

# WEST VIRGINIA DEPARTMENT OF ENVIRONMENT PROTECTION

Clean Water State Revolving Fund  
FY2014 Project Priority List Application

PLEASE RETURN TO:  
West Virginia DEP  
Clean Water State Revolving Fund  
601 57th Street, SE  
Charleston, WV 25304  
Telephone: (304) 926-0499 ext. 1371  
Fax: (304) 926-0496

## **SECTION A - ORGANIZATIONAL DATA**

### 1. Legal Authority

a. Name:

b. Address:

City:

State: WV

ZIP:

c. County:

Regional Council:

Congressional Districts:

d. Watershed:

e. Contact Person:

Phone Number:

Title:

FAX Number:

f. Email:

### 2. Consulting Engineer

a. Name of Firm:

b. Address:

City:

State:

ZIP:

c. Email:

Phone Number:

FAX Number:

### 3. Prepared by:

Name:

Firm:

Phone Number:

## **SECTION B - DETAILED PROJECT DESCRIPTION**

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## **SECTION C - READINESS TO PROCEED**

### 1. Project Status of:

- a. Facilities Plan:  Submittal Date:
- b. Plans and Specs:  Submittal Date:
- c. Rights of Way acquisition or purchase:
- d. Submittal to Infrastructure and Jobs Development Council: IJDC#:  Submittal Date:
- e. Advertise for Bids: Date:
- f. Award Contracts (120 days after E): Date:
- g. Complete Construction: Date:

## **SECTION D - TOTAL PROJECT COSTS BY NEEDS CATEGORY :**

### 1.

	Design Cost	Construction Cost	Green Cost	Total Cost
I. Secondary Treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
II. Greater than Secondary Treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IIIA. Infiltration/Inflow Correction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IIIB. Major Sewer System Rehab	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IVA. New Collectors & Appurtenances*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IVB. New Interceptors & Appurtenances*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
V. Correction of Combined Sewer Overflows	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VI. Storm Water Control	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL (should equal Section E8)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 2. For category V costs Provide:

- a. Quadrant of Combined Sewer overflow affected area latitude and longitude for each corner

  
  

- b. Total CSO population affected by project:  c. Total acreage affected by project:

### 3. \*For category IVA and IVB costs:

Does this project eliminate decentralized/onsite septic systems? Percentage of elimination based on total units

**SECTION E. Proposed Financing**

Date of Estimate:

**1. Budget****A. PROJECT COST SUMMARY**

Budget Line Item	Cost
<b>1. Construction Cost:</b>	
<b>2. Engineering Cost:</b>	
Planning	
Design	
Construction	
	Subtotal:
<b>3. Legal Cost:</b>	
Project Attorney	
Right-of-Ways - (Legal)	
PSC Attorney	
	Subtotal:
<b>4. Administrative Cost:</b>	
Project Coordinator	
Other Administrative Cost	
	Subtotal:
<b>5. Financing Cost:</b>	
Interim Financing	
Registrar Fee	
Bond Counsel	
	Subtotal:
<b>6. Sites, Easements and ROW Cost:</b>	
Purchase Land/easement Costs (NFP)	
Activity Land/easement Costs	
	Subtotal:
<b>7. Contingency:</b>	
<b>8. TOTAL PROJECT COST:</b>	

Project Funds	Amount
Estimated CWSRF loan amount: % for years	
Federal Grants (Total) <input type="checkbox"/> Applied <input type="checkbox"/> Committed Agency	
State Grants (Total) <input type="checkbox"/> Applied <input type="checkbox"/> Committed Agency	
Federal Loan @ <input type="checkbox"/> % for <input type="checkbox"/> years <input type="checkbox"/> Applied <input type="checkbox"/> Committed Agency	
State Loan @ <input type="checkbox"/> % for <input type="checkbox"/> years <input type="checkbox"/> Applied <input type="checkbox"/> Committed Agency	
<b>TOTAL FUNDING PROVIDED</b>	

## SECTION F. - STATISTICAL DATA

1. Describe your current system?

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2. \*Current population on septic tanks:

3. \*Current population on collection system with:

a. - no treatment:

b. - secondary or better treatment:

4. \*Total Current population:

a. Current population now served:

b. Proposed population to be served by this project:

(Excludes those  
on  
Septic Tanks)

**\* Please use population - not number of customers**

5. Existing Wastewater Treatment Flows

gpd

% of Domestic Flow

% Industrial

6. Number of Customers:

a. Residential Customers:

Existing

Future

b. Commercial Customers:

Existing

Future

c. Industrial Customers:

Existing

Future

7. Sewer Rates: (4,000 gal):

Existing

Proposed

8. Name of immediate receiving waters:

9. WVPDES Permit: ☐ Yes ☐ No WW

10a. Describe the problem being solved: (must be completed)

10b. Describe the solution being proposed to solve the problem: (must be completed)

## **SECTION G. - Green Infrastructure Project Solicitation**

1. Project Sponsor

2. Contact Name

3. Phone Number

4. Category

☐ decentralized sewer system

☐ storm water

☐ energy efficiency/savings

☐ water use

☐ other (describe)

5. Detailed Project Description

6. ☐ Project Cost Estimate included

7. ☐ Project Schedule included