

**WATER/WASTEWATER ADVISORY COMMITTEE**  
**WATER/WASTEWATER PRE-APPLICATION GUIDANCE AND FORM**

All potential water and wastewater applicants requesting state-administered grant or loan funds to finance water/wastewater projects must complete a Water/Wastewater Advisory Committee (WWAC) pre-application form. General procedures for completing the pre-application form are provided below.

**1: Applicant/Owner:** Complete all fields for the owner of the proposed water/wastewater project. Information must include the name and title of the individual representing the Applicant/Owner of the proposed project, address, city, zip code, county, phone number, fax number, and a current email address.

**Engineering Firm (Optional):** This section should be completed if the Applicant/Owner is working with or plans to work with an Engineering Firm on the proposed project. If the Applicant/Owner has an Engineering representative that works with the entity internally, include their information here.

**2:** Select all types that may apply to the proposed project. If “Other” is selected, provide details in the space provided and/or more information may be included in the project description.

**3 - 9:** Complete all fields for the proposed system and/or community. Information for most Arkansas municipalities can be found at <https://www.armunileague.org>.

**10:** Total Project Cost including all funding sources. The amount should include construction, engineering, contingency, and any other cost associated with the proposed project.

**11:** Select the Agency or Agencies the Applicant/Owner would like to request funding from and the amount from each. If “Other Funding Source” is selected, please provide information in the project description about this source of funding. If the Applicant/Owner does not know from which agencies funding will be requested, do not check any of the agencies and leave the amount fields blank.

**12:** A brief description of the proposed project and work to be implemented. Include additional information from number 2 that will better explain the type of proposed project should be added. Additional pages of description information may be attached if necessary.

**13:** Include the proposed project’s location and if applicable, the proposed project’s new service area. Maps can be submitted as an attachment if necessary.

**14:** Include a brief description of the project and the need for it and include any recent inspection information and/or enforcement actions.

**15:** Complete the fields for the estimated project schedule (time frame) for the proposed project from funding application to construction completion. Please provide additional information as needed in the space provided.

**16:** Authorized signature of the Applicant/Owner Representative listed in Section 1 and the name and title of the application preparer’s signature and date.

**Submit to:** [ANRC.WWAC@agriculture.arkansas.gov](mailto:ANRC.WWAC@agriculture.arkansas.gov).

**WATER / WASTEWATER ADVISORY COMMITTEE  
PRE-APPLICATION FORM**

1. Applicant / Owner:		Optional:
Representative & Title:		Engineering Firm:
Address:		Project Engineer:
City & ZIP Code:		Address:
County:		City & ZIP Code:
Phone:		Phone:
Fax:		Fax:
E-Mail Address:		E-Mail Address:
2. Application Type: (Mark all that apply):		3. Number of Existing Customers:
<input type="checkbox"/>	Wastewater LMI Service Hookups	4. Number of New Customers: (Proposed Project)
<input type="checkbox"/>	New Wastewater Collection System or Extension	
<input type="checkbox"/>	Rehab Existing Wastewater Collection System	5. Population of City/Town or Rural Area:
<input type="checkbox"/>	New Wastewater Treatment Plant	
<input type="checkbox"/>	Rehab Existing Wastewater Treatment Plant	6. Population Change since last Census:
<input type="checkbox"/>	Wastewater Planning and Development Only Funding	
<input type="checkbox"/>	Wastewater Emerging Contaminants	7. Median Household Income: (Existing Service Area)
<input type="checkbox"/>	Water LMI Service Hookups	
<input type="checkbox"/>	New or Rehab Water Supply	8. Median Household Income: (New Service Area, if applicable)
<input type="checkbox"/>	New Water Treatment Plant	
<input type="checkbox"/>	Rehab Existing Water Treatment Plant	9. Arkansas Senate District:
<input type="checkbox"/>	New Water Distribution System or Extension	
<input type="checkbox"/>	Rehab Existing Water Distribution System	Arkansas House District:
<input type="checkbox"/>	New Water Storage Tank	U.S. Congressional District:
<input type="checkbox"/>	Rehab Water Storage Tank	
<input type="checkbox"/>	Water Meter Replacement/Upgrade	
<input type="checkbox"/>	Water Planning and Development Only Funding	
<input type="checkbox"/>	Water Lead Service Line Inventory or Replacement	
<input type="checkbox"/>	Water Emerging Contaminants	
<input type="checkbox"/>	Other	
10. Anticipated Proposed Total Project Funding Amount (Total Funding including Construction, Engineering, Contingency, Etc.)		\$
11. Indicate the Agencies which you intend to request funding and how much from each: (leave blank if unknown)		
ANRC Funding:		\$
ANRC Funding – Infrastructure (IIJA/BIL):		\$
ANRC Funding – Infrastructure Lead Service Line (IIJA/BIL):		\$
ANRC Funding – Emerging Contaminates (IIJA/BIL):		\$
Arkansas Economic Development Commission Community Development Block Grant (CDBG) Program		\$
Communities Unlimited:		\$
USDA, Rural Development:		\$
Other Funding Source:		\$

12. Brief Description of Proposed Project (Attach Additional Pages, as necessary):

13. Proposed Project Location and Proposed New Service Area, if applicable (Attached map):

14. Brief Description of the Project –Need for the Project - Including the Status of Recent Inspections and/or Enforcement Actions:

15. Proposed Schedule for the Project:

Funding Application: \_\_\_\_\_

Submission of Plans and Specifications: \_\_\_\_\_

Construction Start: \_\_\_\_\_

Construction Completion: \_\_\_\_\_

Additional Information:

16. I, the undersigned representative of the applicant or grant recipient, certify that the information contained herein, and any attached statements, exhibits and reports are true, correct, and complete to the best of my knowledge and belief. I also understand and acknowledge that the WWAC may request additional information including a full Preliminary Engineering Report.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Preparer's Name, Title and contact information:

**Submit to:** [ANRC.WWAC@agriculture.arkansas.gov](mailto:ANRC.WWAC@agriculture.arkansas.gov)