West Virginia Infrastructure and Jobs Development Council Critical Need Line Extension Project Information Form

	Name of Utility:				
	Project Number:				
1.		Customers a. How many potential customers are along the proposed line?			
	b.	What is the project cost per potential customer?			
	C.	How many potential user signed 3-year user agreements does the applicant/project have?			
		i. If not all, why?			
	d.	What is the project cost per signed 3-year user agreement?			
	e.	Will the revenue of new customers allow the applicant to assume any debt for the extension/project?			
	f.	Will the revenue of the new customers cover the applicant's operating and maintenance cost for the extension/project?			
2.	Project a.	t What is the status of the plans and specifications?			
	b.	If the plans and specifications are not complete, when will the plans and specifications be complete?			
	C.	How many or approximately how many ROWs will be required for the project?			
	d.	What is the status of the ROW acquisition (percent complete)?			
	e.	Are any property acquisitions needed? If yes, what is the status of the acquisition(s)?			
		No: Yes: Status:			
	f.	What permits will be required for the project and the status of these permits?			

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3.	Rates	to MHI	
	a.	What is the applicant's current rate for 3,400 gallons of usage compared to the	
		applicant's MHI (city or county)? Rate: MHI:	
		Percentage of Rate to MHI:	
	b.	If there is a pending rate increase, what is the applicant's proposed rate for 3,400	
		gallons of usage compared to the applicant's MHI (city or county)?	
		No: Yes: Pending Rate: Status:	
4.	Please provide any information you may have related to quantity or quality of ground wate in the area; or direct discharge/pollution of the tributaries of the State.		
_	Haves	ou received UDC Critical Need Extension funds proviously? If year please provide the	
5.	_	ou received IJDC Critical Need Extension funds previously? If yes, please provide the of the prior project(s).	
		Yes: Status:	
	110	163	
Name	of Subn	nitter:	
Projec	t Role: _		
Date o	f Submi	ssion:	