



MAINE CDC DRINKING WATER PROGRAM

Department of Health & Human Services

286 Water Street, Augusta ME 04333
www.medwp.com • (207) 287-2070 • TTY: 711



VERY SMALL SYSTEM COMPLIANCE LOAN FUND (VSSCL)

A qualifying water system may receive up to a \$60,000 grant to cover project costs up to \$50,000 with an additional \$10,000 allotted for engineering fees, for infrastructure projects that are needed to achieve compliance with a current or future standard of the Safe Drinking Water Act, excluding the Total Coliform Rule.

The loan needs to meet all requirements for a standard construction loan including contract documents, environmental review, capacity review, Davis-Bacon wage rates, American Iron and Steel (AIS), and other applicable requirements. The loan term would be set at 100 percent principal forgiveness.

Criteria for eligibility: Projects that must be completed to meet a current or future Safe Drinking Water Act Rule requirement are eligible for a Very Small System Compliance Loan (VSSCL). This includes public water systems with Radon levels above 4,000 pCi/L for Community systems and 40,000 pCi/L for Non-Transient, Non-Community (NTNC) systems (Maine has a Maximum Exposure Guideline (MEG) of 4,000 pCi/L for Community systems). The loan may be used to purchase capital items or for engineering design of a water treatment system. All equipment or materials purchased must remain the property of the water system or other public entity. Examples of eligible projects may include but are not limited to:

- Installation of a replacement well in order to meet a current or future Safe Drinking Water Act Rule, excluding the Total Coliform Rule,
- Installation of a water treatment system in order to meet a current or future Safe Drinking Water Act Rule, excluding the Total Coliform Rule.

Eligible Water Systems: All community public water systems (except those regulated by the Public Utilities Commission) with a population of 100 or less, and all not-for-profit, non-transient, noncommunity (NTNC) water systems. Examples include mobile home parks, apartment buildings, nursing homes, and not-for-profit schools.

Eligible Project Costs: Costs associated with the project that can be paid with loan funds include engineering services (up to \$10,000 maximum), contractor labor, materials, equipment, and legal fees associated with the creation of the loan. Materials and costs for operation and maintenance are not eligible for reimbursement.

Non-eligible project costs: Loans will not be awarded for projects which involve the maintenance of water system infrastructure, maintenance of treatment facilities, or costs that are part of normal system operation. Also, the water system may not be reimbursed for its own equipment use or

water system employee labor costs, even if the work is in support of an eligible project. Loans will not be awarded retroactively for completed projects.

Application Deadline: Water systems may apply at any time. If more requests for money are received than we have allocated for the Very Small System Compliance Loan Program, funds will be made available on a first come first served basis and the ability of the applicant to implement the improvements on a timely basis.

How to Apply: Submit a VSSCL application to the Maine Drinking Water Program to obtain approval for the overall project (Appendix A). Following preliminary approval, work with a Consulting Engineer to complete all requirements for award (Appendix B). In addition to the DWSRF loan application, the Owner must also complete a Drinking Water SRF Application with the Maine Municipal Bond Bank (MMBB). This should occur early in the timeline, shortly after obtaining project preliminary approval. The MMBB application is available online: https://mmbb.formstack.com/forms/dwsrf_forgiven. Once the grant is in place and the project is approved for construction, work may proceed.

A Project Engineer (Maine Professional Engineer) is required to manage the VSSCL project. Due to inherent challenges involved with meeting federal requirements for loan funds, a Maine Professional Engineer is required to manage the project. Up to \$10,000 of VSSCL funds are available to pay for engineering services. The engineer will be responsible for overseeing all aspects of the project including providing a project estimate and completing requirements related to the loan: Capacity Review, Environmental Review, Plans & Specs sign-off and submittal to the DWP for review and approval, Davis Bacon Wages, American Iron and Steel requirements, competitive quotes for materials and services, and other applicable requirements.

How to get reimbursed: A Pay Requisition for reimbursement of funds must be prepared by the engineer, reviewing and approving eligible expenses, and submitted to the Maine Drinking Water Program. The pay requisition shall include:

1. The standard DWSRF pay requisition form, see Appendix G
2. Documentation of the project work completed
3. Copies of paid invoices for reimbursable costs up to the award amount;
4. Copies of at least three written quotes for any materials or services
5. Davis Bacon and American Iron and Steel documentation as necessary

How can I get more information? Contact Eduard Chenette at (207) 592-0456 or e-mail Eduard.Chenette@maine.gov.

APPENDIX A: VSSCL Application

Very Small System Compliance Project Application

Please complete this form and return to the Maine Drinking Water Program. Contact Eduard Chenette at (207) 592-0456 or e-mail Eduard.Chenette@maine.gov with questions.

| | | | |
|-----------------|------------|--------|-----------|
| PWS NAME: | PWSID#: | | |
| CONTACT: | TELEPHONE: | | |
| E-MAIL ADDRESS: | DATE: | | |
| ADDRESS: | TOWN/CITY: | STATE: | ZIP CODE: |

1. **Describe the Project;** *Include brief description of proposed improvements, existing treatment if any, project cost estimate and implementation schedule.*
2. **Describe any Cost Sharing.** *Will any other source of funds contribute money to fund a portion of the project costs?.*
3. **Previous loans/and grants.** *Has this systems received previous SRF Project funding?*

| | |
|-------------------|---------------|
| Signature: | Title: |
|-------------------|---------------|

| | |
|--------------------|--------------|
| Print Name: | Date: |
|--------------------|--------------|

**MAIL OR EMAIL
APPLICATION TO:**

DRINKING WATER PROGRAM
11 STATE HOUSE STATION
286 WATER STREET, 3RD FLOOR
AUGUSTA, ME 04333-0011
Attn: Eduard Chenette

Eduard.Chenette@maine.gov

APPENDIX B: Federal and State Requirements for Award

To qualify for receipt of a Very Small System Compliance Loan the project must meet ALL of the below requirements.

Oversight by a Professional Engineer

Due to inherent challenges involved with meeting federal and state requirements for obtaining funding, a Maine Licensed Professional Engineer (P.E.) is required to manage the project. The Consulting Engineer will be responsible for overseeing all aspects of the project including procurement of quote(s), Environmental Review preparation and assistance with a Capacity Review, as needed, Davis-Bacon certified payroll review, AIS requirement implementation, competitive procurement of quotes for materials and services, review and stamping plans/change applications prepared by treatment installers, and payment requisition preparation.

A copy of a signed engineering agreement must be submitted to the DWSRF Project Manager.

Up to \$10,000 of VSSCL funds are available to pay for engineering services.

For your reference, a list of Maine PE's with experience in the Drinking Water field are including in Appendix C

Submittal of Plans & Specifications

All projects must have plans and specifications stamped and signed by a Maine Professional Engineer. Projects involving treatment changes must be accompanied by a Drinking Water System Change Application. (Application accessible at <https://www.maine.gov/dhhs/mecdc/healthy-living/health-and-safety/drinking-water-safety/public-water-systems/changes-to-public-water-systems>).

Your DWSRF Project Manager must provide written approval of the plans prior to any alterations of the water system taking place.

Completion of an Environmental Review

Every project seeking federal or state funding is evaluated for its potential environmental impacts. An Environmental Determination must be issued prior to any physical modification of a project site and prior to receiving grant funds for the reimbursement of construction costs. The Environmental Review Process for VSSCL Projects is as follows: Step 1: Work with Consulting Engineer to complete a CATEX Environmental Review Worksheet and an

Environmental Review Submission Form and submit to your DWSRF Project Manager. The submittal must include project maps and documentation from federal agencies who are required to have an opportunity to review a project receiving federal funds.

- Step 2: Once your DWSRF Project Manager has reviewed your submittal, you will be provided with a Determination Notice which must be published in a local newspaper of community-wide circulation. The Owner must provide their Project Manager with a dated copy of the published notice. There is 15-day public comment period following the date of publication – no alterations may be made to the water system until after this comment period is complete.

The cost of running the newspaper notice is reimbursable by the grant program so keep records of any expenses incurred.

For more information on the Environmental Review process and all necessary forms, Consulting Engineers should reference the latest version of the DWSRF Project Guide, available: https://www.maine.gov/dhhs/mecdc/sites/maine.gov.dhhs.mecdc/files/dwp/SRF_ProjectGuide_RevE_03122024.pdf

Completion of a Capacity Review

A Capacity Review assesses the technical, managerial, and financial capacity of a water system to ensure that they have sufficient capacity. The intent of the Capacity Development Program is to prevent the creation of nonviable public water systems, to identify systems at risk, and to assist systems to acquire, enhance and maintain system capacity. The DWSRF Program may require the Owner to make changes to their proposed project, system operation or management, prior to receipt of a grant, or may condition the grant award as a means of attaining and/or maintaining the required capacities.

Capacity Reviews are conducted by the DWP Capacity Development Coordinator and take place shortly after preliminary grant approval. The Capacity Development Coordinator will reach out directly to the Owner to conduct this review.

Payment of Davis-Bacon Wage Rates to all Qualifying Workers

The Davis-Bacon Act (DBA) was enacted by Congress on March 3, 1931, to assure local workers a fair wage and to provide local contractors a fair opportunity to compete for local federal government contracts. Contractors and subcontractors must pay laborers and mechanics employed directly upon the site of the work at least the locally prevailing wages (including fringe benefits), listed in the Davis-Bacon wage determination in the contract, for the work performed. Locally prevailing wage rates are determined by the US Department of Labor (USDOL). The wage determination for a given project can be found at: <https://sam.gov/content/wage-determinations> by searching the county in which the project is located and the applicable construction type. Projects that involve installation of water treatment in non-municipal settings are considered “Building” construction while installation of water mains are considered “Heavy” construction. The Owner or Consulting Engineer should reach out to their DWSRF Project Manager if there are any questions on what type of construction the project falls under.

Certified Payrolls must be provided to the Consulting Engineer using Department of Labor form WH-347 (Appendix F). The Consulting Engineer should review the payrolls as soon as possible to catch any underpayments in a timely manner. Weekly Payroll Labor Standards Compliance Review forms for each week of work must be included in the Payment Requisition. Forms must be provided for the work performed by the Contractor as well as any Subcontractors. For larger scale projects, labor interviews with the Contractor’s employees are to be conducted by the Consulting Engineer to determine whether the Davis-Bacon wage rates and other labor standards are being fully complied with, and that there is no misclassification of employees.

EXEMPTION: If work is to be performed by an owner of a business (i.e., a plumber who owns their own business and is doing the work themselves with no assistance) they do not need to pay themselves the Davis-Bacon Rates and are not required to report their own payroll. The owner-operator must provide a signed Davis-Bacon Owner-Operator Exemption Certification, available in Appendix F.

EXEMPTION: If the total project cost (labor + materials) is less than \$2000, Davis-Bacon Wage Rates will not apply.

Material Procurement Compliance with American Iron and Steel (AIS)

The American Iron and Steel (AIS) provision requires Drinking Water State Revolving Fund (DWSRF) assistance recipients to use iron and steel products that are produced in the United States. A certification letter from the product manufacturer must accompany all iron and steel products permanently incorporated into a project. A sample letter is available in Appendix G. For more details, exemptions, and waivers, please see: <https://www.epa.gov/cwsrf/state-revolving-fund-american-iron-and-steel-ais-requirement>.

APPENDIX C: Engineering Resources

A. E. Hodsdon Co.

Waterville, ME
Tel: 207-873-5164

Carpenter Associates

Old Town, ME
Tel: 207-827-8001

CDM Smith

Boston, MA
Tel: 617-452-6638

Dirigo Engineering

Fairfield, ME
Tel: 207-453-2401

Dubois & King, Inc

Bangor, ME
Ph: 207-573-4130, ext. 4702

Fuss & O'Neill

Kennebunk, ME
Tel: 207-363-0669

Gartley & Dorsky Engineering & Surveying, Inc

Camden, ME
Tel: 207-236-4365

Haley Ward

Bangor, ME
Tel: 207-989-4824

Lowry Engineering, Inc.

Blue Hill, ME
Tel: 207-434-9080

Sebago Technics, Inc.

Westbrook, ME
Tel: 207-856-0277

Sevee & Maher Engineers, Inc.

Cumberland Center, ME
Tel: 207-829-5016

Snowden Consulting

Oakland, ME
Tel: 207-649-8568

The Water Office Inc

Bangor, ME
207-852-1431

Woodard & Curran

Bangor & Portland, ME
Tel: (800) 945-5492

Wright-Pierce Engineers

Topsham, ME
Tel: 207-725-8721

Please note that this is only a partial list provided for reference and is not an official endorsement of these water treatment professionals. Services and prices may vary. Contact information is only as accurate as provided to the Program. You may check the yellow pages of your local telephone directory under "Water Treatment" to find additional water treatment professionals.

APPENDIX D: Water Treatment Resources

A - Z water systems

New Gloucester, ME
Tel: 207-721-8620

Aerus

Augusta, ME
Tel: 207- 622-0125

Air & Water Quality, Inc.

Ellsworth, ME Freeport, ME
Tel: 207-664-5200 Tel: 800-698-9655

Atlantic Water Solutions

Alfred, ME
Tel: 800-696-9355

Dunbar Water

Sanford, ME
Tel: 1-866-755-7225

Ever clean water systems

Fairfield, ME
Tel: 207-341-1001

Forest Pump & Filter Co., Inc.

Rochester, NH
Tel: 603-332-9037

Lowry Systems

Blue Hill, ME
Tel: 800-434-9080

Mainely Water LLC

Hampden, ME
Tel: 207-907-9772

Norlen's Water Treatment, LLC

Orrington, ME
Tel: 800-339-7873

The Water Doctors, LLC

Brunswick, ME
Tel: 207-443-8080

Ward Water

Steep Falls, ME
Tel: 207-675-3272

Water Treatment Equipment, Inc.

Yarmouth, ME
Tel: 207-846-5061

Please note that this is only a partial list provided for reference and is not an official endorsement of these water treatment professionals. Services and prices may vary. Contact information is only as accurate as provided to the Program. You may check the yellow pages of your local telephone directory under "Water Treatment" to find additional water treatment professionals.

APPENDIX E: Davis-Bacon Documents

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

Davis-Bacon Owner-Operator Exemption Certification

I, _____, am the owner-operator of the bona fide business
(Owner Name Printed)
_____ and have been contracted to perform labor on a
(Business Name)
treatment works project located at _____ in the town of
(Name of Public Water System)
_____, Maine. I certify that I own at least 20-percent equity interest in the
(Town)
enterprise in which employed and am actively engaged in its management. I am thereby exempt from Davis-Bacon Act prevailing wage rates per Title 29 CFR 5.2(m). A copy of my business license will be provided to the Maine Drinking Water Program if requested.

☐ I will not have anyone else assist me with the work.

☐ I will have others assist me with the work. They are subject to Davis-Bacon Act prevailing wage rates under the classification of _____. Certified payrolls will
(Plumber, Electrician, Carpenter, etc.)
be provided to the Maine Drinking Water Program to validate the prevailing wage rates are met.

Signature: _____

Date: _____

Federal Tax ID Number: _____

U.S. Department of Labor

Wage and Hour Division

Davis-Bacon and Related Acts Weekly Certified Payroll Form

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Unless otherwise noted, the information requested is specific to the named project below.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. January 2025
OMB No.: 1235-0008
Expires: 01/31/2028

☐ SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

☐ PRIME CONTRACTOR

☐ SUBCONTRACTOR

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|------------------|-------------------|-----------------------|-----------------------------|--|----------------------|-------------------------------------|---|--|---|-----|------|------|------|-----------------------------|-------------------------------------|-----------------------------|------------------------------------|------------------|-------------------------------|-------------------------|------|--|------------------|--------------------------------|
| PROJECT NAME | | | | PROJECT NO. or CONTRACT NO. | | | CERTIFIED PAYROLL NO. | | | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME | | | | | | | | | | | | | | | |
| PROJECT LOCATION | | | | WAGE DETERMINATION NO. | | | WEEK ENDING DATE | | | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS | | | | | | | | | | | | | | | |
| (1A) | (1B) | (1C) | (1D) | (1E) | (2) | (3) | (4) | | | | (5) | (6A) | (6B) | (6C) | (7A) | (7B) | (8) | | | (9) | | | | | |
| WORKER ENTRY NO. | WORKER LAST NAME | WORKER FIRST NAME | WORKER MIDDLE INITIAL | WORKER IDENTIFYING NO. | (J) JOURNEYWORKER (RA) REGISTERED APPRENTICE | LABOR CLASSIFICATION | ST = STRAIGHT TIME OT = OVERTIME | (TOP) DAYS OF WORK WEEK (BOTTOM) DATES | | | | | | | TOTAL HOURS WORKED FOR WEEK | HOURLY WAGE RATE PAID FOR ST AND OT | TOTAL FRINGE BENEFIT CREDIT | PAYMENT IN LIEU OF FRINGE BENEFITS | GROSS AMT EARNED | GROSS AMT EARNED FOR ALL WORK | DEDUCTIONS FOR ALL WORK | | | | NET PAY TO WORKER FOR ALL WORK |
| | | | | | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | TAX WITH-HOLDINGS | FICA | OTHER (MUST SPECIFY, SEE INSTRUCTIONS) | TOTAL DEDUCTIONS | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
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While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210 (over)

| | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|-----------------------------|-----------------------------------|--|---------------------------------|--|-----------------------------------|--|---------------------------------|---------------|-----------------------------------|--|---------------------------------|--|-----------------------------------|--|---------------------------|
| PROJECT NAME | | | PROJECT NO. or CONTRACT NO. | | | PAYROLL NO. | | | PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| PROJECT LOCATION | | | | | | WEEK ENDING DATE | | | CERTIFYING OFFICIAL'S NAME AND TITLE | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following: | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract. | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor. | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed. | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form. | | | | | | | | | | | | | | | | | | |
| APPRENTICESHIP PROGRAM NAME | | | | | | REGISTERED | | | NAME OF LABOR CLASSIFICATION | | | | | | | | | |
| | | | | | | <input type="checkbox"/> OA | | <input type="checkbox"/> SAA | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> OA | | <input type="checkbox"/> SAA | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> OA | | <input type="checkbox"/> SAA | | | | | | | | | | |
| <input type="checkbox"/> Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form. | | | | | | | | | | | | | | | | | | |
| HOURLY CREDIT FOR FRINGE BENEFITS | | | | | | | | | | | | | | | | | | |
| If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded. | | | | | | | | | | | | | | | | | | |
| NAME OF WORKER | | FB NAME | | | | FB NAME | | | | FB NAME | | | | FB NAME | | | | TOTAL HOURLY CREDIT |
| | | FB TYPE | | | | FB TYPE | | | | FB TYPE | | | | FB TYPE | | | | |
| | | PLAN NO. | | | | PLAN NO. | | | | PLAN NO. | | | | PLAN NO. | | | | |
| | | <input type="checkbox"/> Funded | | <input type="checkbox"/> Unfunded | | <input type="checkbox"/> Funded | | <input type="checkbox"/> Unfunded | | <input type="checkbox"/> Funded | | <input type="checkbox"/> Unfunded | | <input type="checkbox"/> Funded | | <input type="checkbox"/> Unfunded | | |
| | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | \$ |
| | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | \$ |
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| | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | \$ |
| | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | Hourly Credit | | \$ | | \$ |
| <input type="checkbox"/> All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3. | | | | | | | | | | | | | | | | | | |
| ADDITIONAL REMARKS | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF CERTIFYING OFFICIAL | | | | | | DATE | | TELEPHONE NUMBER | | | EMAIL ADDRESS | | | | | | | |
| | | | | | | | | (____) ____ -____ | | | | | | | | | | |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION (SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST. | | | | | | | | | | | | | | | | | | |



Owner's Davis-Bacon Compliance Report

Project Name _____ **SRF Project #** C230 _____

Project Owner: _____

Certified Payrolls Reviewed By: _____
(Printed name of Owner's Representative)

Employee interviews have been conducted in accordance with the contract requirements. Yes ☐ No ☐

Prime Contractor: _____

Prime Contractor's Pay Application No: _____ (Note: Only one allowed per Compliance Report)

Application Period: From _____ **to** _____

Check one box and sign below:

- ☐ For the application period indicated, there were no certified payrolls reported because there were no workers on the site that were subject to the Davis-Bacon and Related Acts.
- ☐ For the application period indicated, the certified payrolls are in compliance with the Davis-Bacon and Related Acts.
- ☐ For the application period indicated, the certified payrolls are not in compliance with the Davis-Bacon and Related Acts. A Compliance Report for the corrective action will be submitted ASAP.

Summary of noncompliant findings and follow up actions needed:

Owner's Representative Signature

Date

APPENDIX F: AIS MATERIALS



From the “Consolidated Appropriations Act, 2014”

H.R. 3547 (PL113-76, enacted 1/17/2014)

USE OF AMERICAN IRON AND STEEL

“SEC. 436. (a)(1) None of the funds made available by a State water pollution control revolving fund as authorized by title VI of the Federal Water Pollution Control Act (33 U.S.C. 1381 et seq.) or made available by a drinking water treatment revolving loan fund as authorized by section 1452 of the Safe Drinking Water Act (42 U.S.C. 300j–12) shall be used for a project for the construction, alteration, maintenance, or repair of a public water system or treatment works unless all of the iron and steel products used in the project are produced in the United States.

(2) In this section, the term “iron and steel products” means the following products made primarily of iron or steel: lined or unlined pipes and fittings, manhole covers and other municipal castings, hydrants, tanks, flanges, pipe clamps and restraints, valves, structural steel, reinforced precast concrete, and construction materials.

(b) Subsection (a) shall not apply in any case or category of cases in which the Administrator of the Environmental Protection Agency (in this section referred to as the “Administrator”) finds that—

(1) applying subsection (a) would be inconsistent with the public interest;

(2) iron and steel products are not produced in the United States in sufficient and reasonably available quantities and of a satisfactory quality; or

(3) inclusion of iron and steel products produced in the United States will increase the cost of the overall project by more than 25 percent.

(c) If the Administrator receives a request for a waiver under this section, the Administrator shall make available to the public on an informal basis a copy of the request and information available to the Administrator concerning the request, and shall allow for informal public input on the request for at least 15 days prior to making a finding based on the request. The Administrator shall make the request and accompanying information available by electronic means, including on the official public Internet Web site of the Environmental Protection Agency.

(d) This section shall be applied in a manner consistent with United States obligations under international agreements.

(e) The Administrator may retain up to 0.25 percent of the funds appropriated in this Act for the Clean and Drinking Water State Revolving Funds for carrying out the provisions described in subsection (a)(1) for management and oversight of the requirements of this section.

(f) This section does not apply with respect to a project if a State agency approves the engineering plans and specifications for the project, in that agency’s capacity to approve such plans and specifications prior to a project requesting bids, prior to the date of the enactment of this Act.”



CERTIFICATION BY THE OWNER
OF COMPLIANCE WITH THE
USE OF AMERICAN IRON AND STEEL LAW
enacted on 1/17/2014

(To be attached to each Utility Construction SRF requisition submitted for payment)

We, the Owner named, _____, having obtained funding from the State of Maine, State Revolving Fund (SRF), for the Utility Construction Project named _____, hereby submit to the SRF program, certification from each contractor working on the Utility Construction Project that the use of American Iron and Steel in the construction of the project complies with the law, or that a waiver has been obtained from the U.S. Environmental Protection Agency. Thereby, it is to the best of the Owner's knowledge that the costs being requested with this SRF requisition #_____are in compliance with the Use of American Iron and Steel Law.

Signature of Official

Printed name

Date

Attachment: Certification by Contractor



CERTIFICATION BY CONTRACTOR
OF COMPLIANCE WITH THE
USE OF AMERICAN IRON AND STEEL LAW
enacted on 1/17/2014

(To be attached to each Utility Construction payment application)

We, the Prime Contractor and Subcontractors, as named below, hereby certify that the use of American iron and steel in the utility construction of the Project named _____, being requested in the Utility Construction payment application (or invoice) # _____ and dated _____, complies with the Use of American Iron and Steel Law, or that a waiver been obtained from the U.S. Environmental Protection Agency.

Prime Contractor Name: _____

| | | |
|--------------------------------|-----------------------|---------------|
| _____ Signature of Official | _____ Printed name | _____ Date |
|--------------------------------|-----------------------|---------------|

| <u>Subcontractor Name</u> | <u>Signature of Official</u> | <u>Date</u> |
|---------------------------|------------------------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Sample Step Manufacturer Certification

(Documentation must be provided on company letterhead)

Date

Company Name

Company Address

City, State Zip

Subject: American Iron and Steel Step Manufacturer Certification

Project Name _____

I, _____ (company representative), certify that the _____
(melting, bending, coating, galvanizing, cutting, etc.) process for _____
(manufacturing or fabricating) the following products and/or materials shipped or provided for
the project is in full compliance with the American Iron and Steel requirement as mandated in
EPA's State Revolving Fund Programs.

Item, Products and/or Materials:

1. _____
2. _____
3. _____

Such process took place at the following location: _____ (address)

If any of the above compliance statements change while providing material to this project we
will immediately notify the prime contractor and the engineer.

Company representative

Signature

Date

State Revolving Fund (SRF)
American Iron and Steel - De Minimis Tracking Form

The EPA has issued a public interest waiver for De Minimis incidental components. An Owner wishing to use this waiver should consult with their contractor(s) to maintain an itemized list to track the components covered under De Minimis. The Owner may create their own format for the list or use this sample form.

Owner: _____

Loan #: _____

Project Name: _____

NOTE: The De Minimis waiver is only applicable to the cost of materials for the entire project. Do not include other project costs (labor, installation costs, etc.) in the "Total Cost of Materials". The total cost of a material may be based on estimated, or if available, actual costs.

Funds used for de minimis incidental components cumulatively may comprise no more than a total of 5 percent of the total cost of the materials used in and incorporated into a project; the cost of an individual item may not exceed 1 percent of the total cost of the materials used in and incorporated into a project.

| | | | | | |
|--------------------------|--|-----------|--|-----------|--|
| Total Cost of Materials: | | 5% Limit: | | 1% limit: | |
|--------------------------|--|-----------|--|-----------|--|

| Manufacturer & Component Description | Part/Model # | Quantity (if applicable) | Cost per Unit (if applicable) | Component's Total Cost | Invoice or receipt attached |
|--------------------------------------|--------------|-----------------------------|----------------------------------|---------------------------|--------------------------------|
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Use additional sheets as necessary

**Total Cost of Components
deemed to be De Minimis:**

| |
|--|
| |
|--|

Completed by:

Company: _____

Name: _____

Title: _____

Signature: _____

Date: _____

APPENDIX G: Reimbursement Request Form

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

Very Small System Compliance Loan Reimbursement Request Form

Public Water System Name: _____ PWSID#: _____ DWSRF Project Number _____

Owner's Contact Information:

Name: _____ Title: _____

Address: _____

Phone #: _____ Email: _____

Project Completion Date: _____

Date project was inspected by a Drinking Water Program Representative: _____

Name of the Inspector: _____

I have enclosed documents and/or proof of completion for the following:

- ☐ Summary list of eligible expenses and total cost
- ☐ Documentation of project's paid expenditures (receipts, invoices, etc.). Payments of grant awards are on a reimbursement basis only.
- ☐ AIS Owner Certification, AIS Contractor Certification, **AND** AIS Deminimus Tracking Sheet
- ☐ Davis-Bacon Payroll Certifications **AND/OR** Davis-Bacon Owner-Operator Exemption
- ☐ The Maine Municipal Bond Bank ACH Authorization Agreement for Payment Requisitions

Upon receipt of the above materials, we will authorize an electronic transfer for an amount up to the awarded sum by the Maine Municipal Bond Bank. All incomplete projects will be closed one year after grant award unless a request for an extension has been submitted in writing to the Drinking Water Program and approved. Submit this completed form, along with supporting documents, to your Project Manager.

Owner Signature

Consulting Engineer Signature

Name Printed

Name Printed

Date

Date

[For DWP Administrative Use Only]

Approved Date: _____

Approved By: _____

Approved Amount: _____