

PUBLIC WATER SUPPLY STATE FISCAL YEAR 2023 DRINKING WATER NEEDS SURVEY

Public Water System: _____

Designated Water Operator in Charge: _____

Survey Preparer: _____ Date: _____

Job Title: _____ Telephone: _____

Address: _____ Fax: _____

_____ Cell/Mobile: _____

City/State/Zip: _____ E-Mail: _____

1. Please provide a brief description and purpose of any drinking water project(s) that may begin construction by June 30, 2022 (preferably 50 words or less):

1a. Are Plans and Specifications prepared or under contract for the design of this project?: Yes No

1b. Are Water Meters being installed in previously unmetered areas?: Yes No N/A

1c. Will Water Meter Replacements or Retrofits include upgrading to an Automatic Meter Reading system and/or leak detection?: Yes No N/A

Need(s):	Please Circle all that Apply	Estimated Costs:
Well(s)	New, rehab, pump, house, etc.	\$ _____
Water Storage Tank	New, painting, rehab, etc.	\$ _____
Water Mains	New, replacement, extension, etc.	\$ _____
Lead Service Lines	Replacement	\$ _____
Pump Station	New, improvements, rehab, etc.	\$ _____
Water Treatment	New, modifications, etc.	\$ _____
Water Meters	New, replacement, etc.	\$ _____
Total Estimated Costs		\$ _____
(Owner/Owners' representative)		

2. Land Acquisition and Source Water Protection (land or conservation easements to be purchased for source water protection):

Total Estimated Land Costs	\$ _____	Acres # _____
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What is the source of the cost estimate in questions 1 & 2?

- PWS
- Consulting Engineer
- Other: _____

Has a Preliminary Engineering Study or Report been prepared to address the need for the listed project(s)?

Yes No

If yes, date of report: _____

3. Please provide a brief description of the system's drinking water regulatory compliance issues/concerns or water quality concerns in general (preferably 50 words or less):

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4. Please provide a brief description of other drinking water needs such as water operator and/or Board (Owner) training or informational meetings, future water service demands, water rate studies, etc. (preferably 50 words or less):

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5. Does your water system currently have user water service meters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Current Water Rates (Optional).	Monthly Base or Flat Rate Charge	Usage Charge (note whether per 1,000 gallons or 100 ccf)
	\$	\$
7. Total number of service connections (Optional)		
By signing this survey, we do not imply that we are committing to the construction of the project listed above or seeking loans from the DWSRF program in SFY 2023.		
Signature (Survey Preparer) _____	Date _____	

Please return the completed needs survey to the address below, postmarked by the deadline of **January 15, 2022**.

Financial Assistance Section, NDEE
P O Box 98922
Lincoln, NE 68509-8922

Email: ndeq.srf@nebraska.gov

Attach additional sheets, if needed.