INSTRUCTIONS FOR FILLING OUT

TEMPORARY CONSTRUCTION DEWATERING REPORT

1) Description of Site Location: Give location of site including county, township, range, section. Make sure to include map of location.

2) Owner of Construction Site: Include name, address and phone number of owner of site.

3) Dewatering Operator (Contact): Include name, address and phone number of operator who is utilizing pumping equipment.

4) A. Dewatering Method: Examples include deep well, submersible pumps, portable pumps, etc....
   B. Dewatering Purpose: Examples include pond construction, foundation setting, etc....

5) Discharge Location: Examples include rivers, streams, ditches, etc...

6) A. No. Of Pumps: List the number of pumps used at the site.
   B. Total Capacity Of Pumps: List the total capacity of all pumps in gallons per minute (gpm).

7) Wells: If wells or wellpoints utilized, indicate how many, depth, diameter, and aquifer utilized. (Example: sand & gravel, etc)

8) Start and Finish Date, Total Pumping Hours: Indicate start and finish of dewatering activities along with total run time.

9) A. Daily Withdrawal: Average daily value in gallons per day (GPD)
   B. Total Withdrawal: Total withdrawal in million gallons (MG)


11) Signature: Please sign and date the form.
TEMPORARY CONSTRUCTION DEWATERING SYSTEMS REPORT

Send To: Indiana Dept. of Natural Resources
Division of Water
402 West Washington St. Rm. W264
Indianapolis, IN. 46204
Telephone (317)232-1116

1) PROJECT LOCATION: ___________________________
   (attach map)
   County: ___________ Civil Township: ___________
   Section: _________ Township: _________ Range: _______

2) SITE OWNER: _________________________________

Address: ______________________________________

______________________________________________

Phone #: __________________________

3) DEWATERING OPERATOR: _______________________

Address: ______________________________________

______________________________________________

Phone #: __________________________

4) A. DEWATERING METHOD: _______________________

B. DEWATERING PURPOSE: _______________________

5) DISCHARGE LOCATION: _______________________

6) A. NO. OF PUMPS: _____  B. TOTAL CAPACITY OF PUMPS (gpm): ______

7) WELLS/WELL POINTS: #  DEPTH ______ DIAMETER ______ AQUIFER
   (If dimensions are different, record on back of report)

8) START DATE: ____/____/_____ FINISH DATE: ____/____/_____ TOTAL HOURS: ______

9) A) DAILY WITHDRAWAL (GPD): _______  B) TOTAL WITHDRAWAL (MG): _______

10) MONTHLY WITHDRAWALS IN MILLION GALLONS:

    J  F  M  A  M  J  J  A  S  O  N  D

    ______  ______  ______  ______  ______  ______  ______  ______  ______  ______  ______  ______

11) I hereby affirm, that the information submitted herewith is to the best of my knowledge and belief, true, accurate, and complete.

SIGNATURE: ______________________________ DATE: ____/____/_____

NAME: ______________________________ TITLE: __________________
(Print)