1. **Title of Project:** Clay County Utility Fleming Island Alt Water Supply
2. **Senate Sponsor:** Tom Wright
3. **Date of Submission:** 03/14/2019
4. **Project/Program Description:**
   Expand nutrient treatment capacity at Fleming Island Wastewater Treatment Facility for alternative water supply. Nutrient treatment preserves water quality through low nutrient concentrations preventing algal blooms and improving water quality in Swimming Pen Creek and Doctors Lake; both of which have adopted Total Maximum Daily Loads (TMDLs). This also protects the water quality in downstream receiving water and supports Florida Department of Environmental Protection (FDEP) adopted Lower St Johns River (LSR) Basin Management Action Plan (BMAP) nutrient reductions. This construction of additional treatment equipment at the existing facility capitalizes on previous investment at this alternative water supply facility; further maximizing investment of public dollars.
5. **State Agency to receive requested funds:** Department of Environmental Protection
   State Agency Contacted? Yes
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>2,500,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>2,500,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>2,500,000</td>
<td>32.26%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>5,250,000</td>
<td>67.74%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>7,750,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring</td>
<td>NonRecurring</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** No
10. **Details on how the requested state funds will be expended**
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

LFIR#: 2435

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
<tr>
<td>Operational Costs:</td>
<td>Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td>Capital costs for construction of one (1) 200-ft. biological treatment unit (BTU #3), one (1) 200-ft. elliptical carousel, 2-stage design oxidation ditch equipped with anoxic and aerobic zones; three (3) 75-hp turbine, low speed, fixed mechanical surface aerators for the aeration zone; two (2) 7.5 hp submerged turbine mixers; a modification to the existing influent distribution box; a modification to the clarifier splitter box; and associated piping, valves and appurtenances.</td>
<td>2,500,000</td>
</tr>
</tbody>
</table>

Total State Funds Requested (must equal total from question #6) 2,500,000

11. Program Performance:

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

   Florida Department of Environmental Protection (FDEP) adopted Doctors Lake and Swimming Pen Creek Nutrient Total Maximum Daily Loads (TMDL) to support impaired water quality improvements and support Lower St Johns River Basin Management Action Plan (BMAP) nutrient loading needs.

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

   Construction of additional sewage treatment volume capacity for nutrient treatment through construction of biological and oxidation treatment and filtration to provide high quality water to protect surface waters.

c. **What are the direct services to be provided to citizens by the appropriations project?**

   Protection of previous investment of CCUA public dollars in existing infrastructure. Protect the water resources in Clay County.

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

   Over 14,000 Clay County Residents are served by the WWTF, the plant capacity has a future capacity to serve 16,000 residents. As this project supports water quality initiatives for Swimming Pen Creek, Doctors Lake, and the LSJR BMAP all Clay County residents benefit from protection of water resources.

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

Existing CCUA wastewater facility permit and existing FDEP water quality monitoring programs.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Required Quarterly Status Reporting

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Clay County Utility Authority, Special District

13. Requestor Contact Information:

a. Name: Amy Tracy
b. Organization: HydroSolutions Consulting, LLC
c. E-mail Address: atracy@hydrosc.com
d. Phone Number: (904)508-9839

14. Recipient Contact Information:

a. Organization: Clay County Utility Authority
b. County: Clay
c. Organization Type:
   - For Profit
   - Non Profit 501(c) (3)
   - Non Profit 501(c) (4)
   - Local Entity
   - University or College
   - Other (Please specify) Special District
d. Contact Name: Jim French
e. E-mail Address: JFrench@clayutility.org
f. Phone Number: (904)213-2408

15. Lobbyist Contact Information

a. Name: None
b. Firm Name: None
c. E-mail Address:
d. Phone Number:

Please complete the questions below for Water Projects only

16. Have you applied for alternative state funding?
□ Wastewater Revolving Loan
□ Drinking Water Revolving Loan
□ Small Community Wastewater Treatment Grant
□ Other (Please describe)
☑ N/A

17. What 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)
☑ N/A

18. What is the status of construction? Start January 2020

19. What percentage of construction has been completed? 0%

20. What is the estimated completion date of construction? 03/29/2021