



APPLICATION FORM

Wastewater State Revolving Fund Loan Program (WWSRF)¹

Return completed form:
WWSRF Administrator
100 North Senate Avenue, Rm. 1275
Indianapolis, IN 46204

Section I. APPLICANT INFORMATION

1. Applicant name (political subdivision): Helmsburg RSD
2. Type of Applicant (check one): City Town County Conservancy District Regional Sewer District Other
3. Wastewater Treatment Provider: Current: Helmsburg RSD Proposed: Helmsburg RSD
4. NPDES Number: IN0058416
5. Does the community have any inter-local agreement(s)? Yes No
 - a. If yes, do they expire after the maturity of the SRF loan? Yes No

Note: If no, agreements will need to be renewed to ensure they expire after the final maturity of the SRF Loan
6. Location of the Proposed Project: City / Town: Helmsburg
 County(ies): Brown Civil Township(s): Jackson
 State Representative District: 65 State Senate District: 44 Congressional District: 9
7. Service Area Population (<http://data.census.gov>): 3970
8. Population Trend, select one (<http://data.census.gov>): Increasing Decreasing
9. Median Household Income for Service Area (<http://data.census.gov>): \$66,833
10. Unemployment Rate Data (<http://data.bls.gov>): 4.2%
11. Number of Connections: (Current): 64 (Post –Project): 72
12. Current User Rate/4,000 gallons: \$92.50 Estimated Post-Project User Rate/4,000 gallons: \$92.50
13. Applicant’s Data Universal Numbering System (DUNS) Number²: _____
14. Have Architectural and Engineering (A&E) services been procured? Yes No
15. If A&E services were procured, was procurement done pursuant to 40 USC Chapter 11?: Yes No
16. Has the utility participated in Regional Planning Initiatives³: Yes No

¹ By submitting this form, the Community is applying to multiple funding sources administered by the Authority, including the state Water Infrastructure Assistance Program. The Authority will determine the fund source that best serves the proposed project.

² SRF Participants must register with SAM.gov, which requires the Participant to have a DUNS Number. For more information about how to obtain a DUNS Number and register in SAM.gov, see www.srf.in.gov

³ Per IC 5-1.2-11.5-7 and 5-1.2-11-8, the Applicant has or will participate in a cooperative/ regional activity (e.g., attend an IFA Regional Planning Meeting [www.in.gov/ifa/3035] or cooperative activity) acceptable to the Authority.

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: Brian Webb _____
Title: HRSD Board President _____
Address: 4856 Helmsburg Rd. _____
City, State, Zip Code: Nashville, IN 47448 _____
Telephone # (include area code): 812-988-1418 _____
E-mail: _____

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

Name: Kyle Myers _____
Title: HRSD Board Vice President/Project Manager _____
Address: 4856 Helmsburg Rd. _____
City, State, Zip Code: Nashville, IN 47448 _____
Telephone # (include area code): _____
E-mail: _____

Certified Operator:

Name: Robin Willey _____
Telephone # (include area code): 812-322-2954 _____
E-mail: rwilley82@yahoo.com _____

Grant Administrator (if applicable):

Contact: Kent Anderson _____
Firm: Kenna Consulting LLC _____
Address: 330 W. Main St. _____
City, State, Zip Code: Greenwood, IN 46142 _____
Telephone # (include area code): 317-893-5516 _____
E-mail: kanderson@kennaconsulting.us _____

Consulting Engineer:

Contact: Todd Trinkle _____
Firm: Lochmueller Group _____
Address: 331 Quartermaster Court _____
City, State, Zip Code: Jeffersonville, IN 47130 _____
Telephone # (include area code): 317-334-6815 _____
E-mail: ttrinkle@lochgroup.com _____

Bond Counsel:

Contact: Thomas Pitman _____
Firm: Barnes & Thornburg _____
Address: 11 S. Meridian St. _____
City, State, Zip Code: Indianapolis, IN 46204-3535 _____
Telephone # (include area code): 317-236-1313 _____
E-mail: _____

Financial Advisor:

Contact: _____
Firm: Reedy Financial Group _____
Address: P.O. Box 943 _____
City, State, Zip Code: Seymour, IN 47274 _____
Telephone # (include area code): 812-522-9444 _____
E-mail: Thomas.pitman@btlaw.com _____

Local Counsel:

Contact: Greg Lauer _____
Firm: _____
Address: _____
City, State, Zip Code: _____
Telephone # (include area code): 812-322-1613 _____
E-mail: _____

Section III. PROJECT INFORMATION

1. 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 A](#). Please attach additional sheets if necessary.

Secondary Treatment:	The sand filters have been out of service since 2016. Several components must be replaced for these filters to go back into service.
Advanced Treatment:	N/A
Infiltration/ Inflow Correction and/ or Major Sewer System Rehabilitation:	N/A
New Collection and/or Interceptor Sewers:	Expansion of 5 additional customers. A table of necessary items for sewer expansion is attached.
Combined Sewer Overflow Correction	Upgrade to auto switch to prevent accidental discharge of untreated water
Storm Water Management	N/A
Nonpoint Source Management	N/A

2. 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/ figure showing proposed work areas. *Please attach additional sheets if necessary.*

As per the WWTP inspection conducted in December 2021, the potential problems that were discovered include: sand filtration unit being bypassed, four TSS and one E. coli violation in the past 12 months, collection system and facility/site being rated as marginal, failure of one of the six grinder stations when switched to “hand” mode and requirement of manual starting of the generator. The recommended alternatives include a complete replacement of the WWTP with an AeroMod Extended Aeration WWTP and a complete sewer extension going both north and south with the collection system improvements. The new WWTP will be designed to accept additional flow in the future while still being able to accommodate the lower flows anticipated early on. The technology will also allow for future expansion to accept flows from other townships.

3. Environmental Benefits

Public Health / National Pollutant Discharge Elimination System (NPDES) Violation / Agreed Order

Will this project achieve compliance? Yes No **OR** Maintain compliance? Yes No

Permit Information

- a. Will the NPDES permit be revised as part of this project? Yes No
- b. If the plant will increase its treatment capacity, have preliminary effluent limitations been requested from IDEM’s Office of Water Quality Modeling Section? Yes No
- c. Will the project require an Antidegradation Demonstration prior to approval? Yes No

4. Does any part of the proposed project address:

- a. Elements of the CSO Long Term Control Plan? Yes No
- b. Stormwater MS4 (Rule 13) Best Management Practices? Yes No
- c. An existing Watershed Management Plan? Yes No

5. Does the applicant have an Asset Management Program in place?: Yes No

6. What receiving stream(s) does the wastewater treatment plant and/or CSOs project impact (if any)?:

Bean Blossom Creek

7. Will the proposed project incorporate Green Project or Climate Ready Components? Yes No
 If yes, complete the appropriate Checklist, found at <http://www.in.gov/ifa/srf/2385.htm> .
8. Is land acquisition and/or easements needed for this project? Yes No
- a. If yes, has the land been acquired? Yes No
- b. If yes, are all easements secured? Yes No

Section IV. COST INFORMATION

1. **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	\$4,286,000_____
(II) Advanced Treatment	\$N/A_____
(IIIA) Inflow / Infiltration Correction	\$N/A_____
(IIIB) Major Sewer System Rehabilitation	\$184,000_____
(IV-A) New Collection Sewers	\$1,047,000_____
(IV-B) New Interceptor Sewers	\$N/A_____
(V) Combined Sewer Overflow Correction	\$N/A_____
(VI) Storm Water Management	\$N/A_____
(VII-A-K) Nonpoint Source Needs	\$N/A_____

Contingencies **\$551,000**_____

TOTAL CONSTRUCTION: **\$6,068,000**_____

Estimated Non-Construction Costs:

Financial, Legal, etc.	\$121,360_____
Engineering	\$1,092,240_____
Other Non-construction Costs	\$475,400_____
(Describe: PER, survey, admin, reviews_____)	
Land/ Easement Acquisition	\$90,000_____

TOTAL NON-CONSTRUCTION: **\$1,779,000**_____

TOTAL PROJECT COST (Estimated): **\$7,847,000**_____

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

	Application Submittal (date)	Amount Requested (dollars)	Amount Awarded (if applicable)
Office of Community and Rural Affairs	December 2022	\$0	Click here to enter text.
U.S. Dept. of Commerce Economic Development Administration	N/A		
U.S. Dept. of Agriculture Rural Development	N/A		
Local Funds	N/A	\$175,000	\$175,000
Other:_____	N/A		

3. Anticipated SRF Loan Amount (after other funding):\$7,672,000_____
4. What was the date of the last full State Board of Accounts Audit?: 2021 Ongoing_____
5. Will this project proceed if other funding sources are not in place?: Yes No
6. Important Anticipated Dates
- Preliminary Engineering Report Submittal:April 2023_____
- Bid Open Date:Feb. 1, 2024_____
- SRF Loan Closing:Feb. 25, 2024_____
- Construction Start:June 30, 2024_____
- Construction Complete:Dec. 31, 2025_____

Section V. ADDITIONAL FINANCIAL QUESTIONS

Please confirm your answers with your legal and financial advisers prior to submitting your responses as related to the applicant’s plans to issue bonds that will be used to secure the requested SRF loan

- A. Will this SRF loan be repaid from net revenue of the applicant’s utility being improved by the SRF project?:
- Yes No

If “yes”, then please answer the following additional questions:

- Are there any other debt obligations of this utility (i.e., bank loans, guarantee savings contracts, installment payment contracts, bank or financing purchase leases, loans from other utilities of the applicant)?

Yes No

- Is an estimated debt service coverage percentage currently available (coverage is computed by taking Net Revenues and dividing it by maximum annual debt service inclusive of both the planned new and any outstanding revenue bonds)?

Yes No

 - if available, the coverage estimate is _____ percent.

Please know that prior to any loan preclosing, a formal pro forma coverage showing of at least 125% is required by SRF.

- B. Will net revenues be the sole source of repayment? Yes No

If “no” was marked in Questions A and B, then please answer the following additional questions:


- What is the planned source(s) to provide funds to make SRF loan repayments? Check below as applicable:
 - property taxes. If checked:
 - Is a preliminary determination & remonstrance process under IC 6-1.1-20 required? Yes No
 - Has that preliminary determination & remonstrance process under IC 6-1.1-20 been completed? Yes No
 - tax increment revenues. If checked:
 - Has a TIF area already established? Yes No
- If already established:
- 1) Please provide history of tax increment revenues (at least five (5) years)
 - 2) Provide a schedule of projected tax increment revenues, debt service (which includes existing obligations pledged with tax increment revenues) and a showing that the 125% coverage requirement is met.
- other (describe: _____).

- C. Will proceeds be used to payoff an existing BAN? Yes No

- if “yes”, provide amount of the payoff _____.
 - And, provide the purpose for which the BAN was used: Construction Non-construction
- If Construction is selected, the subject of the BAN will require SRF review prior to construction.

Section VI. 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)

Brian Webb

Printed or Typed Name

President HRSD

Title of Authorized Signatory

3-31-23

Date

Appendix A

This appendix is intended to assist with the completion of Section III and Section IV of the Indiana Wastewater/Clean Water SRF application.

Category Definitions

Secondary Wastewater Treatment: Required to meet the minimum level of treatment that must be maintained by all treatment facilities. Secondary treatment typically requires a treatment level that produces an effluent quality of 30 mg/l of both 5-day BOD and total suspended solids.

Advanced Treatment: Required to achieve treatment levels more stringent than secondary treatment or produces a significant reduction in nonconventional or toxic pollutants present in the wastewater treated by a facility. A facility is considered to have advanced wastewater treatment if its permit includes one or more of the following: BOD less than 20 mg/l, the removal of nitrogen, phosphorus, ammonia, metal, and/or synthetic organic compounds.

Conveyance System Repair: Infiltration / Inflow Correction: Required for the correction of sewer system infiltration and inflow (I/I) problems. Infiltration includes the penetration of water into a sanitary or combined sewer system from the ground through defective pipes or manholes. Inflow includes the penetration of water into the system from drains, storm sewers, and other improper entries. All costs that are necessary for removing excessive I/I from the sewer system such as replacement or relining sewer selections, flow routing systems, downspout disconnections, elimination of sanitary/storm sewer cross connections etc.

Conveyance System Repair: Major Sewer System Rehabilitation: Required for replacement and/or major rehabilitation of existing sewer system throughout the municipality.

New Collectors and Appurtenances: Required for construction of new collector sewer systems and appurtenances, designed to correct violations caused by raw discharges, seepage to water from septic tanks, and similar problems, and/or to comply with federal, state or local enforcement actions.

New Interceptor Sewers: Required for construction of new interceptor sewers and pumping stations necessary for the bulk transport of wastewater.

Combined Sewer Overflow Correction: Required for construction of facilities to prevent and control periodic bypassing of untreated wastes from combined sewers in order to achieve water quality objectives. This category does not include treatment and/or control of stormwater.

Stormwater Management: Required for implementing structural and nonstructural measures to control the runoff water resulting from precipitation. Includes controlling stormwater pollution from diffuse sources by reducing pollutants from runoff, detecting and removing illicit discharges and improper disposal into storm sewers and monitoring pollutants in runoff. Category can include stormwater conveyance infrastructure, stormwater treatment systems, and green infrastructure.

Nonpoint Source: Nonpoint Source water pollution comes from many diffuse sources and results when human-made pollutants are carried to waterways by the natural movement of water. Nonpoint Source pollution results from land runoff, precipitation, atmospheric deposition, drainage, seepage or hydrologic modification. This category can include correction of failing septic systems, brownfield remediation, wetland restoration/protection, erosion control measures, groundwater remediation, wellhead protection measures, agricultural and waste management best management practices.