



TOWN COUNCIL – AGENDA REQUEST FORM

THIS FORM WILL BECOME PART OF THE BACKGROUND INFORMATION USED BY THE COUNCIL AND PUBLIC

Please submit Agenda Request Form, **including back up information**, 8 days prior to the requested meeting date. **Public Hearing requests must be submitted 20 days prior to requested meeting date to meet publication deadlines** (exceptions may be authorized by the Town Manager, Chairman/Vice Chair).

MEETING INFORMATION

Date Submitted: September 1, 2021
Submitted by: Town Councilor Nancy Murphy
Department:
Speakers: Nancy Murphy

Date of Meeting: September 9, 2021
Time Required: 20 minutes
Background Info. Supplied: Yes: No:

CATEGORY OF BUSINESS (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Appointment:	<input type="checkbox"/>	Recognition/Resignation/Retirement:	<input type="checkbox"/>
Public Hearing:	<input type="checkbox"/>	Old Business:	<input checked="" type="checkbox"/>
New Business:	<input type="checkbox"/>	Consent Agenda:	<input type="checkbox"/>
Nonpublic:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

TITLE OF ITEM

American Rescue Plan Act Funds for Private Well Owners Discussion [Tabled at the September 9, 2021 Town Council meeting]

DESCRIPTION OF ITEM

Discussion and proposed consideration to use American Rescue Plan Act of 2021 funds for private well owners.

REFERENCE (IF KNOWN)

RSA:	Warrant Article:	_____
Charter Article:	Town Meeting:	_____
Other:	N/A	

EQUIPMENT REQUIRED (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Projector:	<input type="checkbox"/>	Grant Requirements:	<input type="checkbox"/>
Easel:	<input type="checkbox"/>	Joint Meeting:	<input type="checkbox"/>
Special Seating:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Laptop:	<input type="checkbox"/>	None:	<input type="checkbox"/>

CONTACT INFORMATION

Name:	<u>Nancy Murphy</u>	Address	_____
Phone Number	_____	Email Address	<u>nmurphy@merrimacknh.gov</u>

APPROVAL

Town Manager:	Yes <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Chair/Vice Chair:	Yes <input checked="" type="checkbox"/> No: <input type="checkbox"/>
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Memo



TO: Town Council

FROM: Town Manager Paul T. Micali

DATE: September 17, 2021

RE: American Rescue Plan Act Private Wells

At the Council meeting on September 9th, the Town Council asked me to investigate the potential funding sources available for private well owners who are in exceedance of the AGOS. I reached out to NHDES PFAS Response Administrator/PFAS Remediation Loan Fund Administrator/MtBE Remediation Bureau, Amy Rousseau. Ms. Rosseau and I discussed the options available to the town to help private well owners. She mentioned that the Remediation Loan Fund grants are only available for private wells that are outside the blue line (outer boundary) of the SGPP Consent Decree and only if these private wells are in exceedance of the 4 AGOS. Currently the Town has 75 private wells out of 240 that were tested that exceed the AGOS. However there are still more homes being tested. After discussion we both agreed that the grant from the NH's PFAS Remediation Loan Fund is the best way to proceed.

The options are:

1. The Town hire a contractor to install Point of entry treatment systems (POET) for each of the homes in exceedance of the AGOS. This would allow for the town to control and install the same POET in every home. The town would have to complete a consolidation study. A consolidations study requires the town to hire an engineer to do a cost analysis to see if connection to MVD or a POET or even a combination of two would be best for the town.
2. This option is the preferred option and would be the quickest and easiest for the town to move forward. This option allows the Town to apply for the grant to allow for reimbursement of a POET or connection to MVD. The Town would have to establish conditions/requirements for the reimbursement and to establish reimbursement dollar amounts. This would put the responsibility on the home owner to find their own POET installer thus removing the Town from liability.

I have attached the grant application for your review.



ELIGIBILITY REQUEST

Water Division/Drinking Water and Groundwater Bureau
 Per- and Polyfluoroalkyl Substances
 Remediation Loan Fund (PFAS RLF)



RSA 485-H/Env-Dw 1400

1. PUBLIC WATER SYSTEM INFORMATION	
Water System Name:	PWS ID #:
Town/City:	Municipal <input type="checkbox"/> Private <input type="checkbox"/>
Contact Person:	Title:
Email:	Phone:

2. PROJECT TITLE:

3. PROJECT DESCRIPTION

Provide a concise description of the proposed project and the need for the proposed project, including how it will address public health protection, what alternatives have been considered, and a demonstration of how the eligibility requirements of RSA 485-H:3, I and II are met.

4. COMMUNITY INFORMATION, if available

Current Residential Water Rate: \$ N/A /single family home/year

Based on 71,996 gallons/year. If cost of water is included in other charges (rent, condo fees), break out the estimated annual cost per unit of water. NHDES may request back-up documentation as these figures are used to determine affordability.

Median Household Income (MHI): \$ N/A

If known, MHI of population served using results of a recent income survey or latest data from the American Community Survey.

Note: An income survey may be required for small, privately-owned water systems serving portions of a community where the survey data does not accurately reflect the income of the residents.

5. PROJECT SCHEDULE, to the extent available	
Anticipated Authority to Borrow Date:	
Anticipated Design Start Date:	
Anticipated Construction Contract Award Date:	
Anticipated Project Completion Date:	

6. GRANT/LOAN FUNDING REQUEST		
Requested Amount:	Grant	Loan
	\$	\$
Loan Term* (5, 10, 15, 20 or 30** years):		years

Notes:

- * Loan term cannot exceed the life-cycle cost of the financed asset/improvement.
- ** Loans to disadvantaged water systems may be for a term of up to 30 years.

7. THIRD PARTY LIABILITY
<i>Provide a statement outlining efforts to obtain funds for any project costs or portion of project costs from any liable or potentially liable third party. Attach any supporting documentation.</i>

8. APPLICANT LIABILITY
<i>Provide, by attachment, the information required per Env-Dw 1403.01(e).</i>

9. ESTIMATED PROJECT COSTS, to the extent available and necessary to support the demonstration of eligibility			
Project Costs			
<i>List all cost categories for this project with amounts that relate to PFAS remediation only.</i>			
Category	Amount		
Construction Costs:	\$		
Construction Contingency (10%):	\$		
Planning/Engineering Costs:	\$		
Other (describe):	\$		
	\$		
	\$		
Total Estimated Project Costs:	\$		
Assumptions made in estimating costs:			
Other Funding Sources Contributing to the Project:			
Source	Secured	Amount	Status
		\$	
		\$	
		\$	

Applicant certifies that the information in the application and in the attachments is true, not misleading and as complete as practicable to the best of the representative's knowledge and belief. Applicant understands that any department determination that the applicant and the applicant's project qualifies for funding from the PFAS RLF that is based on false, incomplete, or misleading information is subject to modification, up to and including reversal, through an adjudicative proceeding conducted in accordance with applicable provisions of Env-C 200. Applicant also understands that the signer is subject to the penalties specified in New Hampshire law for falsification in official matters, currently RSA 641.

If the applicant's authorized representative is, or is acting on behalf of, a listed engineer as defined in Env-C 502.10, the signature also constitutes certification that the signer understands that the submittal of false or misleading information is grounds for debarring the listed engineer from the roster.

Signature of Authorized Representative

Title

Date