

## Mississippi State Department of Health

|     | DWSIRLF Request for Ranking and Consideration for Funding  |  |                                 |              |  |  |  |  |  |  |  |  |
|-----|--|--|---------------------------------|--------------|--|--|--|--|--|--|--|--|
| 1.  | Federal Fiscal Year (FFY) Ran  | Federal Fiscal Year (FFY) Ranking/Funding Desired (check one)  |                                 |              |  |  |  |  |  |  |  |  |
|     | FFY-2023   | FFY-2024   | FFY-2025                        | )            |  |  |  |  |  |  |  |  |
|     | (10/01/222 – 09/30/23)   | (10/01/23 – 09/30/24)  | (10/01/24-09/30/25)             | )            |  |  |  |  |  |  |  |  |
| 2.  | FFY-2023   FFY-2024   FFY-2025   (10/01/22 – 09/30/23)   (10/01/23 – 09/30/24)   (10/01/24-09/30/25)   (10/01/22 – 09/30/23)   (10/01/23 – 09/30/24)   (10/01/24-09/30/25)   (10 |  |                                 |              |  |  |  |  |  |  |  |  |
|     | Contact Person:  | Phone:   |                                 |              |  |  |  |  |  |  |  |  |
|     | Entity Name:   | Fax  | :                               | 5            |  |  |  |  |  |  |  |  |
|     | Address:   | E-mail:  |                                 |              |  |  |  |  |  |  |  |  |
| 3.  | Entity's Consulting Engineer   | tity's Consulting Engineer:  |                                 |              |  |  |  |  |  |  |  |  |
|     | Contact Person:  |  |                                 |              |  |  |  |  |  |  |  |  |
|     | Firm Name: Fax:  |  |                                 |              |  |  |  |  |  |  |  |  |
|     | Address: E-mail:   |  |                                 |              |  |  |  |  |  |  |  |  |
| 4.  | Entity's Legal Counsel:  | tity's Legal Counsel:  |                                 |              |  |  |  |  |  |  |  |  |
|     | Contact Person:  |  |                                 |              |  |  |  |  |  |  |  |  |
|     | Firm Name: Fax:  |  |                                 |              |  |  |  |  |  |  |  |  |
|     | Address:   | ss: E-mail:  |                                 |              |  |  |  |  |  |  |  |  |
| 5.  | Population   | 6. # of Connections / # of Population  | 7. # of Existing Wells          | 5            |  |  |  |  |  |  |  |  |
|     | (Entire Service Area):   | (Affected by Proposed Project)   | (System-wide) $\square$         | <u>!</u>     |  |  |  |  |  |  |  |  |
|     |  |  |                                 |              |  |  |  |  |  |  |  |  |
| 8.  | Zip Codes (List all served by  | the drinking water facilities):  |                                 | 5            |  |  |  |  |  |  |  |  |
|     |  |  |                                 | <del> </del> |  |  |  |  |  |  |  |  |
| 9.  | Project Purpose/Need Categ   | gories   |                                 | 5            |  |  |  |  |  |  |  |  |
|     |  | /ater Stds. Compliance h) Fluoride Ad  | ddition                         |              |  |  |  |  |  |  |  |  |
|     | b) Back-up Well or Em  | nergency Tie-in i) Secondary   | Drinking Water Stds. Compliance | +            |  |  |  |  |  |  |  |  |
|     | c) Pressure Deficienci   |  | on <u>O</u>                     | )            |  |  |  |  |  |  |  |  |
|     | d) Source Water Prote  | ection k) Lead Service   | ce Line Replacement (BIL)       | 3            |  |  |  |  |  |  |  |  |
|     | e) Service to Existing U   | Unserved Areas I) Emerging C   | Contaminants (BIL)              | ,            |  |  |  |  |  |  |  |  |
|     | f) Additional Supply Needs m) Other (Explain):   |  |                                 |              |  |  |  |  |  |  |  |  |
|     | g) Rehab/Replacemer  | nt of Existing Facilities  | <del>5</del>                    | Ś            |  |  |  |  |  |  |  |  |
| 10. | Project Description:   |  |                                 | 5            |  |  |  |  |  |  |  |  |
| 11. | Consolidation Eligibility:   |  |                                 |              |  |  |  |  |  |  |  |  |
|     | a) Is there an existing regional water suppl infrastructure available in the area that meet the needs proposed   |  |                                 |              |  |  |  |  |  |  |  |  |
|     | by the project? Yes No   |  |                                 |              |  |  |  |  |  |  |  |  |
|     |  |  |                                 |              |  |  |  |  |  |  |  |  |
|     |  | infrastructure? Yes No N/A   |                                 |              |  |  |  |  |  |  |  |  |
|     |  | If a) is yes, has the system requesting DWSIRLF funding researched the possibility of using the regional infrastructure?  Yes  No  N/A  If b) is yes, was it determined that using the regionals infrastructure is economically and technically feasible?  Yes  No  N/A  Ote: If the water requesting DWSIRLF funding is in a county with a utility authority, approval of the proposed project by the utility authority may be necessary. |                                 |              |  |  |  |  |  |  |  |  |
|     | reasible?  |  |                                 |              |  |  |  |  |  |  |  |  |
|     | Note: If the water requesting DWSIRLF funding is in a county with a utility authority, approval of the proposed project by the utility authority may be necessary.   |  |                                 |              |  |  |  |  |  |  |  |  |

|  |  | DWSIRLF Re           | que   | st for Rankin         | ıg a | nd Considera  | atio            | n for Funding      | 3  |              |  |
|--|--|----------------------|-------|-----------------------|------|---------------|-----------------|--------------------|----|--------------|--|
|  | 12. Esti   | mated Project Cost I | 3reak |                       |      |               |                 |                    |    |              |  |
|  |  |                      |       | Total Project<br>Cost |      | Other Funding |                 | (Other Source)     |    | DWSORLF Loan |  |
| <u>0</u>                                       | Construc   | tion Cost            | \$    |                       | \$   |               | \$              |                    | \$ |              |  |
| Boaro  | Construction Contingency (10%)   |                      | \$    |                       | \$   |               | \$              |                    | \$ |              |  |
| λts  | Planning/Design Services   |                      | \$    |                       | \$   |               | \$              |                    | \$ |              |  |
| <u>e</u>                                       | Construction Phase Services  |                      | \$    |                       | \$   |               | \$              |                    | \$ |              |  |
| ven  | Equipment, Supplies, and Testing   |                      | \$    |                       | \$   |               | \$              |                    | \$ |              |  |
| 0  | Total Elig   | ible Cost            | \$    |                       | \$   |               | \$              |                    | \$ |              |  |
| ystems Imp                                     | 13. Project Scheduling Information:  Desired Date of Loan Award:  Desired Construction Start Date:  Estimated Construction Time:   |                      |       |                       |      |               | (Calendar Days) |                    |    |              |  |
| rernments and Rural Water Systems Improvements | <ul> <li>14. Assertions:</li> <li>a) This request for ranking and consideration for DWSIRLF funding has been authorized by and is hereby submitted to the Board on behalf of the entity specified in Item 2 above.</li> <li>b) It is understood that for the above-described project to be appropriately ranked and considered by the Board for funding in a given fiscal year (FY), a complete DWSIRLF facilities plan (including all intergovernmental review comments, a transcript of the public hearing comments, plan revisions pursuant to comments, and a summary of how each comment was addressed) must be submitted by the facilities plan deadline for that FY. Projects for which that deadline is not met will be listed on the "future planning" portion of the Priority List for that FY.</li> <li>c) It is understood that if the requesting entity has existing debt with Rural Utilities Service (RUS), formerly Farmers Home Administration, a copy of the DWSIRLP facilities plan should be submitted to the RUS with a request for their approval to incur this additional debt.</li> <li>d) It is understood that the requirements of the DWSIRLF Regulations must be met during all phases (planning, design, construction, etc.) of the project.</li> </ul> |                      |       |                       |      |               |                 |                    |    |              |  |
| Local Governm                                  |  |                      |       |                       |      |               |                 | Signature<br>Title |    |              |  |
| Date   |  |                      |       |                       |      |               |                 |                    |    |              |  |

## DWSIRLF Request for Ranking and Consideration for Funding

## **Ranking Form Guidelines**

The following are instructions for completion of the request for ranking and consideration for funding form

- Please indicate which Federal fiscal year funding is requested for each project.
- PWS ID, system name, name of responsible official, address, phone number(s), and email address of person authorized by entity to request ranking.
- 3. Name, address, phone number(s), and email address of entity's registered engineer(s) on the project, if known.
- 4. Name, address, phone number(s), and email address of entity's legal counsel who will assist with land acquisition, if known.
- Indicate the current population in the loan applicant's service area.
- Indicate the number of connections and population which will benefit from this drinking water project for which ranking is requested.
- 7. Indicate the number of existing wells utilized by the system.
- 8. Identify all zip code areas that are served by the drinking water facility.
- 9. Indicate the purpose of the project by checking the appropriate box based on the project descriptions below:
  - Projects to facilitate compliance with Primary Drinking Water Standards. To qualify for this category projects must correct deficiencies resulting in non-compliance with the primary drinking water standards.
  - b) Projects to provide additional supply to systems that have neither a back-up well nor an emergency tie-in, that is MSDH approved, to another system to ensure safe drinking water, and thereby protecting the health of the existing population.
  - Projects to correct deficiencies that result in existing system failing to maintain minimum acceptable dynamic pressure (20 psi). (Documentation of these problems must be included in the facilities plan.)
  - d) Source Water Protection Projects- Projects to manage potential sources of contaminants/ pollutants and/or prevent contaminants/pollutants from reaching sources of drinking water as approved by the MDEQ Groundwater Planning Branch.
  - e) Projects to either expand existing system capacity or construct a new drinking water system to ensure safe drinking water (source, treatment and/or distribution) to serve existing residences/businesses in currently unserved areas.
  - f) Projects to provide additional supply to systems with insufficient back-up water supply sources to ensure safe drinking water, and thereby protect the health of the existing population. As a minimum, a system using ground water should be able to lose any one of the wells supplying the system and still maintain minimum acceptable dynamic pressure throughout the entire system.
  - g) Projects to rehabilitate, replace, protect, or upgrade deteriorated, worn, aged or obsolete equipment, facilities, etc., in order to assure continued, dependable operation of water systems where such systems are already meeting Primary Drinking Water Standards.

- h) Projects that either rehabilitate existing fluoride
- treatment facilities at well or treatment plant sites or add new facilities to existing well or treatment plants.
- j) Projects to provide treatment that brings systems into compliance with Secondary Drinking Water Standards
- k) Projects to consolidate ownership and management of separate existing systems into a single system for purposes other than <u>included in a) through h)</u> <u>above</u>. Consolidation projects are for the purpose of promoting reliability, efficiency and economy of scale that can be achieved with larger water systems.
- Other Projects that do not meet the criteria of any other listed category and have been determined loan eligible in accordance with the DWSIRLF loan program regulations.

Please Note: Projects that are primarily for future growth, development and/or fire protection are not eligible projects under this Program's federal regulations and cannot be funded.

- 10. Provide a brief description of the drinking water facilities project for which ranking is requested. If two or more priority categories were checked in project categories, please describe the scope of work for each priority category indicated.
- 11. Indicate with the water system has the ability to have its requested infrastructure needs through consolidation with a surrounding utility authority rather than pursue funding for the proposed project. The system may be required to provide a letter of approval for the proposed project in the event that a consolidation is not considered feasible.
- 12. Provide a brief cost breakdown of the proposed project. While there is no limit to funding amount, the Board may decide to set a funding limit to prevent a majority of funds being distributed to one entity. To aid in the determination of eligible cost, please use current DWSIRLF loan program regulations.
- 13. If known, please indicate the desired date of the loan award. The date selected should be between October 1st of the present year and September 30th of the following year. Additionally, please indicate the desired construction start date and the anticipated construction time required in calendar days.
- 14. This is a certification that the authorized official acknowledges that a completed facilities plan is required in order to be ranked within the priority system. This certification is also a reminder that DWSRF Regulations must be complied with from the planning through the construction process of projects.
- 15. After completion, mail to the attention of:

Jonathan Diaz DWSIRLF Program Support Specialist MSDH – Bureau of Public Water Supply P.O. Box 1700 Jackson, MS 39215-1700

Email: Jonathan.Diaz@msdh.ms.gov