

# Clean Watersheds Needs Survey Data Entry Portal

Required elements differ between infrastructure types (wastewater, decentralized wastewater treatment, nonpoint source, and stormwater) and chosen facility types. The screenshots below display the form for an example wastewater entry with a treatment plant, which contains the most fields.

For all infrastructure types, these sections are optional:

- Permits
- Unit Processes
- Asset Management

[Facilities Home](#)
CWNS ID: **0100000001** CWNS ID Name: **EXAMPLE LAGOON** Infrastructure Type: **Wastewater** Status: **Federal Accepted**
[Data Entry Notes](#)

**Facility Types** ?

Add or edit the applicable facility and change type combinations for your CWNS ID.

Facility Type	Change Types	Edit	Delete
Treatment Plant	Increase Capacity Process Improvement		
Collection: Separate Sewers	No Change		

[Add Facility Type](#)

**Permits Associated with Facility** ?

Add or edit NPDES and/or Non-NPDES permits associated with your CWNS ID. Can be blank, single entry, or multiple.

Permit Number	Permit Type	Edit	Delete
NPDES XX0000001	Individual Permit		

[Add NPDES Permit](#) [Add Non-NPDES Permit](#)

**Point of Contact** ?

Add or edit the contact information for all contacts related to your CWNS ID. Multiple contacts can be added. At least one contact must be designated as the "responsible entity" or primary contact.

Responsible Entity	Authority Name	Contact Name	Role Title	Phone	Phone Ext	Email	Edit	Delete
Yes	Example	First Last	Mayor	(999) 123-4567		mayor@example.com		

[Point of Contact Search](#) [Add Point of Contact](#)

Location



Add or edit physical location information for your CWNS ID.

Physical Location

Add / Edit Physical Location

Location Type	Latitude	Longitude	Datum	Cities	County	Zip Code	Watershed	Address
Point	31.0000	-87.0000	NAD 83	Exampleville		12345		123 Place St.

? Area Related to Needs

Map Area Related to Needs

Add the area related to needs for your facility or project. The "primary" area related to needs is usually the area corresponding to the Physical Location. Include additional areas if the facility or project encompasses areas beyond the primary area. Selecting the primary location using "Map Area Related to Needs" populates data for Counties, Congressional District, and Watershed.

Counties

Add Counties

Primary Area	County Name	County FIPS	Edit	Delete
Yes	Example	00000		

Congressional Districts

Add Congressional District

Primary Area	Congressional District	Code	Edit	Delete
Yes	00	0000		

Watersheds

Add Watershed

Primary Area	Watershed	HUC-8	Edit	Remove
Yes	Example	00000000		

Needs



Add or edit needs associated with your CWNS ID by uploading supporting documents. **Note: You must upload one or more documents before entering Costs by Category (documented or estimated costs).**

\* Please select reason(s) for needed changes:

- 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.

Documents



Document	Document Type	Published Date	Author	Base Month/Year of Cost	Annotation Method	Document Approval	CWNS IDs Associated with Document	Notes	Edit	Download	Remove from list
Thomasville-Annotation Document-Sewer System Improvements	Excel Spreadsheet Annotations	6/22/2022	Example	02/2022	Annotated in Excel	Not Applicable	01000000001				
Sewer System Improvements	Facility Plan or Preliminary Engineering Report	2/1/2022	Engineers	02/2022	Annotated in Excel	Not Applicable	01000000001				

1 - 2

Search for Document

Upload New Document

Cost by Category



Add Documented Cost

Add Estimated Cost

Needs Category: I - Secondary Wastewater Treatment

Title	Type	Designation	Published Date	Cost Method	Base Amount (\$)	Amount (Jan 2022 \$)	Edit Costs	Remove from List
Sewer System Improvements	21 - Facility Plan or Preliminary Engineering Report	Primary	02/01/2022	Documented	\$11,409,000	11,305,734		

Total Needs for Each Category

Total Amount (Jan 2022\$)

I - Secondary Wastewater Treatment	11,305,734.00
	11,305,734.00

1 - 1

Download Documented Cost Data

## Population Information

?

Add or edit the population information for your CWNS ID, entering residential and non-residential numbers separately. Non-residential population or persons per unit is optional.

For **wastewater** CWNS IDs, population is editable for CWNS IDs with the facility types of Collection: Separate Sewers and/or Collection: Combined Sewers. CWNS IDs with only Treatment Plants and Interceptor Sewers will not have a receiving population. Upstream populations come from sewershed connections made in the discharge section.

For **decentralized** CWNS IDs, population is calculated using this equation: Total Population = Persons per Unit \* Number of Units. If there is no data for residential persons per unit, or the data shown is incorrect, please enter a value. Values outside of the range of 1-6 will require a confirmation step. If you do not have a location-specific data, you can use the national average of 2.52 persons per household. Non-residential population or population per unit is optional and there is no range check.

	Residential Population		Non-Residential Population	
	2022	Projected Design Population	2022	Projected Design Population
Receiving Collection	3,900	3,900		
Upstream Collection	0	0	0	0
<b>Total Receiving Treatment</b>	3,900	3,900	0	0

[Edit Population Information](#)

## Flow Information

?

Add or edit **current design flow** and **future design flow** for your facility.

	Current Design Flow (MGD)	Future Design Flow (MGD)
Flow Information		
Municipal Flow	1,500	2,000
Industrial Flow		
Infiltration Flow		
Total Flow	1,500	2,000
Wet Weather Peak		
Flow to Population Ratio Information		
Flow to Population Ratio (GPCD)	384.620	512.820

[Edit Flow Information](#)

### Flow to Population Ratio Outside of 25-300 GPCD Range

If the calculation is correct, select a reason for the out-of-range Flow to Population Ratio. Otherwise, correct the inputs.

\* Select a reason for out-of-range Flow to Population Ratio (GPCD) **Excessive inflow and infiltration**

## Discharges

?

Add or edit the type and percent of discharge for your CWNS ID. Multiple types of discharge can be added and must sum to 100% (or 0% for new or abandoned facility types). **This section is optional for decentralized and stormwater infrastructure types.**

Type of Discharge	2022 % of Discharge	2042 Estimated % of Discharge	Receiving Facility	Edit	Delete
Reuse: Irrigation	100%	100%			
<b>Total</b>	<b>100%</b>	<b>100%</b>			

[Add Discharge Type](#)

## Effluent



Indicate the ultimate level of wastewater treatment for your CWNS ID. Please input both current effluent treatment and future effluent treatment levels.

Current Effluent Treatment Level: Secondary  
Is there Disinfection (e.g.,chlorine, UV) currently in place?: Yes


Future Effluent Treatment Level: Secondary  
Will there be Disinfection (e.g., chlorine, UV) in the future? Yes

[Edit Effluent](#)

## Unit Processes



Add or edit the unit processes your CWNS ID that currently exist or are planned. Multiple unit processes may be added.

  
No unit processes are assigned to this facility, click the "Add Unit Process" button to add a unit process to this facility.

[Add Unit Process](#)

## Asset Management



Please enter information about utility plan(s) for managing infrastructure capital assets to minimize the total cost of owning and operating them while maintaining service levels.

Asset Management Plans and Programs	Implementation	Remaining Cost to Develop Program (\$)	Annual Cost to Implement Program (\$)
Asset Management Plans and Programs			

[Edit Asset Management](#)

# Small Community Form

EPA allows small communities to submit survey-generated documentation for needs. EPA has found that although these small communities have needs related to their wastewater, stormwater, decentralized systems, and NPS controls, they are less likely to have planning and costing documents available. The following pages show the inputs to the SCF that will be available in the form of an online form or hardcopy document.

**EPA CWNS Data Entry Portal (DEP)** Viewing records for : Alabama [Contact Us](#)

Home Enter Survey Data Documents **Manage Small Community Forms** Administration

### All Small Community Forms for State

Use this table to create, monitor and process small community forms for loading the survey.

**Small Community Info**

The Small Community Form (SCF) is meant for small communities that may have a difficult time fulfilling documentation requirements. You should not use the SCF if a community has documentation or is not considered "small." A CWNS facility is considered small if it meets the following criteria:

- The facility is not one of several facilities serving a community of 10,000 persons or more.
- The facility's wastewater system and its location is not within an urbanized area, so it is not a component of, and virtually indistinguishable from, surrounding adjacent entities (which are not small).
- The facility's wastewater system is not physically connected to a regional treatment authority serving 10,000 persons or more.

If a returned SCF indicates that one of the above does not apply to a community (e.g., the facility now serves more than 10,000 persons), then you should instruct the community to submit other documentation, as the SCF will no longer be accepted as documentation for that community.

**Small Community State Info**

**Small Community Form List** [+ Add Small Community Form](#)

Search Actions [Send All Selected](#) [Delete Selected](#)

Selected	CWNS Number	Name	Contact Name	Contact Email	Status	Last Status Update	Total Amount (Not modeled)	Add Recipient Email	View
<input type="checkbox"/>	01000783001	HOLLIS CROSSROADS SEPTIC	Test		Sent to Local PE	12/14/2021 08:19	\$0		
<input type="checkbox"/>	01000785001	STEWARTVILLE SEPTIC TANKS	Test		In progress	10/07/2021 12:26	\$0		

# Clean Watersheds Needs Survey Small Community Form

1. Does your facility have water-quality-related capital improvement needs? **Yes**

2. Do you have planning documents that report any of your needs (such as in a capital improvements plan or engineering report)? **Yes**

**Please e-mail those documents to your state coordinator. The state environmental agency will enter your documented needs separately.**

3. Do you have any undocumented needs? **Yes**

**Please use this form to communicate those needs.**

4. Do you have access to a Professional Engineer (consulting with or on staff) who will certify the costs of the undocumented needs? **Yes**

**Please enter the contact information for the local professional engineer (PE).**

**Once you finish filling out the form, it will be sent to this person for their digital signature.**

Local PE Name **PE Name**

Local PE Email **PE@email.com**

5. Do you want to use EPA cost estimation tools to estimate any of the costs? **Yes**

Select Cost Estimation Tool(s):  Wastewater: Treatment Plant Cost Estimation Tool  
(Estimates the costs for constructing a new treatment plant or replacing, rehabilitating, upgrading treatment, expanding, or adding disinfection at an existing one.)

**Combined Sewer Overflow Cost Estimation Tool**  
**(Estimates the cost for constructing a new CSO storage basin.)**

Wastewater: Collection Cost Estimation Tool  
(Estimates the costs for constructing a new wastewater conveyance facility or replacing/rehabilitating an existing one.)

**Facility Information**

Please complete the required fields and contact information.

\* Indicates required field

CWNS ID **7888888892**Infrastructure Type **Wastewater**\* Facility Name: **Test - SCF WWTP and Collection**\* Authority Name: **Authority Name**\* Facility Address: **Facility Address**

**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'). Thank you!**

\* City: **City**\* State: **VI**\* Zipcode: **00000**\* County: **County**\* Owner Type:  **Public**  Private  FederalContact Name: **Contact Name**Role/Title: **Role/Title**

Phone: ##### Extension: ###

Fax:

Email: **email@email.com****Facility Types** ?

Please select the facility type(s) for the infrastructure in your community. To add a facility, click the "Add a Facility" button and select facility type from the dropdown menu. To see more information about the facility types, click the "?" icon.

Facility Type	Planned Changes
Treatment Plant	Process Improvement Increase Level Of Treatment
Collection: Combined Sewers	Rehabilitation

**Facility Discharges** ?

To add a facility discharge, click on the "Add Discharge" button and select from the dropdown menu. If your facility discharges to another facility, indicate the name and location so the state coordinator can clearly identify the facility.

Discharge	% of Discharge	Discharges To
Outfall To Surface Waters	100	
<b>Total</b>	<b>100</b>	



**Effluent Information** <sup>?</sup>

Please complete the following fields for effluent information. Effluent information is required for wastewater treatment plant facilities and optional for honey bucket lagoons and storage facilities.

\* Current Effluent Treatment Level: **Secondary**

\* Is there Disinfection (e.g., chlorine, UV) currently in place?  No  Yes

\* Future Effluent Treatment Level: **Secondary**

\* Will there be Disinfection (e.g., chlorine, UV) in the future?  No  Yes

**Population Information (Wastewater)** <sup>?</sup>

Please complete the following fields for population information. Population information is required for separate and combined sewer collection facilities (for wastewater infrastructure types). Population is also required for decentralized facilities.

	Residential Population	
	2022	Projected Design Population 2042
Receiving Collection	7,100	7,800

**Flow Information** <sup>?</sup>

Please complete the following fields for flow information.

	Current Design Flow (MGD)
Total Flow	1.00

**Needs** 

Report your community's needs by category.

If you have documents describing these costs, please send them to your state CWNS coordinator: .

**\* Please select reason(s) for needed changes:**

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- The project(s) is to achieve or maintain compliance with a TMDL.
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**Needs Category : Needs Category: I - Secondary Wastewater Treatment**

Cost Method	Adjusted Amount	Project Description
Your estimate	1,200,000	Adding disinfection to the plant, along with improving the processes related to...

**Needs Category : Needs Category: V - Combined Sewer Overflow (CSO) Correction**

Cost Method	Adjusted Amount	Project Description
EPA's Cost Estimation Tool: CSO	100,000	Equalization basin

**Local Official Certification**

I am the local official  Please send to a local official for review

Name **Name**

Email **local.official@email.com**