

STATE OF DELAWARE

DRINKING WATER STATE REVOLVING FUND

SOURCE WATER PROTECTION FUND

APPLICATION

Type of Loan Applying for (check one): Land Acquisition Conservation Easement

Section I – Applicant Information (please print or type)

Applicant's Name and Address:

Phone # _____ Fax # _____

Primary Contact Person (Authorized Official):

Name: _____

Address: _____

Phone # _____ Fax # _____

Project Contact:

Name: _____ Phone # _____

Name and Location of Public Water System (site):

Type of Public Water System (check one):

- Public-owned community Investor-owned community
- Privately-owned community Nonprofit noncommunity
- Other : please explain: _____

Section II - System Information

Source Type (check one):

- Surface Water
- Ground Water, Unconfined Aquifer
- Ground Water, Confined Aquifer
- Ground Water, Mixed Sources
- Ground Water, Under Direct Influence of Surface Water

Site Size (Ratio of acreage to Source Water Protection Area Acreage):

- _____ Greater than 50%
- _____ 30% to 49%
- _____ 20% to 29%
- _____ 10% to 19%
- _____ 5% to 9%
- _____ Less than 5%

Site Information

Name of current owner: _____

Tax Parcel Number: _____

Is the property located in the 100-year floodplain? Y N

Percentage of Impermeable Surface on the property: % _____

Approximate distance(s) and direction(s) to nearest stream(s):

Briefly explain how the land acquisition/easement will directly promote public health protection and/or compliance with national drinking water regulations.

Section III - Funding Information

Appraised Value of Site: \$ _____
Name of person who performed the appraisal: _____
Date of the submitted appraisal: _____

DWSRF Loan Assistance Required:
Site Acquisition Cost, only _____
Site Acquisition Cost and Closing Costs _____

Type of Security Applicant anticipates providing to secure the Loan:
Pledge of Revenue of the Water System _____
Pledge of Revenue of Water & Sewer System _____
General Obligation Bond _____
Senior Debt Obligation _____
Mortgage/Lien on the serviced property _____
Other (Describe Below): _____

Service area connections:
Metered connections: _____
Unmetered connections: _____
Total connections: _____

Current User Rates	(Monthly):	Last Adjustment (Year)	Previous Rate
Metered connections:	_____	_____	_____
Service connections:	_____	_____	_____

Submit the rate schedule, if applicable

Describe Rate setting procedures for the system:

Service Area Population: _____
Median Household Income of Service Area: _____
Data Source and date of MHI: _____

Applicant's Certification:

I certify the information that is contained in this application and on any attachments to this application is true and correct to the best of my knowledge. I certify that I am legally authorized to sign, date and submit this information on behalf of the applicant. The undersigned also agrees to clarify or supplement information pertaining to this application upon request.

Name and Title: _____
Address: _____
Signature: _____ Date: _____