

### **The Florida Senate Local Funding Initiative Request**

**Fiscal Year 2021-2022** 

LFIR # 1360

|  | <b>a</b>                    |                       |   |                     |              |  |
|--|-----------------------------|-----------------------|---|---------------------|--------------|--|
| 1. Project Title   | Ocala - Septic T            | ank Abatement         |   |                     |              |  |
| 2. Senate Sponsor  | Dennis Baxley               |                       |   |                     |              |  |
| 3. Date of Request                                       | 01/26/2021                  |                       |   |                     |              |  |
| 4. Project/Program D                                     | escription                  |                       |   |                     |              |  |
| sanitary sewer system<br>This funding would<br>annually. | em.<br>take 100 septic tank | ks off-line, reducing | septic tanks off-line ar<br>total Nitrogen in groun<br>nment, lateral to sewe | ndwater by an estin |              |  |
| 5. State Agency to re                                    | ceive requested fu          | inds Departme         | ent of Environmental P  | Protection          |              |  |
| State Agency conta                                       | acted? No                   |                       |   |                     |              |  |
| Type of Funding  | <u> </u>                    |                       | Amo   | unt                 |              |  |
| Operations   |                             |                       |   | 0                   |              |  |
| Fixed Capital Outlay                                     | y                           |                       | 250,000   |                     |              |  |
| <b>Total State Funds</b>                                 | Requested                   |                       | 250,000   |                     |              |  |
| Type of Funding Total State Funds R                      | Requested (from que         | estion #6)            | Amount 250,000  | Percentage 50%      |              |  |
| Matching Funds   |                             |                       |   | 00/                 |              |  |
| Federal State (excluding the                             | amount of this roa          | uoot)                 | 0   | 0%<br>0%            |              |  |
| Local  | amount of this requ         | uesi)                 | 250,000   | 50%                 |              |  |
| Other  |                             |                       | 250,000   | 0%                  |              |  |
| Total Project Cost                                       | s for Fiscal Year 2         | 021-2022              | 500,000   | 100%                |              |  |
| 8. Has this project pr                                   | eviously received           | state funding?        | No  |                     |              |  |
| Fiscal Year  | Am                          | ount                  | Specific  | Vetoed              |              |  |
| (уууу-уу)  | Recurring                   | Nonrecurring          | Appropriation #   |                     |              |  |
|  |                             |                       |   |                     |              |  |
| 9. Is future funding li                                  | kely to be request          | ed?                   | Yes   |                     |              |  |
| a. If yes, indicate r                                    | nonrecurring amou           | ınt per year.         | 250,000   |                     |              |  |
| b. Describe the so                                       | urce of funding th          | at can be used in l   | lieu of state funding.  |                     |              |  |
| Project would be ta                                      | abled until grant fun       | ds are available to   | assist.   |                     |              |  |
| <u> </u>   |                             |                       |   |                     |              |  |
| 10. Has the entity req                                   | uesting this proje          | ct received any fe    | deral assistance rela   | ted to the COVID-   | 19 pandemic? |  |
| No   |                             |                       |   |                     |              |  |



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| If yes, indicate the amount of funds received and what the funds were used for. |  |
|---|--|
|   |  |

#### 11. Details on how the requested state funds will be expended

| Spending Category                                     | Description   | Amount  |
|---|---|---------|
| Administrative Costs:                                 |   |         |
| Executive Director/Project Head Salary and Benefits   |   | 0       |
| Other Salary and Benefits                             |   | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other           |   | 0       |
| Consultants/Contracted<br>Services/Study              |   | 0       |
| Operational Costs: Other                              |   |         |
| Salary and Benefits                                   |   | 0       |
| Expense/Equipment/Travel/Supplies/Other               |   | 0       |
| Consultants/Contracted<br>Services/Study              |   | 0       |
| Fixed Capital Construction/Majo                       | r Renovation:   |         |
| Construction/Renovation/Land/<br>Planning Engineering | This funding will cover: septic tank abandonment; installation and connection of the lateral to sewer main and impact fees. | 250,000 |
| <b>Total State Funds Requested (m</b>                 | ust equal total from question #6)   | 250,000 |

#### 12. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The primary objective of the project is to design and construct a sanitary sewer system which will remove from service approximately 100 septic tanks. This will reduce nutrient loading in the Silver Springs and Rainbow Springs Basins. Silver Springs and Rainbow Springs are impaired water bodies due to nutrient pollution.

b. What activities and services will be provided to meet the intended purpose of these funds?

The work covers the cost of connection, septic tank abandonment, and impact fees associated with the connection. Residents would be able to connect to the sanitary sewer at no cost. By taking septic tanks off-line and connecting residents to the sanitary sewer system, this would improve the water quality of impaired water bodies such as the Silver Springs and Rainbow Springs spring sheds.

c. What direct services will be provided to citizens by the appropriation project?

The resident would receive, free of charge to them, cost of connection, septic tank abandonment, and impact fees associated with the connection.

d. Who is the target population served by this project? How many individuals are expected to be served?

Residents within City of Ocala limits, that currently have a septic tank and have availability to city sewer. There is currently a database of interested residents.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The estimated domestic wastewater is based on the Bureau of Onsite Sewage Programs estimates. This total estimated reduction is based on data that the loadings in pounds of nitrogen per OSTDS in the Silver Springs Spring shed is approximately 9.92lb-N/person, and the household average in Marion County is 2.41 persons.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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|---------------------|-----------------|-----------------------|---------------------|-----------|--|
|                     |                 |                       |                     |           |  |
|                     |                 |                       |                     |           |  |

Standard penalties, bonding requirements, and state/federal license requirements.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

City of Ocala



### **The Florida Senate**

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| 14. Requestor Contact           | i Informati                                 | ion                 |           |               |  |  |
|---------------------------------|---|---------------------|-----------|---------------|--|--|
| a. First Name                   | Sean Last Name Lanier                       |                     |           | Lanier        |  |  |
| b. Organization                 | City of Ocala                               |                     |           |               |  |  |
| c. E-mail Address               | SLanier@                                    | SLanier@ocalafl.org |           |               |  |  |
| d. Phone Number                 | (352)351-                                   | -6772               | Ext.      |               |  |  |
| 15. Recipient Contact           | Informatio                                  | on                  |           |               |  |  |
| a. Organization                 | City of Oc                                  | cala                |           |               |  |  |
| b. Municipality and             | l County                                    | Marion              |           |               |  |  |
| c. Organization Ty <sub>l</sub> | ре  |                     |           |               |  |  |
| □For Profit Entity              |   |                     |           |               |  |  |
| □Non Profit 501(c               | on Profit 501(c)(3)                         |                     |           |               |  |  |
| □Non Profit 501(c               | □Non Profit 501(c)(4)                       |                     |           |               |  |  |
| ☑Local Entity                   | ☑Local Entity                               |                     |           |               |  |  |
| □University or Co               | □University or College                      |                     |           |               |  |  |
| □Other (please sp               | ecify)                                      |                     |           |               |  |  |
| d. First Name                   | Rusella                                     |                     | Last Name | Bowes-Johnson |  |  |
| e. E-mail Address               | RJohnsor                                    | n@ocalafl.org       |           |               |  |  |
| f. Phone Number                 | (352)351-                                   | -6772               |           |               |  |  |
| 16. Lobbyist Contact I          | nformatio                                   | n                   |           |               |  |  |
| a. Name                         | Stephen                                     | W. Shiver           |           |               |  |  |
| b. Firm Name                    | The Advocacy Group at Cardenas Partners LLC |                     |           |               |  |  |
| c. E-mail Address               | ss@cardenaspartners.com                     |                     |           |               |  |  |
| d. Phone Number                 | er (850)222-8900                            |                     |           |               |  |  |



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#### Please complete the questions below for Water Projects only.

| 17. Ha         | ve you applied for alternative state funding?              |
|----------------|--|
|                | Waste Water Revolving Loan                                 |
|                | Drinking Water Revolving Loan                              |
|                | Small Community Wastewater Treatment Grant                 |
| ☑              | 1 Other (please specify) Appropriation Project Request     |
|                | I N/A  |
| 18. Wh         | nat is the population economic status?                     |
|                | Financially Disadvantaged Community (ch. 62-552, F.A.C)    |
|                | Financially Disadvantaged Municipality (ch. 62-552, F.A.C) |
|                | Rural Area of Economic Concern                             |
|                | Rural Area of Opportunity (s. 288.0656, Florida Statutes)  |
| V              | 3 N/A  |
| 19. Wh         | nat is the status of construction?                         |
| N              | lot Ready  |
| <b>20. W</b> h | nat percentage of the construction has been completed?     |
| 0              |  |
| 21. Wh         | nat is the estimated completion date of construction?      |
| 0              | 1/01/2022  |