

**2015 NMED CWSRF PRIORITY LIST ATTACHMENT FORM (PLAF)**

**A complete CWSRF application must include: 1) this Priority List Attachment Form AND  
2) submit a Project Interest Form on the WIP/SWIM portal at <http://swim.nmenv.state.nm.us/SWIM/index.php>**

**Section 1: Applicant Information**

Type of Organization:      Municipality                       District                       County                       Other   
(identify)

Name of Applicant:

Contact Person:                       Job Title:

Street Address:

City:                       Zip:

Phone:                       Email:

County project located in:

Congressional District:                       Borrower Population:

Population Served by System:                       Population served by the project:

System Identification:                      NPDES#                       GW Discharge Permit#

Average Monthly Residential Fee (Base + Use):                       N/A

Utility Rate Structure - attach a copy of the current rate ordinance, if applicable, and check one:      Flat Rate       Block Rate       Increasing Block Rate

Existing Debt payable by system users:	Debtor	Principal remaining	Ann Pmt Amt	Maturity Date

**Section 2: Project Information**

Title of Project:

Project Address inc zip code:   
 (if no address, latitude and longitude)

Title of Project:

Type of financial assistance requested:                      Planning/Design Loan                       Construction Loan                       Planning/Design and Construction Loan

Amount of Financial Assistance Requested:

Briefly summarize the problem:

Briefly summarize the proposed solution:

Is the project Phaseable? If yes, what Phase are you looking at for funding?

**Section 3: Select the Types of Needs to be Funded**

**3.1 Please check if this is a Planning Project OR all other items in both columns that this project will address. (Needs Categories)**

Planning and Design Project **OR**

- I Secondary Wastewater Treatment
- II Advanced Wastewater Treatment
- III-A Infiltration/Inflow (I/I) Correction
- III-B Sewer Replacement/Rehabilitation
- IV-A New Collector Sewers and Appurtenances
- IV-B New Interceptor Sewers and Appurtenances
- V Combined Sewer Overflow (CSO) Correction
- VI Storm Water Management Program
- VII-A NPS Control: Agriculture (Cropland)
- VII-B NPS Control: Agriculture (Animals)
- VII-C NPS Control: Silviculture

- VII-D NPS Control: Urban, excluding decentralized systems
- VII-E NPS Control: Ground Water Protection (Unknown Source)
- VII-F NPS Control: Marinas
- VII-G NPS Control: Resource Extraction
- VII-H NPS Control: Brownfields
- VII-I NPS Control: Storage Tanks
- VII-J NPS Control: Sanitary Landfills
- VII-K NPS Control: Hydromodification
- VII-L NPS Control: Individual/Decentralized Systems
- X Recycled Water Distribution

Title of Project:

**3.2 Does Project Include Green Project Reserve (GPR) activities? If so, please describe here and break down cost by category below:  
(refer to invitation letter and <http://www.nmenv.state.nm.us/cpb/GreenProjectReserve.htm> for green project background and descriptions)**

- Green Infrastructure, est cost
- Energy Efficiency, est cost
- Water Efficiency, est cost
- Green Inovative, est cost


**3.3 Please check discharge types that apply to your system (Discharge Information)**

- |  |   |
|--|---|
| <input type="checkbox"/> Wetland                             | <input type="checkbox"/> Other/Reuse            |
| <input type="checkbox"/> Surface Water (Stream, River, Lake) | <input type="checkbox"/> Eliminates Discharge   |
| <input type="checkbox"/> Groundwater                         | <input type="checkbox"/> No Change/No Discharge |
| <input type="checkbox"/> Land Application                    | <input type="checkbox"/> Seasonal Discharge     |

**3.4 Project Improvement/Maintenance of Water Quality:**

- |                                 |                         |   |  |  |                                       |                              |
|---------------------------------|-------------------------|---|--|--|---------------------------------------|------------------------------|
| a. contributes to water quality | (select one answer):    | <input type="checkbox"/> Improvement        | <input type="checkbox"/> Maintenance         | <input type="checkbox"/> N/A                       |                                       |                              |
| b. allows the system to         | (select one answer):    | <input type="checkbox"/> Achieve compliance | <input type="checkbox"/> Maintain Compliance | <input type="checkbox"/> N/A                       |                                       |                              |
| c. affected waterbody is        | (select one answer):    | <input type="checkbox"/> Meeting Standards  | <input type="checkbox"/> Impaired            | <input type="checkbox"/> Threatened                | <input type="checkbox"/> Not Assessed | <input type="checkbox"/> N/A |
| d. allows the system to address | (check all that apply): | <input type="checkbox"/> Existing TMDL      | <input type="checkbox"/> Projected TMDL      | <input type="checkbox"/> Watershed Management Plan |                                       |                              |

Title of Project:

**3.5 Contribution to Protection or Restoration of the Waterbody Uses**

**Designated Surface Water Uses (choose either primary use or secondary use for all that apply):**

Designated Use	Protection	Restoration
Domestic Water Supply	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Municipal Water Supply	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Industrial Water Supply	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Primary Contact	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Secondary Contact	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Aquatic Life --High Quality Coldwater	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Aquatic Life --Coldwater	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Aquatic Life --Marginal Coldwater	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Aquatic Life --Warmwater	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Aquatic Life --Marginal Warmwater	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Aquatic Life --Limited Aquatic Life	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Fish Culture	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Wildlife Habitat	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Irrigation	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Irrigation Storage	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Livestock Watering	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
Religious and/or Ceremonial Purposes	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary

**3.6 Please identify any benefits and indicate if it's the primary or secondary focus of the project. (Other uses and outcomes)**

Project Type	Protection	Restoration
<input type="checkbox"/> Infrastructure Improvement	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
<input type="checkbox"/> Regionalization/Consolidation	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
<input type="checkbox"/> Water Reuse/Recycling/Conservation	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
<input type="checkbox"/> Groundwater Protection	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
<input type="checkbox"/> Drinking Water Supply (e.g., groundwater source)	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
<input type="checkbox"/> Other Public Health/Pathogen Reduction	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
<input type="checkbox"/> Wetland Restoration	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
<input type="checkbox"/> Security	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
<input type="checkbox"/> Industrial	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary
<input type="checkbox"/> Other	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary OR <input type="checkbox"/> Secondary

Title of Project:

**Section 4: Permit Compliance - Please check why this project is needed (check all that apply)**

Groundwater Related	Surface Water Related
Project addresses on-going violations of a ground water Discharge Permit or the WQCC Regulations for which NMED has issued an Administrative Compliance Order. <input type="checkbox"/>	Project addresses an enforcement action by a regulatory agency and the facility is currently in significant non-compliance. <input type="checkbox"/>
Project addresses on-going violations of a ground water Discharge Permit or the WQCC Regulations for which NMED has issued a Notice of Violation. <input type="checkbox"/>	Project addresses a facility's voluntary efforts to resolve a possible violation and will mitigate the issuance of a Consent Order, Notice of Violation, or other enforcement action. <input type="checkbox"/>
Project addresses on-going violations of a ground water Discharge Permit or the WQCC Regulations for which NMED has issued a Notice of Non-Compliance. <input type="checkbox"/>	Project is designed to maintain permit compliance, meet new permit effluent limits, or provide a degree of treatment beyond permit requirements. <input type="checkbox"/>
Project is designed to meet permit requirements or project is undertaken voluntarily by entity, but will result in greater ground water protection. <input type="checkbox"/>	Project does not address compliance issue. <input type="checkbox"/>
Project does not address a compliance issue. <input type="checkbox"/>	

**Section 5: Sustainability. Please check all that apply**

**5.1 Regionalization**

Project will physically regionalize and consolidate 2 or more systems:

Yes

No

System Names

**5.2 System has a utility management plan, please check all that apply:**

Utility Management Plan includes a replacement fund <input type="checkbox"/>																				
Applicant has sufficient revenue to meet O&M capital needs <input type="checkbox"/>																				
Facility currently has and will maintain licensed/certified operators <input type="checkbox"/>																				
List Operators:																				
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 20%;">Level</th> <th style="width: 20%;">Certification Date</th> <th style="width: 20%;">Expiration Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Level	Certification Date	Expiration Date																
Name	Level	Certification Date	Expiration Date																	
Applicant has adequate in-house staffing to properly operate and maintain facility, OR <input type="checkbox"/>																				
Applicant has long-term contracts or partnerships with third party providers to properly operate and maintain facility <input type="checkbox"/>																				
Please explain:																				
<input style="width: 100%; height: 40px;" type="text"/>																				

Title of Project:

**5.3 Project falls under the following categories, check all that apply:**

Fix-It-First	<input type="checkbox"/>
Capital Improvement Plan	<input type="checkbox"/>
Full-Cost Pricing Structure	<input type="checkbox"/>
Watershed Service Funding Structure	<input type="checkbox"/>
Water efficiency, re-use and conservation planning	<input type="checkbox"/>

**5.4 Non-Point Source O&M Planning**

The applicant has mechanisms in place to maintain non-point source BMPs

Please explain:	
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**Section 6: Readiness to Proceed Indicators**

**6.1 Source of Debt Repayment**

List all other funding sources individually. Provide name of funding source, amount requested, and status for EACH source.

Name of Funding Source	Amount Requested	Status	
		Approved	Pending
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**6.2 Planning and Design:** Only list previously submitted documents. Documents submitted with this form that have not previously been submitted will not receive points.

Type of Planning Document	Date Submitted to CPB:	Date Submitted to Regulatory Bureau:	Date Approved by CPB:	Date Approved by Regulatory Bureau:	Date Scheduled for Completion:
Preliminary Engineering Report					
Feasibility Study					
Technical Design Memorandum					
Technical Plans & Specifications					

**6.3 Environmental Review:** Only list previously submitted documents. Documents submitted with this form that have not previously been submitted will not receive points.

Type of Environmental Document	Date Submitted to CPB:	Date Approved by CPB:	Date Scheduled for Completion:
Categorical Exclusion request			
Environmental Information Document			

Title of Project:

Have you received a Finding of No Significant Impact (FNSI), Categorical Exclusion (CE), or other environmental determination prepared by another agency or entity for this project within the last 5 years?

YES

NO

If "YES", please provide name of issuer and date of issuance:

Issuer

Date of Issuance

**Section 7: Certification /Approval**

Estimated date of funding required: (mm/dd/yyyy)

Amount to be funded locally:

Amount requested from NM CWSRF:

Amount from other funding source(s):

**TOTAL PROJECT COST**

As the Authorized Representative, I certify that the information that has been provided in the application is, to the best of my knowledge, true and accurate.

First Name

Last Name

Title

Phone Number

E-mail Address

Authorized Signature

Date