



**DETERMINATION OF GROUNDWATER UNDER  
THE DIRECT INFLUENCE OF SURFACE WATER**

State Form 49187 (R2 / 6-20)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*INSTRUCTIONS: Rule 327 IAC 8-2-8.2(e)(1)(G)(iv) and 327 IAC 8-2-1(45) require the Indiana Department of Environmental Management (IDEM) to evaluate public water suppliers classified with groundwater sources (i.e. wells, infiltration galleries, horizontal collectors) to determine whether their groundwater is under the direct influence of surface water. If IDEM determines a groundwater source to be under the direct influence of surface water, conventional surface water treatment (coagulation, flocculation, sedimentation, filtration, and disinfection) shall be required.*

*Complete all sections of this form and compile all the information required. Within sixty (60) days of receipt, return the completed form(s) and all applicable information. 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 Contact Person</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>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>	<b>Groundwater</b>	<b>Surface Water</b>	<b>Purchased</b>
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>			

*INSTRUCTIONS: Complete all sections of this form for each well (one form per well) and attach all applicable information. Please make additional copies of this form as needed.*

**WELL INFORMATION**

**Well ID** (name and/or number)

**Wellfield Name**

**Location of Well**

**UTM-N**

**UTM-E**

**I. Well Characteristics**

*If the well a vertical cased well, please fill out all sections of (a). If the well is a horizontal collector, please fill out all sections of (b).*

**(a)** Is the well a vertically cased well?  Yes  No

**(1)** Well depth: \_\_\_\_\_ feet

**(2)** Casing depth: \_\_\_\_\_ feet

**(3)** Casing diameter: \_\_\_\_\_ inches

**(4)** Static water level: \_\_\_\_\_ feet

**(5)** Horizontal distance to a surface water source: \_\_\_\_\_ feet

**(6)** Pumping capacity: \_\_\_\_\_ gallons per minute

**(b)** Is the well a horizontal collector (*i.e. a Ranney water collection system which extracts groundwater from a large area of unconsolidated water-bearing strata through underlying horizontal screens*)?  Yes  No

**(1)** Depth of collectors below grade: \_\_\_\_\_ feet

**(2)** Horizontal distance to a surface water source: \_\_\_\_\_ feet

**(3)** Depth of collectors below surface water bed: \_\_\_\_\_ feet

**II. Determination of Acceptable Well Construction**

**(a)** *Attach* a diagram of well construction from the contractor along with any pump test/draw down data.

**(1)** Is the top of the casing capped?  Yes  No

**(2)** Is the casing vented?  Yes  No

**(3)** Is the vent opening covered with a screen?  Yes  No

**(4)** Is the vent opening at least two (2) feet above grade or flood level, whichever is higher?  Yes  No

**(5)** Was the well grouted?  Yes  No

**(6)** Does the grade slope away from the casing?  Yes  No

**(b)** Is the well in a pit?  Yes  No

**(c)** Is the site subject to flooding (*i.e. located on a flood plain*)?  Yes  No

**(d)** At sites subject to flooding, does the top of the well casing terminate at least eighteen (18) inches above grade where outside of floodplain; or at least three (3) feet above the one hundred (100) year flood level or the highest known flood elevation, whichever is higher?  Yes  No

**III. Intermediate Determination of Groundwater Under the Direct Influence of Surface Water**

(a) Is the well drilled in bedrock?  Yes  No

(b) **Attach** copy of well log(s).

(c) Has a waterborne disease outbreak been attributed to your system?  Yes  No  
*If yes, please describe and provide detailed information.*

(d) Does the well water appear cloudy?  Yes  No  
*If yes, please describe.*

(e) Has the well water tested positive for total coliform?  Yes  No  
 If yes, was it positive for fecal coliform or E. coli?  Yes  No

(f) **Attach** six (6) months of daily water temperature data.

(g) Is the water from this source under a continuous disinfection process?  Yes  No  
 If yes, what type of disinfection?

(h) Has a microscopic particulate analysis (MPA) test been conducted?  Yes  No  
*If yes, attach a copy of the results.*

**IV. Raw Water Total Coliform Results**

(a) Fill in the date (MM/DD/YYYY), results (A = total coliform absent, P = total coliform present), and **attach** all Raw Water Total Coliform results.

(1) Date	/	/	Results
(2) Date	/	/	Results
(3) Date	/	/	Results
(4) Date	/	/	Results
(5) Date	/	/	Results
(6) Date	/	/	Results

**Please submit this completed form 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.**