BOD5/CBOD5 |  | | |  | |  | | |  | | | mg/l |  |
|  | BOD5/CBOD5 |  | | |  | |  | | |  | | | lb/day |  |
|  | TSS |  | | |  | |  | | |  | | | mg/l |  |
|  | TSS |  | | |  | |  | | |  | | | lb/day |  |
|  | Fecal Coliform |  | | |  | |  | | |  | | | no./100ml |  |
|  | NH3/N |  | | |  | |  | | |  | | | mg/l |  |
|  | NH3/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 and Estuary Projects** | | | | | | | | | | | | | | |
| 1. Describe the proposed non-point source 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? \_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |