

**DELAWARE CLEAN WATER AND DRINKING WATER STATE REVOLVING LOAN FUNDS**

**APPLICATION FORM**

**For**

**PRIVATE & NON-PROFIT ENTITIES**



DNREC, State of Delaware  
Office of the Secretary  
Environmental Finance



Delaware Health & Social Services  
Division of Public Health

Revised March 24

## INSTRUCTIONS FOR FINANCIAL ASSISTANCE

### PRIVATE AND NON-PROFIT ENTITIY APPLICANTS

The materials contained in this package provide instructions and forms for an application to the Delaware Clean Water and Drinking Water State Revolving Loan Funds for Private and Non-Profit Entities. The information provided in this application will be the basis for decisions made by the Delaware Department of Natural Resources and Environmental Control (DNREC) and/or Division of Public Health (DPH).

Upon completing Parts I and II of the application, submit one (1) electronic version of the signed loan application and all supporting documentation electronically to the email below:

DNREC\_EF\_Applications@delaware.gov.

The completed application and all supporting documentation must be received by the date specified in the Environmental Finance (EF) cover letter to ensure that the application is accepted and processed in a timely fashion. Applications will not necessarily be processed in Project Priority List Ranking order.

An Adobe version of this application, its instructions, and guidelines are also available on the EF web site:

<https://dnrec.alpha.delaware.gov/environmental-finance/wpcrf-application/>

The web-based fillable application cannot be emailed from the web page. Please download the form to your computer, complete it, save it, sign it and submit it with the required documentation as detailed in the instructions and above.

### Part I. General Information

This part provides general information about the applicant, the proposed project, the amount of funding sought and the proposed loan security. This financial information enables the DNREC and DPH to perform an analysis of the applicant's financial status, the impact of the project on customers and the applicant's ability to repay the loan. If additional space is needed, provide it on additional sheets indicating the part and the question and attach it to the application. If the responses may be found in your annual report or other document, please make reference to the specific applicable section(s) and include a copy thereof with the application. Please include electronic formats of the following documents with your application:

1. Attach a letter describing the history and description of the applicants business
2. Applicant's Articles of Incorporation and Organizational Chart.
3. Copy of current year financial statements and/or three (3) most recently completed audits and/or signed tax return, only if not currently on-line.
4. Projections of revenue and expenses for the balance of the current fiscal year and the next succeeding twelve month period. The budget projections must include the issuance of any new debt and/or anticipated borrowing needs over the next twenty four month period other than the SRF loan.
5. Completed copy of attached "Authorization to Release Information" form.
6. Completed copy of the "Environmental Screening Checklist" form. See Appendix (only for DWSRF projects)
7. Schedule of property owned and/or mortgaged if not shown in fiscal financial statement.
8. List of affiliates and subsidiaries of the applicant if not listed in the application.
9. Explanation of any contingent liabilities or litigation.

## **Part II. Planning and Engineering Information**

This part provides information about the status of the proposed project and the readiness of the applicant to proceed. Answer the questions in the space provided and submit additional supporting documentation required for the specific project category type that funding is being requested for, such as the Preliminary Engineering Report (PER), Drinking Water Capacity Development Report and Environmental Information Document (EID), with the application. Please refer to the documents listed in the Appendix for guidelines in the preparation of the PER, Drinking Water Capacity Report, the EID, selection of the project category type, and the Environmental Screening Checklist.

## **Appendix - Guidelines**

- A. Preliminary Engineering Report (PER) Guidelines (CWSRF and DWSRF)
- B. Drinking Water Capacity Development Report Guidelines (DWSRF only)
- C. Environmental Information Document (EID) Guidelines (CWSRF and DWSRF)
- D. Project Category Types (CWSRF AND DWSRF)
- E. Environmental Screening Checklist (DWSRF only)

**DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL DELAWARE  
ENVIRONMENTAL FINANCE  
&  
DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC HEALTH**

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**\* All blocks must be filled to complete application with either N/A or 0.**

**PART I. GENERAL INFORMATION**

**1. Applicant**

<i>Name of Entity:</i>			
<i>Address:</i>			
<i>City, State &amp; Zip:</i>			
<i>Phone Number:</i>			
<i>Fax Number:</i>			
<i>EIN#:</i>		<i>UEI#:</i>	
<i>Type of Organization (Municipal, County, Other):</i>			

**2. Project Title**

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**3. Project Category** (Please check all applicable types — see appendix D for guidelines)

<i>Drinking Water:</i>	<i>CWA 212:</i>	<i>CWA 319:</i>
<i>CWA 320:</i>	<i>Planning and Design:</i>	<i>Land Conservation:</i>
<i>Clean Water Initiative: (only if directed to apply)</i>		

**5. Project Description** (Attach separate sheet if necessary)

**6. Proposed Construction Dates**

*Start:* \_\_\_\_\_ *Completion:* \_\_\_\_\_

**7. Project Costs**

a.	Amount of Funding Requested		\$	_____
b.	Funding from other Sources			
	i.	Source:	\$	_____
	ii.	Source:	\$	_____
	iii.	Source:	\$	_____
c.	<b>Total</b>		\$	<b>0.00</b>

**8. Type of Loan Security Anticipated** (Please check applicable type)

a. General Obligation Pledge: ☐      b. Revenue Pledge: ☐      Other: ☐

If "other" please describe:

## 9. Primary Contact for Entity

<i>Name and Title:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

## 10. Consulting Engineer

<i>Name and Title:</i>	
<i>Firm Name:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

## 11. Legal Counsel \*if not applicable fill boxes with "n/a"

<i>Name and Title:</i>	
<i>Firm Name:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

## 12. Officers, Directors, and Partners

- a. List all officers, directors, and partners of the applicant. Use additional sheets, if necessary, and attach them to the application.

<i>Name:</i>	
<i>Office Held/Position &amp; % Ownership:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	

<i>Name:</i>	
<i>Office Held/Position &amp; % Ownership:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	

<i>Name:</i>	
<i>Office Held/Position &amp; % Ownership:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	

- b. Has the applicant or any of the persons or entities above, to the knowledge of the applicant:

	Yes	No
1. Been charged with, convicted of, a plaintiff in, or entered a plea of guilty to any criminal or civil offense other than a minor motor vehicle violation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Been or is now subject to or has pending, any disciplinary action by any administrative, governmental, or regulatory body?	<input type="checkbox"/>	<input type="checkbox"/>
3. Been or is now disbarred, suspended, or disqualified from contracting with any federal, state, or municipal agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Been or is now in receivership, insolvency, reorganization, or adjudicated bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is "Yes" to any question above, furnish details on a separate sheet(s) and attach it to the application.

### 13. Applicant's Authorized Official's Contact Information and Certification

I certify the information that is contained in this application and on all attachments to this application are true and correct to the best of my belief and knowledge. I certify that I am legally authorized to sign, date and submit this application on behalf of the applicant. I understand that the State may verify the information provided and that untruthful or misleading information may be cause for rejection of this application. The undersigned also agrees to clarify or supplement information pertaining to this application upon request.

<i>Name:</i>	
<i>Title:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

\*If this signature is the not the authorized official to sign all binding documents, identify that individual below.

<b>PLEASE INCLUDE A COPY OF THE ENABLING AUTHORIZATION TO ACT ON BEHALF OF YOUR ORGANIZATION</b>
--

<i>Name:</i>	
<i>Title:</i>	
<i>Address:</i>	
<i>City, State &amp; Zip:</i>	
<i>Phone Number:</i>	
<i>Fax Number:</i>	
<i>Email:</i>	

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

<b>PLEASE INCLUDE A COPY OF THE ENABLING AUTHORIZATION TO ACT ON BEHALF OF YOUR ORGANIZATION</b>
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## PART II. PLANNING AND ENGINEERING INFORMATION \*if not applicable fill boxes with "n/a"

### 1. Project Status

- a. Status of Plans and Specifications: (% Complete) \_\_\_\_\_
- b. Status of CPCN Rights: \_\_\_\_\_
- c. Permits and Permit Status
  - i. NPDES DE No.: (CWSRF Only) \_\_\_\_\_
  - ii. Spray Irrigation: \_\_\_\_\_
  - iii. Other (please specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Planning Information

- a. Does this assistance require local, state, regional, or other planning approval? Yes ☐ No ☐  
If yes, Approving Agency  
\_\_\_\_\_  
\_\_\_\_\_
- b. Is the approved project located in an area covered by an approved comprehensive plan? Yes ☐ No ☐  
If yes, does the project conform to the plan? Yes ☐ No ☐

### 3. Describe briefly public health, environmental and safety problems which exist and explain how the project addresses the problem. (Attach separate sheet if necessary)

4. **Describe briefly how the project will provide environmental and/or public health protection.** (Attach separate sheet if necessary)

5. **Will this project encourage consolidation of small systems or a regional approach to the treatment of wastewater and/or treatment and distribution of drinking water.**

Yes ☐ No ☐ If yes, how? (Attach separate sheet if necessary)

**6. Total number of EDUs**

## 7. Proposed Schedule

Item	Date (MM/YYYY)
Submittal of Engineering Documents	_____
Submittal of Final Plans	_____
Plans and Specs Approval	_____
Advertise for Bids	_____
Award Contracts	_____
Start Construction	_____
Complete Construction	_____
Initiate Operations	_____

## 8. Project Budget

a. Administration	\$
i. Land, Right of Way	\$
ii. Legal	\$
b. Engineering	\$
i. Basic	\$
ii. Project Inspection	\$
iii. Other	\$
c. Construction	\$
i.	\$
ii.	\$
iii.	\$
iv.	\$
d. Other	\$
i.	\$
ii.	\$
iii.	\$
e. Contingencies (must be separated from construction)	\$
<b>Total</b>	<b>\$</b>

**LIST OF ALL OUTSTANDING OBLICATIONS**  
**(Notes, Mortgages, and Accounts Payable)**

Company Name:

Dates:

COLLATERAL/SECURITY	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	CURRENT OR DELINQUENT	MONTHLY PAYMENT	MATURITY DATE	CREDITOR (NAME/ADDRESS)

Signature:

Date:

## GENERAL OUTLINE OF A PRELIMINARY ENGINEERING REPORT

- 1) PROJECT PLANNING
  - a) Location
  - b) Environmental Resources Present
  - c) Population Trends
  - d) Community Engagement
- 2) EXISTING FACILITIES
  - a) Location Map
  - b) History
  - c) Condition of Existing Facilities
  - d) Financial Status of any Existing Facilities
  - e) Water/Energy/Waste Audits
- 3) NEED FOR PROJECT
  - a) Health, Sanitation, and Security
  - b) Aging Infrastructure
  - c) Reasonable Growth
- 4) ALTERNATIVES CONSIDERED
  - a) Description
  - b) Design Criteria
  - c) Map
  - d) Environmental Impacts
  - e) Land Requirements
  - f) Potential Construction Problems
  - g) Sustainability Considerations
    - i) Water and Energy Efficiency
    - ii) Green Infrastructure
    - iii) Other
  - h) Cost Estimates
- 5) SELECTION OF AN ALTERNATIVE
  - a) Life Cycle Cost Analysis
  - b) Non-Monetary Factors
- 6) PROPOSED PROJECT (RECOMMENDED ALTERNATIVE)
  - a) Preliminary Project Design
  - b) Project Schedule
  - c) Permit Requirements
  - d) Sustainability Considerations
    - i) Water and Energy Efficiency
    - ii) Green Infrastructure

- iii) Other
- e) Total Project Cost Estimate (Engineer's Opinion of Probable Cost)
- f) Annual Operating Budget
  - i) Income
  - ii) Annual O&M Costs
  - iii) Debt Repayments
  - iv) Reserves

## 7) CONCLUSIONS AND RECOMMENDATIONS



## APPENDIX B

### Public Water System – Capacity Assessment Questionnaire

#### **SUMMARY**

All DWSRF loan applications for funding of drinking water projects must include this Capacity Assessment Questionnaire which assists the Capacity Development Program in assessing the technical, managerial, and financial capacity of the public water system (PWS). This information is used to determine an approval recommendation for the loan to Delaware's Water Infrastructure Advisory Council. Attach supporting documentation. Include supporting documentation even if previously submitted with a different loan application.

NAME OF PWS: \_\_\_\_\_

PWS ID#: DE \_\_\_\_\_

#### **I. TECHNICAL CAPACITY**

1. Service connections:

- Total number of service connections: \_\_\_\_\_
- Types of service connections: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Distribution system:

Provide a copy of your current distribution system map (PDF preferred).

Document attached:    YES   ☐                    NO   ☐

3. What is the lowest water pressure throughout the water system: \_\_\_\_\_

4. Sanitary Survey:

- What was the date of the most recent Sanitary Survey conducted by the Office of Drinking Water? \_\_\_\_\_
- List significant defects from that report and identify defects that have not been corrected.

5. List the type and number of drinking water violations (e.g. health-based violations, monitoring and reporting violations, etc.) the water system has received in the past five years.

6. List the contaminant, the Maximum Contaminant Level (MCL), and the level detected for any increased monitoring the water system is required to perform.



7. Lead and Copper Rule (LCR):

- Indicate the number of lead and copper samples you must collect and the monitoring schedule for the water system to maintain compliance.

- Is the water system out of compliance with the LCR?

I. If in compliance, proceed to #8

II. If out of compliance, provide the plan of action to return to compliance.

Document attached: YES ☐ NO ☐

8. Provide a copy of the last three monthly water works reports as reported to the Office of Drinking Water.

Documents attached: YES ☐ NO ☐

9. Does the water system have adequate source water capacity? Briefly explain how this is ascertained.

10. Provide a copy of the water system's maintenance schedule or log book listing when and by whom the following tasks are performed:

- Tank inspections frequency: \_\_\_\_\_
- Performed by: \_\_\_\_\_

Document attached: YES ☐ NO ☐

- Hydrant flushing frequency: \_\_\_\_\_
- Performed by: \_\_\_\_\_

Document attached:    YES   ☐                      NO   ☐

- Valve exercising frequency: \_\_\_\_\_
- Performed by: \_\_\_\_\_

Document attached:    YES   ☐                      NO   ☐

11. Provide a copy of the water system's operating plan (standard operating procedures) in place for **all treatment plants** that serve the system.

Document attached:    YES   ☐                      NO   ☐

12. Cross Connection Control Plan:

- Provide a copy of the water system's cross connection control plan.

Document attached:    YES   ☐                      NO   ☐

- How many employees have attended cross-connection control training in the past five (5) years? \_\_\_\_\_

13. List any security upgrades that have been implemented due to the vulnerability assessment or security training.

14. Has local law enforcement been consulted about security issues? If so, briefly describe arrangements that have been made with them to safeguard your water infrastructure.

15. Provide a copy of the water system's communication plan to alert consumers of a threat to public health.

Document attached:    YES   ☐                      NO   ☐

## **II. MANAGERIAL CAPACITY**

1. Asset Management Plan:

- Does the water system have a current asset management plan?

YES   ☐                      NO   ☐

If yes: When was the last time this plan was updated? \_\_\_\_\_

- Provide a copy of the plan.

Document attached:    YES   ☐                      NO   ☐

2. What is the water system's long-term plan for growth, expansion, and/or upgrading the water system to address new regulatory requirements?

3. Consumer Confidence Report:

- Was the most recent Consumer Confidence Report (CCR) submitted to the Office of Drinking Water (ODW) on time?    YES   ☐                      NO   ☐

- If YES, was the CCR approved by ODW?    YES   ☐                      NO   ☐

- Was the CCR distributed to your customers on time?    YES   ☐                      NO   ☐

4. Provide a copy of the water system's organizational chart that includes water system employees.

Document attached    YES   ☐                      NO   ☐

5. Does the PWS have a policy to include background checks on newly hired personnel?  
YES ☐ NO ☐

If YES, provide a copy of the policy.

Document attached: YES ☐ NO ☐

6. Provide a copy of exit procedures for personnel that choose to, or are required to terminate their employment with the water system.

Document attached: YES ☐ NO ☐

7. Licensed Water Operator information (if there are several operators, indicate which operator is the Direct Responsible Charge as specified in Delaware Regulations):

Name of Operator	License #	Expiration Date	Endorsements	DRC (Y/N)

8. Are there sufficient water operators with appropriate endorsements to cover each shift and to cover for staff on leave? : YES ☐ NO ☐

9. Provide the number of hours an operator(s) is employed at the water system to conduct activities related to the operation of the water system: \_\_\_\_\_

10. Briefly describe how water operators are consulted on a regular basis about the condition and/or needs of the water system?

11. Are water system employees provided with written job descriptions?

YES ☐ NO ☐

If YES – provide a copy of the job description for either your Water Operator or Direct Responsible Charge.

Document attached: YES ☐ NO ☐

12. Source Water and Well Head Protection:

- List any considerations the water system has made based upon the Source Water Assessment provided by Delaware Department of Natural Resources and Environmental control. A copy of the public water system's assessment can be found at: <http://delawaresourcewater.org/assessments/>

- If the water system is using a ground water source, has it developed a well head protection plan? YES ☐ NO ☐

If YES – provide a copy of the well head protection plan.

Document attached: YES ☐ NO ☐

13. What is the percentage of non-revenue water and how were these figures determined?

*(Non-revenue water is water that is not billed and no payment is received. It can be either authorized, or result from apparent and real losses. Unbilled Authorized Consumption is a component of non-revenue water and consists of unbilled metered consumption and unbilled unmetered consumption)*

14. Does an interconnection exist with a neighboring public water system?

YES ☐ NO ☐

If NO, is an interconnection being considered? YES ☐ NO ☐

15. Is the system a member of the Delaware Water/Wastewater Agency Response Network? YES ☐ NO ☐

16. Water System Records:

Are water system records secure and accessible to appropriate water system staff?

YES ☐ NO ☐

If YES, briefly describe how the records are secured.

17. MUNICIPAL OWNED PUBLIC WATER SYSTEMS: Provide documentation that elected officials have agreed to proceed with this loan application as stated herein. (Meeting minutes are acceptable documentation).

Document attached: YES ☐ NO ☐

18. Provide a copy of the water system's risk and resiliency assessment (*as required under Americas' Water Infrastructure Act of 2018*).

Document attached: YES ☐ NO ☐

19. Provide a copy of the water system's emergency response plan (*as required under Americas' Water Infrastructure Act of 2018*).

Document attached: YES ☐ NO ☐

### **III. FINANCIAL CAPACITY**

1. Is the water system funded and fiscally managed as a separate fund?

YES ☐ NO ☐

- If "YES," provide a brief explanation as to how the water system funded and fiscally managed as a separate fund.

- If “NO,” provide a brief explanation as to how the water system funds are managed?

2. Provide a brief explanation as to how the operating reserve, capital reserve, and emergency reserve are funded, audited, and maintained.

3. At the time of this application, does the water system have enough emergency reserve funding from which to draw in the event of an emergency? YES ☐ NO ☐

If NO, Does the water system have an existing line of credit to draw from in the event of an emergency? (list credit provider and amount of the line of credit)

4. How are customers with delinquent payments addressed?

5. Water Rate Structure:

- How often is the water rate structure reviewed? \_\_\_\_\_
- When was the water rate structure last reviewed? \_\_\_\_\_
- Do revenues from water billing provide adequate funds to meet the water system's annual operating expenses? YES ☐ NO ☐

If NO, provide a brief explanation as to how the water system expects to manage this issue (*next page*).

16. Check the type(s) of training that would be most beneficial to the water operator(s).

Choose from list below:

<input type="checkbox"/> How to prepare for Sanitary Survey	<input type="checkbox"/> Water System Basics for non-water system personnel
<input type="checkbox"/> SDWA Requirements and your PWS	<input type="checkbox"/> Emerging Contaminants (e.g. PFAS)
<input type="checkbox"/> Cross Connection Control	<input type="checkbox"/> SDWA & Compliance Planning
<input type="checkbox"/> Disinfection By-Product Rule	<input type="checkbox"/> Public Notification Requirements
<input type="checkbox"/> Lead and Cooper Rule	<input type="checkbox"/> Asset Management Plans
<input type="checkbox"/> Consumer Confidence Reports	<input type="checkbox"/> Capital Improvements Planning
<input type="checkbox"/> Sampling schedules and your PWS	<input type="checkbox"/> Rate Setting
<input type="checkbox"/> Valve Exercising/System Flushing	<input type="checkbox"/> Budgeting for PWSs
<input type="checkbox"/> Operations and Maintenance Manuals	<input type="checkbox"/> Sampling Plans
<input type="checkbox"/> Emergency Preparedness and Response	

Other:



# Appendix C

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## Environmental Information Document Format Guidelines

### Environmental Information Document Guidelines

The level of analysis provided in the Environmental Information Document (EID) should be commensurate with the magnitude of construction activities and their potential impact. In order to facilitate consistency in environmental reviews, the following topics must be addressed in the Environmental Information Document (EID).

### Table of Contents

#### 1.0 Purpose of and Need for Project

- 1.1. Project Description
- 1.2. Purpose of and Need for Project
- 1.3. Future Environment without the Project

#### 2.0 Alternatives to the Proposed Action

- 2.1. Alternatives Considered
- 2.2. Feasible Alternatives

#### 3.0 Environmental Consequences of Feasible Alternatives

- 3.1. Land Use / Important Farmland / Formally Classified Lands
- 3.2. Floodplains
- 3.3. Wetlands
- 3.4. Cultural Resources
- 3.5. Biological Resources
- 3.6. Water Quality Issues
- 3.7. Coastal Resources
- 3.8. Socio-Economic Issues
- 3.9. Air Quality
- 3.10. Transportation
- 3.11. Noise Abatement and Control
- 3.12. Wild and Scenic Rivers
- 3.13. Miscellaneous Environmental Considerations

#### 4.0 Summary of Mitigation

#### 5.0 Public Participation

#### 6.0 Exhibits

## Environmental Screening Checklist

The following questions are each followed by a series of three (3) boxes in which to respond and several blank lines to reference the source used in making the response. A negative response to each in a category will justify the decision of “no significant impact.” The statements are phrased to include both primary and secondary impacts and were based upon criteria for an impact statement (40 CFR Part 6). The Section on “Land Use Planning and Management” should determine secondary impacts due to development.

If a definite negative response cannot be made, then the “possible adverse” box should be checked and the particular category discussed in the environmental assessment. The environmental assessment when written should summarize beneficial impacts and discuss possible adverse impacts and mitigating circumstances.

The phrasing “Does documentation exist...” was used for several questions due to the difficulty in being specific and thus possibly not relating to all situations. The Environmental Screening form itself is worded generally to invoke in the reviewer the responsibility to deeply consider each item rather than routinely check blocks.

### Natural Environment

#### Air Quality

Does documentation exist to indicate a possible violation of ambient air quality standards as a primary impact due to the project?

Is significant or excessive development planned or expected which could yield a possible violation of ambient air quality standards as a secondary impact of the project?

Does documentation exist to indicate a possible violation of noise standards as a primary or secondary impact due to the project?

Adverse      \_\_\_\_\_      Yes      \_\_\_\_\_      No      \_\_\_\_\_      Possible

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Water Quality

- a. A sedimentation and erosion control procedure has not been and will not be submitted and there are no county (or other enforceable) laws on sedimentation and erosion control.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Does documentation exist to indicate if existing or future development could affect the quality or quantity of groundwater (e.g. groundwater recharge area)?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No                  \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Water Supply–Draw Down

- a. The project will cause a significant increase in the amount of water to be withdrawn from one aquifer.

\_\_\_\_\_ Yes                  \_\_\_\_\_ No                  \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Biology

- a. Endangered or threatened species are included in the initial or future service areas.  
b. Documentation exists to indicate wildlife and/or their habitat will be affected by the facility location or future development.

\_\_\_\_\_ Yes                  \_\_\_\_\_ No                  \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Sensitive Areas

- a. The service area includes or is part of an area designated or considered sensitive by local, state, or federal agency(ies).

\_\_\_\_\_ Yes                  \_\_\_\_\_ No                  \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Wetlands

If the project results in a possible adverse impact, a specific wetlands assessment must be included in the environmental assessment.

- a. Wetlands, either fresh or saltwater, are included in the service area.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Land Use Planning and Management

A negative response to all questions will indicate minimal secondary impacts due to development.

The project does not conform to existing land use plans or could cause significant changes to existing land use patterns.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Reserve Capacity

- a. Two filters in parallel in order to be able to backwash or repair one while still operating facility.
- b. Adequate fire capacity reserve using Delaware State Fire Prevention Regulations.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Large areas of existing vacant land will be subject to increased development pressure.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_

Documentation exists which indicates that the proposed project will induce population changes or migration which could:

a. Surpass the water facility's capacity.

Affect demand or availability of energy sources.

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coastal zones would be affected by water line routings or subsequent development.

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prime agricultural land would be lost for its natural uses due to water line routing or subsequent development.

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Water line routing / Water treatment plant will be located in the 100 year flood plain. (Where a possible adverse impact exists, a specific floodplain assessment must be included in the environmental assessment.)

\_\_\_\_\_ Yes          \_\_\_\_\_ No          \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Backwash disposal will occur in an area with inadequate sanitary landfill(s) or on land unsuitable for land application.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Possible Adverse

References: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For OE Use Only

Additional Information Needed: Yes / No    Date Requested: \_\_\_\_\_ Date Received: \_\_\_\_\_

Comments : \_\_\_\_\_

Recommendation:    \_\_\_\_\_ C.E.                      \_\_\_\_\_ FONSI                      \_\_\_\_\_ EIS

Rationale: \_\_\_\_\_  
\_\_\_\_\_

Reviewing Engineer: \_\_\_\_\_ Date: \_\_\_\_\_