2017 NMED CLEAN WATER STATE REVOLVING FUND APPLICATION

To view fields, choose "Highlight Existing Fields" in top right corner

Section 1: Applicant Information

Type of Organization: Municipality ☐ District ☐ County ☐ Other ☐ (Identify)

Mutual Domestic ☐

Applicant:
(i.e., Community, Village)

Project Contact Person: Job Title:

Street Address:

City: Zip:

Phone: Email of Project Contact Person:

County project located in: Chaves

Congressional District: 70 Borrower Population:

Population Served by System: Population served by the project:

Section 2: Project Information

Title of Project:

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

Briefly summarize the problem:

Briefly summarize the proposed solution:

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

No

Title of Project:

Section 3: Select the Types of Needs to be Funded

3.1 Please check all that apply:

Planning Project ☐ Design Project ☐ Construction Project ☐

Please select the Types of Needs to be Funded, choose what you think is correct. To choose multple opetions use Ctrl-Click.

III A Infiltration-Inflow Correction
III B Sewer Replacement/Rehabilitation
IV A New Collector Sewers and Appurtenances
IV B New Interceptor Sewers and Appurtunances
V CSO Correction
VI Storm Water Management Program
VII A NPS Agricultural-Cropland
VII B NPS Agricultural-Animals
VII C NPS Silviculture
VII D NPS Urban
VII E NPS Ground Water Protection
VII F NPS Marinas
VII G NPS Resource Extraction
VII H NPS Brownfields
VII I NPS Storage Tanks
VII J NPS Sanitary Landfills
VII K NPS Hydromodification
VII L NPS Individual/Decentralized Systems
X Recycled Water Distribution

3.2 Does Project Include EPA Green Project Reserve (GPR) activities? If so, please describe here and break down cost by category below:(Refer to our website for more information http://www.env.nm.gov/cpb/GreenProjectReserve.htm)

Green Infrastructure, est cost

Energy Efficiency, est cost

Water Efficiency, est cost

Green Innovative, est cost

3.3 Please choose discharge types that apply to your system:

Wetland
Surface Water (Stream, Ri
Ground Water
Land Application
Other/Reuse
Eliminates Dishcharge
No Change/No Discharge
Seasonal Discharge

Title of Project:

3.4 Project Improvement/Maintenance of Water Quality:

a. Contributes to water quality (select one answer): Improvement ☐ Maintenance ☐ N/A ☐

b. Allows the system to (select one answer): Achieve compliance ☐ Maintain Compliance ☐ N/A ☐

c. Affected waterbody is (select one answer): Meeting Standards ☐ Impaired ☐ Threatened ☐ Not Assessed ☐ N/A ☐

d. Allows the system to address (check all that apply): Existing TMDL ☐ Projected TMDL ☐ Watershed Management Plan ☐

3.5 Contribution to Protection or Restoration of the Waterbody Uses, Designated Surface Water Uses (choose primary or secondary for all that apply).

	Protection		Restoration	
Designated Use	Primary	Secondary	Primary	Secondary
Domestic Water Supply	☐	☐	☐	☐
Municipal Water Supply	☐	☐	☐	☐
Industrial Water Supply	☐	☐	☐	☐
Primary Contact	☐	☐	☐	☐
Secondary Contact	☐	☐	☐	☐
Aquatic Life --High Quality Coldwater	☐	☐	☐	☐
Aquatic Life --Coldwater	☐	☐	☐	☐
Aquatic Life --Marginal Coldwater	☐	☐	☐	☐
Aquatic Life --Warmwater	☐	☐	☐	☐
Aquatic Life --Marginal Warmwater	☐	☐	☐	☐
Aquatic Life --Limited Aquatic Life	☐	☐	☐	☐
Fish Culture	☐	☐	☐	☐
Wildlife Habitat	☐	☐	☐	☐
Irrigation	☐	☐	☐	☐
Irrigation Storage	☐	☐	☐	☐
Livestock Watering	☐	☐	☐	☐

Title of Project:

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	
	Primary	Secondary	Primary	Secondary
Infrastructure Improvement	☐	☐	☐	☐
Regionalization/Consolidation	☐	☐	☐	☐
Water Reuse/Recycling/Conservation	☐	☐	☐	☐
Groundwater Protection	☐	☐	☐	☐
Drinking Water Supply (e.g., groundwater source)	☐	☐	☐	☐
Other Public Health/Pathogen Reduction	☐	☐	☐	☐
Wetland Restoration	☐	☐	☐	☐
Security	☐	☐	☐	☐
Industrial	☐	☐	☐	☐
Other	☐	☐	☐	☐

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

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

System Identification: NPDES# GW Discharge Permit#

Title of Project:

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 an Asset Management Plan (refer to website http://www.env.nm.gov/cpb/documents/AssetManagementReportOutline.pdf for more information) , please check all that apply:

Asset Management Plan includes a replacement fund No

Applicant has sufficient funds to meet O&M needs No

Facility currently has and will maintain licensed/certified operators List Operators: No

Please list the Name, Level, Certification Date and Expiration Date of Operators:

Applicant has adequate in-house staffing to properly operate and maintain facility, OR Applicant has long-term contracts or partnerships with third party providers to properly operate and maintain facility. Yes ◯ No ◯ Please explain:

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

Capital Improvement Plan
Fix-It-First
Full-cost Pricing Structure
Water efficiency, re-use, and conservation planning
Watershed Service Funding Structure

5.4 Non-Point Source O&M Planning

The applicant has mechanisms in place to maintain non-point source Best Management Practices. No

Please explain:

Title of Project:

Section 6: Readiness to Proceed Indicators

6.1 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	Contractor and date completed	Date submitted to CPB and date approved	Date submitted to regulatory agency and date approved	Date Scheduled for Completion
Preliminary Engineering Report				
Feasibility Study				
Technical Design Memorandum				
Technical Plans & Specifications				

6.2 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 and approved by CPB:	Completed by:	Date Scheduled for Completion:
Categorical Exclusion request			
Environmental Information Document			

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? No

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

Section 7: Financials

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

Amount of Financial Assistance Requested**:**

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

Utility Rate Structure, check one. Flat Rate ☐ Block Rate ☐ Increasing Block Rate ☐

7.3 Source of Debt Repayment

7.4 Existing Debt payable by system users: Please list Debtor, Principal Remaining, Annual Payment, and Maturity Date.

	Debtor	Principal Remaining	Annual Payment	Maturity Date
1.				
2.				
3.				
4.				

Title of Project:

7.5 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

Amount to be funded locally:

Amount requested from NM CWSRF:

Amount from other funding source(s):

TOTAL PROJECT COST $ 0.00

Section 8: Certification /Approval

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

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 and Last Name

Title

Phone Number

E-mail Address

Signature or Electronic Signature

Date