

FILLING OUT THIS SURVEY WILL DO SEVERAL THINGS:

- IT WILL HELP SET THE AMOUNT OF FUNDING AVAILABLE TO NEBRASKA;
- IT HELPS STATE REGULATORS 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 UPCOMING STATE FISCAL YEAR**

BE SURE TO FILL-OUT ALL FIELDS IN ORDER 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)
NPDES (WASTEWATER) PERMIT ID: NE		LAST FACILITY PLAN (FP)/PRELIMINARY ENGINEERING REPORT (PER) CREATED IN (YYYY):			
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 CHECK (*) YES OR NO

COMPLIANCE SCHEDULE IN NPDES PERMIT	<input type="checkbox"/> yes	<input type="checkbox"/> no
NOTICE OF VIOLATION (NOV)	<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 CHECK (*) YES OR NO

WE ARE CURRENTLY UNDERTAKING OR JUST FINISHED A PROJECT AND DON'T 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:

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

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

IS THERE A PUBLIC HEALTH PROBLEM?	<input type="checkbox"/> yes <input type="checkbox"/> no	DO YOU HAVE 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 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	<input type="checkbox"/> yes <input type="checkbox"/> no
PROJECT(S) DESCRIPTION:	Estimated Cost:
ESTIMATED TOTAL: \$	

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 NDEQ A COPY OF THE STUDY/DOCUMENT.

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SECTION 8 – LOCAL OFFICIAL CERTIFICATION:

CERTIFICATION STATEMENT:			
SIGNATURES OF THE LOCAL OFFICIAL, AND CONSULTANT/ENGINEER (IF APPLICABLE), ARE REQUIRED ON ALL SUBMISSIONS. SUBMISSIONS WITHOUT THE SIGNATURE OF THE LOCAL OFFICIAL WILL BE RANKED WITH ZERO PRIORITY POINTS .			
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.		
SIGNATURE:		DATE:	
PRINTED NAME:		TITLE:	
EMAIL ADDRESS:			

SECTION 9 – PREPARED BY:

CONSULTANT / ENGINEER:	THE ESTIMATED COST DESCRIBED ON THE CWSRF NEEDS SURVEY ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.		
SIGNATURE:		DATE:	
PRINTED NAME:		TITLE:	
EMAIL ADDRESS:			

THANK YOU!

YOUR COMPLETED CW NEEDS SURVEY **MUST BE POSTMARKED BY** THE DUE DATE OF **DECEMBER 31, 2017** TO:

FINANCIAL ASSISTANCE SECTION, NDEQ P.O. Box 98922 LINCOLN, NE 68509-8922

OR E-MAIL IT TO: NDEQ.SRF@NEBRASKA.GOV.

ALL CW NEEDS SURVEYS POSTMARKED AFTER THE DUE DATE WILL BE RANKED WITH ZERO PRIORITY POINTS FOR USE IN THE 2019 NEBRASKA INTENDED USE PLAN (IUP).