



**NORTH DAKOTA  
DEPARTMENT of HEALTH**  
Division of Municipal Facilities  
918 E Divide Ave, 3<sup>rd</sup> Floor  
Bismarck, ND 58501  
(701)328-5221

**QUESTIONNAIRE TO RANK PROJECTS FOR  
POTENTIAL FINANCIAL ASSISTANCE THROUGH THE  
DRINKING WATER STATE REVOLVING FUND  
(DWSRF) PROGRAM**

SFN 55458 (08/2017)

**System Information**

Public Water System (PWS) Name	PWS Number ND
Contact Person	Telephone Number
Address	City/State/Zip Code
Consulting Engineering Firm (if any)	Engineering Firm Contact Name/Email/Phone Number

**Project Information**

Project Description (attach additional information as needed, including available engineering reports):		
Anticipated Start Dates for Project:		
Planning:	Design:	Construction:

**FILL OUT QUESTIONNAIRE COMPLETELY AND PROVIDE SUPPORTING DOCUMENTATION WHERE REQUIRED. FAILURE TO DO SO MAY RESULT IN NO POINTS BEING AWARDED.**

## 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.**

1. Is one of the purposes of your project to correct ongoing and unresolved water quality problems that your system is experiencing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is one of the purposes of your project to correct ongoing and unresolved water quality problems experienced by other public water systems (PWSs) through consolidation with or regionalized service by your system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Is one of the purposes of your project to correct ongoing and unresolved water quality problems experienced by 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"/>

## 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.**

1. Is one of the purposes of your project to correct ongoing and unresolved water quantity problem that your system is experiencing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is one of the purposes of your project to correct ongoing and unresolved water quantity problems experienced by other PWSs through consolidation with or regionalized service by your system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Is one of the purposes of your project to correct ongoing and unresolved water quantity problems experienced by 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"/>

## 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. Correction of general disinfection treatment deficiencies (excludes improvements necessary to directly comply with the different Surface Water Treatment Rules and the Groundwater Rule).	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Correction of well construction deficiencies.	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Correction of distribution system pressure problems (dynamic pressure < 20 psi).	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Replacement of deteriorated water mains and/or service lines.	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Replacement of deteriorated finished water storage structures.	Yes <input type="checkbox"/> No <input type="checkbox"/>

F. Replacement of distribution system piping/materials and/or service lines shown via Department approved testing to contribute to unacceptable levels of lead or asbestos.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G. Water treatment plant (WTP) operating at or above design capacity. The following information must be attached: design capacity and projected capacity.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H. WTP operating at or beyond useful or design life. Information documenting the age and design life of the WTP must be attached.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I. Correction of specific design or operating deficiencies associated with water treatment plant unit processes (excludes disinfection treatment).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
J. Correction of specific design or operating deficiencies associated with surface water intake facilities.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
K. Correction of specific design or operating deficiencies associated with finished water storage facilities.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
L. Correction of specific design or operating deficiencies associated with raw or finished water pumping facilities.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
M. Correction of specific design or operating deficiencies associated with raw or finished water distribution system piping.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
N. Correction of specific design or operating deficiencies associated with chemical feed installations (excludes disinfection).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
O. For systems relying solely on their own groundwater supply, provision of a second well where only one functional well exists.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
P. Replacement of inoperative, obsolete, or inadequate instrumentation or controls.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Affordability and Project Financial Considerations

<b>ALL SYSTEMS</b>	
What is the estimated cost of your project (including planning, design, construction, and land costs)	\$
<b>MUNICIPAL SYSTEMS ONLY</b>	
1. What is the total population presently served by your system, including the population of bulk users served by master meter?	
2. Following project completion, what total population will your system serve, including the population of bulk users served by master meter?	
3. 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 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:
	Following project completion:

4. 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
5. 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.		

<p><b>OPERATOR SAFETY</b></p> <p>Is one of the purposes of your project to correct a critical and chronic safety hazard, an intermittent safety hazard, or a potential significant safety hazard for your water system operators? If yes, a detailed description of the safety hazards to be corrected must be attached.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>MISCELLANEOUS</b></p> <p>Is the primary purpose of your project to increase water availability for or to improve fire protection? If yes, a detailed description of these project features must be attached.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

### 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 the questionnaire to the DWSRF Program, 918 E Divide Ave, 3 <sup>rd</sup> Floor, Bismarck, ND 58501-1947. The DWSRF can be reached at 701.328-5211.	

## ATTACHMENT 1

### Pre-Project and Post-Project Service Area Characteristics 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. A tabular format is preferred for presentation of the information. A narrative format is acceptable as long as the information is condensed and not dispersed within a lengthy document requiring review. **Regional and rural water system projects cannot be ranked unless all of the requested information is provided.**

The following information must be provided **for each county** that presently receives water service and will receive service following project completion:

- Population served: provide a breakdown (by user type) of the **pre- and post-project** population served. Provide a separate listing of all bulk users and identify the population served by each. Consider systems served by master meter such as trailer courts, subdivisions, municipalities, and other regional rural water systems as bulk users.
- Service connections: provide a breakdown (by user type) of the **pre- and post-project** service connections. As part of the bulk user listing, identify the number of service connections within each bulk user system.
- Average annual charge for water service: provide a copy of the **pre- and post-project** water rate schedule. Identify the average annual charge for a typical single residential/individual user. As part of the bulk user listing, identify the average annual charge for each bulk user system. Base all average annual charges on a water usage of 5,000 gallons per month.