

**NEVADA COMBINED DRINKING WATER & CLEAN WATER STATE  
REVOLVING FUND LOAN  
PRIORITY LIST PRE-APPLICATION**

For DWSRF Regulations See (NAC 445A.6751 through 445.67644, inclusive) for further information.  
For CWSRF Regulations See (NAC 445A.67644 through 445A.805) for further information.  
Note: Use this form for Drinking water OR Clean Water projects. USE A SEPERATE FORM FOR EACH PROJECT you want to have placed on the Project Priority List. Check the appropriate box to indicate the type of project you are submitting for consideration. Except where indicated ALL questions apply to both Clean Water and Drinking Water programs.

1. Project Name:

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2. Project is for      CWSRF      DWSRF

3. County in Which Project is Located:

4. Applicant Organization:

5. Contact Person:

6. Company Name of Contact Person,  
if Different than #4 Above:

7. Address:

8. Phone #:

9. Fax #:

10. Project Description (*Provide as much information as necessary to completely describe the project and how it will address specific public health concerns or problems. Supplementary information may be attached on 8½" x 11" paper and labeled "Project description continued".*)

11. For DWSRF Projects ONLY:

a. Facilities (Check Appropriate Boxes)

	Repair	Rehab	Upgrade	Replace	Expand
Well or Spring Box					
Surface water production					
Storage					
Transmission					
Distribution					
Treatment (including disinfection)					

b. Is project needed for compliance?  Yes  No

If yes, describe compliance issue: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\* Attach a Map (8½" x 11" only) of the Service Area and the Location of the Project, if available.\*\*\*\*

12. Population to be served: by project \_\_\_\_\_ by entire system \_\_\_\_\_

13. Number of service connections: by project \_\_\_\_\_ by entire system \_\_\_\_\_

14. Median Household Income (MHI) for project area. \_\_\_\_\_ Source \_\_\_\_\_

15. For CWSRF Projects ONLY:

a. Existing wastewater flows: for project: \_\_\_\_\_ MGD

for entire system: \_\_\_\_\_ MGD

b. Design flow (average daily flow – max. month): \_\_\_\_\_ MGD

16. Estimated date to start project:

Step I (Facility Plan CWSRF only) \_\_\_\_\_

Step II (Design) \_\_\_\_\_

Step III (Construction) \_\_\_\_\_

17. Estimated Project Costs (prepared by a professional engineer):

Eligible Cost Category	Amount
a. Pre-Construction (includes planning and design)	_____
b. Construction (includes equipment, materials, and land)	_____
c. Administrative, Legal, and Financial	_____
<b>Total</b>	_____

Estimate Prepared by \_\_\_\_\_

18. Estimated loan amount required \_\_\_\_\_

19. Funding other than SRF: Source \_\_\_\_\_ Amt. \_\_\_\_\_

20. Describe the source of funding that you expect will repay the loan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Estimated date funding required: \_\_\_\_\_

22. (Optional) You may provide any additional information you think necessary to establish the priority rank for the project. Attach an 8 ½ x 11 sheet and label it "Additional Information".

*I certify that the information contained in this application is, to the best of my knowledge, true, accurate, and correct.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name and title: \_\_\_\_\_

Return to:

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