Small Public Water System Emerging Contaminant Grant Application

Please complete this form and return to the Maine Drinking Water Program. Contact McKenzie Parker at (207) 557-2255 or e-mail McKenzie.Parker@maine.gov with any questions.

| | | | PWSID: | | |
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| Mailing Address: | | | Town: | | |
| County: | State:_ | | Zip Co | de: | |
| | t: Include brief descripti nentation schedule. Att | | | existing treatment if any, project cost | |
| 2. Project Cost: Appro. | ximately how much moi | ney is needed to compl | ete your p | project? | |
| 3. Describe any Cost S | haring: Will any other s | source of funds contrib | ute mone | y to fund a portion of the project costs? | |
| 4. Previous loans/and | grants: Has this systen | n received previous SRI | - Project f | unding? | |
| 5. Sample results fron with this application. <i>A</i> | - | _ | and conf | irmation PFAS levels must be included | |
| Initial sample date: | Initial result: | Confirmation sar | mple date: | Confirmation result: | |
| Signature: | Title: | | | | |
| Print Name: | | Date | : | - | |
| MAIL OR EMAIL APPLICATION TO: | DRINKING WAT 11 STATE HOUS 286 WATER STI AUGUSTA, ME | SE STATION REET, 3 RD FLOOR | OR | McKenzie.Parker@maine.gov | |

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