

**FILLING OUT THIS SURVEY WILL DO SEVERAL THINGS:**

- IT WILL HELP SET THE AMOUNT OF FUNDING AVAILABLE TO NEBRASKA.
- IT ALLOWS STATE REGULATORS TO UNDERSTAND THE COST ASSOCIATED WITH CHANGES.
- IT HELPS TO DEVELOP THE ANNUAL INTENDED USE PLAN (IUP); AND
- IT MAKES YOUR COMMUNITY ELIGIBLE TO RECEIVE ASSISTANCE.

**FILLING THIS SURVEY OUT WILL NOT OBLIGATE THE COMMUNITY TO A PROJECT  
IN THE STATE FISCAL YEAR**

**BE SURE TO FILL OUT ALL FIELDS TO TAKE FULL ADVANTAGE OF ALL PRIORITY RANKING  
POINTS AVAILABLE IN THE UPCOMING INTENDED USE PLAN (IUP)**

**SECTION 1 - COMMUNITY INFORMATION:**

COMMUNITY NAME:		DATE:		PHONE:	
FORM COMPLETED BY, NAME & TITLE:		AWIN SUSTAINABILITY RISK:	<input type="checkbox"/> Low (0-10)	<input type="checkbox"/> Moderate (11-15)	<input type="checkbox"/> High (16 +)
NPDES (WASTEWATER) PERMIT ID:	<b>NE</b>	LAST FACILITY PLAN (FP)/PRELIMINARY ENGINEERING REPORT (PER) CREATED IN (YEAR):			
CURRENT RESIDENTIAL SEWER BASE RATE:	\$	PER MONTH	ADDITIONAL CHARGE:	\$	PER
COMMERCIAL/INDUSTRIAL SEWER BASE RATE:	\$	PER MONTH	ADDITIONAL CHARGE:	\$	PER
TYPE OF WASTEWATER TREATMENT FACILITY IS:	<input type="checkbox"/> Mechanical Plant	<input type="checkbox"/> Lagoon	<input type="checkbox"/> Lagoon with Land Apply	<input type="checkbox"/> Full Retention Lagoon	<input type="checkbox"/> Private Septic Systems

**SECTION 2 - COMPLIANCE: PLEASE MARK ( ✘ ) YES OR NO**

COMPLIANCE SCHEDULE IN NPDES PERMIT	<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 (AO)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REFERRAL TO ATTORNEY GENERAL (AG)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION 3 – GENERAL INFORMATION: PLEASE MARK ( ✘ ) YES OR NO**

WE ARE CURRENTLY UNDERTAKING OR JUST FINISHED A PROJECT AND DO NOT HAVE ANY NEW PROJECTS IN MIND.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE A SEWER ASSET MANAGEMENT PLAN OR A CAPITAL IMPROVEMENT PLAN IN USE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SECTION 4 – SEWER CONNECTIONS:**

NUMBER OF USERS	RESIDENTS	COMMERCIAL & INDUSTRIAL
TOTAL SEWER CONNECTIONS:		
CLUSTER SYSTEMS:		
ONSITE SEPTIC SYSTEMS:		

**SECTION 5 - CONSIDERATIONS: PLEASE MARK (x) YES OR NO**

IS THERE A PUBLIC HEALTH PROBLEM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IS THERE A WATER QUALITY PROBLEM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU INTERESTED IN CWSRF FUNDING?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WHEN DO YOU PLAN TO START CONSTRUCTION?	

**SECTION 6 – PROJECT(S):** PLEASE CHECK ( *x* ) YES OR NO

WASTEWATER TREATMENT FACILITY AND/OR SANITARY SEWER SYSTEM NEED(S)	<input type="checkbox"/> Yes <input type="checkbox"/> No
NON-POINT SOURCE CONTROL AND/OR STORM SEWER COLLECTION NEED(S)	<input type="checkbox"/> Yes <input type="checkbox"/> No
GREEN INFRASTRUCTURE PROJECT(S)	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONSIDERED FOR A CWSRF PLANNING GRANT (ONLY CHECK YES IF YOU WILL APPLY IF INVITED)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PROJECT(S) DESCRIPTION:</b>	<b>Estimated Cost:</b>
<b>ESTIMATED TOTAL: \$</b>	

**SECTION 7 - ADDITIONAL INFORMATION:**

PLEASE LIST (BELOW) THE ENGINEERING STUDIES, FINANCIAL, OR PLANNING DOCUMENTS PREVIOUSLY PREPARED FOR ANY OF THE PROJECTS YOU HAVE LISTED IN THIS SURVEY. INDICATE DATE AND NAME OF STUDY/DOCUMENT.

- PLEASE SEND NDEE A COPY OF THE STUDY/DOCUMENT, IF NOT PREVIOUSLY SUBMITTED.

**SECTION 8 – LOCAL OFFICIAL CERTIFICATION:**

**CERTIFICATION STATEMENT:**

SIGNATURES OF THE LOCAL OFFICIAL, AND CONSULTANT/ENGINEER (IF APPLICABLE), IS **REQUIRED** ON ALL SUBMISSIONS.

**LOCAL OFFICIAL:** BY SIGNING THIS FORM, THE COMMUNITY HAS DESCRIBED WASTEWATER OR NONPOINT SOURCE NEEDS. FILLING OUT AND SIGNING THE FORM **DOES NOT OBLIGATE** A COMMUNITY TO A LOAN OR A PROJECT.

<b>SIGNATURE:</b>		<b>DATE:</b>	
<b>PRINTED NAME:</b>		<b>TITLE:</b>	
<b>EMAIL ADDRESS:</b>			

**SECTION 9 – PREPARED BY:**

**CONSULTANT / ENGINEER:** THE ESTIMATED COST DESCRIBED ON THE CWSRF NEEDS SURVEY IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

<b>SIGNATURE:</b>		<b>DATE:</b>	
<b>PRINTED NAME:</b>		<b>TITLE:</b>	
<b>EMAIL ADDRESS:</b>			

**THANK YOU!**

COMPLETED CW NEEDS SURVEY **MUST BE POSTMARKED BY** THE DUE DATE OF **JANUARY 15, 2022**, TO:

STATE REVOLVING FUND SECTION, NDEE P.O. Box 98922 LINCOLN, NE 68509-8922

ALTERNATIVELY, E-MAIL IT TO: [NDEQ.SRF@NEBRASKA.GOV](mailto:NDEQ.SRF@NEBRASKA.GOV).

**ALL CW NEEDS SURVEYS POSTMARKED AFTER THE DUE DATE WILL BE RANKED WITH ZERO PRIORITY POINTS FOR USE IN THE 2023 NEBRASKA INTENDED USE PLAN (IUP).**