

State Fiscal Year 2026

Public Water System (PWS) Name _____

PWSID (CTXXXXXXX) _____

State of Connecticut – Department of Public Health Drinking Water State Revolving Fund (DWSRF) – Project Eligibility Application

Please note this is not an application for a loan.

Name/title of the project:		DWSRF Project #:
Full Legal Name of Loan Recipient (if different from PWS name)		Unique Entity ID (via SAM.gov) Federal Employer ID Number (FEIN)
Authorized PWS Representative		
Name:	Title:	
Mailing Address:		
Phone (w/ ext.):	Cell:	
Email:		
Project Contact Person (If different than the Authorized Representative)		
Name:	Title:	
Mailing Address:		
Phone (w/ ext.):	Cell:	
Email:		

WATER SYSTEM TYPE AND SERVICING

System Type: <input type="checkbox"/> Community PWS <input type="checkbox"/> Non-Profit Non-Community PWS <input type="checkbox"/> Other (explain) _____
Is this PWS a Not-for-Profit water company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach the completed form
Is this a municipality-owned PWS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the Municipal Plan of Conservation and Development current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total population served by water system: _____
Population to be served by the affected area of the proposed project (see instructions): _____
Total number of service connections supplied by the water system: _____
Number of service connections supplied by the affected area of the proposed project (see instructions): _____
Will this project provide water service to additional service connections not already being supplied by this PWS? <input type="checkbox"/> Yes (answer questions below) <input type="checkbox"/> No (move on to PURA question)
a) Will this project consolidate or interconnect an existing PWS? <input type="checkbox"/> Yes (complete Public Water System Consolidation Form) <input type="checkbox"/> No
b) Will this project serve homes with private wells that have water quality (approach/exceed MCL or Action Level) or quantity issues? <input type="checkbox"/> Yes (complete Private Well Consolidation Form) <input type="checkbox"/> No
c) Other situation not covered by a) or b): <input type="checkbox"/> Yes (please attach explanation) <input type="checkbox"/> No
Is the PWS regulated by the DEEP Public Utilities Regulatory Authority (PURA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please note that you may be required to submit the appropriate financial and Construction Work in Progress (CWIP) documentation prior to a funding award.

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PROJECT COSTS - AMOUNT OF DWSRF REQUEST

Estimated Total project cost:	\$		
Estimated Total amount requested from DWSRF:	\$		
Estimated amount from other sources:	\$		
Identify other funding sources:			
Basis of Estimate:			
Breakdown of DWSRF request: (check all that apply)	Anticipated Procurement Date (month & year)	Anticipated Contract Execution Date (month & year)	Estimated Amount from DWSRF
<input type="checkbox"/> Feasibility Study/Preliminary Engineering or Other Planning			\$
<input type="checkbox"/> Final Design			\$
<input type="checkbox"/> Construction			\$
Does this amount include: <input type="checkbox"/> Construction Oversight <input type="checkbox"/> Land Purchase or Easement			
If requesting DWSRF funding for multiple phases, do you want a separate loan(s) prior to construction phase? Yes No			
Have you retained an engineering firm or consultant for any work associated with this project? If yes, list services: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any contract or amendment executed without prior DPH approval is not eligible for DWSRF funding.			

PROJECT DESCRIPTION

Describe the project clearly, focusing on the scope of the proposed work to be funded and how it aligns with the ranking points requested (pages 6-9). Include the project's impact this project on the water system, and if possible, the approximate age of the current infrastructure to be impacted. (Attach a separate sheet if necessary):

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PROJECT LOCATION & ENVIRONMENTAL CONSIDERATIONS

Please identify the physical location or address of the project. **Attach a scaled map showing the project location, and other pertinent environmental information (i.e. Flood ways, 100 and 500 year flood areas, DEEP's Natural Diversity Database, etc.)** If available, please provide the GPS coordinates of the project location. For a water main, provide the start and end points.

Identify any known potential obstacles that could prevent or delay this project from moving forward, including environmental considerations or any coordination or agreement(s) with another public water system.

PROJECT BENEFITS AND AREA OF IMPACT

Attach a scaled map to show the water service area served by the PWS that will be directly impacted by the water system improvement proposed in this project application (i.e. service areas, street maps, etc.).

Attach a map showing the census tracts that the project area impacts using the US Census Bureau's American Community Survey 5-Year Estimate for the years 2015-2019. Include a separate list of the census tract identification numbers. [The Disadvantaged Community Index GIS mapping tool is available on the DWSRF website.](#)

These maps and information will be used by the DWSRF program to verify the project's qualification for the Disadvantaged Community Assistance Program (DCAP) as identified in the current DWSRF Annual Intended Use Plan.

Describe the public health and environmental benefits that would be achieved with this project. (attach a separate sheet if necessary).

ASSET AND FISCAL MANAGEMENT PLANS

Public Act No. 18-168 §61 requires Asset and Fiscal Management Plans for small community water systems. These plans must be in place by January 1, 2021. Refer to Circular Letter 2019-01 and the Capacity Development web-page for more information. These plans are recommended for all community water systems.

In order for a small water system to be eligible for federal subsidy with a DWSRF loan, the system must have an Asset Management Plan currently in place or agree to submit one to the DPH prior to entering into a loan agreement.

Does this public water system have an Asset Management Plan? ☐ Yes ☐ No Anticipated date: _____

Does this public water system have a Fiscal Management Plan? ☐ Yes ☐ No Anticipated date: _____

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PROJECT READINESS INFORMATION

Only those elements (planning, design, construction) of eligible projects that can result in executed contracts and DWSRF loan agreements within a state fiscal year funding cycle may receive funding. Elements of eligible projects that cannot result in executed contracts and DWSRF loan agreements will be eligible to receive funding in future funding cycles. **This section must be completed in order for the DPH to determine those elements of a project that can be funded during this funding cycle.**

PROJECT READINESS

Indicate type(s) of local funding authorization(s) (i.e. town council, referendum, local board, etc.) necessary for this project:

Provide a list showing any that have been obtained with the date, and those that still need to be obtained and the date those are expected to be obtained.

What phase(s) of the project do these local funding authorization(s) cover? (check all that apply)

☐ Planning ☐ Design ☐ Construction

Has a Preliminary Engineering Report, or equivalent project planning report, been prepared for this project?

☐ Yes Date report was completed: _____. (Submit report with this EA if not done prior)

☐ No Anticipated date the report will be completed: _____.

Is the final design of the project complete?

☐ Yes Date final design was completed: _____.

☐ No Anticipated date the design will be completed: _____.

Have bid specifications been prepared for this project?

☐ Yes (Submit DWSRF Pre-Bid Checklist with bid specifications if not previously submitted)

Anticipated date it will be ready for competitive bidding: _____.

☐ No Anticipated date bid specifications will be available: _____.

Have all sites, easements or rights-of-way necessary to assure undisturbed construction and operation and maintenance of the proposed project been acquired?

☐ Yes Submit a list of those sites, easements and rights-of-way.

☐ No Submit a list of those sites, easements, or rights-of-way that are necessary, their status, and when they are anticipated to be acquired.

☐ Not determined yet.

Has the project obtained **all** required local approvals to proceed (e.g. planning & zoning, inland wetlands, etc.)?

☐ Yes Submit a list of all necessary local approvals and/or permits for this project, the local issuing entity, and date at which the approval or permit was obtained.

☐ No Submit a list of all necessary local permits or approvals for this project, the local issuing entity, their status and when they are anticipated to be acquired.

☐ Not determined yet

Has the project obtained **all** State permits or approvals needed for this project (i.e. DEEP diversion permits, DOT permits, DPH change of use permits, etc.)? **** See note below ****

☐ Yes Submit a list of all necessary state agency approvals and/or permits for this project, the state issuing entity, and date at which the approval or permit was obtained.

☐ No Submit a list of all necessary state agency approvals and/or permits for this project, the state issuing entity and a status for each

☐ Not determined yet

What is the anticipated start date for construction of this project? _____.

Please ensure that time to obtain all authorization and approvals noted above, along with necessary DWSRF Program approvals, has been taken into consideration in determining this anticipated date.

NOTE: For purposes of answering the question regarding permits, state permits include permits issued by the DPH (i.e. Sale of Excess Water, Water Company Land, etc.); however, state approvals DO NOT include any approvals that are associated with the DPH DWSRF review process (technical project review & approval, pre-bid document review & approval, authorization to award contract).

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SIGNATORY SHEET

PLEASE SIGN AND DATE THE FOLLOWING STATEMENT:

As the duly authorized representative of the applicant, I understand that in evaluating this application, the State of Connecticut has relied upon the information provided to evaluate the enclosed project proposal. If such information subsequently proves to be incomplete, inaccurate, false and/or deceptive, this application may be modified, suspended or revoked.

Further, I understand that this application may also be suspended or revoked if it is found that any conditions(s) set forth by the State of Connecticut have been violated or if such an action is necessary to maintain the purity or adequacy of the water supply or public health.

I hereby agree to comply with all applicable requirements of other State and Federal laws, Executive Orders, regulations and policies governing this program and am fully aware that any modifications to the proposed project plan once it has been approved and priority ranked may significantly affect our eligibility ranking and/or opportunity to secure DWSRF financing.

I understand that this application (including any attachments thereto) and any other documents, records or information that I submit to the State of Connecticut in connection with the DWSRF program shall be public records, except as otherwise provided by any federal law or state statute. I further understand that third parties may have access to such public records as required under the Connecticut Freedom of Information Act, Connecticut General Statutes, Section 1-7 through Section 1-211, as amended.

I understand that entering into any contracts or agreements for this project without receiving prior written approval from the Department may prevent a particular service from being funded by the DWSRF.

I understand that this is not an application for a loan, but only to provide information to enable the Department of Public Health to evaluate the project for funding eligibility under the DWSRF program. Submittal of this application is necessary in order to be eligible for a loan.

Signature of Authorized Representative
of Public Water System (PWS)

Date

Print Name of Person Signing

Print Title of Person Signing

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PROJECT RANKING POINT SELECTION

Check all that apply. To qualify for points, the application must include appropriate documentation or justification and align with the project description on page 2. Refer to the Instructions for additional information of each item.

Check below **Category 1: Water Quality**

	Activity #	a. Immediate Action	Points	Exclusions¹
	1	Surface Water Treatment Rule Violation	50	None
	2	Microbiological MCL Violation (E. Coli)	50	1
	3	Nitrate MCL Violation	50	None
	4	Nitrite MCL Violation	50	None
	5	Lead Action Level Exceedance ²	50	None
	6	DPH Determination of Acute Health Risk for Other Contaminants	50	None
	7	Arsenic	40	None
	Activity #	b. Non-Acute MCL Violations	Points	Exclusions¹
	8	Radioactivity MCL Violations	30	None
	9	Inorganic Chemical MCL Violations	30	3-7
	10	Organic Chemical MCL Violations (excluding total trihalomethanes)	30	None
	11	Pesticides, Herbicides and PCBs MCL Violations	30	None
	12	Disinfection By-Product MCL Violations	30	None
	Activity #	c. Emerging Contaminants	Points	Exclusions¹
	13	PFAS Exceeding the EPA MCL	30	14
	14	PFAS at or Below the EPA MCL	20	13
	15	Other Emerging Contaminant on an EPA Contaminant Candidate List (CCL) Exceeding an Established Action Level	25	None
	16	Other Emerging Contaminant on an EPA Contaminant Candidate List (CCL) at or Below an Established Action Level	15	None
	17	Other Emerging Contaminant on an EPA Contaminant Candidate List (CCL) which does not have as Established Action Level	10	None
	Activity #	d. Other Contaminants of Health Concern	Points	Exclusions¹
	18	DPH Action Level Exceedance (excluding lead and copper)	25	5, 13-17, 20
	19	Contaminant Exceeds 50% of MCL	20	1-12
	20	Copper Action Level Exceedance	20	5, 13-18
	Activity #	e. Physical	Points	Exclusions¹
	21	Turbidity Limit Exceedance	10	1
	22	Odor Limit Exceedance	10	None
	23	Color Limit Exceedance	10	None
	24	pH Outside Range of 6.4 - 10	10	None
	25	EPA Secondary MCL Exceedance	10	9,13-19,22-24

^[1] Exclusion column indicates activity #'s that would be ineligible for additional points if the activities associated with those points are the same. Where 2 or more activities conflict the higher point activity shall be assigned to the project. These potential exclusions are typically displayed with the lower point value activity.

^[2] Eligible schools and child care facilities with lead levels at or above 75% of the lead action level would qualify for this activity.

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Check below **Category 1: Water Quality (continued)**

	Activity #	e. Private Wells (complete Private/Non-Public Well Consolidation Form)	Points	Exclusions¹
	26	Water Main Extension to Serve Private Wells with MCL Violations	30	1-25, 27-29
	27	Water Main Extension to Serve Private Wells with Action Level Exceedances	25	1-26, 28-29
	28	Creation of New PWS to Serve Private Wells with MCL Violations	30	1-27, 29
	29	Creation of New PWS to Serve Private Wells with Action Level Exceedances	25	1-28

Category 2: Water Supply /Conservation

	Activity #	a. Source Water Deficits (Maximum 40 pts from this subcategory)	Points	Exclusions¹
	30	New Groundwater Well Development	40	None
	31	Rehabilitation of Existing Groundwater Wells	40	None
	32	Interconnection to Purchase Water from Another Community PWS	40	None
	Activity #	b. System Capacity Deficits	Points	Exclusions¹
	33	System Capacity Deficit	20	None
	Activity #	c. Source Development (Maximum 10 pts from this subcategory)	Points	Exclusions¹
	34	New Groundwater Well Development	10	30
	35	Rehabilitation of Existing Groundwater Wells	10	31
	Activity #	d. Conservation/Water Loss Reduction	Points	Exclusions¹
	36	Installation of Source Water Meters (previously unmetered) ³	25	30-32, 34-35
	37	Installation of Distribution Meters (previously unmetered) ³	25	None
	38	Replacement of Source or Distribution Meters ³	15	None
	39	Incorporation of Advance Metering Infrastructure (AMI) technology (real-time metering) ³	10	None
	40	Water Transmission Main Rehabilitation or Replacement	15	None
	41	Water Distribution Main Rehabilitation or Replacement	10	None
	42	Project Will Significantly Reduce Water Loss (i.e. Unaccounted-for or Non-Revenue Losses)	10	36-39
	Activity #	e. Water Main Extension to Replace Private Wells with Inadequate Supply	Points	Exclusions¹
	43	Water Main Extension (complete Private/Non-Public Well Consolidation Form)	30	1-25, 28-29

^[3] The primary purpose of the project must be for the installation or replacement of meters to qualify for these points.

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Check below **Category 3: Infrastructure Violations/Deficiencies/Safety Hazards/Failures**

	Activity #	Elements	Points	Exclusions¹
	44	Infrastructure Violation/Deficiency/Safety Hazard/Failure (Source to Curb Stop)	10	36
	45	Hydropneumatic Storage Tank Replacement/Elimination	50	None

Category 4: Consolidation (Maximum 20 pts from Activities 47 and 48 combined)

	Activity #	Elements (complete a separate Public Water System Consolidation Form for each PWS proposed)	Points	Exclusions¹
	46	Consolidation of a Community PWS	15 each	None
	47	Consolidation of a Non-Transient Non-Community PWS	10 each	None
	48	Consolidation of a Transient Non-Community PWS	5 each	None

Category 5: Resiliency/Security

	Activity #	a. Resiliency	Points	Exclusions¹
	49	Regional Interconnection with Another Community PWS	15	32
	50	Relocation of Critical Facilities ⁴	10	None
	51	Redundancy of Critical Facilities ⁴	10	None
	Activity #	b. Planning (Maximum 50 pts from this subcategory) ⁵	Points	Exclusions¹
	52	Climate Change/Drought Planning	50	1-51, 53-75
	53	Asset Management Planning	50	1-52, 54-75
	54	Cybersecurity Assessment/Planning	50	1-53, 55-75
	Activity #	c. Security ⁶	Points	Exclusions¹
	55	Security Fencing, Alarms, Surveillance Systems or Other Security Measures	5	52-54, 75
	56	Project includes a cybersecurity improvement based on a cyber assessment	10	52-54, 75
	Activity #	d. Emergency Power Provisions for Existing Critical Facilities	Points	Exclusions¹
	57	New (does not currently exist) ⁷	50	1-55, 58-75
	58	Replacement or Upgrades ⁷	20	1-55, 59-75
	59	Included as Part of a Larger Project	5	None

^[4] Project must be supported by a formal resiliency or climate change plan to qualify for these points.

^[5] Points are only awarded for the creation of an initial plan.

^[6] Security points may awarded to projects with existing security provisions or for the installation of new security provisions.

^[7] Project must be only an emergency power project to qualify for these points.

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Check below **Category 6: Other Capital Improvements**

	Activity #	Elements	Points	Exclusions¹
	60	Treatment Facilities	10	None
	61	Pumping Facilities	5	None
	62	Storage Facilities	5	45
	63	Transmission or Distribution System	5	40-41
	64	Facility Automation (SCADA)	5	None
	65	Internal Building Piping Replacement (as part of Lead or Copper remediation) (only for those PWS which owns all internal plumbing, e.g. school which is also a PWS)	10	None
	66	Other Eligible Capital Improvements	5	All except: 44, 50, 51, 55, 59, 67, 72-74, 76-78
	67	Project is a result of AWOP (Area-Wide Optimization Program)	10	None

Category 7: Lead Service Line Inventory & Replacement

	Activity #	Elements	Points	Exclusions¹
	68	Lead Service Line Inventory (planning)	50	1-4, 6-67, 69-75
	69	Lead Service Line Replacement (Design/Construction)	50	1-4, 6-68, 70-75
	70	Lead gooseneck, pigtails, connectors only (removal/replacement)	40	1-4, 6-69, 71-75

Category 8: Sustainability/Statewide Planning Recognition

	Activity #	Elements	Points	Exclusions¹
	71	Acquisition/Transfer of a Community PWS (complete the Public Water System Consolidation Form)	10	None
	72	Project is supported by an on-going Asset Management Program	10	73
	73	Project is supported in a PWS's Water Supply Plan pursuant to RCSA Section 25-32d-3	5	72
	74	Project Identified in a Statewide or Regional Water Planning Document under DPH oversight	10	None

Category 9: Individual Planning Projects

	Activity #	Elements	Points	Exclusions¹
	75	Broad-Based Drinking Water Infrastructure Planning	50	1-74

Category 10: Affordability

	Activity #	Elements	Points	Exclusions¹
	76	Greater than 50% of the Project Benefits Directed to Census Tracts within a Distressed Municipality	10	77, 78
	77	Median Disadvantaged Community Index > 0.5000	10	76, 78
	78	Meets both affordability conditions (76 and 77)	15	76, 77

Appendices

Appendix A. FEMA 100-Year and 500-Year Flood Plain Map of Ledyard, CT

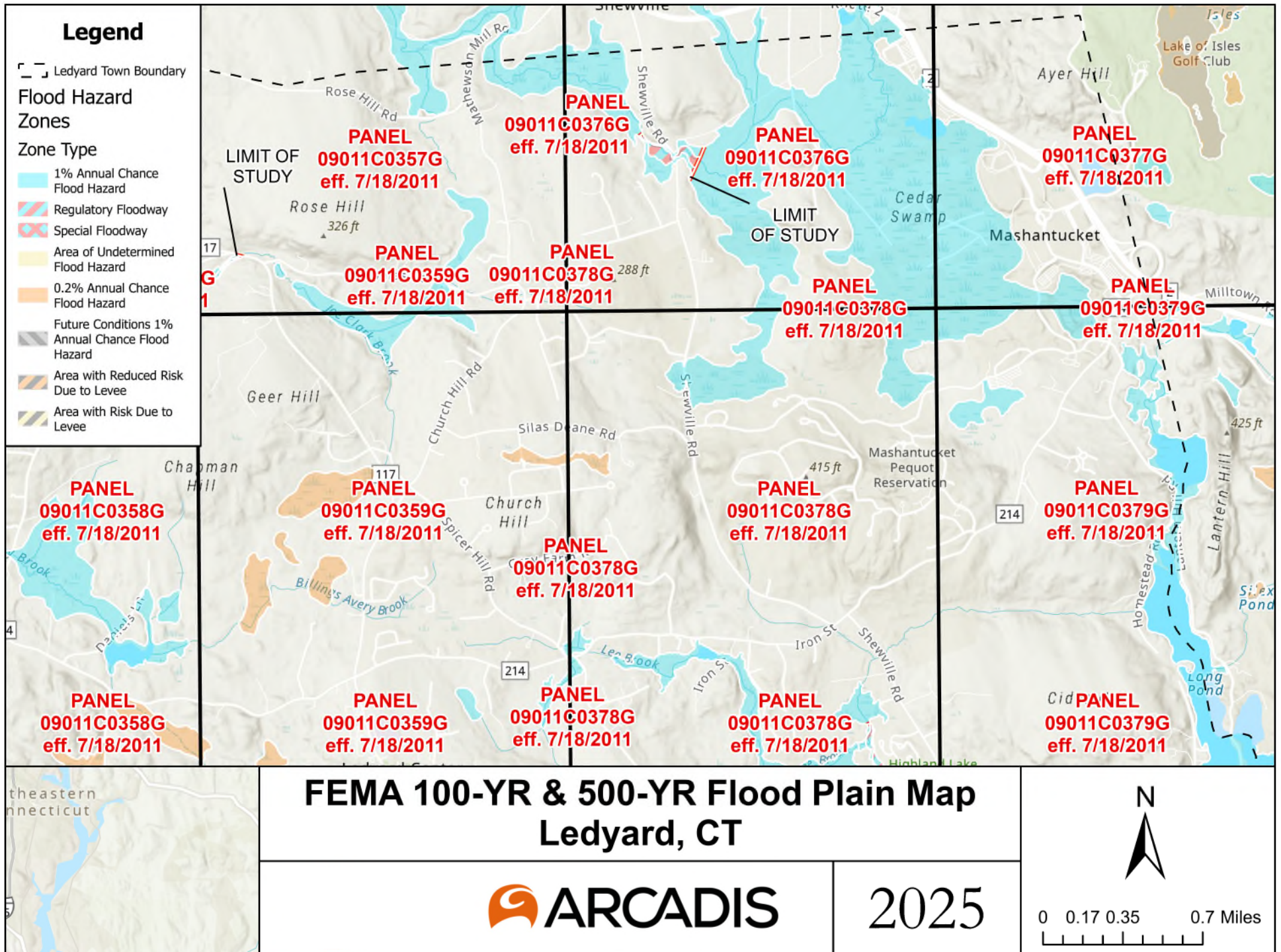
Appendix B. DEEP Natural Diversity Data Base Area Map of Ledyard, CT

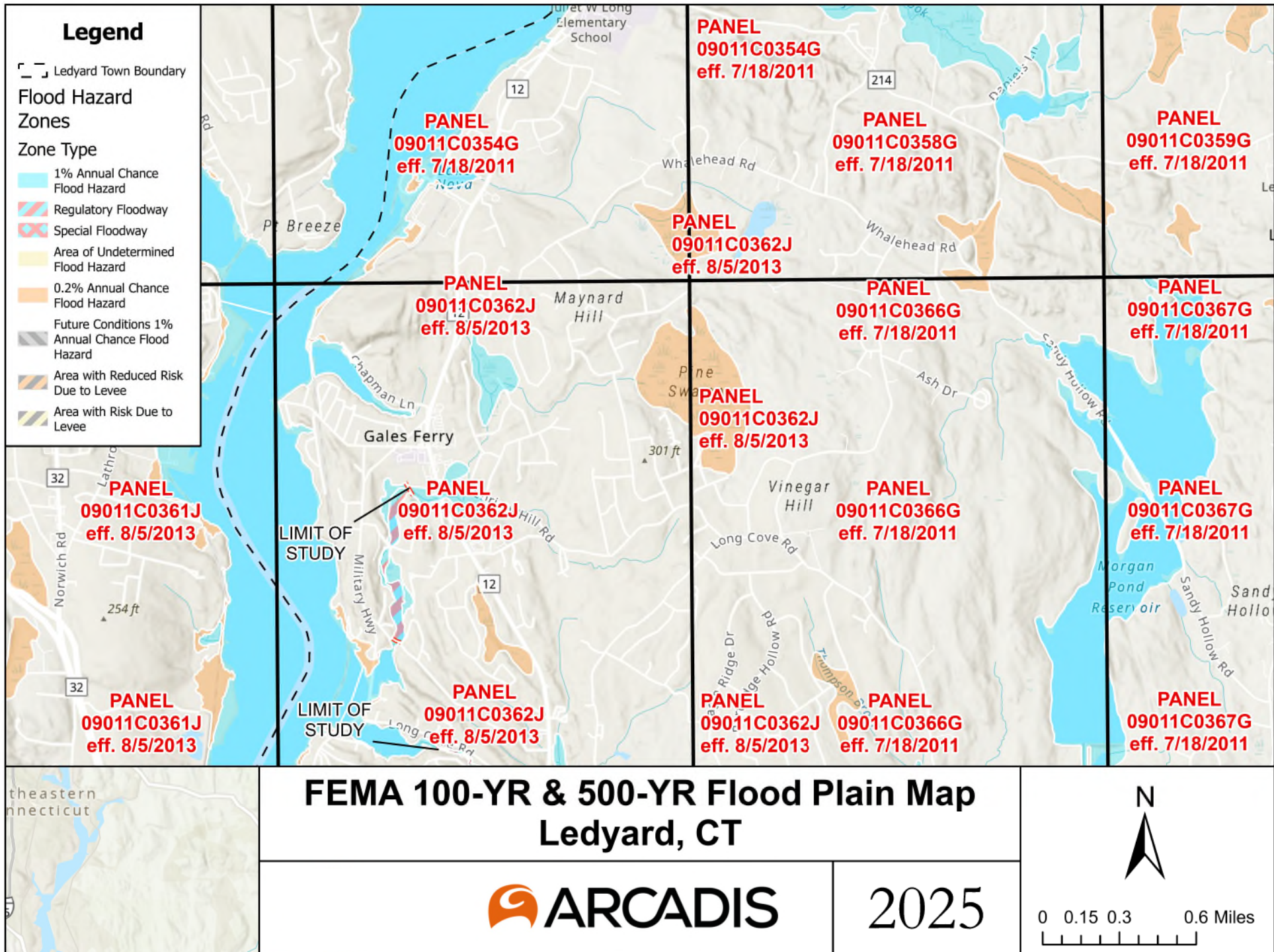
Appendix C. Ledyard, CT Project Map

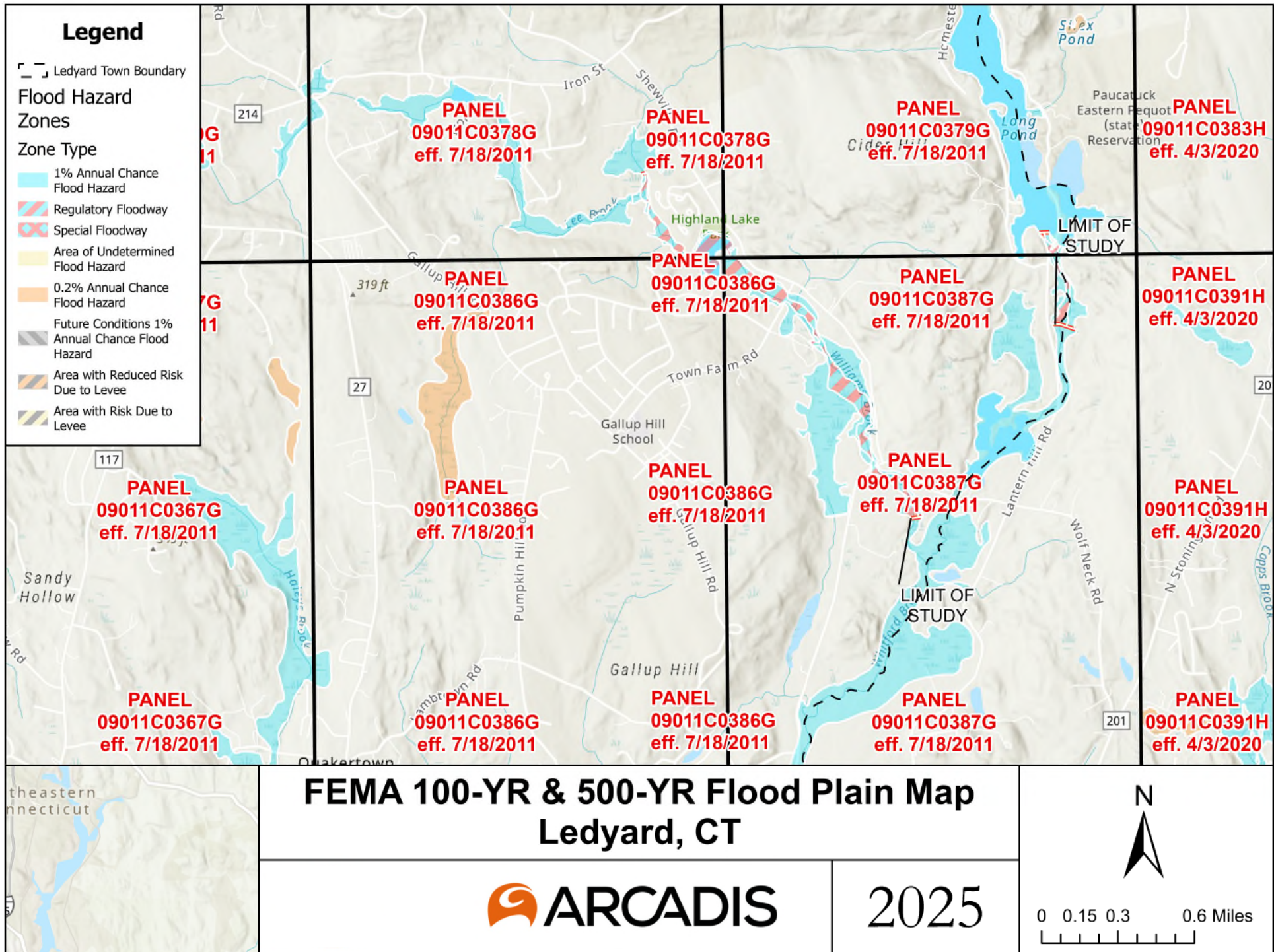
Appendix D. Disadvantaged Community Index Census Tract Map

Appendix A

FEMA 100-Year and 500-Year Flood Plain Map of Ledyard, CT







Appendix B

DEEP Natural Diversity Data Base Area Map of Ledyard, CT




Natural Diversity Database Area Map of Ledyard, CT

•Natural Diversity Data Base

•Areas

•LEDYARD, CT

•December 2024

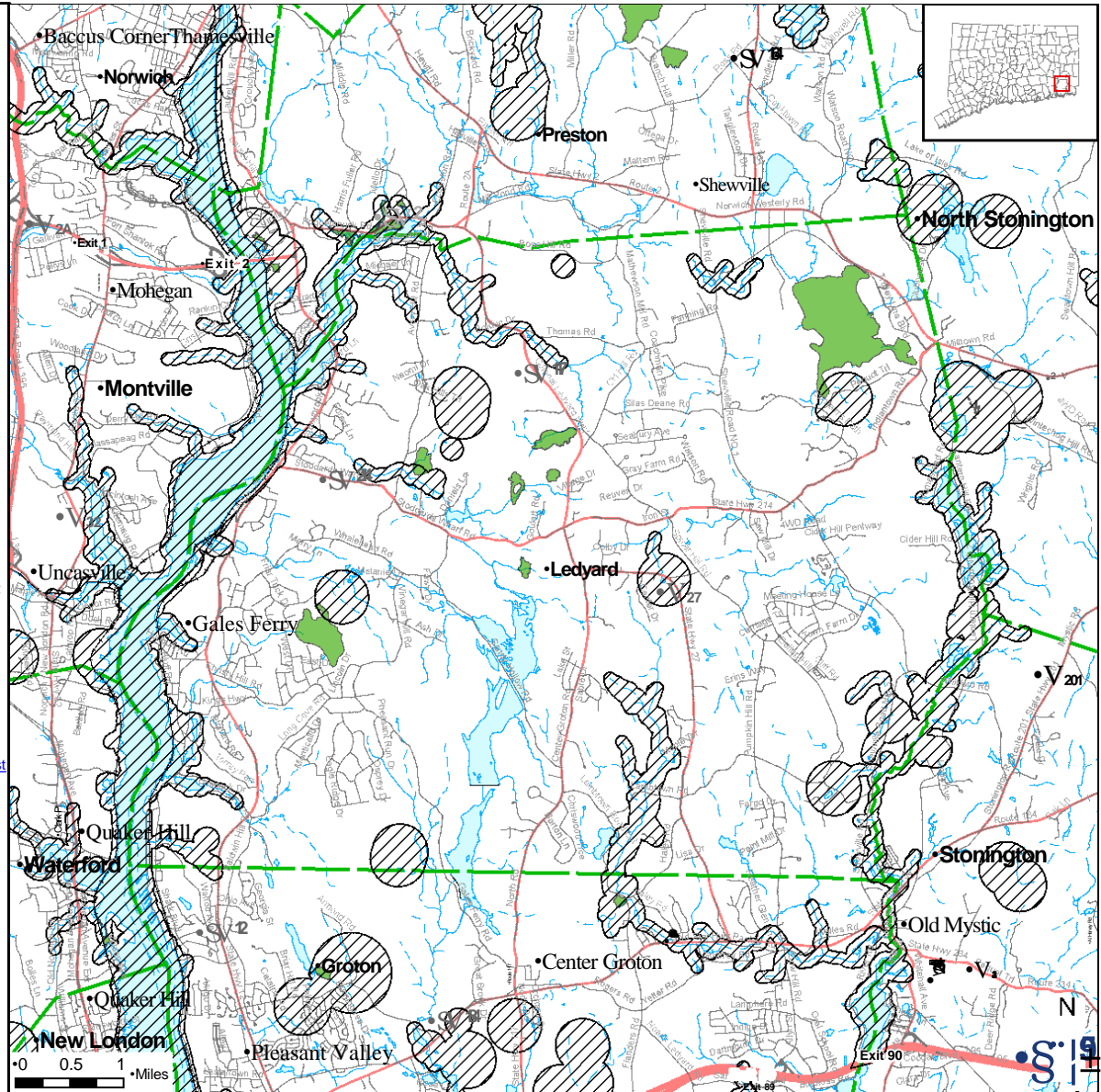
-  •State and Federal Listed Species
-  •Critical Habitat
-  •Town Boundary

•NOTE: This map shows known locations of State and Federal Listed Species and Critical Habitats. Information on listed species is collected and compiled by the Natural Diversity Data Base (NDDDB) from a variety of data sources. Exact locations of species have been buffered to produce the generalized locations.

•This map is intended for use as a preliminary screening tool for conducting a Natural Diversity Data Base Review Request. To use the map, locate the project boundaries and any additional affected areas. If the project is within a hatched area there may be a potential conflict with a listed species. For more information, use DEEP ezFile <https://filings.deep.ct.gov/DEEPPortal/> to submit a Request for Natural Diversity Data Base State Listed Species Review or Site Assessment. More detailed instructions are provided along with the request form on our website. <https://portal.ct.gov/deep-nddbrequest>

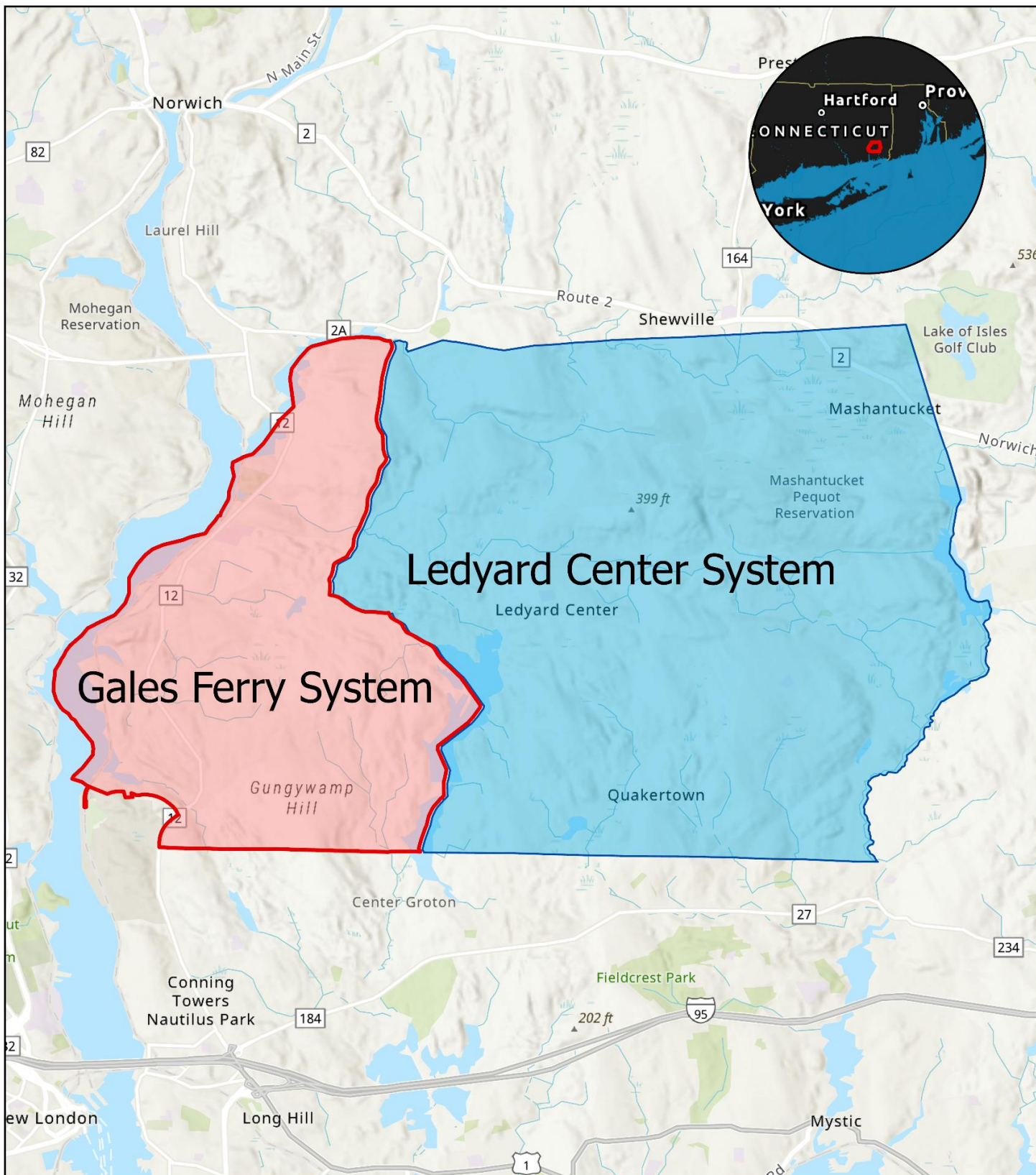
•Use the CTECO Interactive Map Viewers at <http://cteco.uconn.edu> to more precisely search for and locate a site and to view aerial imagery with NDDB Areas.

•QUESTIONS: Department of Energy and Environmental Protection (DEEP)
•79 Elm St, Hartford, CT 06106
•email: deep.nddbrequest@ct.gov
•Phone: (860) 424-3011



Appendix C

Ledyard, CT Project Map

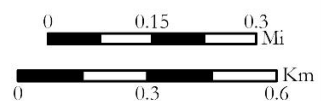


Ledyard Center & Gales Ferry System Project Area Map

Esri, TomTom, Garmin, FAO, NOAA, USGS, EPA, USFWS, Esri Community Maps Contributors, Esri, TomTom, Garmin, Foursquare, GeoTechnologies, Inc, METI/NASA, USGS, Esri, NASA, NGA, USGS, FEMA, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, USDA, USFWS

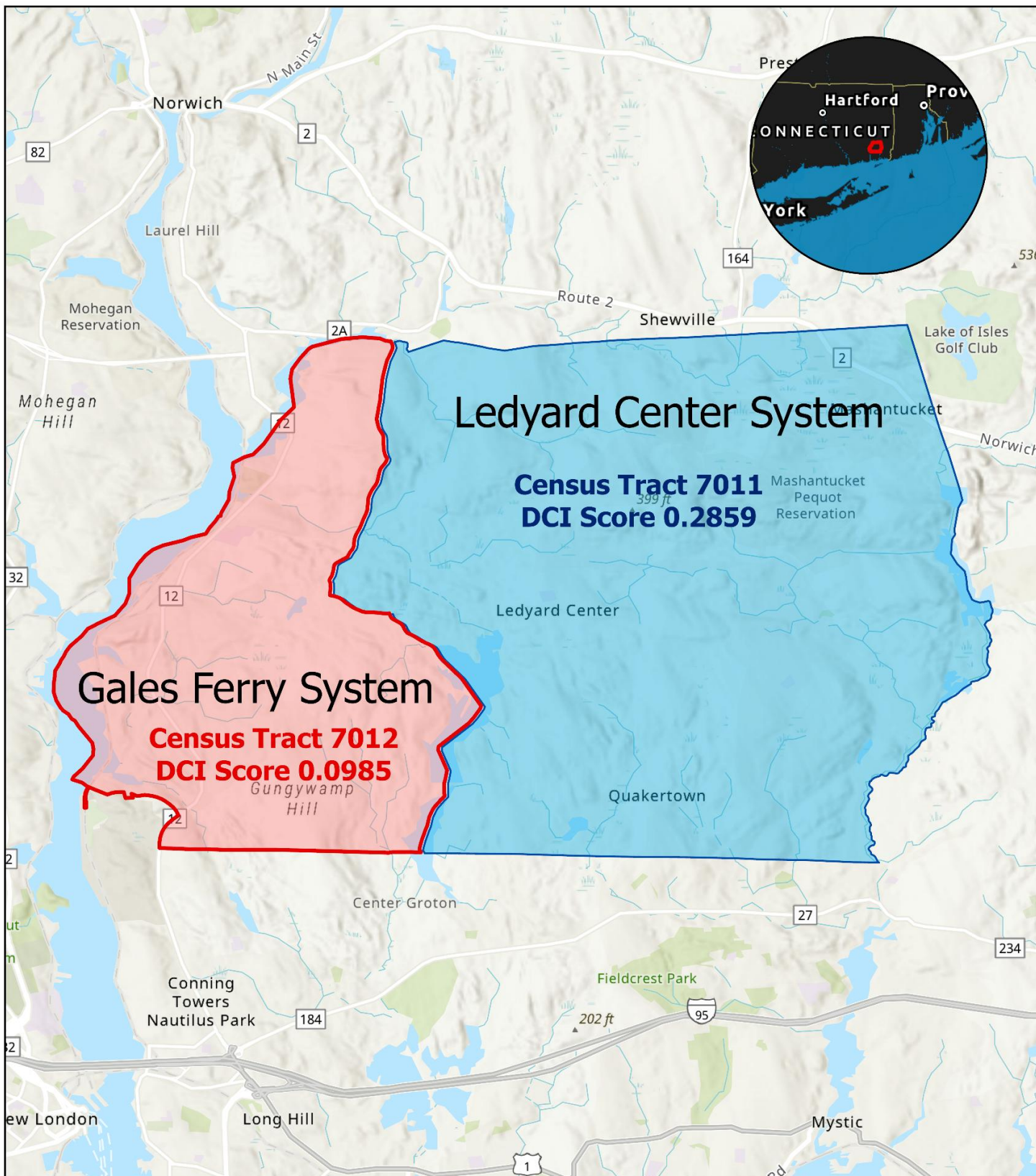
2025

Coordinate System: WGS 1984 Web Mercator Auxiliary Sphere



Appendix D

Disadvantaged Community Index Census Tract Map



Ledyard Center & Gales Ferry System Project Area Map

Esri, TomTom, Garmin, FAO, NOAA, USGS, EPA, USFWS, Esri Community Maps Contributors, Esri, TomTom, Garmin, Poursquare, GeoTechnologies, Inc, METI/NASA, USGS, Esri, NASA, NGA, USGS, FEMA, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, USDA, USFWS

2025

Coordinate System: WGS 1984 Web Mercator Auxiliary Sphere

