

# Suwannee River Water Management District Regional Water Supply Plan – Water Supply Entity Response Form

Water supply entities that received notification from SRWMD regarding implementation of an Alternative Water Supply (AWS) project identified in a regional water supply plan are required to submit a status report **every year** indicating which AWS project(s) are planned or being implemented. This form may be utilized to update identified project(s) or submit new project(s) and must be received by **November 15** of each year. This annual progress reporting is **required** per section 373.709(8)(b), *Florida Statutes*.

**Please remit forms to:**

Emily Ducker  
Suwannee River Water Management District  
9225 CR 49  
Live Oak, FL 32060

Or e-mail: [emily.ducker@srwmd.org](mailto:emily.ducker@srwmd.org)

If you have any questions, contact Emily Ducker by email or phone 386.362.1001

**Submittal of complete information is required to update or add a new AWS project to a SRWMD Regional Water Supply Plan. Failure to provide complete information may jeopardize eligibility for cooperative funding programs. All costing information, including unit production cost (see item 8 below), must be included. Please complete a separate form for each project.**

Date: \_\_\_\_\_

Status of Project (check appropriate boxes):

Update project in NFRWSP or     Update project in WWSP

1. Name of water supply entity: \_\_\_\_\_

2. Contact person for this response:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

3. Name of project as described in the water supply plan (if applicable, also include the associated project number): \_\_\_\_\_  
\_\_\_\_\_

4. Description of project: \_\_\_\_\_  
\_\_\_\_\_

5. Status of project: Indicate if the listed step has been completed and completion date or, if not complete, provided projected completion date:

Financial planning: \_\_\_\_\_

Facilities master planning: \_\_\_\_\_

Permitting: \_\_\_\_\_

Construction: \_\_\_\_\_

On hold or not being implemented (state reason): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insert updated information below for elements that have changed since submittal of last report.**

6. Describe the type of alternative water supply project (check box):

Brackish groundwater for potable use

Surface water for potable use

Seawater for potable use

Reclaimed water

Reuse augmentation

Stormwater for irrigation

Potable reuse (direct or indirect)

Other - please describe \_\_\_\_\_

7. Provide the source and location of withdrawal (include a project location map): \_\_\_\_\_

\_\_\_\_\_

8. Project information (all fields must be filled in) \*

a. Average Daily Flow in mgd \_\_\_\_\_

b. Construction Cost \$ \_\_\_\_\_

c. Total Capital Cost \$ \_\_\_\_\_

d. Unit Production Cost\*\* \$ \_\_\_\_\_

*Unit production cost is the equivalent annual cost divided by the total annual water production and is expressed in terms of dollars (\$) per 1,000 gallons of finished water.*

*Equivalent annual cost is the total annual life cycle cost of the water supply alternative based on service life and time value of money criteria established herein.*

*Equivalent annual cost includes Total capital cost, Operations and maintenance (O&M) costs (with the facility operating at average day capacity), time value of money (annual interest rate), and facilities service life.*

9. Provide quantity of reject/concentrate generated from process, if any: \_\_\_\_\_

10. Describe project's major components and capacities (check box):

- Wells \_\_\_\_\_ mgd
- Surface water withdrawal facilities \_\_\_\_\_ mgd
- Treatment facilities \_\_\_\_\_ mgd
- Tank or other storage facilities \_\_\_\_\_ mg
- Surface reservoir storage \_\_\_\_\_ mg
- Aquifer Storage & Recovery \_\_\_\_\_ mg
- Transmission lines \_\_\_\_\_ mgd
- Other (describe) \_\_\_\_\_ mgd

11. List proposed funding sources (specify amount from each source):

- a. Water supply entity \$ \_\_\_\_\_
- b. SRWMD \$ \_\_\_\_\_
- c. Other water management district \$ \_\_\_\_\_  
Name of other water management district \_\_\_\_\_
- d. State of Florida \$ \_\_\_\_\_
- e. Federal \$ \_\_\_\_\_
- f. Other \$ \_\_\_\_\_
- g. **TOTAL** \$ \_\_\_\_\_

12. Please describe the resource constraints that this project will benefit, if any, and the amount of benefit expected. For example, this project will benefit the MFLs at Lake \_\_\_\_\_ by increasing aquifer levels by \_\_\_\_\_ ft. under the lake. (Other constraints and benefits may exist for aquifer water quality, springs, wetlands, rivers, etc.)

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Please provide any additional comments as needed:

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