

PUBLIC WATER SUPPLY STATE FISCAL YEAR 2021 DRINKING WATER NEEDS SURVEY

(July 1, 2020 – June 30, 2021)

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, 2021 (preferably 50 words or less):

1a. Are Plans and Specifications prepared or under contract for 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 an upgrade to a 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.	\$
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 for 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):

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):

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 making any commitment to construction of the project listed above or that we would be seeking loans from the DWSRF program in SFY 2021.		
Signature (Survey Preparer)	Date	

If you have any questions, please contact Steve McNulty at (402) 471-1006. Please return the completed needs survey to the address below, postmarked by the deadline of **December 31, 2020**.

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

Email: ndeq.srf@nebraska.gov

Attach additional sheets, if needed.

Please note that effective August 1, 2017, the Nebraska Department of Environmental Quality and the Nebraska Department of Health and Human Services signed a Memorandum of Agreement to improve coordination of the Safe Drinking Water Act and the Clean Water Act programs. A common return address for both the Clean Water and this Drinking Water Needs Survey form, as noted above, is just another step towards meeting the Governor's directive of ensuring improved services to Nebraska's communities.