



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

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PUBLIC WATER SUPPLY LOAN PROGRAM FEDERAL REPORTING REQUIREMENTS



SECTION 1: BORROWER INFORMATION	
1.	Borrower Name:
2.	IEPA Loan Project Number: L17
3.	Unique Entity ID Number: A unique identifier assigned to a single business entity. See SAM.gov for more information.
4.	Borrower Mailing Address including Zip+4:
5.	Borrower Census Population:
6.	Borrower Congressional District(s):
SECTION 2: PROJECT & WATER SYSTEM INFORMATION	
1.	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
2.	Public Water System Name:
3.	Public Water System Number:
4.	Ownership Type of the Public Water System (select one below): <input type="checkbox"/> A. Municipal <input type="checkbox"/> D. Cooperative <input type="checkbox"/> B. County <input type="checkbox"/> E. Other: <input type="checkbox"/> C. Cooperative
5.	Population Served by the Public Water Supply: Number of people connected to the distribution system. May be different from census population.
6.	Project Population: The population directly served by the project. While a new treatment plant may serve the entire Village, a new water main may only serve 25 homes.
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:

11.	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.	
12.	Project Congressional District(s): This may be different from the borrower's district. Construction may occur in multiple districts.	
13.	County or Counties served by the Project:	
14.	Percentage of total project cost that is being funded by IEPA loan: _____% Total includes all engineering, legal, administration, restoration, testing, etc.	
15.	Select the categories that apply to this project and input the corresponding percentage of total cost for each.	
	<input type="checkbox"/> A. Treatment	%
	<input type="checkbox"/> B. Transmission and Distribution	%
	<input type="checkbox"/> C. Source	%
	<input type="checkbox"/> D. Storage	%
	<input type="checkbox"/> E. Other:	%
	TOTAL (should equal 100 %)	100%
SECTION 3: CONTACT INFORMATION		
Name of Contact Person if we have questions:		
Phone Number:		
E-mail Address:		
Signature:		
Date:		