Reset Form

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		
Name of Public Water Supply		
PWSID Number	**Population Served**	
Date Submitted *(MM/DD/YYYY)* / /		
Name of Wellhead Protection Contact Person	**Professional Title**	
Mailing Address *(number and street)*		
City	**State**	**ZIP Code**
Telephone *(with area code)* ( )		
E-mail Address		
Name of Delineation Contact Person		
Affiliation or Company		
Mailing Address *(number and street)*		
City	**State**	**ZIP Code**
Telephone Number *(with area code)* ( )		
E-mail Address		
Include Delineation Contact Person in IDEM Communications? ☐ **Yes** ☐ **No**		
Number of Wellfields	**Total Number of Wells**	
Does System Use Other Sources of Water *(i.e. surface water or purchased water)***?** ☐ **Yes** ☐ **No**		
If so, What Percentage of Each? **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.

/ /

Signature of Responsible Official or Designated Agent **Date** *(MM/DD/YYYY)*

Professional Title

IDEM USE ONLY

Date Application Received *(MM/DD/YYYY)* / /

Do Delineations Overlap Other Community WHPA's? ☐ **Yes** ☐ **No**

If Yes, List PWSIDs

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.)*

- ☐ Windshield Survey
- ☐ Local Planning Team Review
- ☐ Outside Records / Database
- ☐ Online Mapping Service (*i.e. Indiana Map, U.S. EPA DWMAPS, U.S. EPA EnviroMapper, etc.)*
- ☐ 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.)*

- ☐ Superfund Site
- ☐ Industrial
- ☐ Commercial
- ☐ Underground Storage Tanks (USTs)
- ☐ Leaking USTs (LUSTs)
- ☐ Above Ground Tanks
- ☐ Landfill *(current or historic)*
- ☐ Fly Ash Ponds
- ☐ Lagoons or Ponds
- ☐ Sand and Gravel Operations
- ☐ Underground Pipelines
- ☐ Transportation Routes
- ☐ Confined Feeding Operations
- ☐ Agricultural Cropland
- ☐ Golf Courses
- ☐ Septic Systems
- ☐ Cemetery
- ☐ 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)

(a) Plan to Manage your Sanitary Set-Back Area:

(1) What is the radius of your approved Sanitary Set-Back Area?

feet

(2) What actions have you taken to protect your Sanitary Set-Back Area? *(Check all that apply.)*

- ☐ Best Management Practices (BMPs) for Transportation Routes
- ☐ Provisions to Secure Wellhead *(i.e. fences, detectors, locks, etc.)*
- ☐ Prohibition of Storage and mixing of chemicals

Briefly describe any updates within the past five (5) years:

(b) Plan to Manage your Wellhead Protection Area:

(1) What actions have you or your water quality partners taken to protect your Wellhead Protection Area? *(Check all that apply.)*

☐ Abandoned Wells:	Number found ; Number sealed*
☐ Monitoring / Sentinel Wells Installed:	Number installed by water department:
☐ Cropland Reserve Programs:	Number contacts made ; Acres enrolled
☐ Local Ordinances Passed:	Date passed or revised *(MM/DD/YYYY)* / /
☐ Household Hazardous Waste (HHW) collection available:	HHW facility within twenty (20) miles ☐ Yes ☐ No
☐ Other: *(Describe below.)*	

* ***Attach*** *copies of well abandonment records.*

(2) Have you notified property owners, leaseholders, mineral right owners, and potential source of contamination that they are located within a WHPA?

Required only if Wellhead Protection Area was re-delineated within the past five (5) years, otherwise skip to IV. (b) (3).

☐ Yes ☐ No

If yes, indicate the date and **attach** documentation. *(MM/DD/YYYY)* / /

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
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.