

**New Public Nontransient Noncommunity Water System:
Capacity Development Program
Financial Declaration Form**

This declaration was prepared to satisfy the financial considerations for operating, maintaining, and repairing/replacing infrastructure associated with the operation of the proposed water system.

Water Testing Costs

The following represents anticipated expenditures for water testing during a 5 year-year period:

<u>Drinking Water Standard</u>	<u>Annual Expense</u>
Total Coliform Analysis (quarterly/ongoing) \$_____/quarter	\$_____
Nitrate Analysis (annual/ongoing unless detection (>5ppm) then quarterly)	\$_____
Volatile Organic Analysis (quarterly for one year then annual unless detection >0.5ppb)	\$_____
Lead and Copper Analysis (two consecutive six-month periods then annual unless >AL)	\$_____
Inorganic Analysis (once per three years, unless MCL violation, then quarterly)	\$_____
Secondary Analysis (compliance monitoring not required)	\$___N/A___
Synthetic Organic Compounds (frequency based on waiver application)	\$___N/A___
Radiological Testing (if necessary)	\$_____
Total expenditure per year	\$_____
Sub-Total expenditure per five years	\$_____

Treatment Operation Costs

The following represents anticipated expenditures for water treatment during a 5 year-year period:

Chemicals required (cost per year)	\$_____
Maintenance per equipment manufacturer (cost per year)	\$_____
Equipment Replacement cost	\$_____

Total expenditure per year \$ _____

Total expenditure per five years \$ _____

Emergency Replacement/Repairs

The following represents anticipated expenditures for emergency funding for replacement of infrastructure (well/well pump) during a 5 year-year period:

Well replacement cost \$ _____

Well redeveloping cost \$ _____

Well pump replacement cost \$ _____

Total estimated expenses (worst case scenario) for a 5-year period \$ _____

By signing this declaration, I declare that SYSTEM NAME: _____ will be able to afford (based on revenues and emergency funding) the anticipated water system operational expenses and the possible repair/replacement costs of infrastructure (well/well pump/treatment), if necessary.

Name: _____

Title: _____

Signature: _____

Date: _____