

**LFIR # 1928** 

1. Pro	oject Title	Groveland North	Regional Water R	eclamation Facility (Wi	RF)	
2. Se	nate Sponsor	Keith Truenow				
3. Da	te of Request	11/19/2025				
4. Pro	oject/Program D	escription				
ade the pro Are	dress critical capa e aging Sunshine oposed site is loca ea, including acce	acity, reliability, and WRF, which is near ated on city-owned p epting flows from the	redundancy in its ving its design capa oroperty. The propose City of Mascotte users	ction of a new North Wawastewater system. The acity and surrounded by osed North WRF will see under an interlocal agrees and resiliency and acres	e proposed 1 MGD  wetlands requiring  rve the growing No ement. The projec	facility will replace g costly mitigation. A orth Sewer Service t includes
5. Sta	ate Agency to re	ceive requested fu	<b>nds</b> Departm	nent of Environmental F	Protection	
Sta	ate Agency conta	acted? No				
6. Am	ount of the Non	recurring Request	for Fiscal Year 20	026-2027		
	pe of Funding	<u> </u>		Amou	ınt	
	perating			Amot	0	
	ced Capital Outlay	/			1,000,000	
	tal State Funds			1,000,000		
		•				
7. Tot	tal Project Cost f	or Fiscal Year 2020	6-2027 (including	matching funds avail	able for this proje	ect)
Ту	pe of Funding			Amount	Percentage	
		equested (from que	stion #6)	1,000,000	100%	
Ma	atching Funds					
Fe	deral			0	0%	
Fe Sta	ate (excluding the	amount of this requ	ıest)	0	0%	
Fe Sta	ate (excluding the cal	amount of this requ	uest)	0	0% 0%	
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Ference State Local Ottle To State If your series of the s	ate (excluding the cal her otal Project Costs as this project proyes, provide the Fiscal Year (уууу-уу)	eviously received s most recent instan Amo Recurring	state funding? ace: bunt Nonrecurring uested?	0 0 0 1,000,000 No Specific Appropriation #	0% 0% 0% 100%	
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10. Status of Construction

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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the current phase of the pr	roject?				
O Planning O Design	Construction	O N/A			
b. Is the project "shovel ready" (i.e po	ermitted)?		No		
c. What is the estimated start date of	construction?		08/01/2027		
d. What is the estimated completion of	date of construc	ction?	04/30/2029		
e. What funding stream will be used f	for ongoing ope	rations a	nd maintenance o	of the project?	
Wastewater Utility Fund					
11. List the owners of the facility to recording relationship between the owners of				ıl outlay funding	. Include the
City of Groveland					

### 12. 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/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Project manager, construction of North Water Reclamation Facility.	1,000,000
Total State Funds Requested (m	nust equal total from question #6)	1,000,000

### 13. Program Performance

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

The goal that will be achieved is the construction of a new 1 MGD North Water Reclamation Facility (WRF) that will replace the aging Sunshine WRF and provide reliable, resilient, and efficient wastewater treatment. This facility will address current and projected capacity constraints and support regional sewer service including from the City of Mascotte that Groveland has an interlocal agreement with. The project will also improve infrastructure safety and reliability, reduce reliance on onsite sewage treatment systems (OSTDS), and support sustainable growth in the region.

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



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The activities include construction and infrastructure development supporting a new 1 MGD North Water Reclamation Facility (WRF). These activities include constructing lift station infrastructure at the existing Sunshine WRF, installing wastewater force main to the North WRF, building a reclaimed water main and storage tank, and repurposing existing infrastructure to enhance transmission capabilities to the extent possible.

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

By replacing the aging Sunshine WRF, the new facility will improve treatment capacity and reliability, while supporting the regional service commitment with the City of Mascotte.

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

City of Groveland, population 20,621; City of Mascotte, population 7,407. Total number of individuals expected to be served = 28,028.

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

The expected outcome of the North WRF project is the development of a modern, centralized wastewater treatment facility that improves the City's ability to manage current and future wastewater demands. By replacing the aging Sunshine WRF, the new facility will improve treatment capacity and reliability, while supporting the regional service commitment with the City of Mascotte. The outcome will be measured by tracking average daily flow against design capacity and monitoring compliance with FDEP permit requirements. Metrics will include system reliability, successful redirection of wastewater flows, and reduced reliance on OSTDS systems.

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?

If the project does not meet the standards of the department the effect will be addressed through withholding payment, corrective action plans, or termination of the agreement.

14. Is 1	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b. N	lame of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	s the entity applied for or received federal assistance for this project?
<b>"</b>	Yes, Applied
□ <b>'</b>	Yes, Received
	No
	No, but intends to apply
a. If	yes, provide the FEMA project worksheet ID#:



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16.	Has the entity applied for or received state assistance for this project (other than this request)?
	☐ Yes, Applied
	☐ Yes, Received
	□ No
	□ No, but intends to apply
i	a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department o Commerce):
Ple	ease complete questions 17 through 21 for Water Projects only.
17.	Have you been awarded or applied for alternative state funding for this project?
	□ Water Quality Improvement Grant Program
	□ Resilient Florida Grant Program
	☑ Wastewater Revolving Loan
	☐ Drinking Water Revolving Loan
	□ Small Community Wastewater Treatment Grant
	☐ Other (please specify, ex. Alternative Water Supply Grants)
	□ N/A
18.	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
19.	What is the status of construction?
	Construction hasn't started.
20.	What percentage of the construction has been completed?
	0%



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1. What is the estimated completion date of construction? 04/30/2029				
2. Requester Contact Information				
a. First Name	Morgan Last Name French			
b. Organization	Woodard & Curan			
c. E-mail Address	mfrench@woodardcuran.com			
d. Phone Number	(850)703-3000 <b>Ext.</b>			
22 Beginient Contact	Information			
3. Recipient Contact				
a. Organization	City of Groveland			
b. Municipality and	d County Lake			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(c	c)(3)			
□Non Profit 501(c	c)(4)			
☑Local Entity				
□University or Co	ollege			
□Other (please sp	□Other (please specify)			
d. First Name	Michael Last Name Hein			
e. E-mail Address	michael.hein@groveland-fl.gov			
f. Phone Number	(352)429-2141 <b>Ext.</b>			
4. Lobbyist Contact Information				
a. Name	Christopher T. Dawson			
b. Firm Name	GrayRobinson PA			
c. E-mail Address	chris.dawson@gray-robinson.com			
d. Phone Number	(407)843-8880			

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.