



Drinking Water State Revolving Fund (DWSRF) Program Application for Certificate of Approval

Water System Name: _____

Contact Person: _____ Phone Number: _____

A/E Contact: _____ Phone Number: _____

Project Title: _____

Application Checklist (To be completed by applicant)

- _____ Detailed project description
- _____ Summary sheet listing a breakdown of project costs and portions for which assistance is being sought.
- _____ Capacity Development Worksheet (page 2)
- _____ Categorical Exclusion, Finding of No Significant Impact, or Record of Decision from the environmental review process.
- _____ Certification from the Office of State Planning that the project is consistent with the State Guide Plan. Projects that qualify for categorical exclusions are exempted from this requirement.
- _____ Certification of intent to comply with all applicable provisions of federal and/or state laws (page 3)
- _____ Certified copy of the resolution of the governing body of the public water system (PWS) directing the Chief Executive Officer (CEO) to submit an application for DWSRF assistance
- _____ All applicable Architectural/Engineering (A/E) reports and plans.

PWS Owner's Signature: _____ Date: _____

FOR RHODE ISLAND DEPARTMENT OF HEALTH USE ONLY

Application Number: _____ Date Received: _____

Engineering Reviewer Initials: _____ Date: _____

Comments: _____

Based on staff review of the contents of the application package for assistance from the DWSRF, it is my opinion that all requirements for issuing a Certificate of Approval have been met.

Signed: _____ Title: _____

Date: _____

Capacity Development Worksheet

Technical and Managerial Capacity Analysis

PWS Utilizing Greater than 50 Million Gallons per Year

	YES	NO
a) Will system have an approved Water System Supply Management Plan within one year? <i>If no, attach a brief explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b) Will system have an approved Clean Water Infrastructure Plan within one year? <i>If no, attach a brief explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c) Is water system in compliance with all the requirements for operator certification? <i>If no, attach a brief explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
d) Have all the critical deficiencies identified in your last sanitary survey been corrected? <i>If no, attach a brief explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
e) Water system is in compliance with the rules and regulations pertaining to Public Drinking Water 216-RICR-50-05-1? <i>If no, attach a brief explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>

PWS Utilizing Less Than 50 Million Gallons per Year

	YES	NO
a) Supply and storage capacities are sufficient to meet current peak demands? (Sufficient documentation must be provided.)	<input type="checkbox"/>	<input type="checkbox"/>
b) Supply and storage capacities will be sufficient to meet projected five year demands? (Sufficient documentation must be provided.)	<input type="checkbox"/>	<input type="checkbox"/>
c) A discussion of all necessary and/or planned operational and capital improvements over the next five years has been included with this application? <i>If no, attach a brief explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
d) Water system has an operation and maintenance plan? <i>If no, attach a brief explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
e) Water system is in compliance with all the requirements for operator certification? <i>If no, attach a brief explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>
f) If (e) is not applicable, water system has an employee/volunteer who has sufficient knowledge and experience to operate and maintain this system in compliance with the <i>Safe Drinking Water Act</i> ? <i>If yes, please submit a short summary on the background and related experience of this individual.</i>	<input type="checkbox"/>	<input type="checkbox"/>
g) Water system is in compliance with the rules and regulations pertaining to Public Drinking Water 216-RICR-50-05-1? <i>If no, attach a brief explanation.</i>	<input type="checkbox"/>	<input type="checkbox"/>

PWS Owner's Signature: _____ Date: _____



Drinking Water State Revolving Fund (DWSRF) Program Certification of Intent to Comply

As the Chief Executive Officer of the _____, I hereby certify that this public water system will comply with all applicable statutory and/or regulatory requirements of the *Rhode Island General Laws* of 1956, as amended, and all applicable federal laws as a condition of the award of a loan from the Rhode Island Drinking Water State Revolving Fund (DWSRF) Program.

This certification is executed on the _____ day of _____, 20_____

_____, CEO of _____

Signature

Signed and sworn to before me on this _____ day of _____, 20_____

Notary Public