



PROJECT QUESTIONNAIRE FOR THE DRINKING WATER STATE REVOLVING FUND (DWSRF) PROGRAM

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF MUNICIPAL FACILITIES
SFN 54458 (7-2024)

For Internal Use Only:

Date Received:

Tracking Number:

Please note: this questionnaire is required to determine project eligibility and ranking on the priority list. This is **not an application for funding**, nor does it commit a project to seek funding through the DWSRF program. If you would like to begin an application for funding through the DWSRF program, please visit <http://grants.nd.gov> and apply through the Funding for Infrastructure in North Dakota (FIND) funding opportunity.

System Information

Public Water System (PWS) Name			PWS Number ND
Contact Name			Title
Address			Telephone Number
City	State	ZIP Code	Email

Consulting Engineering Firm (if any)			Engineering Firm Contact Name
Address			Telephone Number
City	State	ZIP Code	Email

Project Information

Project Name	
Project Description (attach additional information as needed, including available engineering reports or maps)	
Is the primary purpose of this project to serve future population growth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the primary purpose of this project to provide fire protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to either of the above questions is yes, this project is not eligible for the DWSRF program.	
Anticipated Start Dates for Project:	
Planning:	Design: Construction:

Water Quality

For any “yes” responses in this section, detailed information concerning water quality problems over the past 4 years and how the project will solve the problems must be provided in an attachment.

Is one of the purposes of your project to correct:

A. A documented waterborne disease outbreak experienced within the last 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. A violation of a primary drinking water standard within the last 4 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. A health advisory level exceedance for a contaminant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. An exceedance of a secondary drinking water standard or general water quality problems (such as high total dissolved solids (TDS), total hardness (TH), iron, manganese, sodium, or sulfate)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. An emerging contaminant that is: <ul style="list-style-type: none"> • A per- and polyfluoroalkyl substance AND/OR • On EPA's Contaminant Candidate List (CCL) 1 through 5 and has not been regulated as a primary drinking water standard? Please include raw and finished water test results for the emerging contaminant(s) Emerging contaminant(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. The presence of a regulated contaminant that has not exceeded a primary drinking water standard?	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. The presence of a regulated contaminant that has not exceeded a secondary drinking water standard?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Water Quantity

For any “yes” responses in this section, detailed information concerning the water quantity problems and how the project will solve the problems must be provided in an attachment. Information must include an estimate of the maximum water (in gallons per day) presently available to residential users served by your system or frequency of shortages.

Is one of the purposes of your project to correct:

A. A water supply problem involving the loss or imminent loss of a water supply in the near future?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Correction of an extreme water supply problem: <ul style="list-style-type: none"> • Maximum water available <150 gallons per capita per day (gpcd) OR • Water losses of >30% as documented through an audit OR • Continuous water shortages during all periods of operation 	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Correction of a serious water supply problem: <ul style="list-style-type: none"> • Maximum water available <200 gpcd OR • Water losses of 21-30% as documented through an audit OR • Inability to meet peak daily water demand at a frequency of at least once per week during all periods of operation 	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Correction of a moderate water supply problem: <ul style="list-style-type: none"> • Maximum water available <250 gpcd OR • Water losses of 11-20% as documented through an audit OR • Inability to meet peak daily water demands on a seasonal basis 	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Correction of a minor water supply problem: <ul style="list-style-type: none"> • Maximum water available <300 gpcd OR • Water losses up to 10% as documented through an audit OR • Occasional inability to meet peak water demands 	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. If you answered yes to questions A through E, what is the maximum water capacity of your source or water treatment plant in gallons per day?	gpd

Infrastructure Adequacy

From the list below, indicate which infrastructure problems, if any, that your project is intended to correct (applies to your system only). A complete description of each problem, along with an explanation of how the project will solve the problem, must be attached.	
A. Source	
1. Correction of well construction or operating deficiencies	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Correction of specific design or operating deficiencies associated with surface water intake facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Provision of a second well where only one functional well exists for systems relying solely on their own groundwater supplies	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Correction of specific design or operating deficiencies associated with raw water pumping facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Correction of specific design or operating deficiencies associated with raw water distribution system piping and/or appurtenances	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Replacement of inoperative, obsolete, or inadequate instrumentation or controls.	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Treatment	
1. Correction of general disinfection treatment deficiencies- excludes improvements necessary to directly comply with the Surface Water Treatment Rules or the Groundwater Rule	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Water treatment plant operating at or above design capacity	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Water treatment plant operating at or beyond useful or design life	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Correction of specific design or operating deficiencies associate with water treatment plant unit processes (excludes disinfection treatment)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Correction of specific design or operating deficiencies associated with chemical feed installations (excludes disinfection)	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Replacement of inoperative, obsolete, or inadequate instrumentation or controls	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Storage	
1. Replacement of deteriorated finished water storage structures	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Correction of specific design or operating deficiencies associated with finished water storage facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Replacement of inoperative, obsolete, or inadequate instrumentation or controls	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Distribution	
1. Correction of distribution system pressure problems (dynamic pressure <20 psi)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Replacement of deteriorated water mains and/or distribution system appurtenances, including water meters	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Replacement of distribution system lead piping/materials	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated full lead service line replacements	
Estimated lead service line replacements that complete a previous partial replacement	
4. Correction of specific design or operating deficiencies associated with finished water pumping facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Correction of specific design or operating deficiencies associated with finished water distribution system piping and/or appurtenances	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Replacement of inoperative, obsolete, or inadequate instrumentation or controls	Yes <input type="checkbox"/> No <input type="checkbox"/>

Consolidation or Regionalization

A. If you answered yes to Water Quality questions A through G, is one of the purposes of your project to correct ongoing and unresolved water quality problems experienced by:	
1. Your system only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Individual households or businesses (i.e., non-PWSs) that are within your service area (and presently using their own water supplies) through consolidation with or regionalized service by your system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Other public water systems (PWSs) through consolidation with or regionalized service by your system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. If you answered yes to Water Quantity questions A through E, is one of the purposes of your project to correct ongoing and unresolved water quantity problems experienced by:	
1. Your system only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Individual households or businesses (i.e., non-PWSs) that are within your service area (and presently using their own water supplies) through consolidation with or regionalized service by your system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Other public water systems (PWSs) through consolidation with or regionalized service by your system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Is one of the purposes of your project to resolve technical, managerial, or financial capacity problems for one or more PWSs?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Miscellaneous

From the list below, indicate which miscellaneous problems, if any, that your project is intended to correct (applies to your system only). A complete description of each problem, along with an explanation of how the project will solve the problem, must be attached.	
A. Operator safety - is one of the purposes of your project to correct a safety hazard for your water system operators? If yes, a detailed description of the safety hazards to be corrected must be attached.	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Infrastructure security - is one of the purposes of your project to provide security measures to protect infrastructure from vandalism, cybersecurity vulnerabilities, power interruptions, purposeful contamination, climate change, or extreme weather events?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Administration buildings for the PWS (billing offices, labs, control centers, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Studies that may result in a capital project or reduction in demand to alleviate the need for additional capital investment (water utility audits, leak detection studies, identification of service line materials, optimization studies, asset management plans, drought contingency plans, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Affordability and Project Financial Considerations

EPA's EJScreen will be used to determine demographic information for the project. City-level data will be used for municipal systems and county-level data will be used for regional and rural water systems. If the project is in a smaller census area and you would like that area to be considered instead, please go to https://ejscreen.epa.gov/mapper/, create a report of the project area, and attach to this questionnaire.	
ALL SYSTEMS	
What is the estimated cost of your project (including planning, design, construction, and land costs)	\$
What portion of the total project cost is DWSRF-eligible?	\$
What portion of the total project cost is related to emerging contaminants?	\$
What portion of the total project cost is related to lead service line inventories and/or replacement?	\$
MUNICIPAL SYSTEMS ONLY	
A. What is the total population presently served by your system, including the population of bulk users served by master meter?	
B. Following project completion, what total population will your system serve, including the population of bulk users served by master meter?	

C. How many total service connections does your system presently have? Following project completion, how many total service connections will your system have? Consider users within your municipality such as individually metered residences, schools, businesses, campgrounds, and rest areas as one service connection. Include the number of residential service connections within bulk users served by master meter such as trailer courts and subdivisions. Do NOT include users and associated service connections that you supply water to OUTSIDE of your municipality (if any).	Present:
	Post-project:
G. What is the number of service connections that will be responsible for paying for the project?	
H. For a typical single residential user, what is your present average annual charge for water service based on a water usage of 5,000 gallons per month? Include, if applicable, costs recovered through special assessments.	\$ /YEAR
I. As a result of the project, what is your expected average annual charge for water service for a typical single residential user based on a water usage of 5,000 gallons per month? Include, if applicable, costs to be recovered through special assessments.	\$ /YEAR
REGIONAL AND RURAL WATER SYSTEMS ONLY	
Provide the information requested in Attachment 1.	

Refinance of Existing Debt

Does this project involve the refinance of existing debt on a past infrastructure project?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please fill out the following information:					
Lender	Remaining loan balance	Interest rate	Remaining loan term in years		
Original construction date					

Statement of Certification

I certify that the above information, to the best of my knowledge, is true and accurate.	
Signature:	Date:
Name (print):	Telephone number:
Title:	

Please direct this questionnaire to ndsrf@nd.gov or:

DWSRF Program
4201 Normandy Street
Bismarck, ND 58503-1324

The DWSRF Program can be reached at 701-328-5211

Attachment 1 for Regional and Rural Water Systems

The below information is required to rank projects submitted by regional and rural systems for potential DWSRF loan assistance. Projects will not receive points for Affordability unless all of the requested information is provided.

Population Served		
County	Pre-Project	Post-Project
1.		
2.		
3.		
4.		
Bulk User	Pre-Project	Post-Project
1.		
2.		
3.		
4.		

Service Connections		
County	Pre-Project	Post-Project
1.		
2.		
3.		
4.		
Bulk User	Pre-Project	Post-Project
1.		
2.		
3.		
4.		

Average Annual Charge for Water Service		
Based on a typical single residential/individual user assuming 5,000 gallons per month		
County	Pre-Project	Post-Project
1.		
2.		
3.		
4.		
Bulk User	Pre-Project	Post-Project
1.		
2.		
3.		
4.		