

LFIR # 2226

1. Project Title	Wellborn Water System, Inc. 6 Inch Extension Project					
2. Senate Sponsor	Corey Simon					
3. Date of Request	12/06/2023					
4. Project/Program De	escription					
Expansion of water	distributiion system	n by extending 4	4,500	ft to serve 5 busines	sses and 15 resider	nces
5. State Agency to re	ceive requested fu	ı nds Depa	artme	nt of Environmental	Protection	
State Agency conta	acted? No					
6. Amount of the Non	recurring Request	for Fiscal Yea	r 202	4-2025		
Type of Funding				Amo	unt	
Operations					0	
Fixed Capital Outlay	1				540,000	
Total State Funds I	Requested				540,000	
7. Total Project Cost f	or Fiscal Year 202	4-2025 (includ	ing n	natching funds ava	liable for this proj	ect)
Type of Funding				Amount	Percentage	
Total State Funds R	equested (from que	estion #6)		540,000	100%	
Matching Funds						1
Federal				0	0%	
State (excluding the amount of this request)			0	0%	-	
Local	Local			0	0%	
Other				0	0%	
Total Project Costs	for Fiscal Year 20	024-2025		540,000	100%	
8. Has this project pro	eviously received	state funding?	•	No		1
Fiscal Year Amount (yyyy-yy) Recurring Nonrecurring		ng	Specific Appropriation #	Vetoed		
						-
9. Is future funding lil	kely to be requeste	ed?	L	No		7
a. If yes, indicate n	onrecurring amou	ınt per year.				
b. Describe the sou	urce of funding tha	at can be used	in lie	eu of state funding.		
						1
10. Has the entity req	uesting this projec	ct received any	y fede	eral assistance rela	ted to the COVID-	·19 pandemic?
No .		•				-
If yes, indicate the	amount of funds	received and v	vhat t	the funds were use	d for.	



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Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction				
a. What is the current phase of t	he project?			
Planning	○ Construction ○ N/A	A		
b. Is the project "shovel ready"	(i.e permitted)?	No		
c. What is the estimated start da	te of construction?	3-30-2025		
d. What is the estimated comple	tion date of construction?	2-28-2026		
12. List the owners of the facility to relationship between the owners	o receive, directly or indirec rs of the facility and the ent	tly, any fixed capital ity.	outlay funding. Inclu	ıde the
Wellborn Water System, Inc. is a	a water association, state cha	rtered. It is owned by t	he residents and is a	Non-profit.
13. Details on how the requested s	tate funds will be expended			
Spending Category		Description		Amount
Administrative Costs:				
Executive Director/Project Head Salary and Benefits				C
Other Salary and Benefits				C
Expense/Equipment/Travel/Supplies/Other				C
Consultants/Contracted Services/Study				C
Operational Costs: Other				
Salary and Benefits				C
Expense/Equipment/Travel/Supplies/ Other				C
Consultants/Contracted Services/Study				C
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	This project consist of extends businesses and 15 resider		water main to serve	540,000
Total State Funds Requested (m	ust equal total from question	on #6)		540,000
		,		
14. Program Performance				
a. What specific purpose or go	al will be achieved by the fu	nds requested?		
Extending this 6 inch water main	n will serve 5 businesses, 15 r	esidences and attract	future growth in this a	rea.
b. What activities and services	will be provided to meet the	e intended purpose o	of these funds?	
Constructing and extending this	6 inch water main. It will be to	ested and permitted fo	r service,	
c. What direct services will be		•		
Drinking water services and fire	flow for local citizens and bus	inesses.		

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



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Community	/ businesses	and citizens	- 101	-200

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- 1. Protection of environment from fire as the water storage system supports adequate fire flow to all businesses within the area. Installation of fire hydrants in surrounding areas to mitigate risk of fire spread and destruction.

 2. Businesses are attracted to the area because of the drinking water and fire flow service infrastructure in the area. Businesses bring more opportunities for new jobs to community and surrounding area.
- 3. Removal of Residential wells.
- addition to its standard penalties ct?

for failing to mee		•			or the contra	
All funding would	d be returne	d for incomplete	deliverables.			
15. Requester Conta	ct Informat	ion				
a. First Name	Pasco	Pasco Last Name Jarvis				
b. Organization	Wellborn	Wellborn Water System, Inc.				
c. E-mail Address	de77ick@	de77ick@windstream.net				
d. Phone Number	r (386)984	(386)984-2949 Ext.				
16. Recipient Contac	t Informati	on				
a. Organization	Wellborn	Wellborn Water System, Inc.				
b. Municipality ar	nd County	Suwannee				
c. Organization T	ype					
□For Profit Entit	y					
□Non Profit 501	(c)(3)					
□Non Profit 501	(c)(4)					
□Local Entity						
□University or C	ollege					
☑Other (please	specify) Ow	vned by residents	and is Non-	Profit		
d. First Name	Pasco		Last Name	Jarvis		
e. E-mail Address	de77ick@	de77ick@windstream.net				
f. Phone Number	(386)984	-2949				
17. Lobbyist Contact	Informatio	on				
a. Name	None					
b. Firm Name						
c. E-mail Address	S					



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d. Phone Number
Please complete the questions below for Water Projects only.
18. Have you applied for alternative state funding?
☐ Waste Water Revolving Loan
□ Drinking Water Revolving Loan
☐ Small Community Wastewater Treatment Grant
☐ Other (please specify)
☑ N/A
19. 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
20. What is the status of construction?
Planning
21. What percentage of the construction has been completed?
0 %
22. What is the estimated completion date of construction?
2-28-2026