

COMBINED CLEAN WATER AND DRINKING WATER STATE FISCAL YEAR 2025 NEEDS SURVEY STATE REVOLVING FUND

- The Needs Survey is used to set the amount of funding available to Nebraska Communities, develop the annual Intended Use Plan (IUP), and makes your community eligible to receive assistance.
- Filling this survey out will not obligate your community to a project.
- Fill out all applicable fields to take full advantage of all priority ranking points available.

Submission deadline: postmarked by **January 15, 2024**

SECTION 1 - COMMUNITY INFORMATION

Community Name					
Mailing Address				Zip Code	
Mayor/Chairperson (first and last name)					
Phone number		Email address			
Community Contact (first and last name)				<input type="checkbox"/> Same as above	Title
Phone number		Email address			

SECTION 2 – CLEAN WATER (WASTEWATER) INFORMATION

N/A

- The Community does not have to be permitted or have a sewer system to complete this portion to be eligible for funding.

SKIP TO SECTION 3, IF ONLY COMPLETING THE DRINKING WATER (PUBLIC WATER SUPPLY) SURVEY

2.A - FACILITY INFORMATION

NPDES Permit ID		Operator (first and last name)			
Type of Wastewater Treatment Facility	<input type="checkbox"/> Mechanical Plant	<input type="checkbox"/> Discharging Lagoon	<input type="checkbox"/> Lagoon with Land Apply	<input type="checkbox"/> Full Retention Lagoon	<input type="checkbox"/> Private Septic Systems
Current Residential Sewer Rate	\$	Per Month	Additional Charge	\$	Per
Current Industrial Sewer Rate	\$	Per Month	Additional Charge	\$	Per
Number of Sewer Connections		Residents		Commercial & Industrial	
Total Sewer Connections:					
Cluster Systems:					
Onsite Septic Systems:					

2.B – COMPLIANCE			
<ul style="list-style-type: none"> Additionally, check yes if you have been informed that one of these items will be occurring soon. <p style="color: red; font-weight: bold;">IF YES IS INDICATED FOR ANY OF THE COMPLIANCE ITEMS IN THIS SECTION, PLEASE SUPPLY SUPPORTING DOCUMENTATION.</p>			
Compliance Schedule in NPDES permit (with dates/milestones)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Letter of Non-Compliance	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Consent Order	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Administrative Order	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Referral to Attorney General	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2.C – PROJECT CONSIDERATIONS			
IF YES IS INDICATED PLEASE DESCRIBE BELOW. PROVIDE SUPPORTING DOCUMENTATION IF NEEDED OR ATTACH ADDITIONAL SHEETS.			
Is there a public health problem related to protection from disease, injury, and disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is there a water quality problem related to impairment on the receiving water body?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Wastewater Treatment Facility and/or sanitary sewer needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Non-point source control and/or storm sewer connection needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Green Infrastructure project(s); includes water and/or energy efficiency, or environmentally innovative? For example: I & I repair, water meter installation, or land application of treated wastewater.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROJECT(S) DESCRIPTION		ESTIMATED COST	
<ul style="list-style-type: none"> Include studies or plans that are needed. 			
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Total Estimated Costs:		\$	
What is the source of the cost estimate?	<input type="checkbox"/> WWTF <input type="checkbox"/> Consulting Engineer <input type="checkbox"/> Other: _____		
Last Facility Plan / Preliminary Engineering Report (PER) created in (Year):		Do you have a Sewer Asset Management Plan or Capital Improvement Plan in use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has a PER been prepared to address the listed needs above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are Plans and Specifications prepared or under contract for the design of this project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDITIONAL INFORMATION			
<ul style="list-style-type: none"> Please list studies or planning documents previously prepared for any projects listed above with name of document and date. Please submit a copy of document if not previously submitted. Please provide a brief description of any wastewater/sewer project(s) that may begin construction by July 1, 2024. Include other wastewater needs such as operator and/or Board (Owner) training, informational meetings, future demands, stormwater needs, etc. 			

SECTION 3 – DRINKING WATER (PUBLIC WATER SUPPLY) INFORMATION			<input type="checkbox"/> N/A
<ul style="list-style-type: none"> The Community does not have to be permitted or have a public water supply to complete this portion to be eligible for funding. <p style="text-align: center;">SKIP TO SECTION 4, IF ONLY COMPLETING THE CLEAN WATER (WASTEWATER) SURVEY</p>			
3.A - FACILITY INFORMATION			
NDEE PWS #		Designated Operator (first and last name)	
Total number of service connections		Does your water system currently have user water service meters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current Water Rate	Monthly Base or Flat Rate Charge	Usage Charge (note whether per 1,000 gallons or 100 ccf)	
	\$	\$	
3.B – COMPLIANCE			
<ul style="list-style-type: none"> Additionally, check yes if you have been informed that one of these items will be occurring soon. <p style="text-align: center; color: red;">IF YES IS INDICATED FOR ANY OF THE COMPLIANCE ITEMS IN THIS SECTION, PLEASE SUPPLY SUPPORTING DOCUMENTATION.</p>			
Letter of Non-Compliance			<input type="checkbox"/> YES <input type="checkbox"/> NO
Administrative Order			<input type="checkbox"/> YES <input type="checkbox"/> NO
3.C – PROJECT CONSIDERATIONS			
FOR THE FOLLOWING, CONSIDER PROVIDING SUPPORTING DOCUMENTATION IF NEEDED OR ATTACH ADDITIONAL SHEETS.			
Are water meters being installed in previously unmetered areas?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Will water meter replacements or retrofits include upgrading to an Automatic Meter Reading system and/or leak detection?			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NEEDS			ESTIMATED COST
<ul style="list-style-type: none"> Please check all that apply 			
<input type="checkbox"/> WELLS	<input type="checkbox"/> New <input type="checkbox"/> Rehab <input type="checkbox"/> Pump house <input type="checkbox"/> Other:		\$
<input type="checkbox"/> WATER STORAGE TANK	<input type="checkbox"/> New <input type="checkbox"/> Rehab <input type="checkbox"/> Painting <input type="checkbox"/> Other:		\$
<input type="checkbox"/> WATER MAINS	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Extension <input type="checkbox"/> Other:		\$
<input type="checkbox"/> LEAD SERVICE LINES	<input type="checkbox"/> Replacement		\$
<input type="checkbox"/> PUMP STATION	<input type="checkbox"/> New <input type="checkbox"/> Rehab <input type="checkbox"/> Improvements <input type="checkbox"/> Other:		\$
<input type="checkbox"/> WATER TREATMENT	<input type="checkbox"/> New <input type="checkbox"/> Modification <input type="checkbox"/> Other:		\$
<input type="checkbox"/> WATER METERS	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Other:		\$
Total Estimated Costs:			\$
What is the source of the cost estimate?	<input type="checkbox"/> PWS <input type="checkbox"/> Consulting Engineer <input type="checkbox"/> Other: _____		
Last Facility Plan / Preliminary Engineering Report (PER) created in (Year):		Do you have a Water Asset Management Plan or Capital Improvement Plan in use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has a PER been prepared to address the listed needs above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are Plans and Specifications prepared or under contract for the design of this project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Land Acquisitions and Source Water Projection (land or conservation easements to be purchased for source water protection)			
Total Estimated Land Cost	\$	Acres #	

ADDITIONAL INFORMATION

- Please list studies or planning documents previously prepared for any projects listed above with name of document and date. Please submit a copy of document if not previously submitted.
- Please provide a brief description of any public water supply project(s) that may begin construction by **July 1, 2024**.
- Include other drinking water needs such as water operator and/or Board (Owner) training, informational meetings, future water service demands, water rate studies, etc.

4 – CERTIFICATION

- Filling out and signing the form does **NOT** obligate a community to a SRF loan.
- Nor does it imply commitment to the construction of the previously listed project(s) listed.

SIGNATURES OF THE LOCAL OFFICIAL, AND CONSULTANT/ENGINEER IS REQUIRED ON ALL SUBMISSIONS.

LOCAL OFFICIAL CERTIFICATION STATEMENT:

By signing the form, we have described wastewater, nonpoint source, and/or drinking water needs accurately to the best of our knowledge.

Signature		Date	
Printed name		Title	

PREPARED BY CONSULTANT / ENGINEER:

The estimated cost described on this needs survey is accurate to the best of my knowledge.

Signature		Date	
Printed name		Title	
Email		Phone	

Please return the completed needs survey and any additional supporting documents to the address below, postmarked by the deadline of **January 15, 2024**. All Needs Surveys postmarked after the due date will be ranked with zero priority points for use in the 2025 Nebraska Intended Used Plan (IUP).

**State Revolving Fund Section, NDEE
PO Box 98922
Lincoln, NE 68509-8922**

Alternatively, E-Mail the completed form to: ndee.srf@nebraska.gov

CLEAN WATER SUPPLEMENTARY QUESTIONS

- The NDEE is responsible for the determination of priority given to the construction of publicly owned treatment works. Please answer the following questions to help determine the benefit of the project and the relative level of the impact on the environment. See Appendix A1 of the IUP for additional information
- This supplementary questionnaire is strongly encouraged, although not required, when completing the Needs Survey.

SECTION 1 - COMMUNITY INFORMATION

Community Name

SECTION 2 – PROJECT BENEFIT SUPPLEMENTAL QUESTIONS – CLEAN WATER PROJECTS ONLY

- Please check yes or no.

Does the project...

eliminate the raw or primary waste discharge?	<input type="checkbox"/> YES <input type="checkbox"/> NO
address or eliminate frequent sewer backups?	<input type="checkbox"/> YES <input type="checkbox"/> NO
address septic tank systems and drinking water well spacing conflicts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
include replacement of on-site treatment systems?	<input type="checkbox"/> YES <input type="checkbox"/> NO
remediate or protect the drinking water supply in the zone of influence in the municipal wellfield?	<input type="checkbox"/> YES <input type="checkbox"/> NO
include the replacement or upgrade of the wastewater treatment system to assure compliance with secondary treatment standards for Total Suspended Solids (TSS) and/or Biological Oxygen Demand (BOD) or Carbonaceous Biochemical Oxygen Demand (CBOD)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
include disinfection of wastewater effluent?	<input type="checkbox"/> YES <input type="checkbox"/> NO
include the replacement or upgrade of the wastewater treatment system to meet water-quality based permit limits (such as, ammonia, <i>E. coli</i> , pH, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
remediate ground water at a landfill site?	<input type="checkbox"/> YES <input type="checkbox"/> NO
include sludge stabilization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
include storm water management?	<input type="checkbox"/> YES <input type="checkbox"/> NO
include the addition or repair of a wastewater collection system or lift station?	<input type="checkbox"/> YES <input type="checkbox"/> NO
include beneficial reuse (such as grey water reuse, land application line & equipment, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
have water quality enhancement for a Nonpoint Source project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
have water conservation features?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list other project benefits for consideration.