Submit completed form to:

Drinking Water and Groundwater Division PO Box 98922, Lincoln NE 68509-8922 Phone: 402.471.2186 Fax: 402.471.2909

[ndee.ecmupload@nebraska.gov](mailto:ndee.ecmupload@nebraska.gov)

**Community Public Water Supply System**

**Capacity Development Statement of Intent**

I, [Owner Name], intend to own [System Name], a new community public water supply system, for the foreseeable future.

Yes  No

If you checked ‘No’ above, please provide the new owner contact information below:

Name: [Name]

Address: [Address]

Phone: [Phone] Email: [Email]

This facility plans to meet the minimum technical, managerial, and financial capacity requirements of a new community public water system with the following proposed operating budget. Available projections for years two through five are also provided.

**Proposed Operating Budget for the Community Water Supply System**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| I. Income |  |  |  |  |  |
| A. Operating Revenues (e.g., water charges, service connection fees, other revenues) |  |  |  |  |  |
| B. Reserve Accounts |  |  |  |  |  |
| 1. Emergency Reserve |  |  |  |  |  |
| 2. Capacity Replacement |  |  |  |  |  |
| C. Budget Surplus |  |  |  |  |  |
| D. Financing Source |  |  |  |  |  |
| Grants |  |  |  |  |  |
| Reserves |  |  |  |  |  |
| Loans |  |  |  |  |  |
| User Surcharge |  |  |  |  |  |
| *Total Income* |  |  |  |  |  |
|  |  |  |  |  |  |
| II. Expenses |  |  |  |  |  |
| A. System Operating Expenses (e.g., salaries & other benefits, contract labor, power costs, insurance, professional services) |  |  |  |  |  |
| B. Taxes |  |  |  |  |  |
| C. Debt Payments |  |  |  |  |  |
| D. Miscellaneous (e.g., training, travel) |  |  |  |  |  |
| E. Capital Improvement Costs |  |  |  |  |  |
| *Total Expense* |  |  |  |  |  |
| *Income Less Expense* |  |  |  |  |  |