

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)
- 10) Monthly Withdrawals: List monthly withdrawals in Million Gallons.
- 11) Signature: Please sign and date the form.

For Office Use Only

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

UTMN: _____
UTME: _____
QUAD: _____
BASIN: _____
SIC: _____
HUC: _____

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 herby affirm, that the information submitted herewith is to the best of my knowledge and belief, true, accurate, and complete.

SIGNATURE: _____ DATE: ___/___/___
NAME: _____ TITLE: _____
(Print)