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)

**Non-Transient Non-Community**

**Public Water Supply System**

**Capacity Development Statement of Intent**

I, [Owner Name], intend to own [System Name], a new non-transient non-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 operating budget. The mandatory first year is provided. Available projections for years two through five are also provided.

**Proposed Operating Budget for the**

**Non-Transient Non-Community Water Supply System**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| I. Income |  |  |  |  |  |
| Revenues |  |  |  |  |  |
| 1. Reserve Accounts |  |  |  |  |  |
| 1. Budget Surplus |  |  |  |  |  |
| 1. Financing Sources |  |  |  |  |  |
| *Total Income* |  |  |  |  |  |
|  |  |  |  |  |  |
| II. Expenses |  |  |  |  |  |
| 1. Water System Operating Expenses, including Capital Improvements |  |  |  |  |  |
| 1. All Other Operating Expenses |  |  |  |  |  |
| *Total Expenses* |  |  |  |  |  |
| Income Less Expense |  |  |  |  |  |