(a) Have you installed or abandoned any wells since your last update? \[\sum_{Yes*} \mathbb{\neq} \text{No} \]
(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. \[\int \text{Yes*} \text{No} \text{No} \]
(c) Have any significant water withdrawal wells been installed nearby since your last update?
* 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) Modeled Delineation Approved according to 327 IAC 8-4.1-7(a): (Check all that apply.) One (1) year Time of Travel Ten (10) year Time of Travel Twenty (20) year Time of Travel Management Area including all areas identified above
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.
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)



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 INFORM	MATION CONTRACTOR OF THE PROPERTY OF THE PROPE
Name of Public Water Supply Topeka Water Department	
PWSID Number 5244008	Population Served 1163
Date Submitted (MM/DD/YYYY) 9 120 1 3034	
Name of Wellhead Protection Contact Person	Professional Title Water Superintendent
Mailing Address (number and street) P. O. Box ノブ)
City Tope ka	State IV ZIP Code 44571
Telephone (with area code) (200 573-2300	
E-mail Address Water @ foleka - in gov	
Name of Delineation Contact Person Chad flum	1 6-
Affiliation or Company Peerless midwest	
Mailing Address (number and street) 55 F60 Russe	11 industrial PKWY
City Mishawaka	State IN ZIP Code 46545
Telephone Number (with area code) (574) 254 - 9050	
E-mail Address charle flummer & feerless midwest. co	g _j m
Include Delineation Contact Person in IDEM Communication	tions? 🗆 Yes 🗆 No
Number of Wellfields	Total Number of Wells
Does System Use Other Sources of Water (i.e. surface wa	ter or purchased water)? 🔲 Yes 🔀 No
If so, What Percentage of Each? Groundwater	Surface Water Purchased
SIGNATURE BL	OCK
I swear or affirm, under penalty of perjury as specified by IC 3 IC 13-30-10, that the statements and representations in this u	
Signature of Responsible Official or Designated Agent	Date (MM/DD/YYYY)
Professional Title	
IDEM USE ON	LY
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 8-4.1-5 327 IAC 8-4.1-10: and 327 IAC 8-4.1-11(c)	through 327 IAC 8-4.1-7; 327 IAC 8-4.1-9(1);

(a)	When was your PSC inventory last updat	ed? (MM/DD/YYYY) 9 130 1 3	2024
(b)	When was your PSC map last updated?	(MM/DD/YYYY) 9 1301 3029	/
(c)	What method(s) did you use to update yo	ur PCS Inventory? (Check all th	at apply.)
	Windshield Survey	Outside Records / Database	
	Local Planning Team Review		Indiana Map, U.S. EPA DWMAPS,
	Other: (Describe below.)	U.S. EPA EnviroMapper, etc	.)
	Other. (Describe below.)		
(d)	Were any potential source of contamination	on added to your inventory?	
	Yes No		
(e)	Were any sites removed from your invent	ory (i.e. septic tanks removed)?	
	Yes No		
(f)	Have there been any major changes in la	nd-use over the past five (5) yea	ars?
	☐ Yes ☑ No		
(g)	Types of potential source of contamination	n present in your Wellhead Prote	ection Area (WHPA). <i>(Check all</i>
	that apply.)		
	☐ Superfund Site	Landfill (current or historic)	Confined Feeding Operations
	Industrial	Fly Ash Ponds	Agricultural Cropland
	Commercial	Lagoons or Ponds	Golf Courses
	Underground Storage Tanks (USTs)	☐ Sand and Gravel Operations	Septic Systems
	Leaking USTs (LUSTs)	☐ Underground Pipelines	Cemetery
	Above Ground Tanks	☐ Transportation Routes	
	Other: (Describe below.)		
(h)	Attach a copy of your updated Potential S	Source of Contamination invento	ry table and map as required by
	327 IAC 8-4.1-9(2) and 327 IAC 8-4.1-10(2)(c).	,
1\/			
	Management Plan: 327 IAC 8-4.1-8(4); 3 327 IAC 8-4.1-11(c)	27 IAC 8-4.1-9(3); 327 IAC 8-4.	.1-10(a)(3); and
	Plan to Manage vour Sanitary Set-Back A	rea:	

(1)	What is the radius of your approved Sanitary	Set-Back Area?
	200 feet	
(2)	What actions have you taken to protect your S Best Management Practices (BMPs) f Provisions to Secure Wellhead (i.e. fe Prohibition of Storage and mixing of c Briefly describe any updates within the	ences, detectors, locks, etc.) hemicals
(b) _{Plar}	n to Manage your Wellhead Protection Area:	
(1)		Artners taken to protect your Wellhead Protection Area? Number found ; Number sealed* Number installed by water department: Number contacts made ; Acres enrolled Date passed or revised (MM/DD/YYYY) / / / / / / / / / / / / / / / / /
	* Attach copies of well abandonment records.	
	contamination that they are located within a W	was re-delineated within the past five (5) years,
IV. _{Man} 327	nagement Plan: 327 IAC 8-4.1-8(4); 327 IAC IAC 8-4.1-11(c) (continued)	Construction Mylogotty Construction Cons
ť		or water awareness events (i.e. school programs, plant ublished newspaper articles, etc.) within the past five (5)

☐ 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?*
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) 2 /26/ 2018 Attach updated sheets, if updated since last submittal.
(b) Have you modified your contingency plan concerning your alternate water supply or critical water users?
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: <u>GWsection@idem.in.gov</u>

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

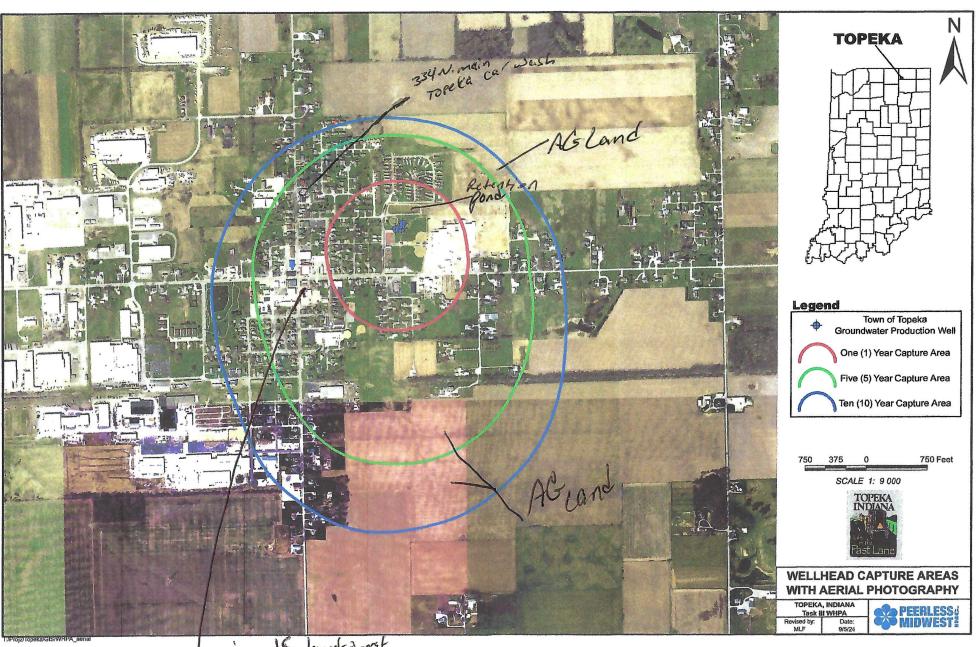
We encourage you to learn more about how to protect your water supply at the source by going to our Wellhead Protection Program web page https://www.in.gov/idem/cleanwater/2456.htm.

If you have questions please call the Groundwater Section at 317-234-7477.

III. EMERGENCY PERSONNEL LIST

EMERGENCY PERSONNEL	DRINKING WATER OPERATIONS PERSONNEL
PUBLIC RELATIONS/NEWS RELEASES Name: Stewart Bender Location: Topeka Phone Number: 260-350-2323 Work: 260-593-2300	TOWN MANAGER Name: Stewart Bender Location: Topeka Phone Number: 260-350-2323 Work: 260-593-2300
EMERGENCY COORDINATOR Name: Stewart Bender Location: Topeka Phone Number: 260-350-2323 Work: 260-593-2883	SUPERINTENDENT OF WATER Name: Kevin Wright Location: Topeka Phone Number: 260-336-6516 Work: 260-593-2300
TOWN MARSHAL Name: Stan Strater Location: Topeka Phone Number: 260-463-6288 Work: 260-593-2822	SUPERINTENDENT OF WASTEWATER Name: Stewart Bender Location: Topeka Phone Number: 260-350-2323 Work: 260-593-2300
SUPERINTENDENT OF STREETS Name: Travis Hostetler Location: Topeka Phone Number: 260-499-1832 Work: 260-593-2300	SUPERINTENDENT OF PARKS Name: Greg Strawser Location: Kendallville Phone Number: 260-499-0211 Work: 260-593-2300
IDEM Drinking Water Inspector NAME: Rick Massoels Phone: 574-413-8007	

- 1. Emergency Planning for Water Utility Management AWWA Manual M19 second edition Chapter 6 on Planning and training will help you with the requirements of this section of your Contingency Plan.
- 2. AWWA Indiana Section, Safety Committee Chair, Lou Townsend Telephone 317-247-0005. Email address: lou.townsend@ejprescott.com
- 3. Bureau of Safety Education and Training IOSHA POC Dan Deighton Telephone 317-232-2655
- 4. Your Local Emergency Planning Committee (LEPC) chair person Stewart Bender 260-350-2323.



Suds & suds laundramat

Suds & main Toeka TN 46571

ANNUAL WATER USE REPORT FORM FOR A SIGNIFCANT WATER WITHDRAWAL FACILITY FORM # : 21915R Please complete items (1) through (7) Facility Registration Number : 44-00050-PS Water Withdrawal Report for Year OWNER OF WATER WITHDRAWAL FACILITY INDIANA DEPARTMENT OF NA DIVISION OF WATER 402 WEST WASHINGTON ST., INDIANAPOLIS, INDIANA 462 TELEPHONE (317) 232-4160 Water Withdrawal Report for Year OWNER OF WATER WITHDRAWAL FACILITY									ON ST., RONA 46204 22-4160 t for Year E	DOM W264 Ending Dec	: ember 31,2		
Town of To	peka	and an interpretational property and an interpretation and an account of	think frysk filmel specif helpig meller placer grown sough han	O	WNER OF		ITHDRAW		Υ		one over the hop was the the him was .		
PO Box 12	7					J J 11	Tom	Sheline-Wa ox 127	ter Superin	tendent			
Topeka IN Phone no.:				nth will the one our gas son was so	\Λ/Δ Τ Ε	Phone ER WITHDF	no.: (260)		1-0127				
(1) Units U	sed in Rep	orting Amo	unts Withdr	awn (Che	ck One) :	Thousand G	Sallons	Mi	llion Gallon	s X	one take take field and spirit whit stee how	days bygg hay days were men and and sink sink	and and this last own cost out for
(2) Monthly													
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3 TOTAL			18.6	27.6	30.9	37.3	43.7	50.3	56.2	62.5	68.0	72.9	
(3) Monthly INTAKE#		All thre	ee wells are	joined to	gether into	one influe	ent pipe en	tering the p	lant. Two	wells run	at	ethicular enduring complexible december gauge	TOTAL
TOTAL						erefore a "				nt" is an			
						a listing of e	each individ	duai weli pi	oduction.) jenya	72.9
(4) Are with readings? (If 'No', pleas Hours Acre ir	drawal am Check one e check ar operated: nches: # of	ounts base ==> Yes / nd complete Hour mete acres	X No e one of the r Mar , # inch	eter lines: nual record		(6) Is you Check (7) I here	by affirm u	on informati Yes <u>×</u> nder the pe	on still corr No nalties of p	ect? If 'No', ple eriurv. that	ase correct	t where app tion submit ate, and co	ted
Other	o data: Co.	nsumptive	use	%					Owner or	r Agent			
(5) Complete	TOTAL Y	EARLY OP e:	ERATION 1	ГІМЕ	THE PART AND LINE AND THAT	Printed N	01/2	THOMAS	M. 201	SHELL.		, /. /	· · ·
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	NT WATER		FORM FOR WAL FACII				DI 40	DIANA DEF VISION OF 2 WEST W.	WATER ASHINGTO	ON ST., RO		URCES	
Please con	nplete item:	s (1) throug	h (7)			INDIANAPOLIS, INDIANA 46204 TELEPHONE (317) 232-4160							
Facility Reg	gistration N	umber: 44	-00050-PS				W	ater Withdra	wal Repor	t for Year E	inding Dece	mber 31,2	012
Town of To	naka	errollers (Sur expres Merril Villens, broads analysis below, from	فخطه شفتو يتبعه هياني ليثين ليثيم والبي	O	WNER OF	WATER WI				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
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PO Box 12	7							Sheline-Wat ox 127	er Superin	tendent			
Topeka IN	46571-012	27					Topel	ka IN 4657	1-0127				
Phone no.:	(260) 59	3-2300				Phone i	no.: (260)						
/4\					A A > 1 1 T	R WITHDR	RAWAL REG	CORD					
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(2) Monthly WELL#		r Grouna vv FEB											
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			ne time on										IOIAL
TOTAL		aggreg	ate of the c	ombined	wells, not a	a listing of e	each indivi	dual well pr	oduction.			lease.	71.8
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readings?	Check one	==> Yes]	<u>K</u> No					Yes			ease correct	where an	propriate
If 'No', pleas	se check ar	nd complete	e one of the	lines:				nder the pe					
Acre in	operated: nches: # of	Hour mete	r Man , # inch	iual record	And the second second	herew	ith is to the	best of my	knowledge	and belief,	true, accur	ate, and co	omplete.
NPDE	S data: Co	nsumptive	use	%					Owner o	r Agent			
			ERATION T			Printed N	lame						
(5) Complete	e ONLY on	ь.										-	
•	No. of Hou	rs	-OR- No. o	f Days _3	65	Signatur	е			Markitaniyan dayaya ganayan ganayan inga ayan da	Date	}	

ANNUAL WATER USE REPORT FORM FOR A SIGNIFCANT WATER WITHDRAWAL FACILITY FORM #: 21915R Please complete items (1) through (7) INDIANA DEPARTMENT OF NATURAL RESOURCE DIVISION OF WATER 402 WEST WASHINGTON ST., ROOM W264 INDIANAPOLIS, INDIANA 46204 TELEPHONE (317) 232-4160									
Facility Registration Number: 44-00050-PS Water Withdrawal Report for Year Ending December 3									
Town of Topeka	OF WATER WITHDRAWAL FACILITY Contact: Town of Topeka Tom Sheline-Water Superintendent								
PO Box 127	PO Box 127								
Topeka IN 46571-0127 Phone no.: (260) 593-2300	Topeka IN 46571-0127 Phone no.: (260) 593-2300								
(1) Units Used in Reporting Amounts Withdrawn (Check One)	ATER WITHDRAWAL RECORD Million Gallons X								
(2) Monthly Report for Ground Water Sources	Inner Garons								
WELL# JAN FEB MAR APR MAY 1 5.4 5.2 5.9 5.5 5.7									
3									
(o) money	7 33.8 39.8 46.2 51.7 57.5 62.5 67.6								
INTAKE# All three wells are joined together in	into one influent pipe entering the plant. Two wells run at TOTAL								
the same time on a rotation basis.	Therefore a "total monthly production amount" is an								
TOTAL aggregate of the combined wells, no	ot a listing of each individual well production.								
METHOD OF MEASUREMENT	STATEMENT OF AFFIRMATION								
(4) Are withdrawal amounts based on flow meter readings? Check one ==> Yes ✓ No	(6) Is your registration information still correct? Check one ==> Yes No If 'No', please correct where appropriate.								
If 'No', please check and complete one of the lines: Hours operated: Hour meter Manual record Acre inches: # of acres, # inches	(7) I hereby affirm under the penalties of perjury, that the information submitted herewith is to the best of my knowledge and belief, true, accurate, and complete.								
NPDES data: Consumptive use% Other	Owner or Agent								
TOTAL YEARLY OPERATION TIME	Printed Name								
(5) Complete ONLY one: No. of HoursOR- No. of Days	Signature Date								

ANNUAL \ SIGNIFCA FORM #	NATER USI NT WATER : 21915R	E REPORT R WITHDRA	FORM FO	R A LITY		INDIANA DEPARTMENT OF NATURAL RESOURCES DIVISION OF WATER 402 WEST WASHINGTON ST., ROOM W264 INDIANAPOLIS, INDIANA 46204								
	nplete items					TELEPHONE (317) 232-4160								
Facility Re	gistration N	umber: 44	-00050-PS				W	ater Withdra	awal Report	for Year E	nding Dece	mber 31,20	12	
Town of To	nneka	a specific est man a gibb of a fine to the state of a s	THE STATE SHOULD SHOW THE THE STATE SHOWS AND SHOULD SHOULD SHOW THE STATE OF THE S	OV	VNER OF	WATER W			Υ			n pin ham map and mad had had and any		
1 OVALL OF 1	phera					Conta	act: Town	of Topeka Sheline-Wa	ter Sunerin	tandant				
PO Box 12	27							ox 127	ter caperiir	CHOCK				
Topeka IN	46571-012	27					Tope	ka IN 4657	1-0127					
Phone no.:	(260) 59	3-2300				Phone	no.: (260)		, ,,,,,					
					445/15	R WITHDR	RAWAL RE	CORD			The Part Total State Comm step	the pile lime was not and use use use use		
	Jsed in Rep				k One): T	housand G	Gallons	Mi	llion Gallon	s <u>X</u>				
	y Report for													
WELL#	JAN S.O	FEB 57-9	MAR	APR	MAY 6.4	JUN 7.2	JUL	AUG 6.8	SEP	OCT	NOV	DEC	TOTAL	
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TOTAL (3) Monthly		10.9	17.0	22.7	29.3	36.5	43.3	50.1	56.2	61.5	67.1	74.9		
(3) Monthly INTAKE#		All thre	e wells are	joined tog	ether into	one influe	ent pipe en	tering the p	olant. Two	wells run	at	•	TOTAL	
			ne time on										TOTAL	
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readings?	Check one	==> Yes]	K No	Cici							ase correct	t where app	oropriate	
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NPDE	S data: Cor	nsumptive (use	%					Owner o	r Agent				
	- TOTAL YI	EARLY OP	ERATION -	ΓIME		Printed N	Name	noonders the delegate of the second						
(5) Complet	e ONLY one	a.	×											
	No. of Hour	'S	-OR- No. c	اک Days ک	05	Signatur	'e	-		the control of the co	Date	}		

	NT WATER		FORM FOR WALFACI			INDIANA DEPARTMENT OF NATURAL RESOURCES DIVISION OF WATER 402 WEST WASHINGTON ST., ROOM W264							
Please cor	nplete item:	s (1) throug	h (7)		INDIANAPOLIS, INDIANA 46204 TELEPHONE (317) 232-4160								
Facility Re	gistration N	umber: 44	-00050-PS				Wa	ater Withdra	wal Report	for Year E	inding Dece	mber 31,2	012
Town of To		tt ennet erner jelfe it til til til til til til til til til	der Andre Gud vog er herby steet gever an der en der er der	OV	OWNER OF WATER WITHDRAWAL FACILITY								
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Topeka IN Phone no.:		3-2300			\//\TE	Phone n	o.: (260)	(a IN 46571 593-2300					
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			ater Source		,		999460-0044-004						
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3													
TOTAL (3) Monthly		14.4	19.1	23.5	29.2	34.6	39.1	43.7	48-3	50.8	57.0	61.3	
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		the sar	ne time on	a rotation	basis. The	erefore a "t	otal mont	hly product	ion amour	nt" is an			,01/12
TOTAL		aggreg	ate of the c	ombined v	wells, not a	listing of e	ach indivi	dual well pr	oduction.			-	61.3
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If 'No', pleas —— Hours Acre i	operated:	Hour mete	e one of the r Mar ,# inch	nual record	Name and Address a	(7) I here	by affirm u	nder the pe	nalties of p	erjury, that	the informa	ition submi	tted
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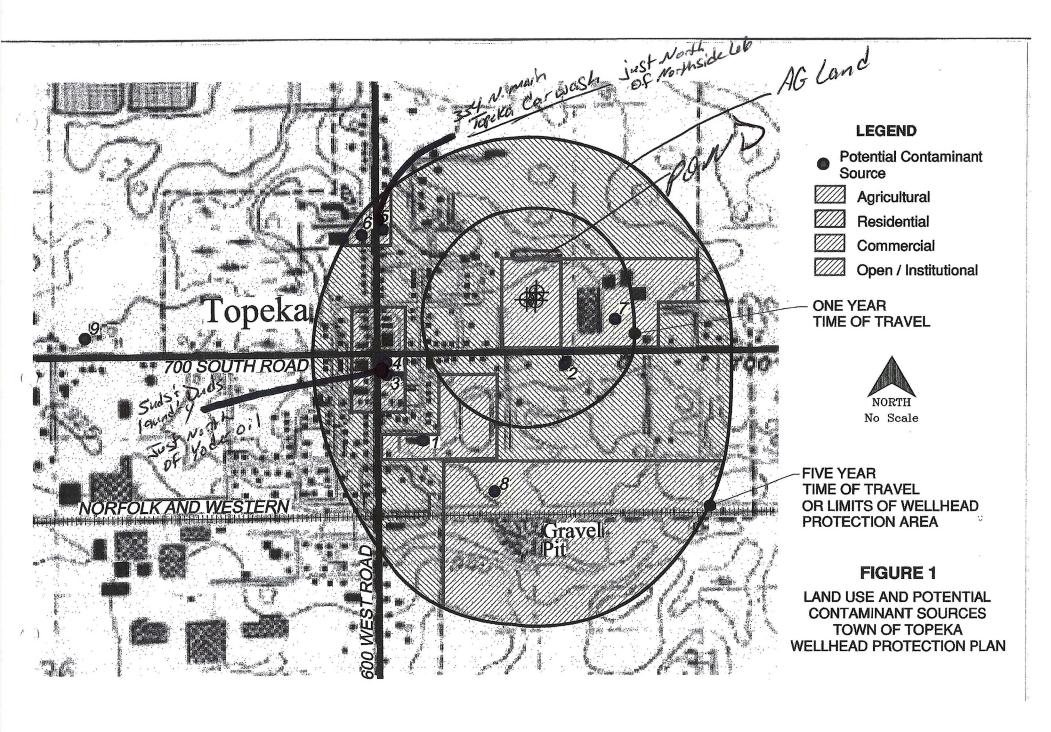


Table 1 Inventory of Potential Contaminant Sources Town of Topeka, Indiana

ID#	Facility Name and/or - Owner	Address	Site Type	Contaminant Type	Permits	Operating Status
1	Topeka Elementary School	138 School Street P.O. Box 39 Topeka, IN 46571	One Uṇderground Storage Tank (UST)	Petroleum	IDEM 15871	Permanently Out of Service
2	Topeka Seed and Stove	514 E. Lake Street Topeka, IN 46571	Restricted Use Pesticide Dealer	Pesticides	Indiana 314	Operating
3	Becky Yoder	129 S. Main Street Topeka, IN 46571	Two UST	Not Reported	IDEM 21521	Tanks Removed
4	Yoder Oil Inc.	113 S. Main Street Topeka, IN 46571	Four UST	Petroleum 	IDEM 15112	All Permanently Out of Service/Two Removed
		,	Leaking Underground Storage Tank (LUST)	Petroleum	IDEM 199912528	Remediation - Active
			Above Ground Storage Tanks	Kerosene Kerosene	None Known	Operating

Table 1 (Cont.) Inventory of Potential Contaminant Sources Town of Topeka, Indiana

ID#	Facility Name and/or Owner	Address	Site Type	Contaminant Type	Permits	Operating Status
5	North Side 66 Gas	424 N. Main Street Topeka, IN 46571	Three UST	Petroleum	IDEM 8955	Permanently Out of Service and Removed
			LUST	Petroleum	IDEM 199812603	Closed
6	Open Lot, formerly Topeka Body Shop	128 Roy Street Topeka, IN 46571	Three Regulated UST	Petroleum	IDEM 23018	Permanently Out of Service
7	Topeka Livestock	601 E. Lake Street Topeka, IN 46571	Animal Waste	Nitrates and Bacteriological	None Known	Operating
8	Manure Application Site DeWayne Bontrager (Owner)	P.O. Box 126 Topeka, IN 46571	Animal Waste	Nitrates and Bacteriological	None Known	Operating
9	Yoder Farm Service	824 W. Lake Street Topeka, IN 46571	Pesticide Dealer	Pesticides	Office of the Indiana State Chemist-no. unknown	Operating
10	Scott Chiddister	433 North Main Street Topeka, IN 46571	Private Water Well	NA	None Known	Operating
11	Greg Schrock	519 North Main Street Topeka, IN 46571	Private Water Well	NA	None Known	Operating
12	Daniel Spencer	718 North Main Street Topeka, IN 46571	Private Water Well	NA	None Known	Operating

Suds Eduds [113 s.main street laundremat Topeka IN 46571 laundremat Topeka CAR worsh 334 N. main Topeka IN

Table 1 (Cont.) Inventory of Potential Contaminant Sources Town of Topeka, Indiana

4 ID #	Facility Name and/or Owner	Address	Site Type	Contaminant Type	Permits	Operating Status
13	Richard Shallenbarger	510 North Main Street Topeka, IN 46571	Private Water Well	NA	None Known	Operating
14	Daniel Raber	322 Dorothy Lane Topeka, IN 46571	Private Water Well	NA	None Known	Operating
15	Omar Hochstetler	Dorothy Lane Topeka, IN 46571	Private Water Well	NA	None Known	Operating
16	Dr. K. M. Lehman	322 S. Harrison Street Topeka, IN 46571	Private Water Well	NA	IDNR 76043	Operating
17	Glen Zehr	815 South Main Street Topeka, IN 46571	Private Water Well	NA	IDNR 76013	Operating
18	Galen Yoder	North Main Street Topeka, IN 46571	Private Water Well	NA	None Known	Operating

AG land x 2