

Source Water Protection Plan Implementation Grant Application

Applicant Information

Public Water System Name _____ PSWID _____

Street Address _____ Apartment/Unit # _____

City _____ County _____ ZIP _____

Name of the person who will serve as the Grant Contact _____

Phone _____ Fax _____ Email _____

Federal Tax Id # _____

Person Authorized to Sign Application and Grant Agreement on Behalf of the Public Water System

Name _____ Title _____

Amounts

Total cost of the project \$ _____

Amount requested from MDH (minimum \$1,000, maximum \$10,000, or \$30,000 if 3 or more PWS's apply jointly)

\$ _____

Check this box if you are currently under a APO (administrative penalty order) in regards to the Wellhead protection rule.

Work Item 1

For each work item to be funded under the grant, provide the following information (Use additional sheets if necessary).

Check this box if the work is a continuation from a previous MDH grant.

1. Describe the work that will be performed.

If the work item is about managing one or more potential contaminant sources, are they located in the DWSMA?

Yes No

SOURCE WATER PROTECTION PLAN IMPLEMENTATION GRANT APPLICATION

1a. Amount requested for performing this work \$ _____

1b. Anticipated outcomes (products) of performing this work.

1c. Management Strategy/Measure number _____ (If numbered) Reference the Management Strategy/Measure number in the MDH source water protection approved plan (**Not the draft copy**) or intake protection plan that will be supported by this work item. **Attach the page(s)** that contain(s) the source water protection strategy /measure;

OR

Attach the page(s) in the most recent sanitary survey that contains the action that will be supported by this work item. (**Failure to submit the required documentation may result in disqualification**).

Work Item 2

For each work item to be funded under the grant, provide the following information (Use additional sheets if necessary).

Check this box if the work is a continuation from a previous MDH grant.

2. Describe the work that will be performed.

If the work item is about managing one or more potential contaminant sources, are they located in the DWSMA?

Yes No

2a. Amount requested for performing this work \$ _____

2b. Anticipated outcomes (products) of performing this work.

2c. Management Strategy/Measure number _____ (If numbered) Reference the Management Strategy/Measure number in the MDH source water protection approved plan (**Not the draft copy**) or intake protection plan that will be supported by this work item. **Attach the page(s)** that contain(s) the source water protection strategy /measure;

OR

Attach the page(s) in the most recent sanitary survey that contains the action that will be supported by this work item. **(Failure to submit the required documentation may result in disqualification).**

Work Item 3

For each work item to be funded under the grant, provide the following information (Use additional sheets if necessary).

Check this box if the work is a continuation from a previous MDH grant.

3. Describe the work that will be performed.

If the work item is about managing one or more potential contaminant sources, are they located in the DWSMA?

Yes No

3a. Amount requested for performing this work \$ _____

3b. Anticipated outcomes (products) of performing this work.

3c. Management Strategy/Measure number _____ (If numbered) Reference the Management Strategy/Measure number in the MDH source water protection approved plan **(Not the draft copy)** or intake protection plan that will be supported by this work item. **Attach the page(s)** that contain(s) the source water protection strategy /measure;

OR

Attach the page(s) in the most recent sanitary survey that contains the action that will be supported by this work item. **(Failure to submit the required documentation may result in disqualification).**

Detailed Budget and Schedule

Describe all tasks that are included in the project with the corresponding costs and estimated date of completion (Use additional sheets if necessary).

Tasks	No of hours (where applicable)	Amount	Est. start date

SOURCE WATER PROTECTION PLAN IMPLEMENTATION GRANT APPLICATION

Tasks	No of hours (where applicable)	Amount	Est. start date

Checklist

I have attached the required pages from the Wellhead Plan or sanitary survey to my application.

I have filled out all the fields in my application.

I have provided a detailed budget for each work item.

I have signed my application.

Disclaimer and Signature

I certify that the information herein is true and accurate to the best of my knowledge and I submit this application on behalf of the applicant public water supply system. I acknowledge that the project will be completed by the grant expiration date and that all work performed will be done in accordance with all Local, State and Federal Regulations.

Signature _____ Date _____

Note: If you are awarded a grant, **no** work should begin until all required signatures have been obtained on the grant agreement, and grantee receives a signed copy of the grant agreement.

Instructions

You may complete this form manually or electronically. Print the information if you opt to do this manually. Once you are finished, you have three options for submitting the application form to the Minnesota Department of Health:

Option 1 - Mail the form to:

Minnesota Department of Health

SWP Grant Coordinator

P.O. Box 64975

St. Paul, Minnesota 55164-0975

Option 2 - Fax the form to:

Minnesota Department of Health

SWP Grant Coordinator

(651) 201-4701

Option 3 - E-mail the form to:

health.swpgrants@state.mn.us

Subject Line to read: "Attention: SWP Grant Coordinator, [Your Public Water System Name]"

Definitions of the Terms Used in this Form

Public Water System (PWS) name means the name that is used by the Minnesota Department of Health to identify the public water system and that is associated with a public water supply system identification number.

PWSID # means the public water system identification number that is assigned by the MDH and is listed on all correspondence between a public water system and MDH.

Mailing address means the mailing address of the public water system that shall be used for correspondence with MDH.

Name of the grant contact means the name of the individual who will be responsible for managing the grant.

Telephone number means the telephone number of the contact person that the Minnesota Department of Health can call during its regular business hours (M-F from 8:30 a.m. to 4:30 p.m.).

E-mail means an internet address for the contact person that the Minnesota Department of Health can use to electronically transmit information related to the grant.

Federal Tax ID# means a nine digit number, also known as the Employer Identification Number (EIN).

Name and title of the person authorized to sign the Grant Agreement on behalf of the Public Water System means a person who has authority to administer a financial agreement between the public water system and the Minnesota Department of Health.

Total Grant amount being requested means the sum of the costs of the work items that are identified in the grant application (1a + 2a + 3a +....).

Work item is the source water protection activity measure from the WHP plan that are to be performed under this part of the grant application. Fill one box for each activity included in the project; feel free to insert more boxes if needed.

Amount requested for performing this work means the estimated amount requested by the grantee for completing the activity performed under this part of the application.

Product(s) produced or anticipated outcomes of performing this work means the tangible results of performing the work that is funded by this grant.

DWSMA means Drinking Water Supply Management Area; is the Minnesota Department of Health (MDH) approved surface and subsurface area surrounding a public water system well that completely contains the scientifically calculated wellhead protection area.

Correspondence from MDH or Section of the sanitary survey or page number(s) means in the source water protection plan that reference the source water protection measures that will be supported by this work item – self-explanatory.

Detailed Budget means a breakdown of costs with a detailed description of all costs. The total must match the dollar amount that is being requested. The number of hour's column must be filled out only for activities that involve hiring of a consultant.

Estimated start date means the date when you expect to start the work.

Minnesota Department of Health
Drinking Water Protection Section
651-201-4700

health.swpgrants@state.mn.us

www.health.state.mn.us

Rev.08/2018

To obtain this information in a different format, call: 651-201-4700.

Table 7- State and Federal Agency Controls and Programs

Government Unit	Type of Program	Program Description
MDH	State Well Code (Minnesota Rules, Chapter 4725)	MDH has authority over the construction of new wells and the sealing of wells. MDH staff in the Well Management Program offer technical assistance for enforcing well construction codes, maintaining setback distances for certain contamination sources, and well sealing.
MDH	Wellhead Protection Program	MDH has staff that will help the city identify technical or financial support that other governmental agencies can provide to assist with managing potential contamination sources. MDH administers SWP grant program.
DNR	Water appropriation permitting (Minnesota Rules, Chapter 6115)	DNR can require that anyone requesting an increase in existing permitted appropriations, or to pump groundwater, must address concerns regarding the impacts to drinking water if these concerns are included in a WHP plan.
U.S. EPA	40 Code of Federal Regulations 144, Subpart G	Automatic closure of Class 5 automotive waste disposal wells in WHPA; inventory of all Class V wells.

7.4 Support Provided by Nonprofit Organizations

The City of Vergas will work with the Minnesota Rural Water Association and other established organizations to assist in the implementation of their WHP plan.

Chapter 8 - Goals

Goals define the overall purpose for the WHP plan, as well as the end points for implementing objectives and their corresponding actions. The WHP team identified the following goals after considering the impacts that 1) changing land and water uses have presented to drinking water quality over time and 2) future changes that need to be addressed to protect the community's drinking water:

- **Maintain a safe and adequate drinking water supply for community residents which meet all state and federal drinking water standards.**
- **Increase awareness among public officials, land owners and the general public about the importance of WHP in protecting the public drinking water supply.**

Chapter 9 - Objectives and Plan of Action

Objectives provide the focus for ensuring that the goals of the WHP plan are met and that priority is given to specific actions that support multiple outcomes of plan implementation. Both the objectives and the wellhead protection measures (actions) that support them are based on assessing 1) the data elements (Chapter 2), 2) the potential contaminant source inventory (Chapter 4), 3) the impacts that changes in land and water use present (Chapter 5) and 4) issues, problems, and opportunities referenced to administrative,

financial, and technical considerations (Chapter 6). The initial result of this assessment process was to assign priority to the types of contamination sources that were inventoried (Table 2).

9.1 Objectives

The following objectives have been identified to support the goals of the WHP plan for the City of Vergas:

1. Educate the public to increase their awareness of WHP.
2. Utilize community comprehensive planning to protect the city's drinking water.
3. Properly manage wells owned or operated by the community.
4. Provide guidance to private well owners to properly manage wells.
5. Collect, monitor and evaluate data necessary to support WHP Plan implementation.
6. Prepare the city to respond to emergencies which interfere with the city's ability to provide a potable water source/supply.

9.2 Establishing Priorities

WHP measures reflect the administrative, financial, and technical requirements needed to address the risk to water quality or quantity presented by each type of potential contamination source. Not all of these measures can be implemented at the same time, so the WHP team assigned a priority to each. A number of factors must be considered when WHP action items are selected and prioritized (part 4720.5250, subpart 3):

- Contamination of the public water supply wells by substances that exceed federal drinking water standards.
- Quantifiable levels of contamination resulting from human activity.
- The location of potential contaminant sources relative to the wells.
- The number of each potential contaminant source identified and the nature of the potential contaminant associated with each source.
- The capability of the geologic material to absorb a contaminant.
- The effectiveness of existing controls.
- The time needed to acquire cooperation from other agencies and cooperators.
- The resources needed, i.e., staff, money, time, legal, and technical resources.

9.3 WHP Measures and Action Plan

Based upon these factors, the WHP team has identified WHP measures that will be implemented by the city over the 10-year period that its WHP plan is in effect. The objective that each measure supports is noted as well as 1) the lead party and any cooperators, 2) the anticipated cost for implementing the measure and 3) the year or years in which it will be implemented.

The following categories are used to further clarify the focus that each WHP measure provides, in addition to helping organize the measures listed in the action plan:

- Education and Outreach
- Well and Contaminant Source Management
- Land Use Planning
- WHP Coordination, Evaluation and Reporting
- Monitoring, Data Collection and Assessment

Contingency Planning - Implementation Action Items													
Action	Priority	Description	Objective Addressed	Cooperators	Cost	Implementation Time Frame							
						2019	2020	2021	2022	2023	2024	2025	2026
Action 19	Medium	Review and update the Contingency Strategy (Appendix IV) every five years.	3, 6		Staff Time					•			•
Action 20	High	The city will apply for a MDH WHP grant to install the necessary wiring to power the water plant during extended periods of power outages.	3, 6	MDH, MRWA	\$10,000	•	•	•	•				
Action 21	High	Mail a letter and DWSMA map to the County Emergency Mgmt. Dept. and request they included the DWSMA map into the county dispatch manual and add the DWSMA shapefile to their GIS mapping system.	3, 6	County	Staff Time		•						
Action 22	Medium	Apply for a sourcewater protection grant to install a security fence around the water plant and wells.	3, 6	MDH	\$10,000+						•		

9.4 Commitments from Cooperators

The agencies listed in Table 9 have indicated they will support the City of Vergas with implementing the WHP measure(s) in which they are identified.

Table 9 - Cooperating Agencies List

Agency Name and Measure Number	Agency Name and Measure Number
MDH - 2, 3, 6, 7, 8, 9, 10, 11, 12, 13, 14, 17, 18, 20, 22	Otter Tail Co. SWCD – 6, 9, 15
MRWA - 1, 2, 4, 5, 6, 9, 10, 11, 12, 13, 14, 20	US EPA – 8
DNR – 7	Otter Tail County – 15, 21
Township - 15	School – 4



Quote

02/17/2023

Attn: Mike @ City of Vergas

Well House Generator Hook-Up Project

Scope of Work:

Install Generator Receptacles at Well House

Quote Includes:

Main Well House

- (1) 400amp 3phase 3R Service Rated Transfer Switch
- (1) 100amp 3phase Generator Receptacle

State of Minnesota Electrical Inspections Fees

Quote Amount.....\$21,000.00

Note: Quote Does Not Include: Generator, Cords or Cord Ends

Signature of Acceptance_____Date_____

23996 Clark Road Detroit Lakes, MN 56501

218-847-9900

danj@aceelectricdl.com * amy@aceelectricdl.com