WATER / WASTEWATER ADVISORY COMMITTEE
APPLICATION

Revision Date: 9/25/2020

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)
- ☐ Wastewater LMI Service Hookups
- ☐ New Wastewater Collection System or Extension
- ☐ Rehab Existing Wastewater Collection System
- ☐ New Wastewater Treatment Plant
- ☐ Rehab Existing Wastewater Treatment Plant
- ☐ Water LMI Service Hookups
- ☐ New or Rehab Water Supply
- ☐ New Water Treatment Plant
- ☐ Rehab Existing Water Treatment Plant
- ☐ New Water Distribution System or Extension
- ☐ Rehab Existing Water Distribution System
- ☐ New Water Storage Tank
- ☐ Rehab Water Storage Tank
- ☐ Water Meter Replacement/Upgrade
- ☐ Water Planning and Development Only Funding
- ☐ Wastewater Planning and Development Only Funding
- ☐ Other _____

3. Number of Existing Customers:	
4. Number of New Customers (Proposed Project)	
5. Population of City/Town or Rural Area	
6. Population Change since last Census	
7. Median Household Income (Existing Service Area)	
8. Median Household Income (New Service Area, if applicable)	
9. Arkansas Senate District:	
Arkansas House District:	
U.S. Congressional District:	

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

Anticipated Proposed Total Project Funding Amount (Total Funding including Construction, Engineering, Contingency, Etc.)	

Indicate the Agencies From Which You Intend to Request Funding (Leave Blank if unknown):

11.

- ☐ Arkansas Economic Development Commission/Community Development Block Grant (CDBG) Program $
- ☐ Arkansas Natural Resources Commission $
- ☐ Communities Unlimited $
- ☐ USDA, Rural Development $
- ☐ Other Funding Source $

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

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

15. Proposed Schedule for the Project (if known):

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 possibly a full Preliminary Engineering Report.

Applicant's Signature: _____ Date: 07/08/2019

Application Preparer's Signature: _____ Date: 07/08/2019