

WATER/SEWER PROJECT INFORMATION

Applicant Name: _____

Project Description: _____

1. Is the proposed project needed to correct a violation of an Iowa DNR health or sanitary standards?
(If yes, attach copy of violation letter) _____yes _____no

2. Current Water Usage Information for Last Consecutive 12 Months (Complete even if proposed project is sewer.
If water supply is from private wells, write N/A.)

A. Total residential usage (gallons) _____

B. Total non-residential usage (gallons) _____

C. Total bulk usage (gallons) _____

Total usage from all users (gallons) _____

3. Existing System (Complete both columns) Water Sewer

A. Number of Residential Users _____

B. Number of Non-Residential Users _____
(Attach list of non-residential users and the water usage for the last consecutive 12 months for each non-residential user)

C. Number of Bulk (Contract) Users _____
(Attach list of bulk users and the water usage for the last consecutive 12 months for each bulk user)

Total _____

D. Are all water users currently individually metered? _____yes _____no

E. Are all developed properties within the existing service area served by the existing facility?
_____yes _____no

F. Attach a copy of your current rate structure and ordinances for the existing facility.

4. New System (complete applicable column) Water Sewer

A. Number of proposed Residential Users _____

B. Number of proposed Non-Residential Users _____
(Attach list of proposed non-residential users)

C. Bulk (Contract) Users _____
(Attach list of proposed non-residential users)

Total _____

D. Will all developed properties within the proposed service area be served by the proposed facility?
_____yes _____no

Applicant and Project Name: _____

5. Incorporated City(ies) to be served:

Incorporated City	Current Users		New Users		Total Users	
	Water	Sewer	Water	Sewer	Water	Sewer
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
			Total		_____	_____

6. If proposed project will serve users outside an incorporated area, provide the following:

Location		Current Users		New Users		Total Users	
County	Township	Water	Sewer	Water	Sewer	Water	Sewer
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
				Total		_____	_____

7. Amount of land now owned: _____ acres Estimated value: \$ _____
 Amount of land to be acquired: _____ acres Estimated value: \$ _____

8. Certifications

We certify that, as an applicant for Federal assistance, we are in compliance with all Federal, State, and local requirements, including the following:

- a. Compliance with special laws and regulations.
- b. Compliance with State Pollution Control or Environmental Protection Agency standards.
- c. Consistency with other development plans of the area and State Strategic Plan.
- d. Compliance with the Civil Rights Act of 1964.
- e. Compliance with Title IX of the Education Amendments of 1972.
- f. Compliance with Section 504 of the Rehabilitation Act of 1973.
- g. Compliance with the Age Discrimination Act of 1975.
- h. Compliance with A-133 Audit requirements.

We certify that, if applicable, as a provider of electric services, we will not require users of a water or sewer system financed by Rural Development to accept electric service as a condition of receiving assistance.

We certify that, to the best of our knowledge and belief, we are unable to finance the proposed project from our own resources or through commercial credit at reasonable rates and terms.

We certify that, to the best of our knowledge and belief, no outstanding judgment has been obtained and recorded by the United States of America in a Federal Court (other than in the United States Tax Court) against our organization.

We certify that, to the best of our knowledge and belief, the above information submitted on this form is correct.

 Signature of Applicant Representative

Title: _____

Date: _____

Applicant and Project Name: _____

Project Contacts (attach additional sheets if necessary):

	Name	Organization Name/Address	E-mail	Office Phone	Cell Phone	Fax
Mayor/President/ Chair						
Clerk/Secretary						
Engineer						
Legal Representative						
Bond Counsel						
Auditor						
Financial Advisor						
Environmental Preparer						
CDBG Administrator						
Lender						
Other						

9. Please identify any contacts above or other key employees related to, or closely associated with, any employee of Rural Development:
