North Carolina Department of Environmental Quality Division of Water Infrastructure

DEQ

Division of Water Infrastructure Application for Viable Utility Reserve Grant



(Last updated: November 2020)

Applicant Name		County	DUNS Number		
Town of Bethel		Pitt	004029005		
Project Name	AUROPOLIS ROLL CONTRACTOR CONTRAC	Federal Tax ID #	PWSID # (if applicable)		
Merger Agreement Review and Rate Analysis			NC0474030		
Fiscal Year(s) for which Assistance is Being Requested		Total Funding Requested			
2020-2021		\$100,000			
Applicant Type	Januaria militaria, mindrataria a reportura di Armania (un armania fra la Sillat e Sillat Armania (un armania fra la Sillat e Sil	And the state of t			
Municipality		ary District			
County	Metr	opolitan Sewerage or Metro	politan Water District		
Water and Sewer Authority	Loca	Local Government Commission (on behalf of a distressed un			
Water and Sewer District	Cour	ncil of Governments			
Funding Type(s) Requested					
Viable Utility Reserve					
Drinking Water Utility					
Wastewater Utility					
Joint Drinking Water and Wastewater U	Utility				
2. System Parameters					
Residential Sewer Connections		Residential Water	Connections		
847	The state of the s	749			
Non-Residential Sewer Connections	3	Non-Residential Wat	ter Connections		
3		57			
Sewer Bill per 5,000 gallons		Water Bill per 5			
73.10		61.20	J		
3. Authorized Representative Informat					
Authorized Representative Name:	Gloristine Brown	elapores qui qui acqui a de Mandalare son reconstruire de America con la companya accompanya a companya con esta de			
Title:	Mayor				
Mailing Address Line 1:	PO Box 337				
Mailing Address Line 2:	7439 Main Street				
City:	Bethel	State: NC	Zip Code: 27812		
Phone Number:	(252) 818-0891	E-Mail Address: Bethelmayor62@sudd	lenlinkmail.com		
4. Application Contact Information (if	different than Auth	and the second s			
Contact Name:	Tom Asbell				
Title:	Town Manager				
Mailing Address Line 1:	PO Box 337				
Mailing Address Line 2:	7439 Main Street				
City:	Bethel	State: NC	Zip Code: 27812		

Section 6 - Additional Information for Consideration

In this section, provide any additional information that might helpful and is not captured elsewhere in the application.

Section 7 - Project Budget

Complete the project budget for specific items described in the project description.

Submittal Information

Submit one (1) original application.

Submittal Information

Send complete Application package to:

Mailing Address (US Postal Service only)

Division of Water Infrastructure 1633 Mail Service Center Raleigh, NC 27699-1633

Physical Address (FedEx, UPS)

Division of Water Infrastructure 8th Floor, Archdale Building 512 North Salisbury Street Raleigh, NC 27604

Main Telephone Number: 919.707.9160



Phone Number: (252) 818-0891

E-Mail Address: betheltownmanager@suddenlinkmail.com

5.	Project	Description
40.0		

The Town is in the process of relinquishing ownership of its water and wastewater system through a merger with Greenville Utilities Commission. The proposed project will include reviewing GUC's proposed merger agreement and a preliminary rate analysis for the Town.

8. Additional Information for Consideration

7. Project Budget

Planned Work	Estimated Cost
Preliminary Rates Analysis	\$50,000
Merger Agreement Review	\$50,000
TOTAL PROJECT COST	: \$100,000

<u>Application Signature</u>

Note that by signing the application, the Authorized Representative acknowledges that the Department and the Local Government Commission may impose specific performance measures or conditions on any grant awarded from the Viable Utility Reserve. Performance measures may include, but are not limited to, specific financial, operation and maintenance, and capital improvement planning measure for utilities that do not merge with a currently viable utility. The Department may also specifically require the administration of the grant by the Division if it is determined the unit does not have the capacity to properly execute contractual services.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Alpusture Brown Mayor December 1, 2020

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North Carolina Department of Environmental Quality Division of Water Infrastructure



Application for Viable Utility Reserve Grant



(Last updated: November 2020)

1. General Information			
Applicant Name		County	DUNS Number
Cliffside Sanitary District		Rutherford	004379960
Project Name		Federal Tax ID #	PWSID # (if
Sowon Agget Assessment Alt			applicable)
Sewer Asset Assessment, Alternatives Analy	ysis, & Rate Study	56-129-3786	
Fiscal Year(s) for which Assistance is Bein	1σ	Total Funding Do	anastad
Requested	····•	Total Funding Re	questea
2020-2021		\$400,000	
Applicant Type		,	
Municipality		Sanitary District	
County		Metropolitan Sewerage or Metro	nolitan Water District
☐ Water and Sewer Authority	⊠ i	Local Government Commission	(on behalf of a
☐ Water and Sewer District	distress	ed unit)	(on behalf of a
		Council of Governments	
Funding Type(s) Requested	3.000		18.01
Drinking Water Utility			
☐ Wastewater Utility			
Joint Drinking Water and	Wastawatar I Itility		
2. System Parameters	wastewater offinty		
Residential Sewer Connections	4	Docidordial Water C	4 Carlotte (1997)
76		Residential Water Cor	inections
Non-Residential Sewer Connection	ns	Non-Residential Water C	Connections
3		Tron Residential Water C	onnections
Sewer Bill per 5,000 gallons		Water Bill per 5,000	gallons
55.05			8
3. Authorized Representative Information	ation		2004
Authorized Representative Name:	Sharon Edmunds	son	
Title:	Secretary, Local	Government Commission	The state of the s
Mailing Address Line 1:	3200 Atlantic Av		
Mailing Address Line 2:			
City:	Raleigh	State: NC	Zip Code: 27604
Phone Number:	919-814-4300	E-Mail Address:	
		sharon.edmundson@nct	reasurer.com
4. Application Contact Information (if	different than Au	thorized Representative)	
Contact Name:	David Erwin		
Title:	Finance Officer		
Mailing Address Line 1:	3200 Atlantic Av	renue	
Mailing Address Line 2:			Address March

City:	Raleigh	State: NC	Zip Code: 27604
Phone Number:	919-814-4300	E-Mail Address:	
	2	david.erwin@nctreasure	r.com

	david.erwin@nctreasurer.com
5. Project Description	
Cliffside Sanitary District has been designated as distressed. The project conduct an assessment of sewer assets, a rate study, and an analysis of identifying long-term solutions for the sanitary district.	ect will use Viable Utility Reserve funds to falternatives as preliminary steps toward
6. Additional Information for Consideration	Committee of the second se
7. Project Budget	
Planned Work	Estimated Cost
Sewer Asset Assessment	\$150,000
Alternatives Analysis	\$150,000
Rate Study	\$100,000

Application Signature

TOTAL PROJECT COST:

Note that by signing the application, the Authorized Representative acknowledges that the Department and the Local Government Commission may impose specific performance measures or conditions on any grant awarded from the Viable Utility Reserve. Performance measures may include, but are not limited to, specific financial, operation and maintenance, and capital improvement planning measure for utilities that do not merge with a currently viable utility. The Department may also specifically require the administration of the grant by the Division if it is determined the unit does not have the capacity to properly execute contractual services.

Tharon Efmundson

SIGNAI	UKE	OF	AUI	HOR	IZED	REP	RESE	NTA.	TIV	E

Sharon Edmundson , Secretary, LGC , 12/2/2020
TYPED NAME TYPED TITLE DATE



\$400,000

North Carolina Department of Environmental Quality Division of Water Infrastructure

DEQ P

Division of Water Infrastructure Application for Viable Utility Reserve Grant



(Last updated: November 2020)

1. General Information	
Applicant Name	County DUNCAL L
Town of Kingstown	County DUNS Number Cleveland 842180072
Project Name	0.21000,2
Sewer Asset Assessment & Rate Study	Federal Tax ID # PWSID # (if applicable) 56-1850669
Fiscal Year(s) for which Assistance is Bein Requested	Total Funding Requested
2020-2021	\$250,000
Amplicant Tour	\$250,000
Applicant Type Municipality County Water and Sewer Authority Water and Sewer District	 □ Sanitary District □ Metropolitan Sewerage or Metropolitan Water District □ Local Government Commission (on behalf of a distressed unit) □ Council of Governments
Funding Type(s) Requested	
☐ Viable Utility Reserve	
☐ Drinking Water Utility	
☐ Wastewater Utility	
Joint Drinking Water and V	Vastewater Utility
2. System Parameters	
Residential Sewer Connections	Residential Water Connections
272	
Non-Residential Sewer Connection	Non-Residential Water Connections
Sewer Bill per 5,000 gallons	Water Bill per 5,000 gallons
\$74	
3. Authorized Representative Information	ation
Authorized Representative Name:	Sharon Edmundson
Title:	Secretary Local Government Commission
Mailing Address Line 1:	3200 Atlantic Ave
Mailing Address Line 2:	
City:	Raleigh State: NC Zip Code: 27604
Phone Number:	919-814-4300 E-Mail Address:
	sharon.edmundson@nctreasurer.com
4. Application Contact Information (if	
Contact Name:	Ann Cutler
Title:	Finance Officer
Mailing Address Line 1:	3200 Atlantic Ave
Mailing Address Line 2:	

City:	Raleigh	State: NC	Zip Code: 27604
Phone Number:	919-268-0395	E-Mail Address: ann.c	utler@nctreasurer.com
5. Project Description			
The Town has been designated as distressed. 'of sewer assets and a rate study as preliminary	The project will use Viable steps toward identifying	Utility Reserve funds t	to conduct an assessment the Town.
3. Additional Information for Conside	ration		
. Additional mormation for conside	iauon		
. Project Budget			
Planned Work		E	stimated Cost
Sewer Asset Assessment			\$150,000
Rate Study			\$100,000
	101 30 101		
	TOTAL 1	PROJECT COST:	\$250,000
	Application Signature		
Note that by signing the application, the	Authorized Representat	ive acknowledges tha	t the Denartment and
he Local Government Commission may i			
warded from the Viable Utility Reserve.	Performance measures	may include, but are	not limited to,
specific financial, operation and maintena			
do not merge with a currently viable utili			
administration of the grant by the Divisio	n if it is determined the	unit does not have th	e capacity to properly
execute contractual services.			
-0 -0			
Tharon Efmundson	J		
	RE OF AUTHORIZED REPRE	SENTATIVE	
Sharon Edmundson ,	Secretary I		12/2/2020
TYPED NAME	TYPED TIT	LE	DATE