

# Clean Watersheds Needs Survey

## Small Community Form

### Decentralized Wastewater Treatment Infrastructure

EPA is requesting your assistance to accurately account for the state's infrastructure needs by completing this form. This information will help to better represent the capital needs of decentralized facilities in small communities. Only needs as of January 1, 2022 (i.e., projects or portions of projects not funded or started as of January 1, 2022) are eligible and should be listed. Needs can include estimates for new infrastructure, updating or expanding current infrastructure, and/or meeting future growth needs (through December 31, 2041). For any questions, including if you want to report your needs for other facilities, please contact your State Coordinator, \_\_\_\_\_ at \_\_\_\_\_.

If you have planning documents that report your needs, provide the documents to your state coordinator. This form can be used to report undocumented needs. Please provide us with either an estimated cost that is certified by a professional engineer (PE) in Section 4 **or** information about the projects in Section 5 and EPA will estimate the costs for you using their cost estimation tools. **If you do not have access to a PE, the state coordinator can have a state PE review and certify your cost estimates.** Note that the Local Official Certification (Section 6) is required for all situations.

Please answer these questions before filling in the rest of the form:		
Does your facility have water-quality-related capital improvement needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, thank you for your time and please return the form with the No box checked.
Do you have planning documents that report any of your needs (such as in a capital improvements plan or engineering report)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please email those documents to your state coordinator.
If you have any undocumented needs:		
Do you have access to a PE (consulting with or on staff) who will certify the costs of the undocumented needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please work with them to generate costs and have them certify and sign this form before returning to the state coordinator.

#### Section 1: Facility Information

Please provide general facility information and contact information.

<b>Facility Name:</b>	
<b>Authority Name:</b>	
<b>Facility Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip code:</b>	
<b>County:</b>	
<b>Owner Type:</b>	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Federal
<b>Contact Name:</b>	
<b>Role/Title (optional):</b>	
<b>Phone (optional):</b>	
<b>Email (optional):</b>	

## Section 2: Facility Types and Planned Changes

Please indicate which wastewater infrastructure facility type(s) are in your community and the types of planned changes expected to occur within the next 20 years. See Table 1 for appropriate descriptors. Note that you can enter multiple types of planned changes.

Facility Type	Planned Changes
Example: On-site wastewater treatment system	Example: Replacement

## Section 3: Population Information

For your collection system, please complete the following fields for population information.

	Residential Population – Number of Units		Non-Residential Population – Number of Units*	
	2022	Projected (2042)	2022	Projected (2042)
Clustered Systems				
On-site Wastewater Treatment Systems				
<b>Total Receiving Collection</b>				

\* The portion of the population that does not live within the services area of the facility, but still utilizes the facility's infrastructure. Non-resident population includes transient, seasonal, and commuter workers and tourists.

## Section 4: Needs

Please identify one or more reason(s) for your wastewater capital needs.

- The project(s) is required to maintain compliance with a NPDES permit.
- The project(s) is necessary to obtain compliance with a new permit requirement.
- The project(s) is to increase capacity or improve treatment in advance of anticipated new permit requirements.
- The project(s) is to achieve or maintain compliance with a TMDL.
- The project(s) will prevent unregulated water quality or human health impacts.
- The project(s) improves water efficiency, improves energy efficiency, improves water conservation, addresses climate change, or improves resiliency.

## PE Certified Cost Estimates

Use the table below to report needs that are not documented but where you have an estimate that is certified by a PE. See Table 2 for category numbers, names, and descriptions. Add rows/pages, if necessary.

- Need Category: Identify the category(ies) of needs applicable for the costs (see Table 2).
- Cost Estimate: Provide the cost for each needed project.
- Description: Describe the project(s).

Need Category	Cost Estimate (\$)	Project Description <i>Write a brief description of the required changes or upgrades.</i>
Example: Decentralized Wastewater Treatment Systems (XII)	Example: \$140,000	Example: Replace fourteen failing septic tank/drainfield systems
Decentralized Wastewater Treatment Systems (XII)		
Decentralized Wastewater Treatment Systems (XII)		
Decentralized Wastewater Treatment Systems (XII)		
Decentralized Wastewater Treatment Systems (XII)		

## PE Official Certification

Provide the information and signature for a local PE who is certifying the cost estimate **or indicate if you request the state PE to certify your estimate.**

The community requests that a state PE review and certify the costs provided above.

As a professional engineer, I certify that costs of the needs described herein are accurate for this community.

<b>Name</b>	
<b>Title</b>	
<b>Date</b>	
<b>Signature</b>	

**Section 5: Cost Estimation Tools**

If you do not have costs for your capital wastewater needs, please fill in the table so EPA can estimate costs. These projects should not be included in the Cost Estimates Table above in Section 4.

**Decentralized**

I confirm that I do not have a documented cost for this project and want my state coordinator to use EPA's Cost Estimation Tool to generate an estimated cost.

<b>Project Description</b> <i>Write a brief description of the required changes or upgrades.</i>	<b>Construction Type</b> <i>Enter one per line:</i> <ul style="list-style-type: none"> <li>• <i>New</i></li> <li>• <i>Rehabilitation</i></li> <li>• <i>Replacement</i></li> <li>• <i>Expansion</i></li> </ul>	<b>Sizing Method</b> <i>Enter one per line:</i> <ul style="list-style-type: none"> <li>• <i>Population served</i></li> <li>• <i>Number of Homes Served</i></li> </ul>	<b>Quantity</b>
Example: Rehabilitate septic systems at 15 residences	Example: Rehabilitation	Example: Number of Homes Served	Example: 15

**Section 6: Local Official Certification (Required)**

As the local official representing this community, I agree that the facility information described herein is accurate for this community. I do not have cost documentation, but the needs described herein are accurate for this community.

<b>Name</b>	
<b>Title</b>	
<b>Date</b>	
<b>Signature</b>	

**Table 1: Facility Type and Planned Changes Descriptors**

Facility Type	Planned Changes
<ul style="list-style-type: none"><li>- On-site Wastewater Treatment System</li><li>- Clustered System</li></ul>	<p>(No Change, New, Abandonment, or Existing) If Existing, please indicate whether it is:</p> <ul style="list-style-type: none"><li>- Rehabilitation</li><li>- Replacement</li><li>- Increase Capacity</li><li>- Expansion</li><li>- Process Improvement</li><li>- Instrumentation/Electrical/Laboratory</li><li>- Increase Level Of Treatment</li></ul>

For Reference Only