



**INDIANA WELLHEAD PROTECTION  
PHASE II FIVE YEAR UPDATE SURVEY**

State Form 53796 (R / 4-20)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*INSTRUCTIONS: The purpose of the Five (5) Year Updates is to complete updates of the information on a routine basis ensuring so that the Wellhead Protection plan contains current information. Complete all sections of this application. Use the survey below to compile all the information required for Phase II Five Year Update Survey submission per 327 IAC 8-4.1-8 through 8-4.1-11. Submittal instructions are at the end of this form.*

GENERAL INFORMATION			
<b>Name of Public Water Supply</b>			
<b>PWSID Number</b>		<b>Population Served</b>	
<b>Date Submitted (MM/DD/YYYY)    /    /</b>			
<b>Name of Wellhead Protection Contact Person</b>		<b>Professional Title</b>	
<b>Mailing Address (number and street)</b>			
<b>City</b>		<b>State</b>	<b>ZIP Code</b>
<b>Telephone (with area code)    (    )</b>			
<b>E-mail Address</b>			
<b>Name of Delineation Contact Person</b>			
<b>Affiliation or Company</b>			
<b>Mailing Address (number and street)</b>			
<b>City</b>		<b>State</b>	<b>ZIP Code</b>
<b>Telephone Number (with area code)    (    )</b>			
<b>E-mail Address</b>			
<b>Include Delineation Contact Person in IDEM Communications?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Number of Wellfields</b>		<b>Total Number of Wells</b>	
<b>Does System Use Other Sources of Water (i.e. surface water or purchased water)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If so, What Percentage of Each?</b> Groundwater                      Surface Water                      Purchased			
SIGNATURE BLOCK			
I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10, that the statements and representations in this update survey are true, accurate, and complete.			
			/    /
<b>Signature of Responsible Official or Designated Agent</b>			<b>Date (MM/DD/YYYY)</b>
<b>Professional Title</b>			
IDEM USE ONLY			
<b>Date Application Received (MM/DD/YYYY)    /    /</b>			
<b>Do Delineations Overlap Other Community WHPA's?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If Yes, List PWSIDs</b>			

**I. Wellhead Protection Area Delineation: 327 IAC 8-4.1-5 through 327 IAC 8-4.1-7; 327 IAC 8-4.1-9(1); 327 IAC 8-4.1-10; and 327 IAC 8-4.1-11(c)**

(a) Have you installed or abandoned any wells since your last update?

Yes\*  No

(b) Have you increased pumping from any of your wells by more than 10% of your delineation rate since your last update? **Attach pumping data summary (average daily rate and/or annual total) from last five (5) years.**

Yes\*  No

(c) Have any significant water withdrawal wells been installed nearby since your last update?

Yes\*  No

*\* If yes, contact IDEM staff to determine if a new delineation is required according to 327 IAC 8-4.1-7, 327 IAC 8-4.1-12, or 327 IAC 8-4.1-13. The new Delineation must be performed by or under the direct supervision of Certified Professional Geologist. Note person who did the most recent delineation above.*

(d) Indicate the type of delineation (or re-delineation) **approved** for your system:

Fixed Radius Method  
327 IAC 8-4.1-7(b)

***or***

Modeled Delineation Approved according to 327 IAC 8-4.1-7(a):  
(Check all that apply.)

One (1) year Time of Travel (TOT)

Five (5) year Time of Travel

Ten (10) year Time of Travel

Twenty (20) year Time of Travel

Management Area including all areas identified above

**II. Local Planning Team: 327 IAC 8-4.1-4; 327 IAC 8-4.1-8(1); and 327 IAC 8-4.1-11(c)\***

(a) How many members do you have on your team?

(b) When was the last time you met? (MM/DD/YYYY)     /     /

(c) How often do you normally meet (i.e. annually, quarterly, etc.)?

(d) Which organizations or agencies are represented on your team (i.e. County Health Department, County Soil and Water Conservation District, Local Emergency Planning Committee, Municipal Storm Water staff, U.S. Department of Agriculture (USDA), Alliance for Indiana Rural Water, Indiana Rural Water Association, the American Water Works Association, etc.)? (Describe below.)

*\* Not mandatory to be reported, but recommended.*

**III. Potential Source of Contamination (PSC) Inventory: 327 IAC 8-4.1-8(3); 327 IAC 8-4.1-9(2); 327 IAC 8-4.1-10(a)(2); and 327 IAC 8-4.1-11(c)**

(a) When was your PSC inventory last updated? (MM/DD/YYYY)    /    /

(b) When was your PSC map last updated? (MM/DD/YYYY)    /    /

(c) What method(s) did you use to update your PCS Inventory? (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Windshield Survey          | <input type="checkbox"/> Outside Records / Database  |
| <input type="checkbox"/> Local Planning Team Review | <input type="checkbox"/> Online Mapping Service (i.e. Indiana Map, U.S. EPA DWMAPS, U.S. EPA EnviroMapper, etc.) |
| <input type="checkbox"/> Other: (Describe below.)   |  |

(d) Were any potential source of contamination added to your inventory?

- Yes     No

(e) Were any sites removed from your inventory (i.e. septic tanks removed)?

- Yes     No

(f) Have there been any major changes in land-use over the past five (5) years?

- Yes     No

(g) Types of potential source of contamination present in your Wellhead Protection Area (WHPA). (Check all that apply.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Superfund Site                   | <input type="checkbox"/> Landfill (current or historic) | <input type="checkbox"/> Confined Feeding Operations |
| <input type="checkbox"/> Industrial                       | <input type="checkbox"/> Fly Ash Ponds                  | <input type="checkbox"/> Agricultural Cropland       |
| <input type="checkbox"/> Commercial                       | <input type="checkbox"/> Lagoons or Ponds               | <input type="checkbox"/> Golf Courses                |
| <input type="checkbox"/> Underground Storage Tanks (USTs) | <input type="checkbox"/> Sand and Gravel Operations     | <input type="checkbox"/> Septic Systems              |
| <input type="checkbox"/> Leaking USTs (LUSTs)             | <input type="checkbox"/> Underground Pipelines          | <input type="checkbox"/> Cemetery                    |
| <input type="checkbox"/> Above Ground Tanks               | <input type="checkbox"/> Transportation Routes          |  |
| <input type="checkbox"/> Other: (Describe below.)         |   |  |

(h) **Attach** a copy of your updated Potential Source of Contamination inventory table and map as required by 327 IAC 8-4.1-9(2) and 327 IAC 8-4.1-10(2)(c).



**IV. Management Plan: 327 IAC 8-4.1-8(4); 327 IAC 8-4.1-9(3); 327 IAC 8-4.1-10(a)(3); and 327 IAC 8-4.1-11(c) (continued)**

(3) Have you conducted public education events or water awareness events (*i.e. school programs, plant tours, community fairs, installed road signs, published newspaper articles, etc.*) within the past five (5) years?

Yes     No

If yes, describe below, **attach** additional sheets or documents if necessary:

(4) Have you added or modified any management strategies since your last update?\*

Yes     No

If yes, describe below and **attach** updated sheets:

*\* Not mandatory, but recommended.*

**V. Contingency Plan: 327 IAC 8-4.1-8(5); 327 IAC 8-4.1-9(4); and 327 IAC 8-4.1-11(c)**

(a) When was the last time you updated your contingency plan? (MM/DD/YYYY)    /    /  
**Attach** updated sheets, if updated since last submittal.

(b) Have you modified your contingency plan concerning your alternate water supply or critical water users?

Yes     No

If yes, describe below and **attach** updated sheets:

(c) When was your last emergency responder training session? (MM/DD/YYYY)    /    /

**Please submit this completed application and survey along with any supporting documents to:**

E-mail: [GWsection@idem.in.gov](mailto:GWsection@idem.in.gov)

Mail: Indiana Department of Environmental Management

Drinking Water Branch – Groundwater Section

100 North Senate Avenue, IGCN 1201

Mail Code 66-33

Indianapolis, IN 46204-2251

Fax: 317-234-7462

We encourage you to learn more about how to protect your water supply at the source by going to our Wellhead Protection Program web page <https://www.in.gov/idem/cleanwater/2456.htm>.

**If you have questions please call the Groundwater Section at 317-234-7477.**