



LOCAL WATER SUPPLY REPORTING FORM

2011

DUE DATE: April 1, 2012

Section 1: System Information

Contact Information

Was this system in operation as of December 31, 2012? Yes No

Water System Name:		PWSID#: NC - -
Contact Person:	Title:	
Mailing Address:	City, State, Zip:	
Phone:	Fax:	
Email:		
Type of Ownership? (Circle One) Authority Business County District Federal Municipality Non-Profit State Other		

Distribution Information

Distribution Line Type	Asbestos Cement	Cast Iron	Ductile Iron	Galvanized Iron	Polyvinyl Chloride	Other
Size Range						
Estimated % of lines						

What are the estimated total miles of distribution system lines? _____ miles

How many lines were replaced in 2011? _____ linear feet

How many new water mains were added in 2011? _____ linear feet

How many meters were replaced in 2011? _____ meters

How old are the oldest meters in the system? _____ years

How many meters for outdoor water use, such as irrigation, were not billed for sewer services? _____ meters

What is the system's finished water storage capacity? _____ Million Gallons

Has water pressure been inadequate in any part of the system since last update? Yes No (If Yes, explain)

Note:

Programs

Does this system have a program to work or flush hydrants? Yes No How often? _____

Does this system have a valve exercise program? Yes No How often? _____

Does this system have a meter replacement program? Yes No

Does this system have a cross-connection control program? Yes No

Does this system have a plumbing retrofit program? Yes No

Does this system have an active water conservation public education program? Yes No

Does this system have a leak detection program? Yes No (If Yes, describe)

Note:

Water Conservation

Identify the rate structures used by this system. (Circle All That Apply)

Decreasing Block	Fixed/Flat	Increasing Block	Seasonal	Uniform	Other
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How much reclaimed water does this system use? _____ MGD; For how many connections? _____

Does this system have an interconnection with another system capable of providing water in an emergency? Yes No

If No, describe interconnection plans (or explain why an interconnection is not feasible or necessary).

Note:

Section 2: Water Use Information

Service Area

What was the year round population served by the system in 2011? _____

What was the seasonal population served by the system in 2011? (if applicable) _____

Months of Seasonal Use (Circle All That Apply)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Basin(s)	Percentage of Population (%)

County(s)	Percentage of Population (%)

All water systems are required to submit an up-to-date system map at least every five years. Refer to the Instructions or the Map Submission Guidelines for further details regarding the format and submission of the system map.

Has this system acquired another system since last report? Yes No (If Yes, explain)

Note:

Water Use by Type

Type of Use	Metered		Non-Metered	
	Connections	Average Use (MGD)	Connections	Estimated Use (MGD)
Residential				
Commercial				
Industrial				
Institutional				

How much water was used for system processes in 2011? _____ MGD

Note:

Water Sales to Other Systems

Water System Name	PWSID	Average Daily Amount		Contract			Required to comply with water use restrictions?	Pipe Size(s) (inches)	Regular or Emergency Use?
		(MGD)	Days Used	Amount (MGD)	Expiration Year	Is contract recurring?			

Note:

Section 3: Water Supply Sources

Monthly Withdrawals and Purchases

Month	Average Daily (MGD)	Maximum Day (MGD)	Month	Average Daily (MGD)	Maximum Day (MGD)
Jan			Jul		
Feb			Aug		
Mar			Sep		
Apr			Oct		
May			Nov		
Jun			Dec		

Note:

Ground Water Source(s)

Well Name/Number	Average Daily Withdrawal		Maximum Day Withdrawal (MGD)	12-Hr Supply (MGD)	CUA Reduction*	Year Offline	Regular or Emergency Use?
	(MGD)	Days Used					

* Capacity Use Area (CUA) Reduction: Capacity Use Area Permits: CUA0=No Reduction, CUA10=10% Reduction, CUA25=25% Reduction

Well Name/Number	Well Depth (feet)	Casing Depth (feet)	Screen Depth		Well Diameter (inches)	Pump Intake Depth (feet)	Is Well Metered?
			Top (feet)	Bottom (feet)			

Are ground water levels monitored? Yes No How often? _____
 Does this system have a wellhead protection program? Yes No

Note:

Surface Water Source(s)

Stream	Reservoir	Average Daily Withdrawal		Maximum Day Withdrawal (MGD)	Available Raw Water Supply		Usable On-Stream Raw Water Supply Storage (MG)
		(MGD)	Days Used		(MGD)	Qualifier*	

* Qualifier: C=Contract Amount, SY20=20-year Safe Yield, SY50=50-year Safe Yield, F=20% of 7Q10 or other instream flow requirement, CUA=Capacity Use Area Permit

Stream	Reservoir	Drainage Area (sq mi)	Is Withdrawal Metered?	Sub-Basin	County (Intake)	Year Offline	Regular or Emergency Use?

What is this system's off-stream raw water supply storage capacity?

Usable Capacity: _____ Million Gallons

Do you regularly monitor surface water availability?

Yes No How often? _____

Are you required to maintain minimum flows downstream of any intake or dam?

Yes No (If Yes, explain)

Surface Water Transfer

If the answer is **Yes** to any of the following three questions, the system must describe the transfer in the Note field and submit a copy of their completed Interbasin Transfer (IBT) worksheets to the Division of Water Resources. The IBT worksheets can be found at: http://www.ncwater.org/Water_Supply_Planning/Local_Water_Supply_Plan/learn.php or call (919) 733-4064.

Does this system have the ability to transfer surface water between river basins?

Yes No

Does this system rely on the transfer of surface water between river basins for any of its existing water supply?

Yes No

Does this system anticipate transferring surface water between river basins in the future?

Yes No

Note:

Water Purchases From Other Water Systems

Water System Name	PWSID	Average Daily Amount		Contract			Required to comply with water use restrictions?	Pipe Size(s) (inches)	Regular or Emergency Use?
		(MGD)	Days Used	Amount (MGD)	Expiration Year	Is contract recurring?			

Note:

Water Treatment Plant(s)

Water Treatment Plant Name	Permitted Capacity (MGD)	Is raw water metered?	Is finished water output metered?	Source(s)

Did average daily water production exceed 80% of approved water treatment plant capacity for five consecutive days in 2011?

Yes No If yes, was any water conservation implemented? Yes No

Did average daily water production exceed 90% of approved water treatment plant capacity for five consecutive days in 2011?

Yes No If yes, was any water conservation implemented? Yes No

Are peak day demands expected to exceed the water treatment plant capacity in the next 10 years? Yes No (If Yes, explain)

Note:

Section 4: Wastewater Information

Monthly Wastewater Discharge

Month	Average Daily (MGD)	Month	Average Daily (MGD)	Month	Average Daily (MGD)
Jan		May		Sep	
Feb		Jun		Oct	
Mar		Jul		Nov	
Apr		Aug		Dec	

How many sewer service connections does this system have? _____

How many water service connections with septic systems does this system have? _____

Are there plans to build or expand wastewater treatment facilities in the next 10 years? Yes No (If Yes, explain)

Note:

Wastewater Permits

NPDES or Land Application Permit Number	Permitted Capacity Dec. 31 (MGD)	Design Capacity (MGD)	Average Annual Daily Discharge (MGD)	Maximum Day Discharge (MGD)	Receiving Stream	Sub-Basin

Note:

Wastewater Interconnections

Water System	PWSID	Were you <u>discharging</u> or <u>receiving</u> wastewater?	Average Daily Amount (MGD)	Days Used	Contract Maximum (MGD)

Note:

Section 5: System Planning

Projections

Type of Population	2020	2030	2040	2050	2060
Year-Round					
Seasonal (if applicable)					

Type of Use	2020	2030	2040	2050	2060
Residential					
Commercial					
Industrial					
Institutional					
System Process Water					
Unaccounted-for Water					

Note:

Future Sales Contracts

Water System	PWSID	Contract Amount and Duration			Pipe Size(s) (inches)	Regular or Emergency Use?
		(MGD)	Year Begin	Year End		

Note:

Future Sources of Additional Supply

Source or Water System Name	PWSID	Source Type: Ground, Purchase, or Surface	Additional Supply (MGD)	Year Online	Year Offline	Regular or Emergency Use?

Note:

Plan for Meeting Future Water Supply Needs

Demand v/s Percent of Supply:						
Average Daily Demand, MGD	2011	2020	2030	2040	2050	2060
(1) Service Area Demand						
(2) Sales Contracts						
(3) Future Sales Contracts						
(4) Total Average Daily Demand [(1)+(2)+(3)]						
Available Supply, MGD	2011	2020	2030	2040	2050	2060
(5) Existing Surface Water Supply						
(6) Existing Ground Water Supply						
(7) Existing Purchase Contracts						
(8) Future Supplies						
(9) Total Available Supply [(5)+(6)+(7)+(8)]						
(10) Demand as Percent of Supply = [(4) ÷ (9)] x 100	%	%	%	%	%	%

If the water system's average daily demand will exceed eighty percent (80%) of available supply by the year 2040, or if the seasonal demand of a system serving a seasonal population exceeds ninety percent (90%), specific details about the system's plans to meet future water supply needs is required to address the questions below. If a plan to meet future water supply needs is not required, but your system is considering how to address future water supply needs, planning details can also be provided in the following questions.

What demand management practices do you plan to implement to reduce your future supply needs? _____

What supplies other than those listed in future supplies are being considered to meet your future supply needs? _____

How does the water system intend to implement the demand management and supply planning components above? Consider the technical assistance, funding, development and permitting that may be required. _____

Additional Information

Has this system participated in regional water supply or water use planning? Yes No If Yes, describe: _____

List the major water supply reports or studies used for planning: _____

Describe any other needs or issues regarding your water supply sources, any water system deficiencies or needed improvements (storage, treatment, etc.), or your ability to meet present and future water needs. Include both quantity and quality considerations, as well as financial, technical, managerial, permitting and compliance issues. _____

Report Submission**Plan Preparer Information**

(If different from Contact Information provided on page 1)

Preparer Name:	Title
Mailing Address:	City, State, Zip:
Phone:	Fax:
Email:	

Final Copy

Make a copy of this reporting form for your records. Submit (by email or mail) one copy of this reporting form along with any applicable additional materials (system map, interbasin transfer worksheets or other information) to the Division of Water Resources. The Division will review the materials to assure they are complete and meet the requirements of the North Carolina General Statute 143-355(l) and 15A NCAC 02E .600.