

(a) Have you installed or abandoned any wells since your last update?

☐ Yes* ☒ 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.**

☐ Yes* ☒ No

(c) Have any significant water withdrawal wells been installed nearby since your last update?

☐ Yes* ☒ No

** 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)

or

☒ Modeled Delineation Approved according to 327 IAC 8-4.1-7(a):
(Check all that apply.)

☒ One (1) year Time of Travel (TOT)

☒ Five (5) year Time of Travel

☒ Ten (10) year Time of Travel

☐ Twenty (20) year Time of Travel

☐ Management Area including all areas identified above

II. 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? 6

(b) When was the last time you met? (MM/DD/YYYY) 4/9/2012

(c) How often do you normally meet (i.e. annually, quarterly, etc.)? When needed

(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.)

Town Council, Alliance for Indiana Rural water, county

** Not mandatory to be reported, but recommended.*

III. 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 INFORMATION			
Name of Public Water Supply <u>Topeka Water Department</u>			
PWSID Number <u>5244008</u>		Population Served <u>1163</u>	
Date Submitted (MM/DD/YYYY) <u>9/20/2024</u>			
Name of Wellhead Protection Contact Person <u>Kevin Wright</u>		Professional Title <u>Water Superintendent</u>	
Mailing Address (number and street) <u>P.O. Box 127</u>			
City <u>Topeka</u>		State <u>IN</u>	ZIP Code <u>46571</u>
Telephone (with area code) <u>(260) 593-2300</u>			
E-mail Address <u>Water@topeka-in.gov</u>			
Name of Delineation Contact Person <u>Chad Plummer</u>			
Affiliation or Company <u>Peerless Midwest</u>			
Mailing Address (number and street) <u>55560 Russell Industrial Pkwy</u>			
City <u>Mishawaka</u>		State <u>IN</u>	ZIP Code <u>46545</u>
Telephone Number (with area code) <u>(574) 254-9050</u>			
E-mail Address <u>chad.plummer@peerlessmidwest.com</u>			
Include Delineation Contact Person in IDEM Communications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of Wellfields <u>1</u>		Total Number of Wells <u>3</u>	
Does System Use Other Sources of Water (i.e. surface water or purchased water)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If so, What Percentage of Each? Groundwater <u> </u> Surface Water <u> </u> Purchased <u> </u>			
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. <div style="text-align: right;">/ /</div>			
Signature of Responsible Official or Designated Agent			Date (MM/DD/YYYY)
Professional Title <u> </u>			
IDEM USE ONLY			
Date Application Received (MM/DD/YYYY) / /			
Do Delineations Overlap Other Community WHPA's? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, List PWSIDs <u> </u>			
I. Wellhead Protection Area Delineation: 327 IAC 8-4.1-5 through 327 IAC 8-4.1-7; 327 IAC 8-4.1-9(1); 327 IAC 8-4.1-10; and 327 IAC 8-4.1-11(c)			

(a) When was your PSC inventory last updated? (MM/DD/YYYY) 9/30/2024

(b) When was your PSC map last updated? (MM/DD/YYYY) 9/30/2024

(c) What method(s) did you use to update your PCS Inventory? (Check all that apply.)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Windshield Survey | <input type="checkbox"/> Outside Records / Database |
| <input type="checkbox"/> Local Planning Team Review | <input type="checkbox"/> Online Mapping Service (i.e. Indiana Map, U.S. EPA DWMAPS, U.S. EPA EnviroMapper, etc.) |
| <input type="checkbox"/> Other: (Describe below.)
 | |

(d) Were any potential source of contamination added to your inventory?

- ☒ Yes ☐ No

(e) Were any sites removed from your inventory (i.e. septic tanks removed)?

- ☐ Yes ☒ No

(f) Have there been any major changes in land-use over the past five (5) years?

- ☐ Yes ☒ No

(g) Types of potential source of contamination present in your Wellhead Protection Area (WHPA). (Check all that apply.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Superfund Site | <input type="checkbox"/> Landfill (current or historic) | <input type="checkbox"/> Confined Feeding Operations |
| <input checked="" type="checkbox"/> Industrial | <input type="checkbox"/> Fly Ash Ponds | <input checked="" type="checkbox"/> Agricultural Cropland |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Lagoons or Ponds | <input type="checkbox"/> Golf Courses |
| <input checked="" type="checkbox"/> Underground Storage Tanks (USTs) | <input type="checkbox"/> Sand and Gravel Operations | <input type="checkbox"/> Septic Systems |
| <input type="checkbox"/> Leaking USTs (LUSTs) | <input type="checkbox"/> Underground Pipelines | <input type="checkbox"/> Cemetery |
| <input type="checkbox"/> Above Ground Tanks | <input type="checkbox"/> Transportation Routes | |
| <input type="checkbox"/> Other: (Describe below.)
 | | |

(h) **Attach** a copy of your updated Potential Source of Contamination inventory table and map as required by 327 IAC 8-4.1-9(2) and 327 IAC 8-4.1-10(2)(c).

IV. Management Plan: 327 IAC 8-4.1-8(4); 327 IAC 8-4.1-9(3); 327 IAC 8-4.1-10(a)(3); and 327 IAC 8-4.1-11(c)

(a) Plan to Manage your Sanitary Set-Back Area:

(1) What is the radius of your approved Sanitary Set-Back Area?

200 feet

(2) What actions have you taken to protect your Sanitary Set-Back Area? (Check all that apply.)

- ☐ Best Management Practices (BMPs) for Transportation Routes
- ☒ Provisions to Secure Wellhead (i.e. fences, detectors, locks, etc.)
- ☐ Prohibition of Storage and mixing of chemicals

Briefly describe any updates within the past five (5) years:

(b) Plan to Manage your Wellhead Protection Area:

(1) What actions have you or your water quality partners taken to protect your Wellhead Protection Area? (Check all that apply.)

- ☐ Abandoned Wells: Number found ; Number sealed*
- ☐ Monitoring / Sentinel Wells Installed: Number installed by water department:
- ☐ Cropland Reserve Programs: Number contacts made ; Acres enrolled
- ☐ Local Ordinances Passed: Date passed or revised (MM/DD/YYYY) / /
- ☐ Household Hazardous Waste (HHW) collection available: HHW facility within twenty (20) miles ☐ Yes ☐ No
- ☐ Other: (Describe below.)

* Attach copies of well abandonment records.

(2) Have you notified property owners, leaseholders, mineral right owners, and potential source of contamination that they are located within a WHPA?

Required only if Wellhead Protection Area was re-delineated within the past five (5) years, otherwise skip to IV. (b) (3).

☐ Yes ☐ No

If yes, indicate the date and attach documentation. (MM/DD/YYYY) / /

IV. Management Plan: 327 IAC 8-4.1-8(4); 327 IAC 8-4.1-9(3); 327 IAC 8-4.1-10(a)(3); and 327 IAC 8-4.1-11(c) (continued)

(3) Have you conducted public education events or water awareness events (i.e. school programs, plant tours, community fairs, installed road signs, published newspaper articles, etc.) within the past five (5) years?

☐ 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?*

☐ Yes ☒ No

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) **2/28/2018**
Attach updated sheets, if updated since last submittal.

(b) Have you modified your contingency plan concerning your alternate water supply or critical water users?

☐ Yes ☒ No

If yes, describe below and **attach** updated sheets:

(c) When was your last emergency responder training session? (MM/DD/YYYY) **6/21/17**

Please submit this completed application and survey along with any supporting documents to:

E-mail: 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

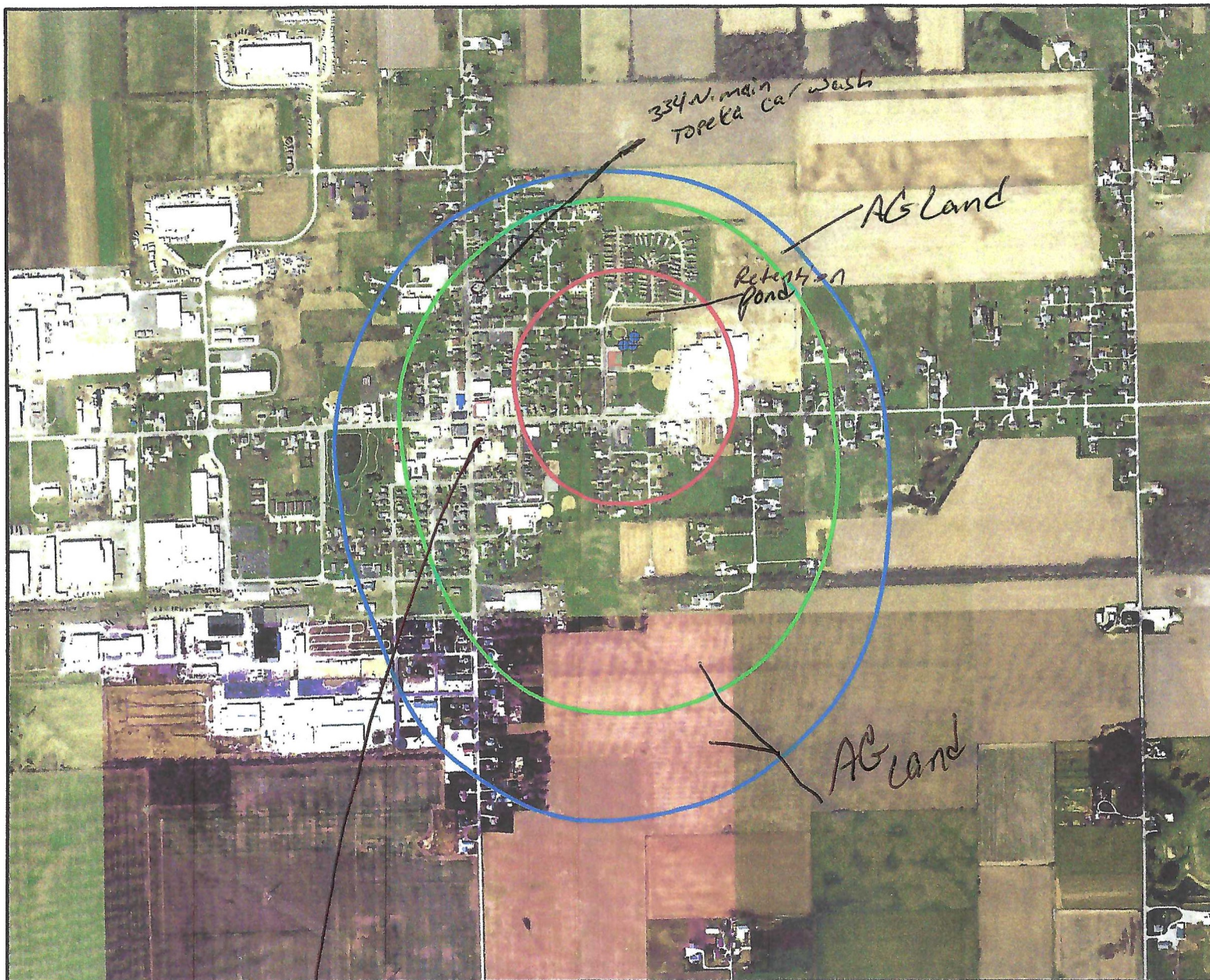
We encourage you to learn more about how to protect your water supply at the source by going to our Wellhead Protection Program web page <https://www.in.gov/idem/cleanwater/2456.htm>.

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

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.



I:\Proj2\topeka\GIS\WHPA_aerial

suds & duds laundromat
113 S. main
Topeka IN 46571

TOPEKA



Legend

- Town of Topeka Groundwater Production Well
- One (1) Year Capture Area
- Five (5) Year Capture Area
- Ten (10) Year Capture Area

750 375 0 750 Feet

SCALE 1: 9 000



WELLHEAD CAPTURE AREAS WITH AERIAL PHOTOGRAPHY

TOPEKA, INDIANA
Task III WHPA
Revised by:
MLF

Date:
9/5/24



2019

ANNUAL WATER USE REPORT FORM FOR A
SIGNIFICANT WATER WITHDRAWAL FACILITY
FORM # : 21915R

Please complete items (1) through (7)

Facility Registration Number : 44-00050-PS

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WATER
402 WEST WASHINGTON ST., ROOM W264
INDIANAPOLIS, INDIANA 46204
TELEPHONE (317) 232-4160

Water Withdrawal Report for Year Ending December 31, 2019

OWNER OF WATER WITHDRAWAL FACILITY -----

Town of Topeka

Contact : Town of Topeka

Tom Sheline-Water Superintendent

PO Box 127

PO Box 127

Topeka IN 46571-0127

Topeka IN 46571-0127

Phone no.: (260) 593-2300

Phone no.: (260) 593-2300

WATER WITHDRAWAL RECORD -----

(1) Units Used in Reporting Amounts Withdrawn (Check One) : Thousand Gallons _____ Million Gallons X

(2) Monthly Report for Ground Water Sources

WELL#	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1	5.6	5.8	6.6	6.6	6.3	6.4	6.4	6.6	5.9	6.3	5.5	4.9	72.9
2													
3													
TOTAL		11.4	18.0	24.6	30.9	37.3	43.7	50.3	56.2	62.5	68.0	72.9	

(3) Monthly
INTAKE#

All three wells are joined together into one influent pipe entering the plant. Two wells run at the same time on a rotation basis. Therefore a "total monthly production amount" is an aggregate of the combined wells, not a listing of each individual well production.

TOTAL

TOTAL ----- 72.9

METHOD OF MEASUREMENT -----

(4) Are withdrawal amounts based on flow meter readings? Check one ==> Yes X No _____

If 'No', please check and complete one of the lines:

____ Hours operated: Hour meter _____ Manual record _____

____ Acre inches: # of acres _____, # inches _____

____ NPDES data: Consumptive use _____ %

____ Other _____

TOTAL YEARLY OPERATION TIME -----

(5) Complete ONLY one:

No. of Hours _____ -OR- No. of Days 365

STATEMENT OF AFFIRMATION -----

(6) Is your registration information still correct?

Check one ==> Yes X No _____ If 'No', please correct where appropriate.

(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.

Owner or Agent

Printed Name THOMAS M. SHELINE

Signature Thomas M. Sheline Date 1/2/20

2020

ANNUAL WATER USE REPORT FORM FOR A
SIGNIFICANT WATER WITHDRAWAL FACILITY
FORM # : 21915R

Please complete items (1) through (7)

Facility Registration Number : 44-00050-PS

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WATER
402 WEST WASHINGTON ST., ROOM W264
INDIANAPOLIS, INDIANA 46204
TELEPHONE (317) 232-4160

Water Withdrawal Report for Year Ending December 31, 2012

----- OWNER OF WATER WITHDRAWAL FACILITY -----

Town of Topeka

Contact : Town of Topeka

Tom Sheline-Water Superintendent

PO Box 127

PO Box 127

Topeka IN 46571-0127

Topeka IN 46571-0127

Phone no.: (260) 593-2300

Phone no.: (260) 593-2300

----- WATER WITHDRAWAL RECORD -----

(1) Units Used in Reporting Amounts Withdrawn (Check One) : Thousand Gallons _____ Million Gallons X

(2) Monthly Report for Ground Water Sources

WELL#	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1	<u>5.2</u>	<u>5.1</u>	<u>5.2</u>	<u>3.6</u>	<u>5.1</u>	<u>7.2</u>	<u>7.3</u>	<u>6.9</u>	<u>6.3</u>	<u>7.0</u>	<u>7.4</u>	<u>5.5</u>	<u>71.8</u>
2													
3													
TOTAL		<u>10.3</u>	<u>15.5</u>	<u>19.1</u>	<u>24.2</u>	<u>31.4</u>	<u>38.7</u>	<u>45.6</u>	<u>51.9</u>	<u>58.9</u>	<u>66.3</u>	<u>71.8</u>	

(3) Monthly
INTAKE#

All three wells are joined together into one influent pipe entering the plant. Two wells run at the same time on a rotation basis. Therefore a "total monthly production amount" is an aggregate of the combined wells, not a listing of each individual well production.

TOTAL

TOTAL 71.8

----- METHOD OF MEASUREMENT -----

----- STATEMENT OF AFFIRMATION -----

(4) Are withdrawal amounts based on flow meter readings? Check one ==> Yes X 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:

(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.

____ Hours operated: Hour meter _____ Manual record _____

____ Acre inches: # of acres _____, # inches _____

____ NPDES data: Consumptive use _____ %

____ Other _____

Owner or Agent

----- TOTAL YEARLY OPERATION TIME -----

Printed Name _____

(5) Complete ONLY one:

No. of Hours _____ -OR- No. of Days 365

Signature _____ Date _____

2021

ANNUAL WATER USE REPORT FORM FOR A
SIGNIFICANT WATER WITHDRAWAL FACILITY
FORM # : 21915R

Please complete items (1) through (7)

Facility Registration Number : 44-00050-PS

INDIANA DEPARTMENT OF NATURAL RESOURCES

DIVISION OF WATER

402 WEST WASHINGTON ST., ROOM W264

INDIANAPOLIS, INDIANA 46204

TELEPHONE (317) 232-4160

Water Withdrawal Report for Year Ending December 31, 2012

Town of Topeka

PO Box 127

Topeka IN 46571-0127

Phone no.: (260) 593-2300

OWNER OF WATER WITHDRAWAL FACILITY

Contact : Town of Topeka

Tom Sheline-Water Superintendent

PO Box 127

Topeka IN 46571-0127

Phone no.: (260) 593-2300

WATER WITHDRAWAL RECORD

(1) Units Used in Reporting Amounts Withdrawn (Check One) : Thousand Gallons _____ Million Gallons X

(2) Monthly Report for Ground Water Sources

WELL#	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1	5.4	5.2	5.9	5.5	5.7	6.1	6.0	6.4	5.5	5.8	5.0	5.1	67.6
2													
3													
TOTAL		10.6	16.5	22.0	27.7	33.8	39.8	46.2	51.7	57.5	62.5	67.6	

(3) Monthly
INTAKE#

All three wells are joined together into one influent pipe entering the plant. Two wells run at the same time on a rotation basis. Therefore a "total monthly production amount" is an aggregate of the combined wells, not a listing of each individual well production.

TOTAL

67.6

METHOD OF MEASUREMENT

(4) Are withdrawal amounts based on flow meter readings? Check one ==> Yes X No _____

If 'No', please check and complete one of the lines:

_____ Hours operated: Hour meter _____ Manual record _____

_____ Acre inches: # of acres _____, # inches _____

_____ NPDES data: Consumptive use _____ %

_____ Other _____

TOTAL YEARLY OPERATION TIME

(5) Complete ONLY one:

No. of Hours _____ -OR- No. of Days 365

STATEMENT OF AFFIRMATION

(6) Is your registration information still correct?

Check one ==> Yes _____ No _____ If 'No', please correct where appropriate.

(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.

Owner or Agent

Printed Name _____

Signature _____ Date _____

2022

ANNUAL WATER USE REPORT FORM FOR A
SIGNIFICANT WATER WITHDRAWAL FACILITY
FORM # : 21915R

Please complete items (1) through (7)

Facility Registration Number : 44-00050-PS

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WATER

402 WEST WASHINGTON ST., ROOM W264

INDIANAPOLIS, INDIANA 46204

TELEPHONE (317) 232-4160

Water Withdrawal Report for Year Ending December 31, 2012

Town of Topeka

PO Box 127

Topeka IN 46571-0127

Phone no.: (260) 593-2300

OWNER OF WATER WITHDRAWAL FACILITY

Contact : Town of Topeka

Tom Sheline-Water Superintendent

PO Box 127

Topeka IN 46571-0127

Phone no.: (260) 593-2300

WATER WITHDRAWAL RECORD

(1) Units Used in Reporting Amounts Withdrawn (Check One) : Thousand Gallons _____ Million Gallons X

(2) Monthly Report for Ground Water Sources

WELL#	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1	5.0	5.9	6.1	5.7	6.6	7.2	6.8	6.8	6.1	5.3	5.6	7.8	74.9
2													
3													
TOTAL		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 three wells are joined together into one influent pipe entering the plant. Two wells run at the same time on a rotation basis. Therefore a "total monthly production amount" is an aggregate of the combined wells, not a listing of each individual well production.

TOTAL

74.9

METHOD OF MEASUREMENT

(4) Are withdrawal amounts based on flow meter readings? Check one ==> Yes X No _____

If 'No', please check and complete one of the lines:

_____ Hours operated: Hour meter _____ Manual record _____

_____ Acre inches: # of acres _____, # inches _____

_____ NPDES data: Consumptive use _____ %

_____ Other _____

TOTAL YEARLY OPERATION TIME

(5) Complete ONLY one:

No. of Hours _____ -OR- No. of Days 365

STATEMENT OF AFFIRMATION

(6) Is your registration information still correct?

Check one ==> Yes _____ No _____ If 'No', please correct where appropriate.

(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.

Owner or Agent

Printed Name _____

Signature _____ Date _____

2023

ANNUAL WATER USE REPORT FORM FOR A
SIGNIFICANT WATER WITHDRAWAL FACILITY
FORM # : 21915R

Please complete items (1) through (7)

Facility Registration Number : 44-00050-PS

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WATER
402 WEST WASHINGTON ST., ROOM W264
INDIANAPOLIS, INDIANA 46204
TELEPHONE (317) 232-4160

Water Withdrawal Report for Year Ending December 31, 2012

----- OWNER OF WATER WITHDRAWAL FACILITY -----

Town of Topeka

Contact : Town of Topeka
Tom Sheline-Water Superintendent
PO Box 127

PO Box 127

Topeka IN 46571-0127

Topeka IN 46571-0127

Phone no.: (260) 593-2300

Phone no.: (260) 593-2300

----- WATER WITHDRAWAL RECORD -----

(1) Units Used in Reporting Amounts Withdrawn (Check One) : Thousand Gallons _____ Million Gallons X

(2) Monthly Report for Ground Water Sources

WELL#	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1	8.0	6.4	4.7	4.4	5.7	5.4	4.5	4.6	4.6	4.5	4.2	4.3	61.3
2													
3													
TOTAL	14.4	19.1	23.5	29.2	34.6	39.1	43.7	48.3	52.8	57.0	61.3		

(3) Monthly
INTAKE#

All three wells are joined together into one influent pipe entering the plant. Two wells run at the same time on a rotation basis. Therefore a "total monthly production amount" is an aggregate of the combined wells, not a listing of each individual well production.

TOTAL

TOTAL 61.3

----- METHOD OF MEASUREMENT -----

----- STATEMENT OF AFFIRMATION -----

(4) Are withdrawal amounts based on flow meter readings? Check one ==> Yes X 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 _____

____ NPDES data: Consumptive use _____ %

____ Other _____

(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.

Owner or Agent

----- TOTAL YEARLY OPERATION TIME -----

Printed Name _____

(5) Complete ONLY one:

No. of Hours _____ -OR- No. of Days 365

Signature _____ Date _____

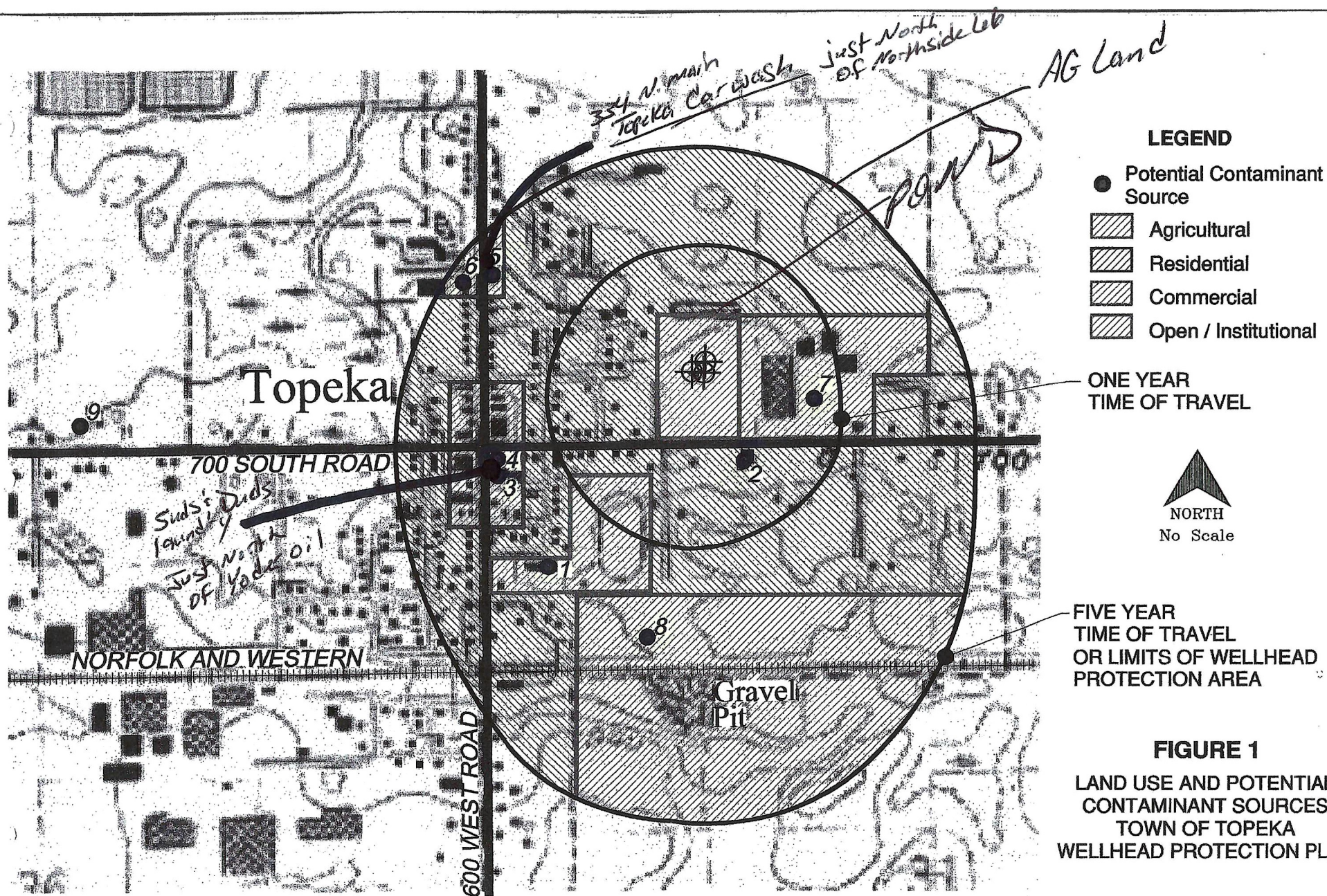


Table 1
Inventory of Potential Contaminant Sources
Town of Topeka, Indiana

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 Underground 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 Leaking Underground Storage Tank (LUST) Above Ground Storage Tanks	Petroleum Petroleum Kerosene	IDEM 15112 IDEM 199912528 None Known	All Permanently Out of Service/Two Removed Remediation - Active 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 LUST	Petroleum Petroleum	IDEM 8955 IDEM 199812603	Permanently Out of Service and Removed 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 & duds	113 S. main Street Topeka IN 46571	laundromat
Retention Pond		
Topeka CAR wash	334 N. main Topeka IN	

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
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