

## Clean Watersheds Needs Survey Small Community Form Wastewater 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 wastewater 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 6 **or** information about the projects in Section 7 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 8) is required for all situations.

Note that this form is set up to collect needs for one treatment plant and the collection systems that feed that plant. If you have more than one plant, please fill out a form for each.

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, please still complete the information about your facility in Sections 1 through 5 below.
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: Separate Sewer System	Example: Replacement and Rehabilitation

## Section 3: Flow Information

Please enter your current and future design flow in million gallons per day (MGD) if you have a treatment plant.

	Current Design Flow (MGD)	Future Design Flow (MGD)
<b>Total Flow</b>		

## Section 4: Discharge and Effluent Information

Does your facility discharge to another facility (for instance if you have collection only)? If so, please indicate the name and address of the facility you discharge to:

\_\_\_\_\_

Does your facility collect from another facility? If so, please indicate the name and address of the facility you collect from:

\_\_\_\_\_

Please complete the following fields for discharge and effluent information. See Table 2 for discharge location types.

Discharge Location Type		Percent of Discharge (if more than one)	
Example: Outfall to Surface Waters		Example: 100%	
Current Effluent Treatment Level <i>(enter one: raw, primary, secondary, advanced)</i>	Is there disinfection currently in place?	Future Effluent Treatment Level <i>(enter one: raw, primary, secondary, advanced)</i>	Will there be disinfection in the future?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 5: Population Information

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

	Residential Population		Non-Residential Population*	
	<i>Current (2022)</i>	<i>Projected Population (2042)</i>	<i>Current (2022)</i>	<i>Projected Population (2042)</i>
<b>Population Receiving Collection (from only your system)</b>				

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

**Section 6: 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 3 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 3).
- Cost Estimate: Provide the cost for each needed project.
- SSO: Indicate if this project addresses sanitary sewer overflows in your system.
- Description: Describe the project(s).

Need Category	Cost Estimate (\$)	Does this cost address an SSO?	Describe the project(s) this cost covers.
Example: I – Secondary Treatment	Example: \$580,000	Example: No	Example: City needs to add a new cell to lagoon system and replace liner on Cell 3.

**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>PE Number</b>	
<b>Date</b>	

<b>Signature</b>	

### Section 7: Cost Estimation Tools

If you do not have costs for your capital wastewater needs, please fill in the table(s) for the appropriate cost estimation tools so EPA can estimate costs. Skip any cost estimation tool table that does not apply to your system. These projects should not be included in the Cost Estimates Table above in Section 6.

#### Treatment Plant

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>Treatment Type/Need Category</b> <i>(Select one)</i>	<input type="checkbox"/> Secondary Treatment <input type="checkbox"/> Advanced Treatment
<b>Project Description</b>	
<b>Practice Type</b> <i>(Select one)</i>	<input type="checkbox"/> Lagoon <input type="checkbox"/> Aerated Lagoon <input type="checkbox"/> Secondary Mechanical <input type="checkbox"/> Advanced <input type="checkbox"/> Disinfection Only
<b>Construction Type</b> <i>(Select one)</i>	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Expansion <input type="checkbox"/> Treatment Upgrade <input type="checkbox"/> Treatment Upgrade: (Add Ultraviolet Disinfection only) <input type="checkbox"/> Treatment Upgrade: (Add Chlorine Disinfection only)
<b>Planned Design Flow</b> <i>(in MGD)</i>	

#### Collection – Pipe

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>Need Category (Project Type)</b> <i>Choose one and enter per line in the table below:</i>	<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>	<b>Pipe Length</b> <i>(feet)</i>
<ul style="list-style-type: none"> <li>• I/I Correction</li> <li>• Rehab/replace</li> <li>• New collectors</li> <li>• New interceptors</li> </ul>		<ul style="list-style-type: none"> <li>• Rehabilitation</li> <li>• Replacement</li> <li>• Expansion</li> </ul>	


### Collection – Pump Stations

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>Need Category (Project Type)</b> <i>Enter one per line:</i> <ul style="list-style-type: none"> <li>• PS for I/I Correction</li> <li>• Rehab/ replace PS</li> <li>• New collector PS</li> <li>• New interceptor PS</li> </ul>	<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>• Rehabilitation</li> <li>• Replacement</li> <li>• Expansion</li> </ul>	<b>Number of Pump Stations</b>	<b>Pump Station Capacity (MGD)</b>

### Combined Sewer Overflow (CSO) Correction

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>Practice Type:</b>	<b>Capacity</b> <i>(in million gallons)</i>	<b>Project Description</b>
Storage		

### Section 8: 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 Change Descriptors**

Facility Types	Planned Changes
<ul style="list-style-type: none"> <li>- Treatment Plant</li> <li>- Collection: Combined Sewers</li> <li>- Collection: Separate Sewers</li> <li>- Collection: Interceptor Sewers</li> <li>- Biosolids Handling Facility</li> <li>- Collections: Pump Stations</li> <li>- Storage Facility</li> <li>- Honey Bucket Lagoon</li> <li>- Desalination – WW</li> <li>- Water Reuse</li> </ul>	(No Change, New, Abandonment, or Existing) If Existing, please indicate whether it is: <ul style="list-style-type: none"> <li>- Rehabilitation</li> <li>- Replacement</li> <li>- Increase Capacity</li> <li>- Process Improvement</li> <li>- Instrumentation/Electrical/Laboratory</li> <li>- Increase Level Of Treatment</li> <li>- Improve Energy Efficiency</li> <li>- Climate Change Adaptation</li> <li>- Improve Water Efficiency</li> <li>- Renewable Energy</li> </ul>

**Table 2: Options for Discharge Types.**

Discharge Types
CSO discharge
Deep well disposal (UIC Class I)
Discharge to another facility
Evaporation
No discharge, unknown
Ocean discharge
Other
Outfall to surface waters
Overland flow with discharge
Reuse: Agricultural-related and livestock watering
Reuse: Environmental restoration and groundwater discharge
Reuse: Impoundments
Reuse: Indirect potable
Reuse: Industrial
Reuse: Landscape-related irrigation
Reuse: Other centralized non-potable
Reuse: Potable

**Table 3: Need Categories and Descriptions.**

Category Number	Category Name	Description
I	Secondary Wastewater Treatment	<p>This category includes needs necessary to meet secondary treatment criteria. Secondary treatment typically requires a treatment level that produces an effluent quality of 30 mg/L of both BOD<sub>5</sub> and total suspended solids (secondary treatment levels required for some lagoon systems may be less stringent). In addition, the secondary treatment must remove 85 percent of BOD<sub>5</sub> and total suspended solids from the influent wastewater.</p> <p>Although they do not provide secondary treatment, facilities granted waivers of secondary treatment for marine discharges under Section 301(h) of the CWA and “honey bucket lagoons” are also included in this category.</p>
II	Advanced Wastewater Treatment	<p>This category includes needs necessary to attain or maintain a level of treatment that is more stringent than secondary treatment or produce a significant reduction in nonconventional or toxic pollutants present in the wastewater treated by a facility. A facility is considered to have advanced wastewater treatment if it achieves one or more of the following: BOD<sub>5</sub> less than 20 mg/L, nitrogen removal, phosphorus removal, ammonia removal, metal removal, or synthetic organic removal.</p>
III-A	Infiltration/ Inflow (I/I) Correction	<p>This category includes needs for correction of sewer system I/I problems. For infiltration, this includes controlling the penetration of water into a sanitary or combined sewer system from the ground through defective pipes or manholes. For inflow, it includes controlling the penetration of water into the system from drains, storm sewers, and other improper entries. It also includes costs for preliminary sewer system analysis and detailed SSESs.</p>
III-B	Sewer Replacement/ Rehabilitation	<p>This category includes needs for the maintenance (above and beyond ongoing O&amp;M), reinforcement, or reconstruction of structurally deteriorating sanitary or combined sewers. The corrective actions must be necessary to maintain the structural integrity of the system.</p>
IV-A	New Collector Sewers and Appurtenances	<p>This category includes needs for new pipes used to collect and carry wastewater from a sanitary or industrial wastewater source to an interceptor sewer that will convey the wastewater to a treatment facility.</p>
IV-B	New Interceptor Sewers and Appurtenances	<p>This category includes needs for constructing new interceptor sewers and pumping stations to convey wastewater from collection sewer systems to a treatment facility or to another interceptor sewer. Needs for relief sewers are included in this category.</p>
V	Combined Sewer Overflow (CSO) Correction	<p>This category includes needs to prevent or control the periodic discharges of mixed stormwater and untreated wastewater (CSOs) that occur when the capacity of a sewer system is exceeded during a wet weather event. This category does not include needs for overflow control allocated to flood control, drainage improvement, or the treatment or control of stormwater in separate storm systems.</p>
X	Water Reuse	<p>This category includes needs associated with conveyance of treated wastewater that is being reused, including associated rehabilitation/replacement needs. Examples are pipes to convey treated water from the wastewater facility to the drinking water distribution system or the drinking water treatment facility and equipment for application of effluent on publicly owned land.</p> <p>The needs associated with additional unit processes to increase the level of treatment to potable, or less than potable but greater than that normally associated with surface discharge needs, are reported in category II.</p>
XIV	Desalination	<p>This category includes needs for treatment and disposal of brine, desalination of brackish water to augment water supply, aquifer recharge using desalinated sea water, and treatment/reinjection of brackish groundwater.</p>