



**Massachusetts Department of Environmental Protection
Bureau of Resource Protection
Division of Municipal Services
Drinking Water State Revolving Fund (DWSRF)
2010 Project Evaluation Form**

PWS ID #:

Project No. (from Item 5 of Part I)

Part I - Applicant and Project Identification and Certification

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Local Governmental Unit (LGU)/Public Water System (PWS)

LGU/PWS Name

Federal Employer Identification Number

Mailing Address:

Street Address

City

State

Zip Code

Telephone Number

Fax

E-mail address

2. LGU/PWS Authorized Representative

Name

Title

Mailing Address if different from 1 above:

Street Address

City

State

Zip Code

Telephone Number

Fax

E-mail address

3. LGU/PWS Contact Person (if different from item 2)

Name

Title

Mailing Address:

Street Address

City

State

Zip Code

Telephone Number

Fax

E-mail address



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Part I - Applicant and Project Identification and Certification (cont.)

4. Engineer or Consultant Firm

 Firm/Agency Federal Employer Identification Number

 Contact Person

 Mailing Address:

 Street Address

 City State Zip Code

 Telephone Fax E-mail address

5. Project Identification

Identify the project(s) for which you are seeking financial assistance. **IMPORTANT:** If more than one project, number the projects sequentially, and attach separate Part II and Part III forms for each project.

No.	Name/brief description of project (1 or 2 sentence summary)	River Basin
01	_____	_____
02	_____	_____
03	_____	_____
04	_____	_____

6. Certification

To the best of my knowledge and belief the information provided on this form and the accompanying forms and attachments is true, correct, and complete; and I am authorized to file this form on behalf of the below-named Public Water Supplier.

 Local Governmental Unit/Public Water System

 Typed Name Title

 Signature Date



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Part II - Project Schedule and Costs

1. Project Status and Schedule

Indicate projected dates in mm/dd/yy format. For steps already accomplished, follow the date with the letter "A" to indicate an actual date.

	Start	Finish
Engineering/Design	_____	_____
Construction/Implementation	_____	_____

2. Project Costs

State estimated cost in \$1000s for the Construction/Implementation stage of the project:

		Total Cost	Eligible Cost
Provide a detailed breakdown of the estimated technical (construction services) and construction costs. Use an ENR Index of 8795. If available, provide a completed engineer's estimate for each construction contract.	Construction	_____	_____
	Contract No.	_____	_____
	Contract No.	_____	_____
	Contract No.	_____	_____
	Total Construction:	_____	_____
	Construction Contingency:	_____	_____
	Construction Services:	_____	_____
If the project includes costs for police traffic details, provide an explanation and detailed breakdown of the estimate.	Police Traffic Detail:	_____	_____
	Total:	_____	_____

3. Local Funding Authorization

Identify the governing body empowered to commit funding: _____

Identify the type of action required to authorize funding: _____

Has local funding been authorized? (Y/N): Yes No If yes, attach copy of appropriate document

If no, planned date for authorization: _____
Date



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Part II - Project Schedule and Costs (cont.)

4. Other Assistance

Are you seeking, or have you been awarded, a loan and/or grant from another program for this project or a portion thereof?

Loan/Grant Program	Type of Assistance	Amount Requested	Amount Received
Federal	_____	_____	_____
State	_____	_____	_____
Regional	_____	_____	_____
Private	_____	_____	_____
Other	_____	_____	_____

Part III - Project Criteria Information and Documentation

(a) Concisely describe the proposed project:

(b) Please describe the environmental and public health benefits of the proposed project (for example reduction in carcinogenic compounds in the finished water for this project):



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Part III - Project Criteria Information and Documentation (cont.)

Please answer the following questions succinctly, and **ONLY AS THEY APPLY TO THIS PROJECT**. Questions related to violations apply only where there is a clear demonstration of the direct relationship of the project to the violation in question.

Document problems or conditions, providing Board of Health reports, Water System/Supplier logs or Public Works logs.

For any questions that do not apply to the project, indicate "N/A".

Responses that do not fit on this form should be typed on plain paper, numbered according to the question, and appended to the application. The question numbering system corresponds to that of the Project Rating Score Sheet. Include the PWS ID No. and sequential Project No. at the top right corner of any attachments.

The severity of the public health problem the project is intended to address:

The time period applicable to each question below is the most recent 18 months of operation. If the system has been out of service for some period, or intermittently out of service, due to the conditions that the project is designed to mitigate, the most recent period of operation may be some time ago. Identify the period or periods, which represent the latest 18 months of operation.

List the dates (or sets of dates) which constitute the 18 most recent months of operation: Applications without this information will not be considered.

From: _____ To: _____ From: _____ To: _____
Date Date Date Date

Acute Contaminants: Include the PWS report that documents the exceedance.

- (1) Microbiological - According to the monitoring information for the portion of the system applicable to the proposed project, list the dates on which a microbiological MCL was exceeded. If cryptosporidium at least 0.075 oocyst/Liter please specifically indicate.

Date of Exceedance

- (2) Nitrate - List the dates on which the nitrate level exceeded 5 mg/l or 10 mg/l.

Date of Exceedance (5 mg/l)

Date of Exceedance (10 mg/l)

_____	_____
_____	_____
_____	_____



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(3) Arsenic- List dates (during the 18 month period) on which As has exceeded 10 ppb.

Date of Exceedance

(4) Perchlorate- List the dates (during the 18 month period) on which perchlorate exceeded 1 ppb.

Date of Exceedance

(5) Boil orders - Was the system under DEP/Drinking Water Program (DWP) boil order during the most recent 18 months of operation? If so, list the dates on which a boil order was in effect.

Date of Boil Order

(6) Turbidity - List the dates (during the 18 month period) on which the regulatory standard was exceeded.

Date of Exceedance

Chronic Contaminants

(7) Inorganic - List the dates (during the 18 month period) on which inorganics have exceeded the MCL or lead and/or copper action level.

Contaminant Type

Date of Exceedance

Contaminant Type	Date of Exceedance
_____	_____
_____	_____
_____	_____



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Part III - Project Criteria Information and Documentation (cont.)

- (8) Radiological - List the dates (during the 18 month period) on which radiological monitoring has exceeded MCL or action levels.

Date of Exceedance

- (9) Organics - List the dates (during the 18 month period) on which organic chemicals have exceeded MCLs or action levels.

Contaminant Type

Date of Exceedance

_____	_____
_____	_____
_____	_____

- (10) SDWA Violations - List the dates of any criterion exceedance, (i.e. Lead & Copper, Surface Water Treatment, Disinfection by-product, etc.)

Criterion Violation

Date of Exceedance

_____	_____
_____	_____
_____	_____

- (11) Secondary contaminants - List the dates of violation of secondary contaminants as determined by the EPA and the DEP (i.e. iron & manganese, turbidity, odor, color, etc.)

Contaminant Type

Date of Exceedance

_____	_____
_____	_____
_____	_____



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Part III - Project Criteria Information and Documentation (cont.)

Storage And Distribution Capacity/Quantity/Reliability Of System: The purpose of the project must be to mitigate the problem described.

(12) What is the average daily demand of the system, in millions of gallons per day? _____ mgd

What is the finished water storage capacity of the system in millions of gallons? _____ mg

(13) Are there water quantity problems not related to a DEP-declared emergency despite an active conservation program (defined here as at least 2 of the following: leak detection program, consumer conservation education program and/or program to address unaccounted for water)? Yes No
If yes, please identify any such problem(s) and the date(s) of occurrence.

(14) Are pressures maintained above 20 psi? Yes No
If not, please describe the pressure situation.

(15) Will the project provide needed corrosion control (pH <6.5 or alkalinity <30)? Yes No

(16) Will lead services under the ownership of the Water Supplier be replaced within the project area?

Yes No _____ Please provide the addresses of lead services to be replaced below:

(17) Number of breaks and dates of breaks within the proposed water main replacement area: _____

Miles of main being replaced through project: _____ Breaks/Mile

(18) Will the project replace vinyl-lined pipe? Yes No Please describe below.

(19) Will the project replace asbestos cement pipe? Yes No Please describe below.



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(20) Will the project area eliminate dead ends OR provide new hydrants, bleed valves and/or blow-offs at dead ends?

Yes No

Please describe below.

(21) Does the project provide emergency back-up power supply to the treatment/and/or pumping facility?

Yes No

(22) Will the project construct adequately sized interconnections with other Public Water Systems?

Yes No Please describe below.

(23) Is the system affected by tuberculation, evidenced by a flow study or other credible data (biofilm)?
Please describe below and attach documentation of the problem.

(24) Describe capital investments undertaken under this project that will enhance the security of the PWS sources, facilities or distribution systems.

(25) What is the size of the population affected by the portion of the system to benefit from this project?

population

Please provide a brief explanation.

(26) Using the three statements below, select the one that provides the best description of the benefits of your project. Please provide a brief explanation of the basis for your selection.

Proposed project addresses identified substantial public drinking water threat.

Proposed project addresses identified moderate public drinking water threat.

Proposed project addresses identified marginal public drinking water threat.

Please provide a brief explanation.



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(27) Is the project needed to ensure compliance with an existing (as of August 31, 2009) federal or state court or administrative order? Yes No
 If yes, please note the date(s) of the order(s) and describe the order(s) and how the project will allow the system to comply with it (them).

Is the project needed to come into or maintain compliance with 310 CMR 22.00, the SDWA, or other required or related federal or state permit or approval, including the Department's approval of a new drinking water source? Yes No

Please state the compliance need and describe how the project will enable the system to come into or maintain compliance.

(28) Does the project provide DEP-required disinfection of a ground water source? Yes No

(29) Does the project provide DEP-required proper well construction (through a rehab project or a replacement well for a contaminated well)? Yes No

(30) Does the project provide DEP-required adequate water treatment residuals management? Yes No

(31) Does the project provide corrosion control treatment that is required but is not presently available or is not adequate and does not meet standards? Yes No

Describe, if applicable, how the project proponent addresses one or more of the attributes below. Please check applicable box.

YES NO

(32) Has the system had any Safe Drinking Water Act violations within the 12 months prior to this application?

(33) Will the project upgrade or replace any pump stations?

(34) Will the project upgrade or replace any existing wells?

(35) Will the project automate a treatment facility?

(36) Will the project result in upgrade or replacement of an intake structure?

(37) Does the system have a DEP-approved Source Water Protection Plan?
 Yes No

(38) Has the system taken significant local action to encourage water conservation such as an increasing block rate? Yes No

(39) Does project achieve compliance in anticipation of an upcoming requirement? If so, please describe:



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- (40) Does the system's service area have a median income of \$40,402 or less? (That is, 80% or less of 1999 State Median Household Income (MHI) of \$50,502.) Yes No

To answer this question, proponents may use the MHI prepared by the US Census <http://quickfacts.census.gov/> for the most appropriate city, town, or census designated place completely including the service area of the applicant. If that service area includes more than one such designated MHI area, a weighted overall average based on population served in each of the covered MHI areas times the MHI for that area plus the same for any other such area, and divided by the total number served, shall be used to calculate the combined MHI.

Alternatively, applicants may provide a service-area-specific MHI from an independent income survey covering the service area, provided that said independent survey is no more than eleven years old at the time of application.

- (41) Will the rates to end users, after implementation of the project, exceed 1% of the median household income (MHI) of the service area? Yes No
If so, indicate which range below best describes the resultant rate. Provide documentation to support the estimate. Specifically, provide evidence of current residential rates.

- Resultant rate greater than 1.75% of MHI.
- Resultant rate 1.5% to 1.749% of MHI.
- Resultant rate 1.25% to 1.499% of MHI
- Resultant rate 1.0% to 1.1.249% of MHI

Whether the project consolidates and/or restructures a public water system (takeover/consolidation) to eliminate a public health problem or capacity development problem.

- (42) Is the applicant restructuring or otherwise preparing to consolidate with or take over operation of one or more other systems? Yes No

If yes, how many? _____

What is the reason for each proposed consolidation/takeover?

- (43) Will the consolidation/restructuring result in replacement of a contaminated source instead of treating contamination (or otherwise addressing a threat of contamination as determined by a DEP-approved study indicating a plume of contamination moving toward a source) in the system to be taken over?
 Yes No



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Bureau of Resource Protection
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2010 Project Evaluation Form**

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The extent to which the project implements or is consistent with one or more current watershed management plans (e.g., DEP basin plans) and/or watershed protection plans. Please submit a copy of the plan.

(44) Does the proposed project implement an EOEA Watershed Plan recommendation? Yes No

If yes, describe the plan and how the project implements the recommendation.

Does the project implement a 1994 or more recent System Master Plan or facility plan recommendation?
 Yes No

If yes, please supply relevant section of that approved plan.

Does the project implement a local Capital planning recommendation? Yes No

What is that recommendation, and who is the plan approver?

Does the project implement a regional watershed priority as determined by DEP? Yes No
If yes, please describe.

Does the project constitute a component of a multi-community or regional approach and Sustainable Development? Yes No

(45) To what extent does the proposed project offer multi-community or regional solution(s) to a problem? Identify the problem and describe the manner and extent to which the project would provide resolution of that (those) problem(s) (combining systems, creation of economies of scale, elimination of contaminated source in guest community, creation of Intermunicipal Agreement).

(46) What is the score from the Commonwealth Capital Application for your community? Please provide the score (and a copy of the submitted application).



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Part III - Project Criteria Information and Documentation (cont.)

WATER CONSERVATION/ WATER MANAGEMENT CRITERIA

Describe, if applicable, how the project proponent addresses one or more of the attributes below. Please check applicable box.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | (47) Does the system have customer metering and if so, what is the total % of customers metered? _____ Percentage |
| <input type="checkbox"/> | <input type="checkbox"/> | (48) Do you have an ongoing program to inspect, recalibrate, repair and replace service meters that are more than 10 years old? |
| <input type="checkbox"/> | <input type="checkbox"/> | (49) Provide the following information about the water system: |
| <input type="checkbox"/> | <input type="checkbox"/> | (a) Has the system performed a complete water works system Water Audit during the past 2 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | (b) Has the system performed a leak detection survey of 100% of the distribution system within the last 2 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | (c) What percentage of leaks 3 gpm or larger (detected in the above referenced survey) have been fixed?
100% <input type="checkbox"/> 50% or more <input type="checkbox"/> < 50% <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | (d) What is the residential gallon per capita day water use rate? _____ gpcd |
| <input type="checkbox"/> | <input type="checkbox"/> | (e) For the last 2 years, were all venturi metering systems calibrated twice per year and are all inline meters calibrated annually? |
| <input type="checkbox"/> | <input type="checkbox"/> | (50) Are there continual shortages as evidenced by a DEP emergency declaration? If yes, please explain, and note the frequency and duration of such emergency declarations. |

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | (51) What is the unaccounted for water rate (%)? |
| <input type="checkbox"/> | <input type="checkbox"/> | (52) Do you account for all unmetered water use volumes (i.e. street sweeping, main flushing, fire fighting, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | (53) Does the municipality or organization you serve have a nonessential outdoor water use restriction bylaw? |
| <input type="checkbox"/> | <input type="checkbox"/> | (54) Did you implement mandatory nonessential outdoor water use restrictions in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | (55) Do you have a program in place to provide to your customers retrofit or rebate services for water-saving devices? |



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2010 Project Evaluation Form**

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ENERGY

(56) Will the project include a recommendation within an energy audit?

(57) Will the project result in energy efficiencies?

(58) Will the project result in on-site renewable energy power generation?

Applicants can submit their completed Commonwealth Capital Application to:

Massachusetts Office for Commonwealth Development, Attn: Commonwealth Capital
100 Cambridge Street, 10th floor
Boston, MA 02114

Thank you for completing this Project Evaluation Form. Please take a few moments to ensure that you have followed the following steps:

- **Review all questions to make sure that you have answered all that are relative to your project and that you have provided documentation of the nature and extent of problems.**
- **Supply relevant sections of planning documents that support your project approach or technology.**