

Appendix B. Drinking Water Survey

The following is a copy of the drinking water survey EDR distributed in 2021.

DRINKING WATER UTILITY SURVEY

Introduction:

This survey is being distributed to Florida's drinking water utilities by the Florida Legislature's Office of Economic and Demographic Research (EDR). Every year, EDR publishes an assessment of Florida's water resources and conservation lands. In support of this annual assessment, in 2021 the Florida Legislature amended section 403.928, Florida Statutes, to require EDR to "periodically survey public and private utilities."

This survey is not connected to the new 20-year needs analysis reporting requirements for local governments providing stormwater and wastewater services (under 2021 House Bill 53, sections 403.9301 & 403.9302, F.S.). This survey is much, much simpler and should not require a similarly large time investment by a utility.

This first drinking water survey is fairly brief. Future surveys will likely be more in-depth, but this first survey is meant to gather a general idea of Florida's drinking water inventory and recent expenditures.

Instructions:

Please respond to questions using your best professional judgement. If you would like to add any notes or comments to clarify an answer or provide a more in-depth answer, there is space to do so either in the main survey or in the "Notes or Comments" tab.

Any questions regarding future infrastructure needs are necessarily speculative and do not represent a firm commitment to future expenditures by a utility.

The survey has four main parts, each on a separate worksheet. Many questions include a separate space for notes or comments. If a question does not, please use the table in the "Notes or Comments" tab.

Links to Survey Parts:

[Background Information](#)

[Facility Information](#)

[Distribution Infrastructure](#)

[Financial Information](#)

[Notes or Comments](#)

	A	B	C	D	E	F	G	H	I
1									
2	Background Information								
3	Please provide your contact and location information, then proceed to the template on the next sheet.								
4	Utility Name								
5	Contact Person								
6	Name:								
7	Position/Title:								
8	Email Address:								
9	Phone Number:								
10									
11	Please list any Public Water System IDs for systems owned or operated by your utility:								
12									
13									
14	Indicate the Water Management District(s) in which your service area is located.								
15	<input type="checkbox"/>		Northwest Florida Water Management District (NFWWMD)						
16	<input type="checkbox"/>		Suwannee River Water Management District (SRWMD)						
17	<input type="checkbox"/>		St. Johns River Water Management District (SJRWMD)						
18	<input type="checkbox"/>		Southwest Florida Water Management District (SWFWMD)						
19	<input type="checkbox"/>		South Florida Water Management District (SFWMD)						

	A	B	C	D	E	F	G	H	I
20									
21	What type of entity owns your utility?								
22			<input type="checkbox"/>	Municipality					
23			<input type="checkbox"/>	County					
24			<input type="checkbox"/>	Independent Special District					
25			<input type="checkbox"/>	Regional Water Authority					
26			<input type="checkbox"/>	Investor Owned					
27			<input type="checkbox"/>	Private Non-Profit					
28			<input type="checkbox"/>	Other					
29									
30	If Other, please describe your ownership type:								
31									
32									
33	Does your utility also provide either of the following?								
34			<input type="checkbox"/>	Wastewater services					
35			<input type="checkbox"/>	Water reuse services					
36									
37	Continue to Facility Information								
38									

	A	B	C	D	E	F	G	H	I	J	K	L						
1	Facility Information for _____																	
2	<div style="border: 1px solid black; padding: 5px;"> In this survey, please provide background, water source, treatment, and infrastructure information for the most recent fiscal year. The last section of the survey will include questions about your utility's fiscal year schedule as well as revenue and expenditure data since fiscal year 2015-2016. </div>																	
3																		
4																		
5																		
6	1	Do you buy your water from a wholesaler and/or produce your own? Please answer Yes/No. Do not include non-potable reuse water when answering questions 1 through 3.																
7		<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Buy from wholesaler</td> <td></td> </tr> <tr> <td>Produce own</td> <td></td> </tr> </table>											Buy from wholesaler		Produce own			
Buy from wholesaler																		
Produce own																		
8																		
9	2	If you purchase your water, what is the name of the utility or water system you buy from?																
10		<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>																
11																		
12	3	Do you rely on the following water source types for water produced by your utility and/or water bought from another producer? Please answer Yes/No. Please feel free to describe other source types you use or comment on your sources.																
13																		
14	3.1	Produced by your utility:																
15		<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Ground</td> <td></td> </tr> <tr> <td>Surface</td> <td></td> </tr> <tr> <td>Ground water under direct influence (GWUDI)</td> <td></td> </tr> </table>											Ground		Surface		Ground water under direct influence (GWUDI)	
Ground																		
Surface																		
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16																		
17																		
18		<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Other/Notes:</td> <td></td> </tr> </table>											Other/Notes:					
Other/Notes:																		
19																		
20																		
21	3.2	Bought from another producer:																
22		<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Ground</td> <td></td> </tr> <tr> <td>Surface</td> <td></td> </tr> <tr> <td>GWUDI</td> <td></td> </tr> </table>											Ground		Surface		GWUDI	
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25																		
26		<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Other/Notes:</td> <td></td> </tr> </table>											Other/Notes:					
Other/Notes:																		
27																		
28	4	Does your utility use an asset management system to inventory utility assets and track their conditions?																
29		<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>																
30	4.1	If yes, approximately what percentage of your assets are recorded and up to date in your asset management system?																
31		<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>																
32	4.2	Does your utility use a geographic information system (GIS) for your assets?																
33		<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>																
34	4.3	If so, is there a geographic information system (GIS) integrated into your asset management system?																
		<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>																

	A	B	C	D	E	F	G	H	I	J	K	L
36		4.4		Notes on your asset management system or GIS integration:								
37												
38												
39		5		What is your utility's total water production design capacity (in mgd)? (If, in the past fiscal year, your utility purchased all of your water from a wholesaler, skip to question 8.)								
40												
41		5.1		What is your utility's total average permitted water production capacity (in mgd)?								
42												
43		6		Please fill in the following information about any wells that are currently in use.								
44												
45		6.1		How many wells were in use in the last fiscal year?								
46												
47		6.2		Please list the aquifer(s) they draw from:								
48												
49												
50		6.3		What is the age range of those wells? (For example, 1980-2010.)								
51												
52		6.4		How many wells do you plan to drill in the next 5 years?								
53												
54		6.5		If you have plans to drill new wells in the next 20 years, or if you do not yet have plans but know you will need additional wells in the next 20 years, please briefly describe your needs (number of wells, any other pertinent information):								
55												

	A	B	C	D	E	F	G	H	I	J	K	L
80												
87		8.3		Elevated Storage								
88				How many elevated storage tanks does your utility use?								
89				What is the age range your elevated storage tanks?								
90				Do you plan to install any new elevated storage tanks in the next 5 years?								
91				- If so, how many and at what capacity?								
92												
93		8.4		Notes or comments on storage tanks or capacity:								
94												
95												
96		9		Please answer the following questions about your customer base.								
97												
98		9.1		What is the population served by your utility? Please fill out the table if below if possible. If you have wholesale customers but cannot separate that population from your direct customer base, please only enter the total. (If you do not have any on one type, please enter N/A.)								
99												
100												
101												
102												
103												
104												
105												
106		9.2		If you separate your customer population by permanent and non-permanent (e.g., visitor or tourist) populations, please fill out one of the following tables with the respective totals. If you cannot separate your customer population in this way, please skip to the next question.								
107												
108				Permanent and Non-Permanent Populations, excluding any wholesale customers:								
109												
110												
111												
112												
113												
114				Permanent and Non-Permanent Populations, including wholesale customers:								
115												
116												
117												
118												
119												
120		10		How many water meters are connected to your distribution system?								
121												
122				Continue to Distribution Information								
123												

	A	B	C	D	E	F	G	H	I	J
1	Distribution Infrastructure Information for _____									
2										
3	Please fill out the following information relating to your distribution infrastructure.									
4										
5	11	Please answer the following questions about your utility's booster pump stations.								
6										
7	11.1	How many booster pump stations does your utility own?				<input type="text"/>				
8										
9	11.2	What is the age range of your utility's booster pump stations?				<input type="text"/>				
10										
11	11.3	How many new booster pump stations are expected to be needed in the next:								
12		5 years?				<input type="text"/>				
13		20 years (if known)?				<input type="text"/>				
14										
15	11.4	How many of your existing booster pump stations do you expect to majorly rehabilitate or replace in the next:								
16		5 years?				<input type="text"/>				
17		20 years (if known)?				<input type="text"/>				
18										
19	11.5	Notes on your booster pump stations:								
20										
21										
22	In the following questions about water mains, please only include any mains 4" or greater in diameter.									
23										
24	12	What is the total linear feet of potable water mains owned by your utility?				<input type="text"/>				

	A	B	C	D	E	F	G	H	I	J
50										
51	13		Please fill out the table below regarding water main age. While aggregated linear foot totals by decade is preferable, if that is not possible please estimate the percentage of your water mains by decade. If actual age information is not available, please base your response on the year the first fire hydrant was installed. Lengths of pipe that have been lined should be considered as dating from the year they were lined.							
52										
53										
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56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66	13.1		Did you calculate or estimate this table?							
67										
68	13.2		Notes on the age of your distribution system, etc. :							
69										
70										
71	14		How many linear feet of pipe were replaced over the last five fiscal years?							
72										
73										
74										
75										
76										
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	A	B	C	D	E	F	G	H	I	J	
79											
80	15	How many linear feet of pipe were lined over the last five fiscal years?									
81											
82						Fiscal Year	Linear Feet				
83						2016-2017					
84						2017-2018					
85						2018-2019					
86						2019-2020					
87						2020-2021					
88											
89	16	How many backflow prevention devices are connected to your service connections?									
90											
91	17	How many fire hydrants are connected to your system?									
92											
93	18	How many boil water notices that required State Warning Point (SWP) notification were issued during the last three calendar years? Additionally, how many of those boil water notices were issued either during a hurricane or tropical storm or were caused by a hurricane or tropical storm?									
94											
95						Year	Boil Water Notices	Hurricane / Tropical Storm Related			
96						2018					
97						2019					
98						2020					
99											
100	19	Do you have any other notes or comments on your distribution system?									
101											
102											
103		Continue to Financial Information									
104											

	A	B	C	D	E	F	G	H	I	J	K																								
1	Financial Information for _____																																		
2																																			
3	Please fill out the following information relating to your finances and system plans. Please answer based on your utility's fiscal years. If your utility provides both drinking water and wastewater, please exclude the portion of your budgets and plans devoted to wastewater service in your answers.																																		
4																																			
5	While any financial information from investor-owned utilities is helpful to EDR, we understand if you prefer not to answer.																																		
6																																			
7	20	Please choose which dates below align with your utility's fiscal year. If other, please type your fiscal year start and end dates in the Notes/Other box below.																																	
8																																			
9		<input type="checkbox"/>	October 1 - September 30 (Local Fiscal Year)																																
10		<input type="checkbox"/>	July 1 - June 30 (State Fiscal Year)																																
11		<input type="checkbox"/>	January 1 - December 31 (Calendar Year)																																
12		<input type="checkbox"/>	Other:																																
13		Notes:																																	
14																																			
15																																			
16	21	Please fill out the table regarding your annual revenue for the last five fiscal years. Customer billing revenue should be listed separately from revenue from any other sources (e.g., grants, loans or bonds, legislative appropriations, transfers from other local government funds, etc.). If applicable, please briefly list the additional revenue source (e.g., DWSRF):																																	
17																																			
18		<table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Customer Billing Revenue</th> <th>Revenue from Other Sources</th> <th>Notes on Other Sources</th> </tr> </thead> <tbody> <tr> <td>2016-2017</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2017-2018</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2018-2019</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2019-2020</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2020-2021</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Fiscal Year	Customer Billing Revenue	Revenue from Other Sources	Notes on Other Sources	2016-2017				2017-2018				2018-2019				2019-2020				2020-2021			
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22																																			
23																																			

	A	B	C	D	E	F	G	H	I	J	K
24											
25	22	Please fill out the table regarding your expenditures for the last five fiscal years. Please separate operations & maintenance (O&M) expenditures, capital improvement expenditures, and other (e.g., loan repayments or anything else that does not neatly fit into the two major categories). If applicable, please briefly describe the other expenditures (e.g., DWSRF repayment).									
26											
27											
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30											
31											
32											
33											
34	23	If your utility has received any grants since 2016, please fill out the following table. In addition to the total and remaining amount and the time frame, please name the project the grant was/is dedicated to and the entity and/or program providing the grant.									
35											
36											
37											
38											
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41											
42											
43											
44											
45											
46											

	A	B	C	D	E	F	G	H	I	J	K
47											
48	24	If your utility has received any loans since 2016, please fill out the following table. In addition to the total and remaining amount and the time frame, please name the project the loan was/is dedicated to and the entity and/or program providing the loan.									
49											
50											
51											
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56											
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62	24.1	If your utility has not applied for or received any DWSRF loans but has pursued alternative financing, or if your utility now chooses to avoid DWSRF funding, is there a reason why? Please choose all that apply.									
63											
64		<input type="checkbox"/> Don't need									
65		<input type="checkbox"/> Too much paperwork									
66		<input type="checkbox"/> Not qualified									
67		<input type="checkbox"/> Unfamiliar with the loan process									
68		<input type="checkbox"/> Prefers/uses other financial strategies like municipal bonds									
69		<input type="checkbox"/> Other									
70											
71	24.2	Notes or comments on loans or loan programs:									
72											

	A	B	C	D	E	F	G	H	I	J	K
73											
74	25	<p>For publicly owned utilities, please check any fiscal year(s) in the list below during which utility revenue was transferred from the enterprise fund to a general operating fund for non-utility purposes. Transfers for normal administrative or support activities (e.g., HR, IT support, legal counsel, etc.) or for shared use (like multi-office building upkeep) should be considered as having a utility purpose and therefore be excluded from this question.</p>									
75											
76					<input type="checkbox"/>	2015-2016					
77					<input type="checkbox"/>	2016-2017					
78					<input type="checkbox"/>	2017-2018					
79					<input type="checkbox"/>	2018-2019					
80					<input type="checkbox"/>	2019-2020					
81					<input type="checkbox"/>	2020-2021					
82											
83	25.1	Notes or comments on utility revenue transfers:									
84											
85											
86	26	What is the last year of your current planning horizon (i.e., the outer limit of your high-level strategic planning)?									
87											
88	27	Have you undertaken a formal rate study in the last five fiscal years?									
89											
90	27.1	If Yes, what year did the study conclude?									
91											
92	27.2	Notes or comments on rate studies or rate changes:									
93											

	A	B	C	D	E	F	G	H	I	J	K	
94												
95	28	When did your rates last increase?							<input type="text"/>			
96												
97	29	If you publish any of the following documents online, please provide a link to your most recently adopted version										
98												
99				Capital Improvement Plan/Program:	<input type="text"/>							
100				Description of current rates:	<input type="text"/>							
101				Strategic plan:	<input type="text"/>							
102				Rate Study	<input type="text"/>							
103												

	A	B	C	D
1				
2		Question #	Notes or Comments	
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