



**Massachusetts Department of Environmental Protection
 Bureau of Resource Protection
 Division of Municipal Services
 Clean Water State Revolving Fund (CWSRF)
 2012 Project Evaluation Form**

 LGU

 Project No. (from Item 4 of Part I)

Instructions to Applicant

The purpose of the Clean Water SRF Project Evaluation Form (CW PEF) is to assist the MassDEP in selecting proposed clean water projects that address the most serious risk to human health and the environment, that are needed to ensure compliance with state and federal wastewater discharge requirements, and address wastewater systems most in need based on state affordability criteria.

The 2012 CW PEF differs from previous years in that the Commonwealth Capital Policy will not apply for fiscal year 2012. No application is required and no score will be used. A new policy that builds on the successes of Commonwealth Capital is under development through which the Patrick Administration intends to:

- 1) Improve existing policies and procedures intended to ensure that state spending maximizes social, economic, and environmental benefits through land conservation and development outcomes that are consistent with state objectives including enhanced job creation, production of workforce housing, and reduction of land consumption, energy use, and greenhouse gas emissions; and
- 2) Provide increased financial and other incentives for municipalities to plan, zone, and act in ways that benefit the Commonwealth by advancing these same state objectives.

Information on the new policy will be available for public input in advance of implementation. Questions can be directed to Kurt Gaertner at Kurt.Gaertner@state.ma.us or 617-626-1154.

Commonwealth Capital scores will not be used in the ranking of proposed projects.

In completing the 2012 CW PEF, applicants are strongly encouraged to use the 2012 CW PEF Instruction and Guidance document found on the MassDEP State Revolving Fund website:

<http://www.mass.gov/dep/water/approvals/srfforms.htm>.

Part I - Proponent 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)

City, Town, or District Name	Federal Employer Identification Number	
Authorized Representative: Name	Title	
Mailing Address:		
Street Address		
City	State	Zip Code
Telephone	Fax	E-mail address



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

2. LGU Contact Person (If different from Item 1)

 Name Title

Mailing Address:

 Street Address

 City State Zip Code

 Telephone Fax E-mail address

3. Engineer or Consulting Firm

 Firm/Agency Federal Employer Identification Number

 Contact Person

Mailing Address:

 Street Address

 City State Zip Code

 Telephone Fax E-mail address

4. 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. Use Part IIA for Construction projects; Part IIB for Planning projects.

No.	(P)lanning or (C)onstruction	Name/brief description of project (If a planning project indicate type – Comprehensive Wastewater Management Plan, Project Evaluation Report, Stormwater Management Plan, etc.)	River Basin(s)
01	_____	_____	_____
02	_____	_____	_____
03	_____	_____	_____
04	_____	_____	_____



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

5. 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 LGU.

 Local Governmental Unit

 Typed Name

 Title

 Signature

 Date

Part II A - Project Schedule and Costs for Construction Projects

1. Funding Authorization

Has local funding been authorized?

Yes No

(If yes, attach copy of appropriate document.)

 If yes, date of authorization

 Amount authorized

 If no, planned date for authorization

2. Project 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
Planning (If planning has been completed, provide title and date of report.)	_____	_____
Design (Preparation of project plans and specifications.)	_____	_____
Permitting and Environmental Review	_____	_____
Construction/Implementation	_____	_____
Loan Application Submittal date:	_____	



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Part II A - Project Schedule and Costs for Construction Projects (cont.)

3. Project Costs (State estimated costs in \$1000s)

		Total Cost	Eligible Cost
	Construction	_____	_____
<i>Attach an explanation of the basis of the cost estimate and reference the source of data. DMS recommends use of ENR Index of 9550. <i>If the project includes costs for police traffic details, provide an explanation and detailed breakdown of the estimate.</i> </i>	Contract No. _____	_____	_____
	Contract No. _____	_____	_____
	Contract No. _____	_____	_____
	Total Construction:	_____	_____
	Construction Contingency:	_____	_____
	Construction Services:	_____	_____
	Police Traffic Detail:	_____	_____
Total:	_____	_____	

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 II B - Project Schedule And Costs For Planning Projects

1. Funding Authorization

Has local funding been authorized? (If yes, attach copy of appropriate document.) Yes No

If yes, date of authorization

Amount authorized

If no, planned date for authorization



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Part II B - Project Schedule And Costs For Planning Projects (cont.)

2. Project 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
Selection of consultant ("finish" date = date Engineering contract executed)	_____	_____
Preparation of Scope of Work ("finish" date = date Scope submitted to DEP)	_____	_____
Planning ("finish" date = date draft CWMP, PER, etc. submitted to DEP)	_____	_____
Loan Application Submittal date: _____		

3. Project Costs (State Estimated Eligible Cost In \$1000s)

Total Eligible Cost: _____

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? Yes No

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

NOTE: The Department understands that the purpose of undertaking a planning project is to try to identify the nature and extent of the water quality and public health problems, then to recommend solutions. At the planning stage, it may be unlikely that you have a good understanding of the situation. Consequently, not all of the criteria listed within the Project Evaluation Form may apply to your planning project. Please address all that apply and include a copy of relevant sections of any reports that you may have completed.

Part III - Project Narrative/Checklist

A. Project Summary – Description, Objectives, and Planning Basis

Use the checklist to confirm that the project narrative has adequately described the project and its benefits. (Check)

Project objectives; documentation of public health and water quality issues to be addressed.

Scope of project, key facilities or tasks; environmental and public health benefits.



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Part III - Project Narrative/Checklist (cont.)

- Identification of project area, site plan/project map.
- Planning basis of project; copy of pertinent pages of approved planning document.
- Basis of cost estimate; engineer's estimate for construction projects

B. Public Health Criteria

Item.	Pts	1. What is the cause of the environmental/public health problem project will address?	(Check)	Page Number in Narrative	Attachment ID & Page #
1	3	Contaminated stormwater	<input type="checkbox"/>	_____	_____
2	4	Illicit connection to stormwater system	<input type="checkbox"/>	_____	_____
3	5	Combined Sewer Overflows >20/year	<input type="checkbox"/>	_____	_____
	4	11 – 20/year	<input type="checkbox"/>	_____	_____
	3	1 – 10/year	<input type="checkbox"/>	_____	_____

Item.	Pts	1. What is the cause of the environmental/public health problem project will address?	(Check)	Page Number in Narrative	Attachment ID & Page #
4	2 or 5	Widespread septic system failure	<input type="checkbox"/>	_____	_____
5	5	Raw sewage back-up from municipal system	<input type="checkbox"/>	_____	_____
6	5	Sanitary Sewer Overflow > 3/year	<input type="checkbox"/>	_____	_____
	4	3/year	<input type="checkbox"/>	_____	_____
	3	1 – 2/year	<input type="checkbox"/>	_____	_____
7	1	Water pollution related odor problem	<input type="checkbox"/>	_____	_____
8	2	Landfill leachate (if exceeds MCL)	<input type="checkbox"/>	_____	_____
9	2	POTW malfunction, i.e. inadequate disinfection	<input type="checkbox"/>	_____	_____
10	1-3	Other _____	<input type="checkbox"/>	_____	_____

		II. What is the nature of the resource affected?	(Check)	Page Number in Narrative	Attachment ID & Page No.
11	5	Public drinking water supply	<input type="checkbox"/>	_____	_____
		Is alternate supply available? <input type="checkbox"/> Yes <input type="checkbox"/> (No	+1)	_____	_____



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Part III - Project Narrative/Checklist (cont.)

12	5	Private drinking water supply	<input type="checkbox"/>	_____	_____
		Is alternate supply available? <input type="checkbox"/> Yes <input type="checkbox"/> (No	+1)	_____	_____
13	4	Private homes	<input type="checkbox"/>	_____	_____
14	4	Public streets or parklands	<input type="checkbox"/>	_____	_____
15	3	Swimming beaches	<input type="checkbox"/>	_____	_____
16	2	Boating areas	<input type="checkbox"/>	_____	_____
17	1	Sensitive population affected	<input type="checkbox"/>	_____	_____
18	3	Population affected >10,000	<input type="checkbox"/>	_____	_____
	2	25 – 9,999	<input type="checkbox"/>	_____	_____
	1	1 - 24	<input type="checkbox"/>	_____	_____
19	1-3	Other _____	<input type="checkbox"/>	_____	_____

C. Environmental Criteria

Item	Pts	I. What is the nature of the environmental problem encountered?	(Check)	Page Number in Narrative	Attachment ID & Page #
20	3	NPDES limits exceeded	<input type="checkbox"/>	_____	_____
21	3	Aquatic toxicity	<input type="checkbox"/>	_____	_____
22	2	Nutrients	<input type="checkbox"/>	_____	_____
23	2	Dissolved oxygen	<input type="checkbox"/>	_____	_____
24	1	Temperature	<input type="checkbox"/>	_____	_____
25	2	Bacteria	<input type="checkbox"/>	_____	_____
26	2	Turbidity	<input type="checkbox"/>	_____	_____
27	1	Noxious aquatic plants	<input type="checkbox"/>	_____	_____
28	1	Aesthetics	<input type="checkbox"/>	_____	_____
29	1-3	Other _____	<input type="checkbox"/>	_____	_____



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Part III - Project Narrative/Checklist (cont.)

Item	Pts	II. What environmental resource(s) is affected?	(Check)	Page Number in Narrative	Attachment ID & Page #
30	3	Public water supply – Surface Zone A	<input type="checkbox"/>	_____	_____
31	3	Public water supply – Groundwater Zone I	<input type="checkbox"/>	_____	_____
32	2	Outstanding Resource Water (ORW)	<input type="checkbox"/>	_____	_____
33	2	Area of Critical Environmental Concern (ACEC)	<input type="checkbox"/>	_____	_____
34	2	Public water supply – Surface Zone B	<input type="checkbox"/>	_____	_____
35	2	Public water supply – Groundwater Zone II	<input type="checkbox"/>	_____	_____
36	2	Commercial fishery	<input type="checkbox"/>	_____	_____
37	2	Endangered species habitat	<input type="checkbox"/>	_____	_____

C. Environmental Criteria (cont.)

Item	Pts	II. What environmental resource(s) is affected? (cont.)	(Check)	Page Number in Narrative	Attachment ID & Page #
38	2	Sole source aquifer	<input type="checkbox"/>	_____	_____
39	2	Ocean Sanctuary	<input type="checkbox"/>	_____	_____
40	1	Recreational fishery / shellfish area	<input type="checkbox"/>	_____	_____
41	1	Federally designated river (scenic, historic, etc.)	<input type="checkbox"/>	_____	_____
42	1-3	Other _____	<input type="checkbox"/>	_____	_____

D. Project Effectiveness

Item	Pts	I. How and to what extent will the project eliminate or mitigate the problem?	(Check)	Page Number in Narrative	Attachment ID & Page #
		Reduces violations of water quality standards	<input type="checkbox"/>	_____	_____
		Restores designated uses	<input type="checkbox"/>	_____	_____
		Reduces potential adverse impacts to sensitive resources	<input type="checkbox"/>	_____	_____
		Protects designated uses	<input type="checkbox"/>	_____	_____
		Reduces or eliminates public health problems/nuisances	<input type="checkbox"/>	_____	_____
		Protects public health resources from contamination	<input type="checkbox"/>	_____	_____



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		Other	<input type="checkbox"/>	_____	_____
43	30	Project substantially eliminates or mitigates problem	<input type="checkbox"/>	_____	_____
	15	Project moderately mitigates problem	<input type="checkbox"/>	_____	_____
	0	Project minimally mitigates problem	<input type="checkbox"/>	_____	_____

E. Program and Implementation Criteria

Item Pts I. Consistency with EOE/MassDEP Watershed Management Plans or priorities

Item	Pts		(Check)	Page Number in Narrative	Attachment ID & Page #
44		Implements a recommendation within:			
	35	- a CWMP/EIR (if necessary) that has completed review through MEPA.	<input type="checkbox"/>	_____	_____
	30	- a TMDL (case specific) or CEP.	<input type="checkbox"/>	_____	_____
	25	- a TMDL (case specific), PER, SSES, Stormwater Management Plan, or CWMP/EIR (if necessary) if DEP has indicated support and few if any serious issues need to be addressed.	<input type="checkbox"/>	_____	_____
	20	- a Water Quality Assessment Report, Diagnostic/ Feasibility Study or EOE/MassDEP Watershed Management Plan that specifically identifies the project.	<input type="checkbox"/>	_____	_____
	15	- a Local Planning Study or CWMP/EIR (if necessary) if greater than 15 years old or if recently submitted to DEP but comments have not yet been made.	<input type="checkbox"/>	_____	_____
45		II. Compliance and Enforcement			
	12	Project restores compliance with DOJ or AG referral.	<input type="checkbox"/>	_____	_____
	10	Project achieves compliance with enforcement order.	<input type="checkbox"/>	_____	_____
	8	Maintains permit compliance level.	<input type="checkbox"/>	_____	_____
	6	Achieves voluntary compliance (violation w/no order).	<input type="checkbox"/>	_____	_____



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- 46 **III. Multi-community, regional or basin solution**
- 8 Project substantially addresses regional problem. _____
 - 6 Project includes significant I/I reduction or stormwater recharge. _____
 - 4 Project moderately addresses regional problem. _____
 - 2 Project includes significant I/I or stormwater recharge. _____
- 47 **IV. Innovative/Alternative Technology**
- 2 Project utilizes MassDEP-approved I/A technology. _____
- 48 **2 V. Pricing System under MGL c. 40, s.39J**
- Certification attached _____

F. Green Projects

Item	Pts	(Check)	Page Number in Narrative	Attachment ID & Page #
49	I. ENERGY EFFICIENCY			
	<i>This project is recommended by an Audit</i>	<input type="checkbox"/>	_____	_____
10/20	Project Efficiency: substantial (>25%).	<input type="checkbox"/>	_____	_____
5/10	Project Efficiency: moderate (10 – 25%).	<input type="checkbox"/>	_____	_____
2/4	Project Efficiency: nominal (<10%).	<input type="checkbox"/>	_____	_____
50	II. RENEWABLE ENERGY			
	<i>This project is recommended by an Audit</i>	<input type="checkbox"/>	_____	_____
10/20	Project renewable energy: substantial (>50%).	<input type="checkbox"/>	_____	_____
5/10	Project renewable energy: moderate (20 – 50%).	<input type="checkbox"/>	_____	_____
2/4	Project renewable energy: nominal (<20%).	<input type="checkbox"/>	_____	_____



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G. Threshold Criteria

An affirmative answer to either question below could disqualify the project from review

Item	(Yes/No)
51 Indicate whether and to what extent the capacity to be provided by the project duplicates existing treatment or disposal capacity	_____
52 Identify and describe the extent of any potential negative impacts to water quality, water quantity, or to the public health	_____

H. QUALIFYING EPA GREEN PROJECTS

Please read the instructions before completing this section.

Item

- 53 (a) List the project item codes from the checklist that qualify as green:
- (b) List the total value of the green items:
- (c) List the percentage green of the project:

Please submit two copies of the Project Evaluation Form (one paper and one electronic copy on CD) not later than noon on August 19, 2011 to:

John Felix, Deputy Director
 MassDEP Municipal Services
 One Winter Street, 6th floor
 Boston, MA 02108