## Check box for changes.

## STATE OF INDIANA DEPARTMENT OF NATURAL RESOURCES **DIVISION OF WATER** WATER WITHDRAWAL REGISTRATION AND REPORTING SYSTEM

Regno: 12-00273-PS

County: Clinton

Water Use Purpose(s):

Public Water Supply-GW

Topographic Map: Frankfort

Standard Industrial Classification (SIC):

4941

Basin:

Township: 21N

Water Diversion %:

Range: 1W Section: 10

Consumptive Use %:

Sources(s): **Ground Water** 

**Upper Wabash** 

**Ground Water** 

Facility Information:

**Total Capability:** 

10.224 MGD

Number of Wells: 7 Number of Intakes: None Withdrawal Capability: Withdrawal Capability: 7100 GPM

None

**Ground Water Source Information:** 

Drinking Water/Sanitary Facilities-GW

Number	Capacity, GPM	Depth, FT	Diameter, IN	Aquifer Utilized
19	1200	302	20	SG
20	1200	292	20	SG
21	1200	278	20	SG
22	1200	101	20	SG
23	1200	93	24	SG
24	1250	111	16	SG
25	1250	103	16	SG

Surface Water Source Information:

No Surface Water Sources

NOTE: If a well or intake has been added to your facility, please include the following information in addition to the water use amounts.

WELL

INTAKE

1) Capacity

- 1) Capacity
- 2) Depth
- 3) Diameter

2) Source Name 3) Location

- 4) Aquifer Utilized
- 5) Location

(Include a map for the locations)

ANNUAL WATER USE REPORT FORM FOR A INDIANA DEPARTMENT OF NATURAL RESOURCES SIGNIFCANT WATER WITHDRAWAL FACILITY DIVISION OF WATER 402 WEST WASHINGTON ST., ROOM W264 FORM # : 21915R INDIANAPOLIS, INDIANA 46204 Please complete items (1) through (7) TELEPHONE (317) 232-4160 Water Withdrawal Report for Year Ending December 31,2024 Facility Registration Number: 12-00273-PS OWNER OF WATER WITHDRAWAL FACILITY .-----City of Frankfort Contact: City of Frankfort Chris Hensley 2105 West Armstrong Road Frankfort Water Works 2105 West Armstrong Road Frankfort IN 46041 Frankfort IN 46041 Phone no.: (765) 654-5556 Phone no.: (765) 654-5556 WATER WITHDRAWAL RECORD (1) Units Used in Reporting Amounts Withdrawn (Check One): Thousand Gallons \_\_\_\_Million Gallons \_\_\_x\_ (2) Monthly Report for Ground Water Sources WELL# JAN **FEB** MAR **APR** MAY JUN JUL **AUG**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** 27.441 7.387 800.0 7.627 17.063 9.764 18.782 10.393 8.705 15.086 20.839 24.368 173.80 19 12.656 15.223 0.446 0.042 0.814 1.628 28.212 23.184 17.303 1.401 1.162 114.30 20 10.472 21 13.964 16.229 8.077 28.045 21.735 6.563 16.216 0.051 0.648 3.142 10.265 6.636 142.14 22 23.212 0 7.287 0 0 0 0 0.072 25.373 27.272 15.746 107.00 23 15.046 19.589 12.819 26.873 27.245 28.251 24.202 23.399 24.094 15.105 4.344 16.283 245.24 22.270 27.196 18.501 26.517 17.805 22.778 283.90 10.307 31.129 40.825 20.615 21.818 8.914 24 18.645 15.388 19.280 25.007 21.787 13.207 26.572 22.132 21.032 3.787 11.575 23.265 227.45 25 **TOTAL** 106.565 93.198 98.904 157.625 111.997 112.481 115.144 117.251 102.267 109.476 102.542 103.189 1390.40 (3) Monthly Report for Surface Water Sources JUL OCT **AUG TOTAL INTAKE#** JAN **FEB** MAR **APR** MAY JUN SEP NOV DEC **TOTAL** 

METHOD OF MEASUREMENT	STATEMENT OF AFFIRMATION			
(4) Are withdrawal amounts based on flow meter readings? Check one ==> Yes _x_ No	<ul><li>(6) Is your registration information still correct?</li><li>Check one ==&gt; Yesx No If 'No', please correct where appropriate.</li></ul>			
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: ChaseThompson			
(5) Complete ONLY one: No. of HoursOR- No. of Days _365	Signature <u>Chase Thompson</u> Date			