



# Illinois Water Inventory Program

## Illinois State Water Survey



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Facility Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

We have records of the following wells and/or intakes for your facility. Please correct inaccuracies on this form. Enter water-level information on the last page if the information is available. **Note:** If reported amounts are not in gallons, please indicate the units of measurement.

### Water Withdrawals for Year 2009

#### TOTAL RAW WATER PUMPED FROM WELLS AND INTAKES

Well or Intake #	Status	Township	Range	Section and Plot	Depth	Annual Gallons
1	In-Use	_____	_____	_____	_____	_____
2	In-Use	_____	_____	_____	_____	_____
3	In-Use	_____	_____	_____	_____	_____
4	In-Use	_____	_____	_____	_____	_____
5	In-Use	_____	_____	_____	_____	_____

Total Gallons Withdrawn from Wells and Intakes ..... \_\_\_\_\_

Maximum Day Pumpage (Highest Daily Water Use During the Year) ..... \_\_\_\_\_