



**STATE OF OHIO
 TEMPORARY WATER
 WITHDRAWAL FACILITY
 REGISTRATION-
 FOR CONSTRUCTION
 DEWATERING ONLY**

**SEND TO: OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF SOIL and WATER RESOURCES
 WATER RESOURCES SECTION
 2045 MORSE ROAD, BLDG. B-2
 COLUMBUS, OHIO 43229-6693
 (614) 265-6739**

AUTHORITY: Ohio Revised Code Section 1521.16 requires that any owner of a facility with the capacity to withdraw more than 100,000 gallons of water daily register such facilities and file an annual report with the Ohio Department of Natural Resources, Division of Soil and Water Resources.

INSTRUCTIONS

Facility Sketch:

Locate all wells, intake pipes, and discharge points with references to water sources, named roads, highways, buildings, or other distinctive landmarks. Additional maps may be attached.

Owner:

Provide the name, address, and phone number of the owner of the facility. If there is an employee or representative of the owner who should be contacted regarding the information on the registration form, his or her name, address, and phone number should be furnished in the space marked "Contact Person."

Enter the Standard Industrial Classification (SIC) code, if known, and check whether the data being submitted on the form is anticipated or actual. Provide the project estimated start and finish date also.

Project Location:

Provide the state, county, township, and section number for the project location.

Discharge Location:

Provide the state, county, township, and section number for the discharge location. For each discharge location, estimate the percentage of the amount withdrawn that is discharged location.

Withdrawals:

Provide a description of the method and purpose/use of the withdrawal.

Report the total amount withdrawal capacity of the facility in units of millions of gallons per day (MGD). Round the number to three decimal places. For example, 15,980 gallons per day would round to 0.016 million gallons per day (MGD). NOTE: This form may be photocopied if additional space is needed. If you use additional sheets, sign and date each one.

Enter the total number of wells and the total withdrawal capacity of all wells in millions of gallons (MGD).

Enter each well's diameter (inches), depth (feet) and capacity (MGD) in the spaces provided. Round the number to three decimal places.

Record the well log number for each well. Whenever a well is drilled, the driller is required to provide a well log to the County Board of Health and ODNR. If the well log was properly filed, you can contact the Ground Water Resources Section of the Division of Soil and Water Resources at 614/265-6739 to obtain your well log number. (Be prepared to provide the following information: county, township and street address for the well location).

Enter the total number of intakes and the total withdrawal capacity of all intakes in millions of gallons (MGD).

Enter each intake's capacity in the spaces provided. Remember to round the number to three decimal places.

Provide the name of each stream, lake, etc. that serves as an intake source (for example, Great Miami River).

Statement of Affirmation:

Sign and date the form. Unsigned or undated forms will be returned to the sender.

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Facility Sketch

NOTE: Please be sure to sign and date the registration form. If you use additional sheets, sign and date each one. All the information should be accurate to the best of your knowledge. If the form is not complete, staff from the Division of Soil and Water Resources will contact you for more information. The requirement to submit the temporary withdrawal registration form will not be met until the completed form is received by the Division of Soil and Water Resources. If you have any questions, contact the Division of Soil and Water Resources at 614/265-6739.

REMINDER: Be sure to submit an annual report form for the facility to the Division of Soil and Water Resources!

NOTE: This page may be photocopied if additional space is required. Please be sure to sign and date each copy.

Owner: **Please type or print the following information**

Owner's Name	Contact Person (If other than owner)
Company Name	Company Name
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Phone ()	Phone ()
E-mail	E-mail
SIC (Standard Industrial Classification)-4 digit	Project Start Date: _____
Status of data being submitted (Check one) Anticipated: _____ Actual: _____	Finish Date: _____

Project Location:

State _____ County _____ Township _____ Section _____

Discharge Location:

State _____ County _____ Township _____ Section _____

Percentage of amount discharged to each location: _____ %

Withdrawals:

Withdrawal Method: _____

Withdrawal Purpose/Use: _____

Total withdrawal capacity of the facility: _____ (MGD)
 NOTE: Total withdrawal capacity is the sum of the withdrawal capacity for all wells and surface water intakes combined.

Total number of wells: _____
 Total withdrawal capacity of all wells: _____ (MGD)

WELLS	1	2	3	4	5	6	7	8
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Well Diameter: (inches)								
Well Depth: (feet)								
Well Capacity: (MGD)								
Well Log Number:								

Total number of intakes: _____
 Total withdrawal capacity of all intakes: _____ (MGD)

INTAKE POINTS	1	2	3	4	5	6	7	8
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Intake Capacity: (MGD)								
Intake source:								

Statement of Affirmation:

I hereby certify that to the best of my knowledge the information submitted herein, is true, accurate, and complete.

Owner or authorized representative's signature	Date
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FOR OFFICE USE ONLY:

Date of Registration _____ Basin _____ Registration Number _____ Latitude _____ Longitude _____