

Submit completed form to:
Drinking Water Division
245 Fallbrook Blvd., Ste. 100, Lincoln, NE 68521
Phone: 402.471.2186 Fax: 402.471.2909
dwee.ecmupload@nebraska.gov

## **Community Public Water Supply System Capacity Development Statement of Intent**

| for the foreseeable future.                          | wn [System Name], a new community public water supply system. |
|--|---|
| □ Yes □ No   |   |
| If you checked 'No' above, p                         | lease provide the new owner contact information below:        |
| Name: [Name]<br>Address: [Address]<br>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                       |        |        |        |        |        |
| 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                       |        |        |        |        |        |