



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 multiple options use Ctrl-Click.

**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:**

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**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).**

Designated Use	Protection		Restoration	
	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				

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**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 Notice of Violation.	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.
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 degree 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

Applicant has sufficient funds to meet O&M needs

Facility currently has and will maintain licensed/certified operators List Operators:

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:**

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

The applicant has mechanisms in place to maintain non-point source Best Management Practices.

Please explain:



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**

**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