

2013 NMED CWSRF PRIORITY LIST ATTACHMENT FORM (PLAF)

1. Name of facility receiving improvements: _____

2. Physical project location of facility receiving improvements (address including zip code, or if no address, latitude and longitude):

3. Project Title: _____

4. Detailed Project Description: _____

5. Please provide the following population information

a. Population to benefit from project: _____

b. Population served by the system: _____

c. Borrower Population: _____

6. Please check all items in both columns that this project will address.

(Needs Categories)

- | | |
|--|--|
| <input type="checkbox"/> I Secondary Wastewater Treatment | <input type="checkbox"/> VII-C NPS Control: Silviculture |
| <input type="checkbox"/> II Advanced Wastewater Treatment | <input type="checkbox"/> VII-E NPS Control: Ground Water Protection (Unknown Source) |
| <input type="checkbox"/> III-A Infiltration/Inflow (I/I) Correction | <input type="checkbox"/> VII-F NPS Control: Marinas |
| <input type="checkbox"/> III-B Sewer Replacement/Rehabilitation | <input type="checkbox"/> VII-G NPS Control: Resource Extraction |
| <input type="checkbox"/> IV-A New Collector Sewers and Appurtenances | <input type="checkbox"/> VII-H NPS Control: Brownfields |
| <input type="checkbox"/> IV-B New Interceptor Sewers and Appurtenances | <input type="checkbox"/> VII-I NPS Control: Storage Tanks |
| <input type="checkbox"/> V Combined Sewer Overflow (CSO) Correction | <input type="checkbox"/> VII-J NPS Control: Sanitary Landfills |
| <input type="checkbox"/> VI Storm Water Management Program | <input type="checkbox"/> VII-K NPS Control: Hydromodification |
| <input type="checkbox"/> VI-A Stormwater Conveyance Infrastructure | <input type="checkbox"/> VIII Confined Animals (Point Source) |
| <input type="checkbox"/> VI-B Stormwater Treatment Systems | <input type="checkbox"/> IX Mining (Point Source) |
| <input type="checkbox"/> VI-C Green Infrastructure | <input type="checkbox"/> X Recycled Water Distribution |
| <input type="checkbox"/> VI-D General Stormwater Management | <input type="checkbox"/> XII Decentralized Wastewater Treatment Systems |
| <input type="checkbox"/> VII-A NPS Control: Agriculture (Cropland) | <input type="checkbox"/> XIII Planning |
| <input type="checkbox"/> VII-B NPS Control: Agriculture (Animals) | |

7. Does Project Include Green Project Reserve (GPR) activities? If so, please describe and break down cost by category:

(refer to invitation letter and <http://www.nmenv.state.nm.us/cpb/cwsrf.html> for green project background and descriptions)

<input type="checkbox"/> Green Infrastructure	\$ _____
<input type="checkbox"/> Energy Efficiency	\$ _____
<input type="checkbox"/> Water Efficiency	\$ _____
<input type="checkbox"/> Green Inovative	\$ _____

Project Title: _____

8. 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 |

9. Please provide the following information for Wastewater Volume (Design Flow)

- a. Design flow for the project: _____ mgd
b. Design flow for System: _____ mgd
c. Amount of wastewater flow eliminated and/or conserved by this Project: _____ mgd

10. NPDES Permit #: _____
Other Permit Type: _____ **Other Permit #:** _____

11. Project Improvement/Maintenance of Water Quality:

- | | | | | | |
|---------------------------------|---|--|--|---------------------------------------|------------------------------|
| a. contributes to water quality | <input type="checkbox"/> Improvement | <input type="checkbox"/> Maintenance | <input type="checkbox"/> N/A | | |
| b. allows the system to | <input type="checkbox"/> Achieve compliance | <input type="checkbox"/> Maintain Compliance | <input type="checkbox"/> N/A | | |
| c. affected waterbody is | <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 | <input type="checkbox"/> Existing TMDL | <input type="checkbox"/> Projected TMDL | <input type="checkbox"/> Watershed Management Plan | | |

12. Contribution to Protection or Restoration of the Waterbody Uses:

Designated Surface Water Uses (choose all that apply):

- | | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|----------------------------------|------------------------------------|
| Domestic Water Supply | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Municipal Water Supply | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Industrial Water Supply | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Primary Contact | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Secondary Contact | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Aquatic Life --High Quality Coldwater | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Aquatic Life --Coldwater | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Aquatic Life --Marginal Coldwater | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Aquatic Life --Warmwater | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Aquatic Life --Marginal Warmwater | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Aquatic Life --Limited Aquatic Life | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Fish Culture | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Wildlife Habitat | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Irrigation | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Irrigation Storage | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Livestock Watering | <input type="checkbox"/> Protection | <input type="checkbox"/> Restoration | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |

13. Please identify any benefits and indicate if it's the primary or secondary focus of the project.

(Other uses and outcomes)

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

Project Title: _____

14. Please check why this project is needed - check all that apply

(Enforceable Requirement Code)

- A - Project is needed to meet requirements of existing NPDES permit
- B - Project is needed to meet requirements of NPDES permit when issued
- C - Project is needed to meet Best Practical Wastewater Treatment Technology
- D - Project is not needed to meet any enforceable requirements of the Clean Water Act
- Y - The project in its entirety satisfies the enforceable requirements of the Clean Water Act
- P - Portions of the project do not satisfy the enforceable requirements of the Clean Water Act

15. Please check project type

(Project Type Code)

- PS Point Source Discharge
- BR Brownfields Remediation
- NPS Non-Point Source Discharges

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

17. Total CWSRF Funding Needed: \$ _____

18. Total Project Cost (including other funding sources): \$ _____

19. Other Funding Sources for this Project:

Funding Source	\$ Amount	Secured or Unsecured

Name of Person Submitting Form _____ **Title** _____

Signature _____ **Date** _____

Phone number _____ **E-mail** _____