

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hernando County Glen Water Reclamation Facility (WRF) Denitrification Upgrades
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Ralph Massullo  
Members Copied: Blaise Ingoglia

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
*If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E*
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					3,000,000	3,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Environmental Protection
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Hernando County will reimburse the State for failure to meet deliverables or performance measures.

6. Requester:

- a. Name: Gordon Onderdonk
- b. Organization: Hernando County Utilities Department
- c. Email: Gonderdonk@hernandocounty.us
- d. Phone #: (352)540-4368

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Gordon Onderdonk
- b. Organization: Hernando County Utilities Department
- c. Email: Gonderdonk@hernandocounty.us
- d. Phone #: (352)540-4368

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Shawn Foster
- b. Firm: Sunrise Consulting Group
- c. Email: foster@scgroup.com
- d. Phone #: (727)808-4131

9. Organization or Name of entity receiving funds:

- a. Name: Hernando County Utilities Department
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Hernando County's Glen Water Reclamation Facility (WRF) and its aquifer recharge basins (ARB) are located within the Weeki Wachee Priority Focus Area (PFA). The Weeki Wachee Springs and River have been determined to be impaired for nitrate. This project consists of design and construction of upgrades to the existing wastewater reclamation facility necessary to achieve the Basin Management Action Plan effluent limit of 3mg/l total nitrogen.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Funding will be spent to supplement the design and construction of the project. The project is expected to include anoxic denitrification basins and reaeration basins.	3,000,000
<b>TOTAL</b>		<b>3,000,000</b>

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The Hernando County Board of County Commissioners on September 10, 2019 approved a five year CIP including this project and gave staff approval to pursue Florida legislative appropriations funding for it.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The Weeki Wachee Basin Management Plan (BMAP) was developed in response to a Total Maximum Daily Load (TMDL) established for nitrogen discharges to groundwater in the springshed.

17. Will the requested funds be used directly for services to citizens?

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
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<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	FDEP has determined that the Weeki Wachee Spring, and Outstanding Florida Spring, is impaired for nitrogen. A TMDL has been established for the spring. This project will reduce nitrogen going to the Weeki Wachee via ground water contamination.	These WRF's are required to measure nitrates in reclaimed water produced by the plant. This testing will show immediate and significant nitrogen reductions in RW discharged in the PFA. Also, the state is currently monitoring water quality, including nitrogen pollution, in the spring. This monitoring is expected to continue in perpetuity.
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Increased tourism and increased property values along and adjacent to the spring and river	Visitors per day. Property appraiser.
<input checked="" type="checkbox"/> Increase tourism	Improve the water quality in Weeki Wachee Springs State Park and the river.	Visitors per day, tourism facilities.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Engineering design & permitting and construction of this water reclamation facility.	Paid wages/benefits.

<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input checked="" type="checkbox"/> Improve groundwater quality	Reduction in the amount of nitrogen being discharged to groundwater.	Required nitrogen testing at water reclamation facilities. Ongoing water quality testing in the Weeki Wachee Spring and river.
<input type="checkbox"/> Improve drinking water quality		
<input checked="" type="checkbox"/> Improve surface water quality	Reduction in nitrogen in the impaired spring and river, contributing to meeting FDEP's TMDL.	Ongoing water quality testing in the Weeki Wachee Spring and river.
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	3,000,000	60.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	2,000,000	40.0%	No
5. Other:	0	0.0%	No
TOTAL	5,000,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No

21. What is the revenue source of ongoing operating funds?

Water and Sewer Rates paid by the utility costumers

22. Has local approval been given for ongoing operating funds?

Yes

23. Have you applied for alternative state funding?

- a. Wastewater Revolving Loan
- b. Drinking Water Revolving Loan
- c. Small Community Wastewater Treatment Grant
- d. Other (Please describe): FDEP Springs funds
- e. N/A

24. Has project been addressed in a local, regional, or state plan?

Yes

24a. If Yes, insert plan name and cite page numbers.

This project was specifically identified in the Weeki Wachee Basin Management Action Plan (Table 6) for potential credits to meet the TMDLs

25. Is the project for a financially disadvantaged community? (as defined in Chapter 62-552, F.A.C.)

No

26. What is the population economic status?

- a. Financially Disadvantaged Municipality
- b. Rural Area of Critical Economic Concern
- c. Rural Community Experiencing Economic Distress

d. N/A

27. What is the status of planning?

a. Ready

b. Not Ready

28. What percentage of the planning process has been completed?

80

29. What is the estimated planning completion date?

09/30/2020

30. What is the status of design?

a. Ready

b. Not Ready

31. What percentage of design has been completed?

0

32. What is the estimated design completion date?

09/30/2021

33. List all required permits.

SWFWMD ERP, FDEP Wastewater Plant Major Modification Permit, Hernando County Building Department Permit

34. What is the status of permitting?

a. Planned

b. Submitted

c. Received

35. What is the status of construction?

a. Ready

b. Not Ready

36. What percentage of construction has been completed?

0

37. What is the estimated completion date of construction?  
07/30/2022