



**PROPOSITION 84**  
**The Safe Drinking Water, Water Quality and Supply, Flood Control,  
River and Coastal Protection Bond Act of 2006**

**SECTION 75025 – PREVENTION AND REDUCTION OF GROUNDWATER CONTAMINATION**

**SUPPLEMENTAL INFORMATION FORM**

**I. SYSTEM INFORMATION**

1. Public Water System Name / Entity Name: \_\_\_\_\_
2. Public Water System ID Number: \_\_\_\_\_
3. Project Title: \_\_\_\_\_

**II. ELIGIBILITY CRITERIA**

1. In order to be eligible for Section 75025 funding, the project must meet all of the following conditions:

	Yes	No
a. Does the project prevent or reduce the contamination of groundwater? If yes, please explain: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the project considered "Ready to Proceed"? If yes, explain how the project is "Ready to Proceed": _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the project protect public health and will address a contaminant with a primary MCL? If yes, please explain: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the affected groundwater provide at least one-third of a community's drinking water supply? (Based on historical, current, or potential supply data.) If yes, please provide data to support this response: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the project address an anthropogenic source of contamination? If yes, please identify the contaminants and the source of the contamination: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE NOTE: If you answered "NO" to any of the above questions, your project does not meet the Proposition 84 Section 75025 Eligibility Criteria.**

2. Will the proposed project replace existing facilities?  Yes  No

If you answered NO, then proceed to Section III – Ranking Criteria.  
 If you answered YES, then respond to the following questions.

Projects to replace existing treatment facilities are eligible if one or more of the following conditions are met:

	Yes	No
a. Does the existing treatment capacity need to be increased? (subject to the noted sizing criteria)	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the existing treatment facility nearing or at the end of its useful life?	<input type="checkbox"/>	<input type="checkbox"/>
c. Will the replacement of an existing treatment facility reduce operation and maintenance costs for that facility?	<input type="checkbox"/>	<input type="checkbox"/>
d. Will the replacement of an existing treatment facility increase contaminant removal efficiency through improved technology?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “Yes” to any of the preceding questions, please explain your answer:

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### III. RANKING CRITERIA

**As appropriate please attach supporting documentation to your application to just your response.**

1. Impact on Drinking Water Source

- a. Identify the contaminant(s) of concern, and indicate with an “X” what its impact is on the PWS source:

Contaminant	Contaminant has reached PWS source and has been detected > MCL	Contaminant has reached PWS source and has been detected < MCL	Contaminant has not reached PWS source but is within 2 year TOT	Contaminant has not reached PWS source but is within 2-10 TOT

- b. Please provide the treatment process(es) and/or other methods to address the above contaminant(s): \_\_\_\_\_

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2. Provide the contaminant plume characteristics, and provide documents or data supporting this (Is the plume migrating towards a PWS source? Is the contaminant source being replenished? Is the contaminant plume stable?):

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3. Is treatment or alternate supply necessary to meet maximum day demand for affected PWS? If yes, please explain:

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4. What is the population served by PWS sources that are within the 10 year Time of Travel (TOT) for the contaminant(s)? (Provide a map showing the 10 year TOT):

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5. Will the local water supply reliability be enhanced if project is fully implemented? If yes, please explain: \_\_\_\_\_

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6. Will the project increase opportunities for groundwater recharge and optimize groundwater supplies? If yes, please explain: \_\_\_\_\_

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7. Will the project implemented pursuant to a comprehensive basin-wide groundwater quality management and remediation plan, or is it necessary to develop a comprehensive groundwater plan? If yes, please explain: \_\_\_\_\_

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8. Does the affected groundwater provide a local supply that, if contaminated, will require the importation of additional water from the Sacramento-San Joaquin Delta or the Colorado River? If yes, please explain: \_\_\_\_\_

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9. Does the project serve an economically disadvantaged community? (Area served has an MHI that is  $\leq 80\%$  of the Statewide MHI) If yes, please provide a water service area map for the affected area: \_\_\_\_\_

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10. Does the project have the potential to leverage funds? If "YES", please indicate the potential amount and source of the funds to be leveraged? \_\_\_\_\_

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11. Does the project address the contamination at a site on the list maintained by the Department of Toxic Substances Control pursuant to Health & Safety Code Section 25356 or is the site listed on the federal CERCLA National Priorities List? If yes, please indicate which list it is on: \_\_\_\_\_

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**IV. OTHER**

1. Projects may fall under the jurisdiction of other state or federal agencies and are subject those agencies' normal permit and approval processes. Will this project fall under the jurisdiction of another state or federal agency?  Yes  No

If yes, please list all applicable agency or agencies: \_\_\_\_\_

\_\_\_\_\_

If yes, have all applicable permits and approvals been obtained? \_\_\_\_\_

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2. Please identify any known responsible parties. (If there are no known responsible parties, mark as "Unknown")

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3. Describe the long-term availability of the groundwater source. If it draws from an adjudicated groundwater basin, provide documentation of the terms of the adjudication.

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