



**Section 4**

**Project Funding:**

Please indicate, in dollars, any funds/grants from other entities including municipality/county: \_\_\_\_\_

**Section 5**

**Please attach/indicate the following items:**

- A) Proposed commencement and completion dates. \_\_\_\_\_
- B) A set of design drawings, storm water calculations, photos, any relevant information.
- C) A final cost estimate breakdown.

**Section 6**

**Project Justification:**

	<b>Yes</b>	<b>No</b>	<b>Unknown</b>
<b>1. Does the problem create any of the following safety or health hazards?</b>			
a. Public Endangerment	Y	N	UNK
b. Restriction of Access Including Emergency Vehicles	Y	N	UNK
c. Impact on Road Systems or Critical Structure(s)	Y	N	UNK
d. Public Health Hazards	Y	N	UNK
<b>2. Does the problem create any of the following types of property damage?</b>			
Primary Structure(s)			
a. Major (greater than 20% of structure value)	Y	N	UNK
b. Moderate (between 10 and 20% of structure value)	Y	N	UNK
c. Minor (less than 10% of structure value)	Y	N	UNK
Secondary Structure(s)			
d. Major (greater than 20% of structure value)	Y	N	UNK
e. Moderate (between 10 and 20% of structure value)	Y	N	UNK
f. Minor (less than 10% of structure value)	Y	N	UNK
Other Property Damage			
g. Major (greater than 20% of value)	Y	N	UNK
h. Moderate (between 10 and 20% of value)	Y	N	UNK
i. Minor (less than 10% of value)	Y	N	UNK
<b>3. How often does the problem happen?</b>			
a. Several times a year	Y	N	UNK
b. Every 2 to 5 years	Y	N	UNK
c. Every 5 to 10 years	Y	N	UNK
d. Every 10 to 20 years	Y	N	UNK
e. Last time it occurred _____			
<b>4. Does the problem cause a public inconvenience?</b>			
a. Major (public services reduced or delayed more than 8 hours)	Y	N	UNK
b. Moderate (public services reduced or delayed 2 to 8 hours)	Y	N	UNK
c. Minor (public services reduced or delayed less than 2 hours)	Y	N	UNK
<b>5. Does the problem cause degradation in the immediate area?</b>			
a. Bank erosion (lack of vegetation/bare soil)	Y	N	UNK
b. Sediment deposition (loss of conveyance or storage capacity)	Y	N	UNK
If yes to either question, please explain what your mitigation plan is below.			
_____			
_____			
<b>6. What is the level of public sensitivity in the problem area?</b>			

Effective Date: 8/3/18

Section 2 and 7 are required

a. Major (more than 20 complaints)	Y	N	UNK
b. Moderate (between 5 and 20 complaints)	Y	N	UNK
c. Minor (less than 5 complaints)	Y	N	UNK

**7. Will fixing the problem have negative off-site impacts?**

Major (Buildings/structures adversely impacted)	Y	N	UNK
Moderate (detached buildings/infrastructure adversely impacted)	Y	N	UNK
Minor (increased flood elevation, upstream or downstream)	Y	N	UNK

If yes to any of these questions, please explain what your mitigation plan is below.

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**Section 7**

SD1 maintains the municipal separate storm sewer system (“MS4”) of our co-permittees pursuant to the Transfer and Assignment of the SD1 Storm Water Drainage System Agreements. Pursuant to the Storm Water Infrastructure Transfer Agreements SD1 has a responsibility to maintain assets previously owned by the co-permittees as a public system within the storm water service area. While SD1 owns and maintains some of these structures, many of them are the responsibility of private property owners, homeowners associations, or cities and counties. Because of this, everyone plays a role in preventing flooding and other storm water issues. SD1 will evaluate and prioritize these storm water needs based on a multitude of factors including, but not limited to the information submitted with this Request for Assistance.

Because resources are limited, it is possible that not all submitted requests will receive SD1 funding. In submitting this Request for Assistance, the undersigned affirmatively acknowledges that SD1 has exclusive authority and discretion in its review of this Request for Assistance. The undersigned further acknowledges that the submission of this Request for Assistance does not create an entitlement to SD1 funding and does not obligate SD1 to fund, perform or otherwise contribute resources of any kind.

In order for SD1 to efficiently and effectively evaluate the storm water issues identified herein, it is important that this Request for Assistance contains accurate and verifiable information. The misstatement, embellishment or exaggeration of information being provided herein is strictly prohibited. All mandatory fields must be completed. Other fields may be filled later by submitting an amended or supplemental Request for Assistance.

I hereby certify to the best of my knowledge that the information submitted in this Request for Assistance is true and accurately reflects the conditions and circumstances surrounding the project for which funding is sought herein.

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Authorized Representative / Title (Please Print)

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Signature

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Date

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Co-permittee / Company

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Phone

Completed Requests for Assistance may be emailed to [info@sd1.org](mailto:info@sd1.org) and cc [sblake@sd1.org](mailto:sblake@sd1.org) or submitted to:

**Sanitation District No. 1  
1045 Eaton Drive  
Ft. Wright, KY 41017  
Attn: Sean Blake**

*Effective Date: 8/3/18  
Section 2 and 7 are required*

**For internal use only**

Date Application Received:

\_\_\_\_\_

SD1 Staff Reviewed:

'Rwdrl-Equv'Uj ctg<

- Cffftgugur wdrle'f tclpci g'kuuwg'ecwugf "d{ "qt'ko r cev'pi "c'f gfl ecvgf 'tki j vqh/y c{
- Hnqf lpi "qt'f tclpci g'kuuwg'ku'lp'vj g'UF 3'uvqto 'y cvgt'ugtxleg'ctgc
- Co-Permittees and the property owner(s) must be in good standing and in compliance with all of SD1's Rules and Regulations

'Private-Equv'Uj ctg<

- Cffftgugur private property drainage issues
- Hnqf lpi "qt'f tclpci g'kuuwg'ku'lp'vj g'UF 3'uvqto 'y cvgt'ugtxleg'ctgc
- Co-Permittees and the property owner(s) must be in good standing and in compliance with all of SD1's Rules and Regulations

SD1 Staff Recommendation:

- Recommended for Approval
- Recommended for Approval with Notes (below)
- Not Recommended for Approval

Reviewer Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Engineering Sr. Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

\* The SD1 Board of Directors has the ultimate decision on cost-share program project selection.

Date of Board Approval (if applicable): \_\_\_\_\_

SD1 Staff Notes: \_\_\_\_\_

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