

031707 CL



APPLICATION FORM

Wastewater State Revolving Fund

Loan Program (WWSRF)

Return completed form and an additional copy to:
WWSRF Administrator
100 North Senate Avenue, Rm. 1275
Indianapolis, IN 46204
www.srf.in.gov

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INDIANA FINANCE AUTHORITY
ENVIRONMENTAL PROGRAMS

Section I. APPLICANT INFORMATION

- A. Applicant name (political subdivision): Brown County Regional Sewer District
- B. Name of Project: Bean Blossom, Woodland Lake, Little Fox Lake and Freeman Ridge Wastewater Facility
- C. Type of Applicant (circle one): City, Town, County, Conservancy District, Regional Sewer District, Other.
- D. Location of the Proposed Project: City / Town: _____ County (ies): Brown
(If project lies in multiple towns/cities, please specify percentage of project being constructed in each town or city; should equal 100%)
- E. Civil Township(s): Jackson & Hamblen USGS Quadrangle Map Name (s) Bean Blossom & Morgantown, Township (s) T.10N., Range (s) R.3.E., Section(s): 25,30,31 & 36 (Jackson); 28,29 & 32(Hamblen)
- Fa. State Representative District: 65 Fb. State Senate District: 44 Fc. Congressional District: 9
- G. Indicate the Watershed in which the Project is located: Lower East Fork White (see Appendix A, B)
- Ha. Service Area Population¹: 568 Hb. Population Trend²: Stagnant
- I. Median Household Income for Service Area³: 56,323 (County) J. Unemployment Data⁴: 3.0 %
- K. Equivalent Dwelling Units (EDU): (current) 0 (proposed) 275
- L. Number of Connections: (current) 0 (post project) 213
- M. Current User Rate/4,000 gallons: 0 Estimated Post User Rate/4,000 gallons: \$75/mo.
- N. Wastewater Treatment Provider: Current _____ Proposed: Brown County RSD
- O. Treatment Facility Name: _____ Address: _____
- P. Outfall GPS location: Latitude: 39°-15', 48" longitude: 86°-14'-22"
- Q. If community does not or will not have a treatment plant is there an inter-local agreement in place? Yes _____ No _____
- R. Applicant's Data Universal Numbering System (DUNS) number⁵: 805570210
- Sa. Were Architectural and Engineering (A&E) services procured prior to 10/1/14? Yes X No _____
- Sb. If A&E services were procured after 10/1/14, was procurement done pursuant to 40 USC Chapter 11? Yes _____ No _____

1 Census data is available at http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml (Enter community and State)
 2 Population Trend: http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml (Annual Population Estimates. Note if increasing or decreasing)
 3 MHI: <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml> "Selected Economic Characteristics" 2009-2013 American Community Survey 5-Year Estimates
 4 Unemployment Data: <http://data.bls.gov/pdq/querytool.jsp?survey=la>
 5 DIUNS Number: http://www.in.gov/ifa/srf/files/DUNS_Memo_4_19_13.pdf

Section II. CONTACT INFORMATION:

Authorized Signatory (An official of the Community or wastewater system that is authorized to contractually obligate the applicant with respect to the proposed project.):

Name: Judy Swift-Powdrill
Title: President - Brown County Regional Sewer District
Telephone # (include area code): 812-988-5462
Address: PO Box 1881
City, State, Zip Code: Nashville, IN 47448
E-mail: judyswift@yahoo.com

Applicant Staff Contact (Community Representative to be contacted directly for information if different from authorized signatory):

Name: _____
Title: _____
Telephone # (include area code): _____
Address: _____
City, State, Zip Code _____
E-mail: _____

Certified Operator:

Name: _____
Telephone # (include area code): _____
E-mail: _____

Grant Administrator (if applicable)

Contact: _____
Firm: _____
Address: _____
City, State, Zip Code _____
Telephone # (include area code): _____
Fax: _____
E-mail Address: _____

Consulting Engineer

Contact: Gary Ladd
Firm: Ladd Engineering, Inc.
Address: 1127 Brookside Dr.
City, State, Zip Code Lebanon, IN 46052
Telephone # (include area code): 765-482-9219
Fax: 765-482-9224
E-mail Address: gary@laddengr.com

Bond Counsel

Contact: _____
Firm: _____
Address: _____
City, State, Zip Code _____
Telephone # (include area code): _____
Fax: _____
E-mail: _____

Financial Advisor

Contact: Steven K. Brock
Firm: Therber, Brock & Associates, LLC
Address: 11550 North Meridian Street, Suite 275
City, State, Zip Code Carmel, IN 46032
Telephone # (include area code): 317-637-9572
Fax: 317-686-9102
E-mail Address: steve.brock@therberbrock.com

Local Counsel

Contact: John Reames
Firm: John M Reames PC
Address: 1638 Smith Valley Rd #A
City, State, Zip Code Greenwood, IN 46142
Telephone # (include area code): 317-882-9839
Fax: 317-865-3566
E-mail: lawyer@reameslaw.com

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Section III. PROJECT INFORMATION

A. Project Need:

Complete as many of the following categories that apply to your project. Provide a brief description of the needs/problems associated with each. Descriptions can be found in Appendix C. Please attach additional sheets if necessary.

I. Secondary Treatment: A secondary treatment plant is proposed to receive and treat wastewater from the proposed STEP collection system.

II. Advanced Treatment: Advanced treatment will consist of chemical feed to enhance the secondary treatment to meet the NPDES Phosphorus limit.

III. Infiltration/Inflow Correction and/or Major Sewer System Rehabilitation: _____

IV. New collection and/or Interceptor Sewers: A new STEP Collection System is proposed to correct violations caused by raw sewage discharge and non-operable on-site septic systems.

V. Combined Sewer Overflows: _____

VI. Storm Water Control: _____

VII. Nonpoint Source: _____

B. Proposed Project: Describe the scope of the proposed project and how it will address the applicant's needs as enumerated above. Please provide a map showing proposed work areas providing quadrangle names, and township, range, and section numbers of work areas, if possible. *Please attach additional sheets if necessary.*

The project consists of the installation of a Septic Tank Effluent Pumping (STEP) collection system and AeroMod wastewater treatment plant. Refer to the attached Exhibit 6.1 for a map showing the proposed work.

C. Environmental Benefits

1. Public Health / National Pollutant Discharge Elimination System (NPDES) Violation / Agreed Order
Will this project achieve compliance? Yes: No: Maintain compliance? Yes: No:

2. Sewer Ban / Early Warning Notice
Will this action remove the community from the SB or EWN action? Yes: No:

D. Will any part of the project be constructed on previously undisturbed land? Yes No

E. If NO, would it be accurate to describe your entire project as rehabilitation to an existing system? Yes No
If NO, please explain: _____

♣ The Division of Historic Preservation and Archaeology's definition of "undisturbed land" is "any land, including agricultural land (row-crop farmland, orchards, pasture, fallow farmland, or land that was previously farmland but is now grass or other vegetation), that has not been substantially disturbed by recent soil disturbing activities."

F. Permit Information

1. Please provide the current NPDES permit number of your facility or the facility where you wastewater is treated:

2. What is the expiration date of the permit? _____

3. Will the NPDES permit be revised as part of this project? Yes: _____ No: _____

4. Have you requested a renewal for your permit? Yes: _____ No: _____

5. If the plant will increase its treatment capacity, have you requested a Wasteload Allocation from IDEM's Office of Water Quality Modeling Section? Yes: ____ No: ____

G. List any water quality concerns this project will address: This project will improve the water quality of the nearby ditches and streams.

H. Does any part of the proposed project address:

- a. Elements of the CSO Long Term Control Plan? Yes ___ No
- b. Stormwater Rule 13 Best Management Practices? Yes ___ No

I. What are the anticipated environmental benefits of this project? Eliminate human waste from nearby ditches and streams.

J. Does the community have a contingency plan for wastewater treatment emergencies? Yes ___ No

K. Does the community have back-up power in case of emergency? Yes: No: _____

L. Do you have a Watershed Management Plan? Yes ___ No

M. What receiving stream(s) does the wastewater treatment plant discharge (if any)?
Beanblossom Creek

N. What receiving stream will your CSO project(s) discharge (if any)?

O. Will the proposed project incorporate Green Project Components? (Yes/No) _____ No _____
If yes, complete a SRF Green Project Reserve Checklist. Checklist and more information can be found at <http://www.in.gov/ifa/srf/2381.htm> .

P. Will the proposed project incorporate Climate Ready Components? (Yes/No) _____ No _____
If yes, complete a SRF Climate Ready Checklist. Checklist and more information can be found at <http://www.in.gov/ifa/srf/2381.htm> .

Section IV. COST INFORMATION

A. Important Anticipated Dates

Preliminary Engineering Report Submittal: 4/4/2018 Contract Award: 10/2019
SRF Financial Due Diligence: 9/2019 SRF Loan Closing: 10/2019
Construction Start: 11/2019 Construction Complete: 11/2020

Note: if the project will be constructed in separate phases, please attach a separate page.

B. Please identify any other funding sources being considered, the amount requested and the anticipated funding time frame:

	Application Submittal Date	Amount Requested \$\$\$	Amount Awarded (if applicable)
Office of Community and Rural Affairs CDBG Grant	7/2019	\$700,000.00	
U.S. Dept. of Commerce Economic Development Administration			
U.S. Dept. of Agriculture Rural Development	4/2018	\$3,330,000.00	
IDEM Watershed Management Grant			
Local Funds			
Other:			

E. Project Cost Estimate: Include estimates for ALL projects identified in the Project Information, Section III, A. Indicate estimates for each project. Please attach additional sheets if necessary.

Estimated Construction Costs:

(I)Secondary Treatment	\$1,445,000.00
(II)Advanced Treatment	\$ 5,000.00
(III A)Inflow / Infiltration Correction	\$
(III B) Major Sewer System Rehabilitation	\$
(IV-A) New Collection Sewers	\$4,321,045.00
(IV-B) New Interceptor Sewers	\$
(V) Combined Sewer Overflow Correction	\$
(VI) Storm Water Control	\$
(VII-A-K) Nonpoint Source Needs	\$
Contingencies	\$ 577,100.00
TOTAL CONSTRUCTION:	\$ 6,348,145.00

Estimated Non-Construction Costs:

Financial	\$ 45,000.00
Legal	\$ 15,000.00
Engineering Planning	\$ 13,000.00
Engineering Design	\$ 332,500.00
Other Engineering Services	\$ 417,000.00
(Describe: <u>Construction Easements & Inspection</u>)	
Other Non-construction Costs	\$ 126,300.00
(Describe: <u>Soils, Admin., Grant Admin & Truck</u>)	
Land/Easement Acquisition: Ineligible	\$
Land/Easement Acquisition: Eligible	\$ 58,000.00
TOTAL NON-CONSTRUCTION:	\$1,007,300.00

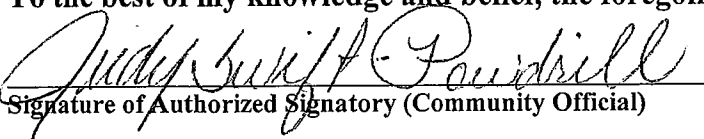
TOTAL PROJECT COST (Estimated): \$7,355,445.00

C. Anticipated SRF Loan Amount (after other funding) \$3,325,445.00

D. Will this project proceed if other funding sources are not in place? Yes No

Section V. SIGNATURE

I certify that I am legally authorized by the legislative body to sign this application.
To the best of my knowledge and belief, the foregoing information is true and correct.


Signature of Authorized Signatory (Community Official)

Judy Swift-Powdrill
Printed or Typed Name

Board President
Title of Authorized Signatory

4-3-2018
Date