**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**

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| **Part A: General Information** |
| 1. **Applicant** Name:Address:Authorized RepresentativeName:Title:Telephone ( ) Fax ( )E-mail: | 2. **Engineering Consultant**Name:Address:Contact PersonName:Telephone ( ) Fax ( )E-mail: |
| 3. **Bond Attorney**Name:Address:Contact PersonName:Telephone ( ) Fax ( )Email: | 4. **Other Consultant/Attorney/ Financial Advisor**Name:Address:Contact PersonName: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. |
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| **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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |