



**NOTIFICATION OF SALE OR TRANSFER OF
BASELINE VOLUME OF SIGNIFICANT WATER
WITHDRAWAL FACILITY (SWWF) WITHIN THE GREAT
LAKES BASIN OF INDIANA**

State Form 56633 (12-18)



In accordance with 312 IAC 6.2-2-3, no later than March 31 of the year following a sale or other transfer to another person of a right to use all or a portion of a facility's baseline volume, the facility must notify the division on a department form.

Date of Sale, Lease or Other Transfer of all or a portion of a SWWF Baseline Volume:

(month, day, year) _____

(If SWWF is sold, please provide a copy of a deed or title as verification.)

If all or a portion of a SWWF Baseline Volume is leased or transferred, please provide the expiration date of the lease or transfer agreement (month, day, year): _____

Total amount of a SWWF Baseline Volume sold, leased or transferred: _____ MGD

Existing SWWF Registration / Permit Information:

Registration / Permit Number: _____

Baseline Volume Information: Capacity: _____ (MGD); Consumptive Use: _____ (%);

Diversion: _____ (MGD)

Existing SWWF Owner / Contact Information:

Name: _____

Address: _____

Telephone: Office: _____

Cell: _____

E-mail address: _____

Contact Name: _____

Address: _____

Telephone: Office: _____

Cell: _____

E-mail address: _____

New SWWF Owner, Lessee or Transferee / Contact Information:

Name: _____

Address: _____

Telephone: Office: _____

Cell: _____

E-mail address: _____

Contact Name: _____

Address: _____

Telephone: Office: _____

Cell: _____

E-mail address: _____

Use of Water by New Owner, Lessee or Transferee:

Will the type of use of the baseline volume of water sold, leased or transferred remain the same as existing use? Yes No

If "No" is checked, please indicate the type of use for the baseline volume of water being sold, leased or transferred (check one or more as appropriate):

(*Source of Water Supply - please check.)

- | | | |
|---|-----------------------------|-----------------------------|
| <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Drinking Water / Sanitary Facilities | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Agricultural Irrigation | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Golf Course Irrigation | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Waste Assimilation | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Livestock Watering | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Cooling Water | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Process Water | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Coal Preparation | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Oil Recovery | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Mineral Extraction | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Power Generation | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Heating / Air Conditioning | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Recreational Use | <input type="checkbox"/> GW | <input type="checkbox"/> SW |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> GW | <input type="checkbox"/> SW |

*GW- Ground Water Source; SW- Surface Water Source

If all or a portion of the total amount of the withdrawal sources of a SWWF are being sold, please complete "Water Withdrawal Capability" section below. If all or a portion of the total amount of the baseline volume of a SWWF is being leased or transferred, please continue to "Location of Water Use and Discharge" section of this form.

Water Withdrawal Capability of Wells / Intakes of New Owner, Lessee or Transferee:

Water Supply Sources*	
Total Number of Wells	Total Withdrawal Capability of all Wells (MGD)
Total Number of Intakes	Total Withdrawal Capability of all Intakes (MGD)

Ground Water Sources

Well Number: _____
 Capacity (MGD): _____
 Well Depth (ft): _____
 Well Diameter (in): _____
 Aquifer Utilized: _____
 Location: T. _____ N or S (check one);
 R. _____ E or W (check one); Section _____
 County: _____

Well Number: _____
 Capacity (MGD): _____
 Well Depth (ft): _____
 Well Diameter (in): _____
 Aquifer Utilized: _____
 Location: T. _____ N or S (check one);
 R. _____ E or W (check one); Section _____
 County: _____

Surface Water Sources

Intake Number: _____
 Capacity (MGD): _____
 Source Utilized: _____
 Name of body of water: _____
 Location: T. _____ N or S (check one);
 R. _____ E or W (check one); Section _____
 County: _____

Intake Number: _____
 Capacity (MGD): _____
 Source Utilized: _____
 Name of body of water: _____
 Location: T. _____ N or S (check one);
 R. _____ E or W (check one); Section _____
 County: _____

Well Number: _____
 Capacity (MGD): _____
 Well Depth (ft): _____
 Well Diameter (in): _____
 Aquifer Utilized: _____
 Location: T. _____ N or S (check one);
 R. _____ E or W (check one); Section _____
 County: _____

Intake Number: _____
 Capacity (MGD): _____
 Source Utilized: _____
 Name of body of water: _____
 Location: T. _____ N or S (check one);
 R. _____ E or W (check one); Section _____
 County: _____

If more than three (3) wells and/or intakes are included in the sale, lease or transfer, attach separate sheets providing the above information for each additional well or intake.

**If all wells and/or intakes currently registered or permitted as a SWWF will not be sold, leased or transferred, the existing SWWF owner must provide the Division of Water with applicable information with regard to remaining wells and/or intakes for update of an existing registration or permit by March 31 of the year following the sale, lease or transfer.*

Location of Water Use and Discharge of Sold, Leased or Transferred Baseline Volume:

Please indicate the location of water use for the portion of the baseline volume of water being sold, leased, or transferred (please include a map):

State: _____ County: _____ UTM N: _____
 T. _____ N or S (check one); R. _____ E or W (check one); Section _____ UTM E: _____

Will all or a portion of the baseline volume of water sold, leased or transferred to a new owner or transferee be used at a location different than its current use? Yes No
 (If "Yes" is checked, please complete the following location information for any additional location of use and provide a map showing all locations where the sold or transferred baseline volume of water will be used by the new owner or transferee.)

State: _____ County: _____ UTM N: _____
 T. _____ N or S (check one); R. _____ E or W (check one); Section _____ UTM E: _____

Will all or a portion of the baseline volume of water sold, leased or transferred be discharged to a location different than its current discharge site? Yes No

Estimated amount of baseline volume sold, leased or transferred to be discharged to a new or current discharge site: _____ (MGD)

Discharge of water will be made to the following site (please check one or more as appropriate):

<input type="checkbox"/> Well	<input type="checkbox"/> Lake	<input type="checkbox"/> Drainage Ditch	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Land Application	<input type="checkbox"/> Pond	<input type="checkbox"/> Reservoir	<input type="checkbox"/> River or Stream
<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Customer Service Connections	<input type="checkbox"/> Wastewater Plant	
<input type="checkbox"/> Other (please specify) _____			

Location of discharge site (please include map):

State: _____ County: _____ UTM N: _____
 T. _____ N or S (check one); R. _____ E or W (check one); Section _____ UTM E: _____

Affirmation of Notice and Attachments:

I hereby affirm that all statements and representations made in this notice and attachments thereto are true and accurate to the best of my information and belief, and that I am duly authorized to sign this *Notice of Baseline Volume Sale, Lease or Other Transfer for a SWWF within the Great Lakes Basin of Indiana*.

Signature of Existing SWWF Owner (or Legal Representative):

Name: _____ Date (month, day, year): _____

Signature of New SWWF Owner, Lessee, or Transferee (or Legal Representative):

Name: _____ Date (month, day, year): _____

Upon Completion, please return this form to:

**Indiana Department of Natural Resources
Division of Water
402 West Washington Street, Room W264
Indianapolis, IN 46204**