



State of New Jersey Department of Environmental Protection Clean Watersheds Needs Survey (CWNS) 2012



SMALL COMMUNITY (POPULATION <10,000) NEEDS FORM

Instructions:

Complete the following tables and questions to document new capital needs and costs in your community. The results of this survey form will be used by New Jersey State Department of Environmental Protection (NJDEP) for the USEPA 2012 Clean Watersheds Needs Survey (CWNS). Only unfunded needs as of *January 1, 2012* are eligible and should be listed.

Step 1: Basic Facility/Project Information

This step asks you to identify basic facility/project information for your community's facility/project including location, point of contact, type of facility/project, flow, and population. Add additional pages, if necessary.

Step 2: Needs and Costs Information

Identify any water quality or public health-based capital needs and costs that are not already described in Step 2. Submit the portion of the needs not funded by January 1, 2012. They can include estimates for new infrastructure, sustaining current infrastructure, and/or meeting future growth needs (through December 31, 2031). Also, only include the capital needs of your project and not the annual O&M costs.

Submit a copy of documentation describing your community's new needs and costs, such as:
(See Appendix 3 for a complete list of acceptable documents to justify needs and costs):

- Application for funding (e.g. USDA Rural Development, US EPA, and State grants and loans; Clean Water State Revolving Fund loans)
- Capital Improvement Plan (CIP) or Report
- Preliminary engineering study or Plan of Study
- General Plan or Facilities Plan or Asset Management Plan
- Preliminary or Final Engineer's Estimate
- Sewer System Evaluation Documents
- Administrative Orders, Court Orders, or Consent Decrees
- National Pollutant Discharge Elimination System (NPDES) permit or State Permit (with Schedule)
- CSO Long-Term Control Plan (LTCP)
- For unsewered communities: signed statement from the health department citing onsite wastewater treatment system failure, water quality problem, and/or violations of safe drinking water standards.

Alternative: If you do not have sufficient documentation, complete the tables and questions in Step 2 to document new capital needs and costs in your community. If you do not have cost information for the sewer replacement and/or rehabilitation, you can fill out the optional cost calculation table in step 2. Signature Box #2 must be completed to certify the new needs and cost.

Return the completed form to: New Jersey State Department of Environmental Protection
Mail Code: 401-03D
Division of Water Quality, MFCE - CWNS 2012
PO Box 420
Trenton, New Jersey 08625-0420

Or send your completed form and associated documents electronically to Ketan.Patel@dep.state.nj.us

For any question, please contact:

State CWNS Coordinator: Ketan Patel

Phone: (609) 292-3114

Fax: (609) 292-1381

Email: Ketan.Patel@dep.state.nj.us

Website: <http://www.epa.gov/cwms> or <http://www.nj.gov/dep/dwq/cwms.htm>

Step 1: Basic Facility/ Project Information

Facility/ Project Name:					
The facility is part of the following system: (If this is a wastewater collection/treatment facility)					
Organization responsible for facility/project:					
Facility Address:					
City:		State:	NJ	Zip Code:	
County:		Permit Number(s):			
Point of Contact:		Role/ Title:			
Phone:	() -	Fax:	() -		
Email:					

Facility/ Project Type:

Choose the appropriate descriptors from the list Appendix 2 to complete the columns "Type" and "Planned Changes." Indicate whether the facility/project is "Present" or "Projected" by placing a check mark in the appropriate column(s).

Type	Present	Projected	Planned Changes
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Does this facility discharge to another facility (ies)? Yes No

If yes, name facility(ies): _____

Flow Information:

Complete for following table for facility/ project types: Treatment Plant, Treatment Lagoon or Pond, Collection: Combined Sewers, Collection: Separate Sewers, Collection: Interceptor Sewers, Collection: Pump Stations, Storage Facility, Bio-solids Handling Facility, Individual On-Site System Area, Decentralized, and Treatment System.

Flow Type	Millions of Gallons per Day (MGD)		
	Existing	Present Design	Future Design
Municipal Flow			
Industrial Flow			
Infiltration from Groundwater			
Total Flow			
Wet Weather Flow (Peak)			

Population Receiving Treatment:

Complete for following table for facility/ project types: Treatment Plant, Treatment Lagoon or Pond, Collection: Combined Sewers, Collection: Separate Sewers, Collection: Interceptor Sewers, Collection: Pump Stations, Storage Facility, Biosolids Handling Facility, Individual On-Site System Area, Decentralized, and Treatment System.

	Resident Population			Non- Resident Population*		
	Present	Projected	Projected Year	Present	Projected	Projected Year
From this system						
From upstream collection system(s)**						
Total Receiving Collection						
Cluster Systems (If applicable)						
Onsite Wastewater Treatment Systems (If applicable)						
TOTAL						

* 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.

** "From upstream collection systems" describes the total population whose wastewater is discharged to this facility from other facilities upstream in the sewershed.

Step 2: Needs and Costs Information

Identify any water quality or public health-based capital needs. Needs must exist as of January 1, 2012 and are a cost estimate to sustain current infrastructure and meet the future needs (through December 31, 2031) due to population growth.

To complete:

- **NEEDS:** Identify the category(ies) of needs (See Appendix 2) applicable for your community. Definitions of each the needs categories are available at www.epa.gov/cwns
- **REASON:** Mark the reason (public health problem [PH], water quality problem [WQ], or both).
- **DESCRIPTION:** Describe the needs and project benefits in as much detail as possible:
 - Provide units if applicable) (e.g., length of sewer, capacity of pump, NPS or stormwater best management practices, etc).
 - Include discharge BOD limits and nutrient removal practices for Secondary and Advance Treatment needs
 - Include a description of the environmental benefits of the project/facility
 - Identify the target implementation year and projected end year of needs
 - Indicate if the needs are to improve energy efficiency and/or adapt for climate change
- **COSTS:** If available, provide cost information for each need. Indicate the source (document name) and the base month and year of the cost information. Attach a copy of the source document. If no cost information is available, indicate NA in cost column.
- Add additional pages, if necessary.

NEEDS	REASON	DESCRIPTION	COSTS
Secondary Treatment (including sludge handling/disposal)	PH <input type="checkbox"/> WQ <input type="checkbox"/>		
Advanced Wastewater Treatment	PH <input type="checkbox"/> WQ <input type="checkbox"/>		
Infiltration/Inflow Correction	PH <input type="checkbox"/> WQ <input type="checkbox"/>		
Sewer Replacement/ Rehabilitation	PH <input type="checkbox"/> WQ <input type="checkbox"/>		

NEEDS	REASON	DESCRIPTION	COSTS
New Collector Sewers	PH <input type="checkbox"/> WQ <input type="checkbox"/>		
New Interceptor Sewers	PH <input type="checkbox"/> WQ <input type="checkbox"/>		
Combined Sewer Overflow (CSO) Correction – Traditional or Green Infrastructure	PH <input type="checkbox"/> WQ <input type="checkbox"/>		
Storm Water - Conveyance Infrastructure, Treatment Systems, or General Stormwater Management	PH <input type="checkbox"/> WQ <input type="checkbox"/>		
Storm Water – Green Infrastructure	PH <input type="checkbox"/> WQ <input type="checkbox"/>		
Cluster Systems (Decentralized)	PH <input type="checkbox"/> WQ <input type="checkbox"/>	<i>(Include the name of the town(s) where the system(s) is located)</i>	
Onsite Wastewater Treatment Systems (Decentralized)	PH <input type="checkbox"/> WQ <input type="checkbox"/>	<i>(Include the name of the town(s) where the system(s) is located)</i>	
Other (Specify)	PH <input type="checkbox"/> WQ <input type="checkbox"/>		

OPTIONAL COST CALCULATION FOR SEWER REPLACEMENT/ REHABILITATION COSTS

*Note: This section of the Small Community Survey is OPTIONAL. If you did not provide cost information for **Sewer Replacement/ Rehabilitation needs** identified in the previous table, this information will allow your state and EPA to better estimate costs associated with your needs.*

Provide the current sewer length and estimated replacement rates for sewers in your community. Note: the maximum replacement rate allowable without supporting documentation is 10% over 20 years (0.5% per year).

Sewer Diameter	Length (feet)	Rehabilitation Rate (in % over next 20 years)	Replacement Rate (in % over next 20 years)	Comments
≤8"				
9"-15"				
16"-21"				
≥22"				

SIGNATURE BOX

Needs Certification

As the local official representing this community, I agree that the water quality needs and technical information described herein is accurate for this community. Note: A local official can be an elected official (e.g., mayor) or other qualified official (e.g., public works manager).

Name:

Title:

Signature:

Date:

Cost Certification

There are three alternatives to certify the costs, presented in order of preference:

1. A professional engineer (PE) signs the cost certification below.
2. A local government official signs the cost certification below and a State Professional Engineer (PE) certifies the cost as reasonable after reviewing the estimate.
3. No cost certification signature is provided; cost curves will be used, if possible, to generate estimated costs. To use cost curves for sewer replacement/ rehabilitation costs, complete the Alternative Cost Calculation for Sewer Replacement Costs box above.

I certify that to the best of my knowledge the cost of the community's clean water needs described herein are accurate.

Name:

Title:

Professional Engineer (PE): Yes No

Signature:

Date:

TO BE COMPLETED BY STATE

State Professional Engineer (PE) (Signature):

Date:

Only needed if cost certification signature is not from a professional engineer (PE)

Note to State: **State engineers should not calculate community's costs, only validate them.**

Appendix 1: Facility/Project Types Information

Use for updating the table "Facility/Project Type" in Step 1.

Facility/Project Types

- | | |
|--|---|
| 1. Treatment Plant | 17. Nonpoint Source-Agriculture - Cropland |
| 2. Treatment Lagoon or Pond | 18. Nonpoint Source-Agriculture - Animals |
| 3. Collection: Combined Sewers | 19. Nonpoint Source-Silviculture |
| 4. Collection: Separate Sewers | 20. Nonpoint Source-Urban |
| 5. Collection: Interceptor Sewer | 21. Nonpoint Source-Marinas |
| 6. Collection: Pump Stations | 22. Nonpoint Source-Resource Extraction |
| 7. Storage Facility | 23. Nonpoint Source-Brownfields |
| 8. Biosolids Handling Facility | 24. Nonpoint Source-Storage Tanks |
| 9. Recycled Water Distribution | 25. Nonpoint Source-Sanitary Landfills |
| 10. Individual On-Site System Area | 26. Nonpoint Source-Ground Water - Unknown Source |
| 11. Decentralized System | 27. Nonpoint Source-Hydrmodification |
| 12. Facility Classified As 'Other' 7 | 28. Confined Animals(Point Source) |
| 13. Phase I MS4 | 29. Mining (Point Source) |
| 14. Phase II MS4 | 30. Estuary Management |
| 15. Non-traditional MS4 | 31. TMDL Plan Development |
| 16. Unregulated Community (Stormwater) | 32. Watershed Management Plan Development |

Planned Changes

1. No Change
2. New
3. Increase Capacity
4. Increase Level Of Treatment
5. Rehabilitation
6. Replacement
7. Abandonment
8. Expansion
9. Process Improvement
10. Instrumentation/Electrical/Laboratory

Appendix 2 List of Needs Categories in CWNS 2012

	Category Number	Category Name	Official Needs	
			Public	Private
WASTEWATER	I	Secondary Wastewater Treatment	X	
	II	Advanced Wastewater Treatment	X	
	III-A	Infiltration/Inflow (I/I) Correction	X	
	III-B	Sewer Replacement/Rehabilitation	X	
	IV-A	New Collector Sewers and Appurtenances	X	
	IV-B	New Interceptor Sewers and Appurtenances	X	
	V-A	Combined Sewer Overflow (CSO) Traditional Infrastructure	X	
	V-B	Combined Sewer Overflow (CSO) Green Infrastructure		
	X	Recycled Water Distribution	X	
	XII	Decentralized Wastewater Treatment Systems	X	X
STORMWATER	VI	Storm Water Management Program (pre-2008 needs only)	X	
	VI-A	Storm Water Conveyance Infrastructure	X	
	VI-B	Storm Water Treatment Systems	X	
	VI-C	Green Infrastructure	X	X
	VI-D	General Storm Water Management	X	
NON-POINT SOURCE POLLUTION	VII-A	NPS Control: Agriculture (Cropland)	X	X
	VII-B	NPS Control: Agriculture (Animals)	X	X
	VII-C	NPS Control: Silviculture	X	X
	VII-E	NPS Control: Ground Water Protection (Unknown Source)	X	X
	VII-F	NPS Control: Marinas	X	X
	VII-G	NPS Control: Resource Extraction	X	X
	VII-H	NPS Control: Brownfields	X	X
	VII-I	NPS Control: Storage Tanks	X	X
	VII-J	NPS Control: Sanitary Landfills	X	X
	VII-K	NPS Control: Hydromodification	X	X
	VII-M	NPS Control: Other Estuary Management Activities	X	X
Other	VIII	Confined Animals (Point Source) (<i>Unofficial Needs</i>)		
	IX	Mining (Point Source) (<i>Unofficial Needs</i>)		
	XIII	Planning (<i>Unofficial Needs</i>)		

Appendix 3: List of Acceptable Documents for CWNS 2008

All Types of Needs	Used to Justify Needs	Used to Justify Costs
State and Federal Loan and Grant Applications	Y	Y
ARRA Loan Applications	Y	Y
CWSRF Loan Applications	Y	Y
Non-governmental Grant Applications	Y	Y
State-Approved Area-wide or Regional Basin Plan	Y	Y
State-Approved Local Comprehensive Water and Sewer Plan	Y	Y
Total Maximum Daily Load (TMDL)	Y	N*
National Estuary Program Comprehensive Conservation and Management Plan	Y	N*
Nutrient Criteria Studies	Y	N
Impaired Waters or TMDL Listing	Y	N
Wastewater Facility Needs		
Capital Improvement Plan (CIP)	Y	Y
Facility Plan	Y	Y
Preliminary Engineer's Estimate	Y	Y
Final Engineer's Estimate	Y	Y
Sewer System Evaluation Documents	Y	Y
Diagnostic Evaluation	Y	Y
Sanitary Survey	Y	N
State-Approved Municipal Wasteload Allocation Plan	Y	Y
New Municipal, State, or Federal Regulation	Y	N
Administrative Orders, Court Orders, or Consent Decrees	Y	N
NPDES or State Permit Requirement (with Schedule)	Y	N
CSO Long-Term Control Plan (LTCP)	Y	Y
Approved CSO Long-Term Control Plan (LTCP)	Y	Y
Signed Draft LTCP from CSO LTCP-EZ Template	Y	Y
State Approved LTCP from CSO LTCP-EZ Template	Y	Y
NPS Needs		
Watershed-Based Plans	Y	Y
Section 319 Funded or EPA Reviewed Watershed-Based Plans	Y	Y
Approved State Annual 319 Workplans	Y	N*
Approved State 319 Project Implementation Plans	Y	Y
Nonpoint Source Management Program/Assessment Report	Y	N*
Nonpoint Source Management Program/Ground Water Protection Strategy Report	Y	N*
Nonpoint Source Management Program/Wellhead Protection Program and Plan	Y	N*
Nonpoint Source Management Program/Delegated Underground Injection Control Program Plan	Y	N*
Source Water Assessment/Source Water Protection Plans	Y	N
NRCS Conservation Plans and Farm Plans	Y	N*
Professional Appraisals	N	Y
Stormwater Needs		
Municipal Stormwater Management Plan	Y	N*
Small Communities		
Information from an Assistance Provider	Y	N
CUPPS (Check Up Program for Small Systems) Wastewater Asset Management Plan	Y	Y

*With exceptions