**State of Rhode Island Department of Health**

**State Fiscal Year (SFY) 2025 Drinking Water State Revolving Fund Project Priority List Application**

Please complete the following application for placement on the Drinking Water State Revolving Fund (DWSRF) Project Priority List for SFY 2025. In accordance with the [Rhode Island DWSRF Regulations, 216-RICR-50-05-6](https://rules.sos.ri.gov/regulations/part/216-50-05-6), the Rhode Island Department of Health (RIDOH) will review this application and any supporting materials submitted by the public water system to determine system and project eligibility for DWSRF funding. Eligible projects will be ranked according to project ranking criteria developed by RIDOH. Please note that this is not an application for a loan.

|  |  |
| --- | --- |
| Public Water System (PWS) Name: []PWS Type: [ ]  Community [ ]  Non-Community  | PWS ID Number: [] |
| PWS Ownership: [ ]  Public [ ]  Private, non-profit [ ]  Private, for-profitPWS Ownership Type: [ ]  Cooperative[x]  County[ ]  Federal [x]  Municipal [ ]  Private [ ]  StatePWS Owner Name: [] Address: []Telephone: [] Email: [] |
| Age of PWS: [] |
| Administrative Contact Name: [] Title: []Telephone: [] Email: [] |
| Consulting Engineering Firm: []Consulting Engineer: []Telephone: [] Email: [] |
| **Project Details** |
| Estimated Total Project Cost: $ [] |
| Estimated DWSRF Loan Request (may be the same as total project cost): $ [] |
| Basis of Estimate of Total Project Cost: [] |
| Project Title: [] |
| Anticipated Project Timeline - Start Date: []Anticipated Project Timeline - End Date: []Has this Project appeared on a PPL before? [x] [ ]  No [ ]  Yes If yes, date that Project first appeared on a PPL: [] |
| Population Served by the PWS: []Population Served by the Project (may be the same): [] |
| Service Connections in the PWS: []Service Connections in the Project Area (may be the same): [] |
| Project Location Address (line 1): []Project Location Address (line 2): []City: []ZIP + 4: [] |
| Project Description (may be provided on separate page):[] |
| Reason for the Project (may be provided on separate page):[] |
| Public Health Benefits of the Project (may be provided on separate page):[] |
| Describe Any Work Already Done on the Project (feasibility studies, preliminary engineering, final design, source exploration):[] |

**Please complete the sections below that apply to the above project.** Priority points may be awarded for each section, and back-up documentation should be submitted where indicated or may be requested by RIDOH. All requests are verified against documents available to RIDOH.

**Readiness to Proceed**

Points will be awarded to projects that are ready to proceed. Additionally, for RIDOH to ensure DWSRF funds are spent in a timely manner, projects must be able to demonstrate that the project can also proceed in a timely manner. To that end, please indicate which, if any of the below items have been submitted.

[ ]  (For Planning/Design Projects) Consultant is scheduled to be under contract during the current fiscal year. If a consultant has already been engaged, provide the date of contract. []

[ ]  [RIDOH Engineering Application](https://health.ri.gov/applications/DrinkingWaterSupplierApprovalOfPlansAndSpecs.pdf) submitted. *Date:* []

[ ]  [RIDOH Certificate of Approval application](https://health.ri.gov/applications/DWSRF-Certificate-of-Approval.pdf) submitted. *Date:* []

[ ]  RIDOH Environmental Review (if applicable, [Categorical Exclusion](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhealth.ri.gov%2Fpublications%2Ftemplates%2FDWSRF-CATEX-Request.docx&wdOrigin=BROWSELINK) request submitted). *Date:* []

[ ]  Loan Application to Rhode Island Infrastructure Bank submitted. *Date:* []

[ ]  Other Factors Indicate PWS’s Readiness to Proceed (e.g., necessary authorizations or approvals for the project have been identified or secured). If yes, please describe in detail all factors: []

**Lead Service Line Inventory**

Per the Rhode Island *Lead Poisoning Prevention Act*, “[RIDOH] and [RIIB] shall prioritize the allocation of funds for private lead service line replacements in accordance with all federal requirements and based on the percentage of private lead service lines present within a water supplier service area, which shall be based on factors including, but not limited to: (1) Targeting known lead service lines; (2) Targeting available funds to lead service line replacements for disadvantaged water suppliers; and (3) Targeting populations most sensitive to the effects of lead.” R.I. Gen. Laws § 23-24.6-28(r). Each public water system (except transient non-community water systems) is required to have a lead service line inventory (LSLI) completed by October 16, 2024.

Date the LSLI was submitted to RIDOH: []
If the LSLI has not been submitted, please provide estimated date of submission: []

**Health Risk and Compliance**

Points will be awarded to projects that will address a Treatment Technique Violation or the exceedance of a Maximum Contaminant Level (MCL), Secondary Maximum Contaminant Level (SMCL), or a Health Advisory that occurred during the preceding 18 months. Points are only awarded for the deficiency corrected which addresses the highest health risk and compliance concern. It must also represent a significant portion of the total project cost. Please check all boxes that apply to the project. Please select only relevant boxes and note that checking multiple boxes may not result in additional points being awarded.

Microbiological - Surface Water Treatment Rule

 [ ]  Filter Performance Criteria (NTU Compliance)

 [ ]  CT Disinfection

Microbiological - Total Coliform Rule

 [ ]  Acute MCL Violation (fecal/E. coli violation)

 [ ]  Non-acute MCL Violation (total monthly coliform violation)

[Emerging Contaminants](https://www.epa.gov/ccl#:~:text=November%2014%2C%202022%20%2D%20EPA%20published,DBPs))%2C%20and%2012%20microbes.)

 [ ]  PFAS

 [ ]  Harmful Algal Blooms (HABs)

 [ ]  Manganese

 [ ]  Other Emerging Contaminants: []

Inorganic Chemicals

 [ ]  Nitrates

 [ ]  Lead and Copper

 [ ]  Other Primary Standards

Other

[ ]  Organic Chemicals

[ ]  Radiological

[ ]  Secondary Standards (aesthetics)

 [ ]  Enhanced Surface Water Treatment Rule

[ ]  Groundwater Disinfection

[ ]  Disinfection by-products

[ ]  Arsenic

Project is to extend the waterlines of an existing system to an area where there is a public health threat due to contaminated private drinking water wells. [ ]

Project is to upgrade, replace, or repair infrastructure which is at risk of causing contamination due to age or design deficiencies (select all that apply).

 [ ]  Source (excluding reservoirs, dams, dam rehabilitation and water rights)

 [ ]  Treatment

 [ ]  Source intake structure

 [ ]  Pump station

 [ ]  Storage

 [ ]  Transmission/distribution mains

 [ ]  Instrumentation/controls

**Economic Factors**

Points will be awarded based on the percentage of the average annual residential water bill to Median Household Income (MHI). The average annual residential water bill is to be based on 70,000 gallons of water per year. Supporting documentation must be provided. The MHI of the community in which the water service area is located will be determined from income data in the most recent US Census. MHI figures for this section are only used to award points and is not used to determine loan rate or additional subsidy eligibility. MHI for service areas which cross municipal boundaries is the weighted average based on the number of service connections in each community. Supporting documentation must be provided with the application. If there is a reason to believe that the Census data is not an accurate representation of the MHI within the area being served, document the reason and provide additional information such as reliable data from local, regional, or state government or contact RIDOH about whether an income survey is needed.

What is the average annual single-family home water bill (assuming 70,000 gallons/year used)? Supporting documentation must be provided.

[$]

What is the MHI of the community in which the Water Service Area is located? Supporting documentation must be provided.

[$]

What is the percent of average annual residential water bill to MHI?

[%]

**Capacity Development**

Project involves the consolidation of two public water systems, one of which lacks the proper technical, managerial, or financial capacity to maintain compliance with the *Safe Drinking Water Act* (SDWA). The result of the consolidation must ensure compliance with the SDWA. [ ]

**Affordable Housing Plan**

The community (city or town) where the water system is located has a state-approved ‘Affordable Housing Plan’.

 [ ]  Yes (if yes, please attach the plan).

**SIGNATURE**

As Authorized Representative, I hereby certify that this information is true and correct to the best of my knowledge.

**** []

Signature Date

**Please return this application via email to** **RIDOH.EngineeringDWQ@health.ri.gov** **with “PPL Application” in the subject line.** If you have questions about this application, contact the Center for Drinking Water Quality by emailing RIDOH.EngineeringDWQ@health.ri.gov or calling 401-222-6867.