|  |  |
| --- | --- |
| **Name of Entity:** |  |

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| --- | --- |
| If this project **HAS NOT** received a funding commitment, provide the associated Project Information Form number(s) (PIF #) for this update. |  |
| If the project **HAS** received a funding commitment, provide the associated five-digit Project number for this update. |  |

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| **Section 5. RATING CRITERIA FOR POTW PROJECTS** | | | |
| * **Publicly Owned Treatment Works Projects: Fill out Section 5.** * **Nonpoint Source Pollution Control Projects: Proceed to Section 6.** * **Estuary Management Projects: Proceed to Section 7.** | | | |
| **A.** | **Enforcement Action**  Is the work required by a schedule that is imposed by court order, Environmental Protection Agency (EPA) administrative order, Texas Commission on Environmental Quality (TCEQ) Notice of Enforcement or Agreed Order, or participation in the TCEQ’s SSO Initiative?  If **“Yes,”** attach a copy of the order or SSO plan. | **Yes** | **No** |
|  |  |
| **B.** | **Unserved Area** | **Yes** | **No** |
| 1. Does the project involve extending service (centralized or alternative system) to populated areas of an existing developed community that are not served by a centralized collection system? |  |  |
| 1. Has a public health official found that a nuisance dangerous to public health and safety exists resulting from water supply and sanitation problems in the area to be served by the project?   If **“Yes,”** attach a letter from a Designated Agent licensed by the TCEQ or a registered sanitarian from the Texas Department of State Health Services that documents the nuisance. |  |  |
|  | If the proposed project is providing service to areas currently using on-site sewage facilities (OSSF), please provide the number of on-site systems to be removed from service. |  | |
| **C.** | **Watershed Protection Plan**  Is a water body impacted by the proposed project listed in a Watershed Protection Plan that is under development or has been accepted by the TCEQ or Texas State Soil and Water Conservation Board (TSSWCB)? If **“Yes,”** attach the cover page, table of contents, and highlighted page(s) from the plan that clearly identify(ies) the water body and how the project will implement an element of the plan. | **Yes** | **No** |
|  |  |
| **D.** | **Innovative and Alternative** | **Yes** | **No** |
| 1. Will the project include innovative or alternative collection or treatment technology, as defined below?  * **Alternative Technology**   Proven wastewater management techniques that provide for the reclaiming and reuse of water, productively recycle wastewater constituents, or recover energy. Specifically, alternative technology includes land application of effluent and sludge, aquifer recharge, aquaculture, direct reuse, horticulture, revegetation of disturbed land, containment ponds, sludge composting and drying prior to land application, self-sustaining incineration, methane recovery, individual and onsite systems, and small diameter pressure and vacuum sewers and small diameter gravity sewers carrying partially or fully treated wastewater.   * **Innovative Technology**   Nonconventional methods of treatment, such as rock reed, root zone, ponding, irrigation, or other technologies, which represent a significant advance in the state of the art. |  |  |

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| **Section 5. RATING CRITERIA FOR POTW PROJECTS (Continued)** | | | |
|  | 1. For stormwater projects required under an NPDES permit, will the proposed project treat or minimize urban stormwater pollution discharges using any of the following innovative approaches: decentralized or distributed stormwater controls; low impact development technologies and nonstructural approaches; stream buffers; wetland restoration and enhancement; actions to minimize the quantity of and direct connections to impervious surfaces; or soil, vegetation, or other permeable materials?   **Note:** Stormwater projects that are not specifically part of a NPDES permit may be considered NPS projects. |  |  |
| **E.** | **More Stringent Effluent Limits** | **Yes** | **No** |
| Does the project involve more stringent permit limitations? This can include conversion to a no-discharge or partial reuse facility to avoid a higher level of treatment. **If “Yes,” attach a copy of the new discharge permit or a letter from the TCEQ stating the new limits.** |  |  |
| **F.** | **Regional Projects** | **Yes** | **No** |
| 1. Does the project result in removing one or more existing WWTPs from service, thereby reducing the number of plant outfalls? |  |  |
| 1. Is the project a trunk sewer that will convey wastewater from a plant that will be removed from service to an existing treatment plant? |  |  |
| 1. Is the project a trunk sewer to an existing or developing area that will convey wastewater to an existing WWTP, thereby avoiding the construction of a separate treatment facility? |  |  |
| 1. Will the project expand an existing regional facility to receive flow from another community rather than create or continue use of a separate wastewater treatment facility? |  |  |
| If **“Yes”** to any of the above questions, attach a map showing the existing service area along with the proposed expanded or altered service areas resulting from this project. | | |
| **G.** | **Demand Reduction**  Will a majority of the funds being requested for the project be used to implement measures to reduce the demand for publicly-owned treatment works capacity through water conservation, efficiency, or reuse? If yes, please explain below. | **Yes** | **No** |
|  |  |
|  | | | |
| **H.** | **Planning Assistance (for qualified non-profit entities only holding a Federal tax-exempt status)**  Will a majority of the funds being requested from the CWSRF be used to assist owners and operators of small and medium publicly-owned treatment works to either (a) plan, develop, and obtain financing for eligible CWSRF projects, including planning, design, and associated pre-construction activities; or (b) assist such treatment works in achieving compliance with the Federal Water Pollution Control Act? If yes, please explain below. | **Yes** | **No** |
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| **Section 5. RATING CRITERIA FOR POTW PROJECT (Continued)** | | | | | | | | |
| **I.** | **Wastewater Treatment Plant Parameters** | | | | | | **Yes** | **No** |
| 1. Does the project result in abandoning or relieving a WWTP and diverting flow to another facility? If **“Yes,”** complete Questions I.2 and I.3. If **“No,”** complete only Question I.2. | | | | | |  |  |
| 1. Provide the following data for the facility to be abandoned or relieved of flow, or the plant serving the project. | | | | | | | |
| **WWTP Name** |  | | | **TCEQ Permit #** |  | | |
| **NPDES #** |  | | |
| **No-Discharge Facility?** | **Yes** | | **No** | **If “No,” identify the Discharge Segment** |  | | |
|  | |  |
|  | **Current Permit Limits** | | | **Proposed Permit Limits** | | | |
| **Average Daily Flow** |  | | |  | | | |
| **Peak 2-Hour Flow** |  | | |  | | | |
| **CBOD/BOD** |  | | |  | | | |
| **TSS** |  | | |  | | | |
| **Chlorination** |  | | |  | | | |
| **Nitrogen** |  | | |  | | | |
| **Phosphorus** |  | | |  | | | |
| **DO** |  | | |  | | | |
| **Dechlorination** |  | | |  | | | |
| **Status of Permit Application** |  | | |  | | | |
| 1. If “Yes” to Question I.1 above, provide the following data for the facility to receive diverted flow. | | | | | | | |
| **WWTP Name** |  | | | **TCEQ Permit #** |  | | |
| **NPDES #** |  | | |
| **No-Discharge Facility?** | **Yes** | | **No** | **If “No,” identify the Discharge Segment** | **No-Discharge Facility?** | | |
|  | |  |
|  | | **Current Permit Limits** | | **Proposed Permit Limits** | | | |
| **Average Daily Flow** | |  | |  | | | |
| **Peak 2-Hour Flow** | |  | |  | | | |
| **CBOD/BOD** | |  | |  | | | |
| **TSS** | |  | |  | | | |
| **Chlorination** | |  | |  | | | |
| **Nitrogen** | |  | |  | | | |
| **Phosphorus** | |  | |  | | | |
| **DO** | |  | |  | | | |
| **Dechlorination** | |  | |  | | | |
| **Status of Permit Application** | |  | |  | | | |
| Proceed to Section 8. | | | | | | | | |