



## 2015 Municipal Groundwater Conservation Plan Status Report (Purveyor)

---

---

**Your completed Groundwater Conservation Plan Status Report is due March 31, 2015.** Please submit your complete report to: Edwards Aquifer Authority, Attn: Groundwater Conservation Department, 900 E. Quincy San Antonio, Texas 78215.

---

---

### PERMIT INFORMATION

Permit Holder Name: \_\_\_\_\_

POU: \_\_\_\_\_

### CONTACT INFORMATION

Contact Person: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Estimated Per Capita Water Usage (Gallons Per Person Per Day): \_\_\_\_\_

Total Number of Connections in Service Area (Edwards Aquifer and Non-Edwards water): \_\_\_\_\_

Total Number of Edwards Aquifer Connections in Service Area: \_\_\_\_\_

*Please note, the total number of Edwards Aquifer connections stated above should reflect your actual number of aquifer connections.*

### CERTIFICATION

I hereby certify that the information given herewith is true and accurate to the best of my knowledge and belief.

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## Municipal Best Management Practices

<b>Mandatory BMPs To Be Implemented</b>	
All Municipal Users	Muni-1 System Water Audits, Leak Detection and Repair
All Municipal Users	Muni -2 Metering of All New Connections and Retrofit of Existing Conditions
All Municipal Users	Muni-3 Water Waste Prohibition

<b>Optional BMPs</b>	
If Applicable	Muni-4 Conservation Pricing for Purveyors Only
If Applicable	Muni-5 Public Information and School Education Programs
If Applicable	Muni-6 Landscape Conservation Programs
If Applicable	Muni-7 Conservation Coordinator
If Applicable	Muni-8 Water Use Survey Programs
If Applicable	Muni-9 Residential Plumbing Retrofit, Rebate and Replacement Programs
If Applicable	Muni-10 Reuse of Treated Effluent



**Muni-1 SYSTEM WATER AUDITS, LEAK DETECTION AND REPAIR (Continued)**

**Leak Detection and Repair Program:**

Perform distribution system leak detection when warranted, and repair identified leaks when cost-effective.

- 8. Are you currently maintaining a leak detection and repair program? **(Circle one)** Yes No
- 9. Do you advise customers when it appears that leaks exist on the customer's side of the meter? **(Circle one)** Yes No
- 10. Please give a brief description of your leak detection and repair program.

---

---

---

---

---

- 11. For any water loss you may have had, please explain what measures are being taken to prevent water loss in the future:

---

---

---

---

---

POU Number: \_\_\_\_\_

**Muni-2 METERING OF ALL NEW CONNECTIONS AND RETROFIT OF EXISTING CONNECTIONS**

- 1. Implementation date of program: \_\_\_\_\_
- 2. Describe your existing method for installing meters on all new connections and customer accounts.

---

---

3. What is your current total of unmetered Edwards Aquifer connections in the service area? \_\_\_\_\_

- 4. Please describe your planned method and timeline for installing meters on existing unmetered connections:

---

---

---

5. Please describe the results of your study to determine the feasibility of installing dedicated landscape irrigation meters on Industrial, Commercial, and Institutional (ICI) accounts:

---

---

---

6. What is the number of dedicated landscape irrigation meters on ICI accounts installed during the reporting period?

<b>2012</b>	Industrial _____	Commercial _____	Institutional _____
<b>2013</b>	Industrial _____	Commercial _____	Institutional _____
<b>2014</b>	Industrial _____	Commercial _____	Institutional _____

7. What is your total landscape irrigation use of Edwards Aquifer water recorded by your dedicated landscape irrigation meters?

2012 \_\_\_\_\_ acre-ft.    2013 \_\_\_\_\_ acre-ft.    2014 \_\_\_\_\_ acre-ft.

- 8. Please describe your schedule for testing and replacement of meters within your service area:

---

---

---

Also, indicate:    the number of meters tested    \_\_\_\_\_  
                          the number of meters replaced    \_\_\_\_\_  
                          the number of pressure regulators installed    \_\_\_\_\_

9. Please describe your existing or planned feasibility study to retrofit multi-family and ICI accounts with turbo meters or similar technology.

---

---

---

10. How many new connections were metered during the reporting period:    2012 \_\_\_\_\_    2013 \_\_\_\_\_    2014 \_\_\_\_\_



POU Number: \_\_\_\_\_

**Muni-4 CONSERVATION PRICING FOR PURVEYORS ONLY**

**If applicable, please answer the questions below as they pertain to the status of this BMP.**

1. Implementation date of program: \_\_\_\_\_
2. Have you established a year-round increasing block rate pricing structure that provides for an increase in the unit price of water as the volume of water increases? **(Circle one)** Yes No
3. Please provide below a brief description of your existing or planned block rate pricing structure and submit a copy of the rate structure used for each customer class.

---

---

---

---

4. Do you impose surcharges to reduce demand during summer months? **(Circle one)** Yes No
5. Please provide below a brief description of your existing or planned seasonal or excess surcharge imposed to reduce usage demand during the summer months along with a copy of your rate sheet. Rates should be established based upon long-run marginal costs or the cost of adding the next unit of capacity to the system.

---

---

---

---

6. Please provide below a brief description of your existing or planned method for working with sewer agencies so they may adopt conservation pricing in the event you supply water but not sewer service.

---

---

---

---

POU Number: \_\_\_\_\_

**Muni-5 PUBLIC INFORMATION AND SCHOOL EDUCATION PROGRAMS**

**If applicable, please answer the questions below as they pertain to the status of this BMP.**

**Public Information Program**

1. Implementation date of program: \_\_\_\_\_
2. Please give a brief description and status of your public information program and the date it was implemented (if not already provided). Any additional information regarding this program that was not previously provided in your submitted Groundwater Conservation Plan or previously submitted status report can also be included below.

Program description:

---

---

---

---

For all current programs already implemented please complete the following questions:

	<b>2012</b>	<b>2013</b>	<b>2014</b>
3. What was your number of public speaking events related to conservation?	_____	_____	_____
What was the total approximate attendance?	_____	_____	_____
4. What was the number of media events you conducted related to conservation?	_____	_____	_____
5. What was the number of paid or public service announcements relating to conservation that were produced or sponsored?	_____	_____	_____
6. Below please provide a description of the types of written information (bill inserts, flyers, pamphlets, etc.) relating to conservation provided to your customers:			

---

---

---

---

**School Education Program**

1. Implementation date of program: \_\_\_\_\_
2. Please give a brief description and status of your school education program and the date it was implemented (if not already provided). Any additional information regarding this program that was not previously provided in your submitted Groundwater Conservation Plan or previously submitted status report can also be included below.

Program description:

---

---

---

For all current programs already implemented please complete the following questions:

- |  | <b>2012</b> | <b>2013</b> | <b>2014</b> |
|--|-------------|-------------|-------------|
| 3. How many school presentations were made?  | _____       | _____       | _____       |
| 4. How many in-service presentations or teacher workshops were conducted?                                      | _____       | _____       | _____       |
| 5. What is the approximate number and type of curriculum materials developed or provided by the permit holder? |             |             |             |

---

---

---

---

POU Number: \_\_\_\_\_

**Muni-6 LANDSCAPE CONSERVATION PROGRAMS**

**If applicable, please answer the questions below as they pertain to the status of this BMP.**

1. Implementation date of program: \_\_\_\_\_
2. Please provide a brief description of your landscape conservation program that you provide to your landscape irrigation customers. Landscape irrigation customers should be assigned and utilize reference evapotranspiration (ET<sub>o</sub>) based irrigation schedules equal to no more than 80% of ET<sub>o</sub>. If you provide your customers with guidance on how to obtain and utilize ET<sub>o</sub> data for irrigation scheduling purposes please provide the source of the ET<sub>o</sub> data and the way you make this information available to your customers. Any additional information regarding this program that was not previously provided in your submitted Groundwater Conservation Plan or previously submitted status report can also be included below.

Program description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you currently market or plan to market landscape water-use surveys to your customers and promote water saving landscaping and or provide irrigation system checks to improve landscape irrigation efficiency? If so, list below the number of surveys and system checks offered and the number completed in the past three years.

	2012	2013	2014
Number of Surveys Offered	_____	_____	_____
Number of Surveys Completed	_____	_____	_____
Irrigation System Checks Offered	_____	_____	_____
Irrigation System Checks Completed	_____	_____	_____

4. Have you offered or do you plan to offer financial incentives, rebates or loans to your customers to convert landscape material to xeriscape, landscape water-use analysis and surveys, installation of dedicated landscape meters and follow-up to water use analysis and surveys? If so, include the type, number and dollar value of the financial incentives, rebates or loan(s) that have been offered to and accepted by customers.

Incentive Type	Number of Incentives Offered	Number of Incentives Completed	Value (\$)

5. Describe below any existing or planned climate appropriate landscape design information and efficient irrigation and management information you provide to your customers.

---

---

---

---

6. Describe your existing or planned method for adopting an ordinance that requires all new homes, apartment complexes and commercial buildings to install a water conserving landscape.

---

---

---

---

7. If you have adopted any ordinances or rules requiring landscape irrigation system checks to be performed by your customers please describe your requirements below. Include any supporting documentation if available.

---

---

---

---

POU Number: \_\_\_\_\_

**Muni-7 CONSERVATION COORDINATOR**

---

---

**If applicable, please answer the questions below as they pertain to the status of this BMP.**

---

---

1. Implementation date of program: \_\_\_\_\_
2. Please provide a brief description of the role of your Conservation Coordinator who will be responsible for preparing and implementing the Groundwater Conservation Plan, preparing and submitting triennial conservation status reports and implementation of BMPs. Any additional information regarding this program that was not previously provided in your submitted Groundwater Conservation Plan or previously submitted status report can also be included below.

Description of duties:

---

---

---

3. Please provide the following information for your Conservation Coordinator's contact information.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State Zip: \_\_\_\_\_ Date Hired/Identified: \_\_\_\_\_

4. How many Conservation employees do you currently have on staff? \_\_\_\_\_

POU Number: \_\_\_\_\_

**Muni-8 WATER USE SURVEY PROGRAMS**

---

---

**If applicable, please answer the questions below as they pertain to the status of this BMP.**

---

---

**Industrial, Commercial and Institutional Accounts**

1. Implementation date of program: \_\_\_\_\_ Completion Date: \_\_\_\_\_

2. Describe your existing or planned marketing of water-use surveys per customer class and the number of surveys completed.

Customer Class: **RESIDENTIAL**

	<b>2012</b>	<b>2013</b>	<b>2014</b>
Surveys Offered	_____	_____	_____
Surveys Completed	_____	_____	_____
Number of Follow-Ups on Incomplete Surveys	_____	_____	_____

Description of Existing or Planned Marketing for Residential Customer Class

---

---

---

Customer Class: **INDUSTRIAL**

	<b>2012</b>	<b>2013</b>	<b>2014</b>
Surveys Offered	_____	_____	_____
Surveys Completed	_____	_____	_____
Number of Follow-Ups on Incomplete Surveys	_____	_____	_____

Description of Existing or Planned Marketing for Industrial Customer Class

---

---

---

Customer Class: **COMMERCIAL**

	<b>2012</b>	<b>2013</b>	<b>2014</b>
Surveys Offered	_____	_____	_____
Surveys Completed	_____	_____	_____
Number of Follow-Ups on Incomplete Surveys	_____	_____	_____

Description of Existing or Planned Marketing for Commercial Customer Class

---

---

---

Customer Class: **INSTITUTIONAL**

	<b>2012</b>	<b>2013</b>	<b>2014</b>
Surveys Offered	_____	_____	_____
Surveys Completed	_____	_____	_____
Number of Follow-Ups on Incomplete Surveys	_____	_____	_____

Description of Existing or Planned Marketing for Institutional Customer Class

---

---

---

**Note:** Water-use surveys for **Residential Customers** must include meter checks, leak checks for toilets and faucets, determination of flow rates for showerheads, aerators and toilets, irrigation system and timer checks and review or development of irrigation schedules. Customers must be provided with information packets including evaluation results and water saving recommendations including information on where to find and how to utilize evapotranspiration data for irrigation scheduling purposes (I.e. The Texas ET network website at <http://texaset.tamu.edu/>).

Water-use surveys for **ICI Customers** must include a site visit, evaluation of all water using equipment and processes, a report identifying conservation measures and expected payback and available agency incentives. Annual follow-up visits are to be conducted to evaluate water savings improvements.

POU Number: \_\_\_\_\_

**Muni-9 RESIDENTIAL PLUMBING RETROFIT, REBATE AND REPLACEMENT PROGRAMS**

**If applicable, please answer the questions below as they pertain to the status of this BMP.**

1. Implementation date of program: \_\_\_\_\_
2. Please provide a brief description and the implementation date (if not already provided) of your Residential Plumbing Retrofit, Rebate and Replacement Programs below. Any additional information regarding this program that was not previously provided in your submitted Groundwater Conservation Plan or previously submitted status report can also be included below.

Program description:

---

---

---

If different from the numbers you provided in your GCP submitted to the Authority, please complete the following:

3. How many single-family residences in your service area were constructed prior to 1992? \_\_\_\_\_
4. How many multi-family residences in your service area were constructed prior to 1992? \_\_\_\_\_
5. Describe below your existing or future plans to distribute or install high-quality, low-flow plumbing devices to single-family and multi-family residential customers whose residences were constructed prior to 1992.

In your description, include the type of low-flow plumbing devices and the number installed since inception of your program:

---

---

---

6. Describe below your existing or future plans to distribute or offer rebates for high-efficiency washing machines to single family and multi-family residential customers whose residences were constructed prior to 1992.

In your description, include the type of rebates and the number issued to date since inception of your program:

---

---

---

7. What percentage of single-family and multi-family accounts constructed prior to 1992 have been retrofitted with high quality, low-flow plumbing devices?

In your description, include the type of plumbing device and the number of pre 1992 single family and multi-family homes conserved.

---

---

---

8. Describe below cost effective financial incentives offered to families, within three years of your implementation date, in order to encourage purchase and use of high-efficiency washing machines.

In your description, include the number and type of financial incentives offered:

---



---



---

Please provide information relating to the number of retrofits performed each year for the last three years.

Conservation Devices	Flow Rate, Gallons Per Flush or Load	Annual Savings Per Device	Quantity of Devices Installed/Retrofitted			Total Annual Savings In Acre-Ft.
			2012	2013	2014	
Ultra Low Flow Toilets						
Washing Machines						
Showerheads						
Faucet Aerators						
Toilet Flappers						
Other: _____						

What is the total number of conservation devices installed or distributed since the inception of your program?

Conservation Devices	Quantity Installed Since Inception	Total Annual Savings In Acre-Ft.	Percentage of Pre 1992 Single-Family Homes Conserved To Date	Percentage of Pre 1992 Multi-Family Homes Conserved To Date		
Ultra Low Flow Toilets						
Washing Machines						
Showerheads					_____ %	_____ %
Faucet Aerators						
Toilet Flappers						
Other: _____						

POU Number: \_\_\_\_\_

**Muni-10 REUSE OF TREATED EFFLUENT**

---

---

**If applicable, please answer the questions below as they pertain to the status of this BMP.**

---

---

1. Implementation date of program: \_\_\_\_\_
  
2. Please provide a brief description and the implementation date (if not already provided) of your Reuse of Treated Effluent Program below. Any additional information regarding this program that was not previously provided in your submitted Groundwater Conservation Plan or previously submitted status report can also be included below.  
Program description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Please provide the names and general location of your current reuse treatment facilities and distribution systems (if not already previously provided):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Please provide water use information for all customers currently served with reuse water on the worksheets provided on the next page. (Please attach any additional information if necessary).

