

**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-D NPS Control: Urban, excluding decentralized systems   |
| <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"/> VII-A NPS Control: Agriculture (Cropland)     | <input type="checkbox"/> VII-L NPS Control: Individual/Decentralized Systems         |
| <input type="checkbox"/> VII-B NPS Control: Agriculture (Animals)      | <input type="checkbox"/> X Recycled Water Distribution                               |
| <input type="checkbox"/> VII-C NPS Control: Silviculture               |  |

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)

- Wetland
- Surface Water (Stream, River, Lake)
- Groundwater
- Land Application
- Other/Reuse
- Eliminates Discharge
- No Change/No Discharge
- 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 #:** \_\_\_\_\_  
**Other Permit Type:** \_\_\_\_\_

**11. Project Improvement/Maintenance of Water Quality:**

- a. contributes to water quality  Improvement  Maintenance  N/A
- b. allows the system to  Achieve compliance  Maintain Compliance  N/A
- c. affected waterbody is  Meeting Standards  Impaired  Threatened  Not Assessed  N/A
- d. allows the system to address  Existing TMDL  Projected TMDL  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 \_\_\_\_\_