State Revolving Fund Section P:402-471-2186 | F:402-471-2909 dwee.srf@nebraska.gov 245 Fallbrook Blvd, Ste #100 Lincoln, NE 68521 https://dwee.nebraska.gov/

Zip Code

COMBINED CLEAN WATER AND DRINKING WATER STATE FISCAL YEARS 2027 NEEDS SURVEY STATE REVOLVING FUND

- The Needs Survey is used to set the amount of funding available to Nebraska Communities, develop the annual Intended Use Plan (IUP), and makes your community eligible to receive assistance.
- Filling this survey out will not obligate your community to a project, as this is not an application for funding.
- Fill out all applicable fields to take full advantage of all priority ranking points available.
- Include supplementary pages and documentation as needed.

SECTION 1 - COMMUNITY INFORMATION

Community Name

Mayor/Chairperson

Mailing Address

Submission deadline: postmarked by January 15, 2026

(first and last name)								
Phone number		Email a	ddress					
Camana unitus Camba at						T:Al a		
Community Contact					☐ Sam			
(first and last name)		- "			as abov	re		
Phone number		Email a	iddress					
								_
SECTION 2 — CLEAN	N W ATER (WAST	[EWATER]	INFORMA	TION				□N/A
The Community doe	es not have to be per	mitted or ha	ive a sewer sy	stem t	o complete thi	s portion	to be eligible	for funding.
SKIP TO SECTION 3, IF ONLY COMPLETING THE DRINKING WATER (PUBLIC WATER SUPPLY) SURVEY								
2.a - FACILITY INFORMATION								
NPDES Permit ID		Operato	r					
		(first and	last name)					
Type of Wastewater	□Mechanical	□ Discharging			agoon with	☐ Full Retention		☐ Private Septic
Treatment Facility	Plant	La	goon	La	and Apply	Lagoon System:		Systems
Current Residential	\$		Additional		\$	Per		
Sewer Rate		Per Month	Charge					
Current Industrial	\$		Additional		\$	Per		
Sewer Rate		Per Month	Charge					
Number of Sewer Connections		Residents			Commercial & Industrial			
Total Sewer Connections:								
Cluster Systems:								
Onsite Septic Systems:								



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2.B — COMPLIANCE					
Additionally, check yes if you have been informed that one of these items will be occurring soon. Provided that one of these items will be occurring soon.	de support	ing documents. □YES □NO			
Compliance Schedule in NPDES permit (with dates/milestones)					
Letter of Non-Compliance		□YES □NO			
Consent Order		□YES □NO			
Administrative Order		□YES □NO			
Referral to Attorney General		□YES □NO			
2.c – Project Considerations					
If yes is indicated please describe in the Additional Information box. Provide supporting documents.					
Is there a public health problem related to protection from disease, injury, and disability?		□YES □NO			
Is there a water quality problem related to impairment on the receiving water body?		□YES □NO			
Wastewater Treatment Facility and/or sanitary sewer needs?		□YES □NO			
Non-point source control?		□YES □NO			
Addressing stormwater issues including measures to manage, reduce, treat, or recapture		□YES □No			
stormwater/subsurface drainage; sanitary sewer overflows (SSOs), and/or combined sewer over		LITES LINU			
Green Infrastructure project(s); includes water and/or energy efficiency, or environmentally inno	ovative?	□YES □NO			
For example: I & I repair, water meter installation, or land application of treated wastewater.					
PROJECT(s) DESCRIPTION • Include studies or plans that are needed.	ESTIMATED COST				
·	\$				
\$					
\$					
\$					
\$					
Total Estimated Costs: \$					
What is the source of the cost estimate? ☐ WWTF ☐ Consulting Engineer ☐ Other:					
Do you have a Sewer Asset Management Plan or Capital Improvement Plan in use?	□YES □	No			
Last Facility Plan / Preliminary Engineering Report (PER) created in (Year):					
Has a PER been prepared to address the needs listed above?					
Has this PER been submitted to the NDWEE?					
Has it been approved by the NDWEE? ☐YES ☐					
Are Plans and Specifications prepared or under contract for the design of this project?					
Have Plans/Specs been submitted to the NDWEE?		No □N/A			
Have they been approved by the NDWEE with a construction permit?					
 ADDITIONAL INFORMATION - Include supplementary pages and documentation as needed. Please list studies or planning documents previously prepared for any projects listed above with name of document and date. Please submit a copy of document if not previously submitted. Please provide a brief description of any wastewater/sewer project(s) that may begin construction by July 1, 2026. Include other wastewater needs such as operator and/or Board (Owner) training, informational meetings, future demands, stormwater needs, etc. 					



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SECTION 3 – DRINKING WATER (PUBLIC WATER SUPPLY) INFORMATION							
• The Community does not have to be permitted or have a public water supply to complete this portion to be eligible for funding. SKIP TO SECTION 4, IF ONLY COMPLETING THE CLEAN WATER (WASTEWATER) SURVEY							
	<u> </u>	JNLY COMPLETING	THE CLEAN VVAI	EK (WASTEW)	ATEK) 30	JKVEY	
3.A - FACILITY INFO	RMATION						
PWS#		Designated Operator (first and last name)	r				
Total number of	Does your water system currently have user water service				ice	□YES □No	
service connections Current Water Rate	Monthly Pass	meters?					
Current Water Nate	•						
	\$	\$					
3.B - COMPLIANCE							
		informed that one of th	nese items will be occu	rring soon. Provi	de support		
Letter of Non-Compliar	ice					□YES □NO	
Administrative Order						□YES □NO	
3.c – Project Con							
		Additional Information		ng documents.			
Are water meters being Will water meter replace				ter Reading	☐YES ☐NO ☐NA		
system and/or leak det		into inforder approamb	to an Automatic Mic	.cci ricaanig	□YES □NO □NA		
NEEDS					ESTIMATED COST		
◆ Please check all that apply □ Wells □ New □ Rehab □ Pump house □ Other:					\$		
☐ WATER STORAGE TANK		·				\$	
☐ WATER MAINS	□ New □	☐ New ☐ Replacement ☐ Extension ☐ Other:					
☐ LEAD SERVICE LINES	☐ Replaceme	☐ Replacement					
☐ PUMP STATION	□ New □	☐ New ☐ Rehab ☐ Improvements ☐ Other:					
☐ WATER TREATMENT	□ New □	☐ New ☐ Modification ☐ Other:					
☐ WATER METERS	□ New □ Replacement □ Other: \$						
Total Estimated Costs: \$							
What is the source of the cost estimate? ☐ PWS ☐ Consulting Engineer ☐ Other:							
Do you have a Water Asset Management Plan or Capital Improvement Plan in use?					□YES □	No	
Last Facility Plan / Preliminary Engineering Report (PER) created in (Year):							
Has a PER been prepared to address the needs listed above?					□YES □NO		
Has a PER been submitted to the NDWEE?					□YES □NO □N/A		
Has it been approved by the NDWEE?					□YES □NO □N/A		
Are Plans and Specifications prepared or under contract for the design of this project?					□YES □NO		
Have Plans/Specs been submitted to the NDWEE?					□YES □NO □N/A		
Have they been approved by the NDWEE with a construction permit?					☐YES ☐	No □N/A	
Land Acquisitions and Source Water Projection (land or conservation easements to be purchased for source water protection)							
Total Estimated Land C		\$,	Acres #			



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ADDITIONAL INFORMATION - Include supplementary pages and documentation as needed.

- Please list studies or planning documents previously prepared for any projects listed above with name of document and date. Please submit a copy of document if not previously submitted.
- Please provide a brief description of any public water supply project(s) that may begin construction by July 1, 2026.
- Include other drinking water needs such as water operator and/or Board (Owner) training, informational meetings, future water service demands, water rate studies, etc.

4 - CERTIFICATION

- Filling out and signing the form does **NOT** obligate a community to a SRF loan, as this is not an application for funding.
- Nor does it imply commitment to the construction of the previously listed project(s) listed.

SIGNATURES OF THE LOCAL OFFICIAL, AND CONSULTANT/ENGINEER IS REQUIRED ON ALL SUBMISSIONS.

LOCAL OFFICIAL CERTIFICATION STATEMENT:

By signing the form, we have described wastewater, nonpoint source, and/or drinking water needs accurately to the best of our knowledge.

Signature		Date				
Printed name		Title				
Prepared by Consultant / Engineer:						
The estimated	e estimated cost described on this needs survey is accurate to the best of my knowledge.					
Signature		Date				
Printed name		Title				
Email		Phone				

Please return the completed needs survey and any additional supporting documents to the address below, postmarked by the deadline of **January 15, 2026.** All Needs Surveys postmarked after the due date will be ranked with <u>zero priority points</u> for use in the 2027 Nebraska Intended Used Plan (IUP) or, pending the postmarked date, may not be ranked until the next state fiscal year's IUP.

State Revolving Fund Section, NDWEE 245 Fallbrook Blvd., Suite 100 Lincoln, NE 68521

Alternatively, E-Mail the completed form to: dwee.srf@nebraska.gov

If your project is ready to proceed and you would like to apply for funding, please contact the SRF for an application.

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CLEAN WATER SUPPLEMENTARY QUESTIONS

- The NDWEE is responsible for the determination of priority given to the construction of publicly owned treatment works. Please answer the following questions to help determine the benefit of the project and the relative level of the impact on the environment. See Appendix A1 of the IUP for additional information

 This supplementary questionnaire is strongly encouraged, although not required, when completed Needs Survey. 	eting the
SECTION 1 - COMMUNITY INFORMATION	
Community Name	
SECTION 2 — PROJECT BENEFIT SUPPLEMENTAL QUESTIONS — CLEAN WATER PROJECTS ON • Please check yes or no.	LY
Does the project	
eliminate the raw or primary waste discharge?	□YES □NO
address or eliminate frequent sewer backups?	□YES □NO
address septic tank systems and drinking water well spacing conflicts?	□YES □NO
include replacement of on-site treatment systems?	□YES □NO
remediate or protect the drinking water supply in the zone of influence in the municipal wellfield?	□YES □NO
include the replacement or upgrade of the wastewater treatment system to assure compliance with secondary treatment standards for Total Suspended Solids (TSS) and/or Biological Oxygen Demand (BOD) or Carbonaceous Biochemical Oxygen Demand (CBOD)?	□YES □No
include disinfection of wastewater effluent?	□YES □NO
include the replacement or upgrade of the wastewater treatment system to meet water-quality based permit limits (such as, ammonia, <i>E. coli</i> , pH, etc.)?	□YES □NO
remediate ground water at a landfill site?	□YES □NO
include sludge stabilization?	□YES □NO
include storm water management?	□YES □NO
include the addition or repair of a wastewater collection system or lift station?	□YES □NO
include beneficial reuse (such as grey water reuse, land application line & equipment, etc.)?	□YES □NO
have water quality enhancement for a Nonpoint Source project?	□YES □NO
have water conservation features?	□YES □NO
Please list other project benefits for consideration.	