

Appendix C

Small Community Form Wireframes



Clean Watersheds Needs Survey Small Community Form

The state environmental department requests your assistance to accurately account for state's needs by completing this form. This information will help to better represent the capital needs for **wastewater improvements** of smaller state communities. Only needs as of January 1, 2022 (i.e., portions of projects not funded as of January 1, 2022) are eligible and should be listed. They can include estimates for new infrastructure, sustaining current infrastructure, and/or meeting future growth needs (through December 31, 2042).

For any questions, please contact State Coordinators Name at Email Address.

Please answer these questions before beginning the survey:

1. Is your facility federally owned or located on tribal or military land? Yes ▼
 1. If No: Show question 2.
 2. If Yes: Display "Your Facility's needs are not eligible for the CWNS. Thank you for your time." **END**
2. Does your Facility have water quality related capital improvement needs? Yes ▼
 - If No: Display: "Please provide or update your facility's information." Display Survey sections Facility Info only. **END**
 - If Yes: Show question 3.
3. Are the costs of the capital improvement needs documented (such as in a capital improvements plan or engineering report)? Yes ▼
 - If No: Show question 4.
 - If Yes: Display Survey sections Facility Info, Solutions and Costs, and Local Official PE Certification. **END**
4. Do you want to use EPA cost estimation tools to estimate costs? Yes ▼
 - If No: Show question 5.
 - If Yes: Display Survey sections Facility Info, Solutions and Costs, and Cost Estimation Tools. **END**
5. Are you submitting costs developed for the CWNS and have a Professional Engineer (PE) to certify the costs? Yes ▼
 - If No: "After completing the form, a state PE may certify your costs." Display Survey sections Facility Info, Solutions and Cost. **END**
Alt No (if State user doesn't have State PE): "These costs cannot be certified and included in the CWNS. Please consider using cost estimation tools or obtaining a PE signature." **END**
 - If Yes: Display Survey sections Facility Info, Solutions and Costs, and Local PE Certification. **END**

Facility Information
Needs and Costs
Cost Estimation Tools
Local Official Certification
Local PE Certification

Submit



Clean Watersheds Needs Survey Small Community Form

Facility Information

* Indicates required field.

Infrastructure Type:

* Facility Name:

* Authority Name:

* Facility Address:

Address 2:

City:

* State:

* County:

Zip Code:

* Owner: Public Private

Contact Name:

Role/Title:

Phone Number: Ext:

Fax Number:

Email:

P.O. Box is not allowed. If a facility doesn't have an address, please indicate physical location with description instead (e.g., 5 miles south down Rt. 9 from City Hall).

* **Facility Types and Planned Changes**

Facility Type	Planned Changes
Facility Type Dropdown ▼	Change Type Dropdown (filtered based on facility type) ▼
Treatment Plant	Expansion
Treatment Plant	Process Improvement

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Facility Information, continued

* Discharge Type	* % Of Discharge
Wastewater discharge type dropdown. ▼	

Please make sure % of discharge adds to 100%.

Please name the facility(ies) this facility discharges to, along with location(s) and NPDES permit number(s) if known:

Free text.

Effluent

- * Current Effluent Treatment Level: ▼
- * Is there Disinfection (e.g., chlorine, UV) currently in place? Yes No
- * Future Effluent Treatment Level: ▼
- * Will there be Disinfection (e.g., chlorine, UV) in the future? Yes No

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Facility Information, continued

Population Information for Infrastructure Type: Wastewater

	Resident Population		Non-Resident Population	
	202X	Projected Design Population in 204X	202X	Projected Design Population in 204X
Population Receiving Collection	* 8000	* 10000	<input type="text"/>	<input type="text"/>

Population Information for Infrastructure Type: Decentralized Wastewater

	Resident Population					Non-Resident Population				
	202X			Projected Design Population in 204X		202X			Projected Design Population in 204X	
	Population per Unit	Number of Units	Total	Number of Units	Total	Population per Unit	Number of Units	Total	Number of Units	Total
Cluster Systems	2.31	25	58	45	104	2.31	25		45	
Onsite Wastewater Treatment Systems	2.31	25	58	45	104	2.31	25		45	
Total Receiving Treatment	116			208						

Flow Information for Infrastructure Type: Wastewater

	Actual Average Flow (MGD)	Current Design Flow (MGD)	Future Design Flow (MGD)
Total Flow	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wet Weather Flow (Peak) ⓘ	<input type="text"/>	<input type="text"/>	<input type="text"/>

Flow to Population Ratio Information

Flow to Population Ratio (GPCD)	83	2,067	200
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* Select a reason for out-of-range Flow to Population Ratio (GPCD)

▼

Please explain:

Free text.

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Needs and Costs

CWNS Need Categories	Need Description	Need Amount in Document (\$)	Do you have a document describing these costs or would you like to model them (if available)?
--			▼
Secondary Treatment (including sludge handling/disposal)	<u>Free Text</u>	<u>Numbers (comma separated)</u>	<u>Dropdown:</u> Yes, No, I would like to model costs
Advanced Wastewater Treatment			
Infiltration/Inflow Correction			
Sewer Replacement/ Rehabilitation			
New Collector Sewers			
New Interceptor Sewers			
CSO Correction			
Stormwater Management Programs			
Cluster Systems (Decentralized)			
Onsite Wastewater Treatment Systems (Decentralized)			
Recycled Water Distribution			
Nonpoint Source Pollution Control			

If you have documents describing these costs, please send them to your state CWNS coordinator: [state coordinator email](#).

* Water quality reason(s) for the planned projects:

- The project(s) is required to maintain compliance with an NPDES permit.
- The project(s) is 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.
- This facility is not regulated by an NPDES permit; however, the project(s) will prevent unregulated water quality or human health impacts.
- The project(s) is to achieve or maintain compliance with a total maximum daily load (TMDL).

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Cost Estimation Tools

Wastewater: Treatment Plant

Practice Type	Change Type	Construction Type	Future Design Flow (MGD)
Lagoon	Treatment Upgrade ▾		3.05
Aerated Lagoon	Treatment Upgrade ▾		10
Secondary Mechanical	▾		
Advanced	▾		
Disinfection Only	Treatment Upgrade ▾	Chlorine ▾	13

Treatment Upgrade

Chlorine

Ultraviolet (UV)

Wastewater: Collection

Category	Sewer Type	Change	Length of Pipe (ft)	Number of Pump Stations	Pump Station Capacity (MGD)
Infiltration/Inflow Correction	Combined ▾	Rehabilitation	150,000		
Major Sewer System Rehabilitation	▾	▾			
New Collector Sewers and Appurtenances	▾	▾			
New Interceptors and Appurtenances	Interceptor ▾	New ▾	15,000	3	5

Interceptor

New

Replace

Expansion

Decentralized

This Cost Estimation Tool estimates costs for new or replaced decentralized onsite systems based on the number of homes. This model is not for rehabilitation of decentralized systems.

Number of Homes Served

If number of homes served/systems is not known, use the inputs below

Population Served

Population per Household

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Cost Estimation Tools

CSO

This Cost Estimation Tool estimates costs for new or replaced combined sewer overflow systems based on the total capacity in million gallons. **This model is not for rehabilitation or expansion of CSO systems.**

Capacity million gallons

Stormwater

Practice Type	Construction Type	Quantity	Area (ft ²)	Volume (ft ³)	Drainage Area (Acres)	Percent Imperviousness (%)
Dry Pond	New <input type="text" value="v"/>	5	15,000	200,000	2.5	55
Wet Pond	Redevelopment <input type="text" value="v"/>	3	10,000	50,000	2	75
Underground Detention or Retention	<input type="text" value="v"/>					
Vegetated Swale	<input type="text" value="v"/>					
Above Ground Storage Tank	<input type="text" value="v"/>					
Porous Pavement	<input type="text" value="v"/>					
Green Roof	<input type="text" value="v"/>					
Constructed Wetland	<input type="text" value="v"/>					
Bioretention	<input type="text" value="v"/>					
Buffer Strip	<input type="text" value="v"/>					
Infiltration Trench	New <input type="text" value="v"/>	<input style="width: 30px;" type="text" value="2"/>	<input style="width: 30px;" type="text" value="13"/>	<input style="width: 30px;" type="text" value="13"/>	<input style="width: 30px;" type="text" value="1"/>	<input style="width: 30px;" type="text" value="60"/>

- New
- Redevelopment

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Local Official Certification

- 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.

Name:
Title:
Date:

Typing your name here serves as a digital signature.

You indicated that you need a PE signature. Please enter PE information below so they can review and sign this form. *(Display if question 5 = Yes).*

Name:
Email:

Local PE Certification

To be completed by a Local Professional Engineer. Signature certifies that the costs included in this Small Community Form are reasonable.

Name:
Title:
PE Number:
Date:

Typing your name here serves as a digital signature.

State PE Certification

To be completed by a State Professional Engineer. Signature certifies that the costs included in this Small Community Form are reasonable.

Name:
Title:
PE Number:
Date:

Typing your name here serves as a digital signature.

Submit