

PLEASE NOTE THAT THE COMMUNITY DOES NOT HAVE TO BE PERMITTED OR HAVE A SEWER SYSTEM IN ORDER TO FILL OUT THIS SURVEY, OR TO BE ELIGIBLE FOR FUNDING ASSISTANCE.

SECTION 1 – COMMUNITY INFORMATION:

- Write in the **COMMUNITY NAME**.
- Enter the **DATE** the survey was filled out.
- List contact **PHONE** number in case there are questions or something can't be read.
- List the person's **NAME & TITLE** that filled out the survey.
- **AWIN** (Assessing Wastewater Infrastructure Needs) **Substantiality Risk** – obtained from the NDEQ website at <http://deq.ne.gov/NDEQProg.nsf/OnWeb/AWIN>, once there click on the [AWIN Sustainability Risk List](#) link in the middle of the page, locate your community's name, then in the third column identify the Sustainability Risk and mark the corresponding box on the CW Needs Survey.
- **NPDES PERMIT ID** – If you have a current wastewater permit write it out here. It is a nine digit number starting with NE and followed by seven numbers (example: NE1234567).
- List the year in which the **LAST FACILITY PLAN** or **PRELIMINARY ENGINEERING REPORT** was created.
- List the current residential and commercial/industrial sewer base rate as well as any additional charge, indicating the unit for additional charge.
- Check the box that corresponds to the **TYPE OF WASTEWATER TREATMENT FACILITY** the community operates (Please note that there are three types of Lagoons).

SECTION 2 – COMPLIANCE: This covers required regulatory activities that may impact wastewater needs. Check the yes or no box that corresponds to your answer. It is alright to check yes if you have been informed that one of these items will be coming/happening in the near future:

- **COMPLIANCE SCHEDULES** found in the National Pollutant Discharge Elimination System (NPDES) permit. It will include specific dates and/or milestones.
- **NOTICE OF VIOLATION (NOV)** from NDEQ concerning the wastewater treatment facility that would impact future modifications that is unresolved.
- Other enforcement actions may include a **Consent Order, Administrative Orders**, or have been **REFERRED TO THE ATTORNEY GENERAL** for issues that will require upgrades, modifications, repairs, or other needs that is unresolved.

SECTION 3 – GENERAL INFORMATION: Check the yes or no box that corresponds to your answer.

- **Project Status** for any projects you may have just completed, or are still working on.
- **Community Planning** to let us know if you have a **Sewer Asset Management** or **Capital Improvement Plan**.

SECTION 4 – SEWER CONNECTIONS: Write in the number in the appropriate box.

- This will address how many users **Connections** are receiving service – **Residential** and **Commercial/Industrial**.
- If you do not have any **Cluster Systems** or **Onsite Septic Systems** – just leave the boxes blank.

SECTION 5 – CONSIDERATIONS: Check the yes or no box that corresponds to your answer.

- “**Public Health Problem**” refers to the protection from disease, injury, disability, and premature death.
- “**Water Quality Problem**” refers to impairment on the receiving water body.
- Is the community interested in **CWSRF Funding**.
- Finally, estimate the time the **Construction Project will start**.

SECTION 6 – PROJECT (S): Addresses the type of potential project(s) the community is considering or would like to do in the future.

- Check the yes or no box that helps to indicate what type of project the community is considering: **Wastewater Treatment Facility** and/or **Sanitary Sewer**, or **Non-Point Source Control**, or a **Green Infrastructure** project. Green projects can cover four categories: green infrastructure, water efficiency, energy efficiency, or environmentally innovative. Examples of Green projects include infiltration & inflow repairs, water meter installation, or land application of treated wastewater.
- Check yes or no if your community would like to be considered for a CWSRF Planning Grant. A **Planning Grant** may be used by a community to pay for the creation of a Preliminary Engineering Report or Facility Plan in order to determine which upgrades are necessary. It is available to communities of fewer than 10,000 people which have not received a Planning Grant in the past 5 years.
- Write the **project description(s)** in the provided space and **estimated cost** for each project(s). Be sure to add information about the desire to conduct a Study, or have a Facility Plan/Preliminary Engineering Report created here (If you need additional space write it out on a separate piece of paper and include it with your submission).

SECTION 7 – ADDITIONAL INFORMATION:

- Write out any additional Information regarding engineering that was done previously.

SECTION 8 – LOCAL OFFICIAL CERTIFICATION:

- This is where the local official must fill out their **name** – printed & signature;
- Enter an **email** address for the official that signed the survey;
- Write in the **date** the survey was signed; and
- The **title** of the official that signed the survey.

Any Submission WITHOUT a Local Official Signature will be ranked with ZERO priority points.

SECTION 9 – PREPARED BY: If the community received help from a consultant or an engineer to fill out the survey, this is where their information should be provided.

- The Consultant/Engineer should fill out their **name** – printed & signature;
- Enter their work **email** address;
- Write in the **date** the survey was signed by them; and
- The **title** of the consultant/engineer that assisted with the survey.

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).