

Drinking Water SRF Project Priority List QUESTIONNAIRE

1. PWS Name _____ PWS ID # _____
2. Number of PWS Retail Service Connections: _____
(Do not include consecutive systems)
3. Population of System: _____
4. Name of Project: _____
5. Brief Description of Project

6. Estimated Project Cost \$ _____
7. Problem(s) to be corrected by the project.
 - a. Describe each problem to be addressed by the project

 - b. Describe the corrective measures to be taken for each problem

 - c. Explain how this action(s) will insure compliance and/or reduce health risk

8. Affordability Information
 - a. What is your average monthly household water bill for 4,000 gallons? \$ _____
**Provide a copy of the ordinance (or other legal instrument) setting your rate.
 - b. What is your Median Household Income (MHI) Based upon the latest census information? \$ _____
The MHI must be for the applicant's entire water system (excluding consecutive systems), not a specific target area within the system (as is the case in some other loan programs). This may require you to calculate a weighted average MHI for the system.

9. Project Readiness to Proceed
- a. Has the project undergone review by the State Water and Wastewater Advisory Committee (WWAC)? Yes ____ No ____
- If Yes, indicate its status. _____
(All projects must be submitted for review to the WWAC per Governor's proclamation.)
- b. Are final engineering plans under development by your Consulting Engineer?
Yes ____ No ____
- c. What is the estimated completion date for the final plans? _____
- d. Estimate the earliest date the project could be ready to go out for bids. _____
- e. Estimate the time needed for project completion: _____

Return information to: Arkansas Department of Health
Engineering Section
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