



DATE SUBMITTED: \_\_\_\_\_

**NEW COMMUNITY PUBLIC WATER SYSTEM FINANCIAL  
AND MANAGERIAL CAPACITY ASSESSMENT**

**PART I. GENERAL INFORMATION**

**A. Applicant:** \_\_\_\_\_  
(Water System or Utility Name)

Business \_\_\_\_\_  
Address: (Street Address or Post Office Box)

\_\_\_\_\_  
(City/State/Zip Code)

Business \_\_\_\_\_  
Telephone:

**B. Person to Be Contacted with Respect to this Application:**

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Street Address or Post Office Box)

\_\_\_\_\_  
(City/State/Zip Code)

\_\_\_\_\_  
(Daytime Telephone Number – Area Code/Telephone Number)

\_\_\_\_\_  
(Email)



**C. List any utilities or other entities, that you are aware are currently providing the same type of service in the area sought by this application. <sup>1</sup>**

(1) _____ (Name)	(2) _____ (Name)
_____ (Address)	_____ (Address)
_____ (Competing Service)	_____ (Competing Service)
_____ (Competing Service Area)	_____ (Competing Service Area)

<sup>1</sup>Competing entities are those entities providing, or intending to provide, the same, or substantially the same, service or facility to any part of the requested service area. If there are no competing entities, skip this section.

**D. Applicant is:**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Cooperative  | <input type="checkbox"/> Privately Owned Corporation         |
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Municipally Owned Utility Political |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Subdivision of the State            |
| <input type="checkbox"/> Limited      |  |
| <input type="checkbox"/> General      |  |
| <input type="checkbox"/> Other: _____ |  |

Date of Organization (if applicable): \_\_\_\_\_

**E. List the owners of five percent (5%) or more of the applicant's equity:**

(1) _____ (Name)	_____ % Ownership
_____ (Street Address/Post Office Box/City/State/Zip Code)	
(2) _____ (Name)	_____ % Ownership



\_\_\_\_\_  
 (Street Address/Post Office Box/City/State/Zip Code)

(3) \_\_\_\_\_  
 (Name) % Ownership

\_\_\_\_\_  
 (Street Address/Post Office Box/City/State/Zip Code)

**F. The location of where the company books will be kept:**

\_\_\_\_\_  
 (Street Address/Post Office Box)

\_\_\_\_\_  
 (City/State/Zip Code)

**PART II. GENERAL DOCUMENTS**

Applicants must provide the following information in attachments numbered to correspond to the items below.

**A. FINANCIAL CAPACITY: 18 AAC 80.207(c)**

1. Please provide the estimated annual operating and maintenance costs for this system. Please provide a breakdown of those estimated costs, e.g. sampling, equipment, payroll for the operator, etc.

<b>Estimated annual O&amp;M costs:</b>	
Sampling:	
Equipment:	
Payroll:	
Repairs:	
Other:	

Additional details as needed:





5. List the sources of the financing for the proposed utility or expansion of an existing utility. Include documentation showing that the sources listed will provide the applicant with the required funds. Include the terms and conditions of all loans and equipment contracts that may be relevant. If a portion or all of the plant is contributed, list the sources and conditions of all on-site and off-site assessments, grants, or other sources of funding.

**B. MANAGERIAL CAPACITY: [18 AAC 80.207\(d\)](#)**

1. Please provide an overview of the management structure for your organization. If possible, please include an organizational chart as an attachment to this submittal.



- 2. Please provide a description of the duties, experience, certification or licensing, and continuing education (as applicable) for each position involved with the water system.

Name	Position/Title	Description of Job Duties, Experience, Certificates, CEUs





6. Please provide the Public Water System Identification (PWSID) number and the classification of this system. Please attach supporting documentation from the Operator Certification Program confirming system classification.

The Operator Certification program can be reached at:

*Phone: 907-465-1139*

*Email: [dec.opcert@alaska.gov](mailto:dec.opcert@alaska.gov)*

PWSID# \_\_\_\_\_

Small Untreated

Water Treatment Level 2

Small Treated

Water Treatment Level 3

Water Treatment Level 1

Water Treatment Level 4

