

6.	Is this a multi-phased project? <input type="checkbox"/> YES or <input type="checkbox"/> NO If you answered YES, include the previous loan number(s): L17
7.	Is this a compliance related project? <input type="checkbox"/> YES or <input type="checkbox"/> NO If YES, briefly explain:
8.	Project Purpose (select one below): <input type="checkbox"/> A. Assist Non-Compliant Water System to Achieve Compliance <input type="checkbox"/> B. Assist Compliant Water System to Maintain Compliance <input type="checkbox"/> C. Assist Compliant Water System to Meet Future Requirements <input type="checkbox"/> D. Other Noncompliance Related Purpose:
9.	Does this project consolidate, create, or eliminate a water system? <input type="checkbox"/> YES or <input type="checkbox"/> NO
10.	Public Health Impact Description. Use the statement below or write your own, such as reduce lead levels in drinking water. <input type="checkbox"/> A. Continue to provide safe drinking water. <input type="checkbox"/> B. Other (including lead service line replacement):
11.	If lead service lines will be replaced, estimate how many:
12.	Project Address including Zip+4: Project Address is the street address for the project. If the project spans a large area, enter a street address that best represents the central location of the project.
13.	Percentage of total project cost that is being funded by IEPA loan: _____% Total includes all engineering, legal, administration, restoration, testing, etc.
SECTION 3: CONTACT INFORMATION	
Name of Contact Person Completing this Form:	
Phone Number:	
E-mail Address:	
Signature:	
Date:	