

TEXAS WATER DEVELOPMENT BOARD

Municipal Water Use Survey (Short Form) for the Calendar Year Ending December 31, 2011

ANSWER SHEET

System Name: _____

Mailing Address: _____

City / State / Zip: _____

TWDB Code: _____

Primary County: _____

River Basin: _____

for office use only

County Number _____

Survey Number _____

Batch Number _____

PUMPED GROUNDWATER (SELF-SUPPLIED)

	SOURCE 1	SOURCE 2	SOURCE 3	SOURCE 4	SOURCE 5
1. Aquifer Name					
2. County Where Pumped					
3. Number of Active Wells					
	OR	OR	OR	OR	OR

SURFACE WATER UNDER A TCEQ WATER RIGHT (SELF-SUPPLIED)

4. Reservoir or River					
5. County of Diversion					
6. TCEQ Water Right #					
7. % of Volume not Returned					
	OR	OR	OR	OR	OR

PURCHASED WATER

8. Name of Water Provider					
9. Type of Water					
10. Name of Source					
11. Source County					
	AND	AND	AND	AND	AND

VOLUME OF WATER INTAKE (IN GALLONS)

12. January					
13. February					
14. March					
15. April					
16. May					
17. June					
18. July					
19. August					
20. September					
21. October					
22. November					
23. December					
24. Total Annual Volume					
25. Metered or Estimated					
26. % Treated Before Intake					
27. Brackish/Saline (Y or N)					

REUSE/TREATED EFFLUENT (SELF-SUPPLIED OR PURCHASED)

	SOURCE 1	SOURCE 2	SOURCE 3
28. Reuse Water Source (self-treated or purchased)			
29. Source County			
30. If Purchased, Sellers Name			
31. Direct or Indirect Reuse			
32. If Indirect Reuse, TCEQ Water Right Number			
33. Total Annual Volume (in gallons)			
34. Percent used for Industrial			
35. Percent used for Landscape			
36. Percent used for Agriculture			
37. Percent used for Other			

WHOLESALE WATER SALES TO OTHER WATER SYSTEMS

	38. Name of Buyer	39. Type of Water	40. Source of Water	41. Source County	42. Total Annual
SALE 1					
SALE 2					
SALE 3					

WATER SALES TO INDUSTRIAL PRODUCTION FACILITIES

	43. Name of Buyer	44. Type of Water	45. Source of Water	46. Source County	47. Total Annual
SALE 1					
SALE 2					
SALE 3					

WATER SYSTEM INFORMATION

48. What is the estimated total full-time residential population served directly by this system? _____

Please complete or make any revisions to the areas below:

Contact Name: _____
 Contact Title: _____
 Email Address: _____
 Phone: _____ Phone Extension: _____

Please provide any additional comments or remarks below. Attach additional sheets if needed.