CWSRF Benefits Report

Borrower's Name _____ **Loan #** _____ **Project #** _____

Project Information

Project Name: _____

Project Description:

_____

Multiple projects with identical project categories & environmental benefits being grouped together?
Select One: ☐ Yes ☐ No

# of Grouped Projects: _____

Project Costs Funded by the CWSRF: _____

Project Dates: Start Date: _____ Completion Date: _____

Population Served by Project: _____

Project Part of a Wastewater Treatment Facility or Collection System? Select One ☐ Yes ☐ No

Population Served by System: _____

CWSRF Funding by Project Category

%	Amount ($)	Description	%	Amount ($)	Description
0%		**Centralized Wastewater Treatment** Secondary Treatment	0%		**Centralized Wastewater Treatment** Advanced Treatment
0%		**Centralized Wastewater Treatment** Infiltration/ Inflow Correction	0%		**Centralized Wastewater Treatment** Sewer System Rehabilitation
0%		**Centralized Wastewater Treatment** New Collector Sewers	0%		**Centralized Wastewater Treatment** New Interceptors
0%		**Centralized Wastewater Treatment** CSO Correction	0%		**Stormwater** Gray Infrastructure
0%		**Stormwater** Green restructure	0%		**Energy Conservation** Energy Efficiency
0%		**Energy Conservation** Renewable Energy	0%		**Water Conservation** Water Efficiency
0%		**Water Conservation** Water Reuse	0%		**Nonpoint Source** Silviculture
0%		**Nonpoint Source** Ground Water (Unknown Source)	0%		**Nonpoint Source** Marinas
0%		**Nonpoint Source** Resource Extraction	0%		**Nonpoint Source** Brownfields
0%		**Nonpoint Source** Storage Tanks	0%		**Nonpoint Source** Sanitary Landfills
0%		**Nonpoint Source** Hydromodification/ Habitat Restoration	0%		**Nonpoint Source** Individual/ Decentralized Sewage Treatment
0%		**Nonpoint Source** Land Conservation	0%		**Other** Planning and Assessments
0%		**Other** Desalination	0%		**Other** Estuary (Section 320) Assistance

Acres Being Conserved (Land Conservation Only): _____

Submit to: AGRI.Applications@arkansas.gov

Is this Project Being Funded Under 603(c)12 of the Clean Water Act Data (Individual/Decentralized Sewage Treatment Only): Select one: ☐ Yes ☐ No

Green Project Reserve (GPR) Funding

Green Infrastructure Amount:

Energy Efficiency Amount:

Water Efficiency Amount:

Environmentally Innovative Amount:

Energy Efficiency Amount:

Project Permit Info

Facility Name:

NPDES Permit Number: ☐ No NPDES Permit Number

Other Permit Type (Optional)

Other Permit Number (Optional)

CW-Project Location

Description (Address):

Latitude: Longitude

Estuary Impacts

Will the CWSRF Funded Project Benefit a National Estuary? Select One: ☐ Yes ☐ No

Project Improvement/Maintenance of Water Quality

How does this Project Contribute to the Improvement or Maintenance of the Receiving Waterbody?

☐ Improvement ☐ Maintenance ☐ Not Applicable

Does this Project Allow the System to Maintain or Achieve Compliance with the Clean Water Act?

☐ Achieve Compliance ☐ Maintain Compliance ☐ Not Applicable

What is the Designation of the Waterbody Affected by the Project? (As it Appears on the 303(d) Impaired Waters or State Groundwaters List)

☐ Impaired ☐ Meeting Standards ☐ Not Applicable ☐ Not accessed ☐ Threaten

Allows the System to Address (Check all that Apply)

☐ Existing TMDL ☐ Watershed Management Plan ☐ Projected TMDL ☐ Not Applicable

Discharge Information (Check all that Apply)

☐ Ocean Outfall ☐ Estuary/Coastal Bay ☐ Land Application ☐ Wetland

☐ Surface Water ☐ Eliminates Discharge ☐ Seasonal Discharge

☐ Groundwater ☐ Other/Reuse ☐ No Change/No Discharge

Contribution to Protection or Restoration of State Designated Surface Water Uses

☐ Water Use Not Applicable ☐ Water Use Not Found

Water Use	Protect	Restore
Extraordinary resource Water	(Select one)	(Select one)
Ecologically Sensitive Waterbody	(Select one)	(Select one)
Natural & Scenic Waterways	(Select one)	(Select one)
Primary Contact Recreation	(Select one)	(Select one)
Secondary Contact Recreation	(Select one)	(Select one)
Fisheries – Trout	(Select one)	(Select one)
Fisheries – Lakes & Reservoirs	(Select one)	(Select one)
Fisheries – Ozark Highlands Ecoregion	(Select one)	(Select one)
Fisheries – Boston Mountains Ecoregion	(Select one)	(Select one)
Fisheries – Arkansas River Valley Ecoregion	(Select one)	(Select one)
Fisheries – Ouachita Mountains Ecoregion	(Select one)	(Select one)
Fisheries – Typical Gulf Coast Ecoregion	(Select one)	(Select one)
Fisheries – Spring-influenced Gulf Coastal Ecoregion	(Select one)	(Select one)
Fisheries – Least-altered Delta Ecoregion	(Select one)	(Select one)
Fisheries – Channel-altered Delta Ecoregion	(Select one)	(Select one)
Domestic Water Supply	(Select one)	(Select one)
Industrial Water Supply	(Select one)	(Select one)
Agriculture Water Supply	(Select one)	(Select one)
Other Uses	(Select one)	(Select one)

Other Uses and Outcomes:

Does this Project Contribute to Regionalization/Consolidation? Select One ☐ Yes ☐ No

Does this project have a resilience component? Select One ☐ Yes ☐ No

Does this Project Address Nutrient Loadings of Nitrogen and Phosphorous? Select One ☐ Yes ☐ No

Does this Project Contribute to Public Health (e.g. Pathogen Reduction)? Select One ☐ Yes ☐ No

_____ _____

Print name of person preparing form Date

_____

Signature of person preparing form

For Questions Contact: Matthew J. Brooks
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