

CLEAN WATERSHEDS NEEDS SURVEY – 2012
For Mississippi Small Community (populations < 10,000) Wastewater Needs

The water pollution control needs of small communities are often understated in the federal Clean Watersheds Needs Survey. The Mississippi Department of Environmental Quality requests your assistance to accurately account for Mississippi's needs by completing this form. There are four parts: **Community Information** – to identify your community; **Wastewater Related Problems** – to identify problems in your community; **Certifications** – to attest to the accuracy of the information you have provided; and, **Projects Needed** – to identify projects or actions that will correct problems.

Community Information

Community Name:		Contact Person:	
County:		Title/Position:	
Address:		Email:	
City:	Zip:	Population:	
Phone #:	Ext:	Fax #:	
Is your community served by:	Yes/No	Population	Owner (if other entity)
Public Sewer System?			
Wastewater Treatment Plant?			
Private On-Site Systems?			

Wastewater Related Problems

Please describe water quality or public health problems in your community related to the collection, treatment, discharge, storage, or disposal of wastewater.

Certifications

Community Official (may be elected or otherwise qualified) - As the official representing this community, I agree that the water quality needs and other information described on this form are accurate.

Name:	Title:
Signature:	Date:

Professional Engineer (employed by Community or County) – I certify to the best of my knowledge that the costs of the community's clean water needs described on this form are accurate.

Name:	Company:
Signature:	Date:

Instructions

Please use the following letter codes

- | | | |
|---|-------------------------------------|--------------------------------------|
| A Wastewater Treatment Plant | E Bio-solids/Sludge Disposal | H Nonpoint Source Pollution Controls |
| B Collection System Rehabilitation or Replacement | F Reclaimed Water (e.g. irrigation) | I Groundwater Protection |
| C New Collection System | G Stormwater Management System | J Other |
| D Onsite Treatment & Disposal | | |

Documentation – Please attach documents (or excerpts) that support the information provided below – examples are public health department letters and reports, grant and loan applications (not CWSRF), engineering reports, capital budgets or improvement reports, etc. Please include a title page and the date the document was prepared. You **do not have to provide a cost estimate** for each project, provided that a responsible Community Official has signed the form (see Certifications) and you provide information (size, length, number, etc.) that would allow us to model the cost.

Please Return Survey by July 15, 2012, by mail to
 Tom Webb, Mississippi CWNS Coordinator
 MS Office of Pollution Control
 P. O. Box 2261
 Jackson, MS 39225-2261
 Or Fax to: (601) 961-5187

PROJECTS NEEDED

Project Code	Description – Also, if you can, please provide details on flow, size, length, number, etc.	Problem Addressed (check one)		Estimated Cost	Source of Cost (Document, Professional Engineer, or other – please clarify)
		Public Health	Water Quality		

Please copy and attach additional sheets as needed.