

CITY OF LANCASTER WELLHEAD PROTECTION PLAN SURVEY

Proper Name of Facility/Business_____

Owner/Manager of Facility/Business_____

Address of Facility/Business_____

Contact Person_____ Phone Number_____

FACILITY/BUSINESS INFORMATION (Answer all applicable questions)

When did your facility/Business begin operation? _____ WHPZ: 1 OR 2

What were the previous use(s) of site (if known)?

Was this facility/business grandfathered? YES or NO

Does your facility/business handle, manufacture, sell, use, store, generate, or dispose of any of the following items? Please note that you need only report items that are in greater quantities than residential use (more than 10 gallons or 10 pounds).

- | | |
|-----------------------|---------------------------|
| 1. PCB/Dioxin | 8. Acids/Caustics |
| 2. Fuel/Oil | 9. Organics |
| 3. Solvents | 10.Brines |
| 4. Poisons/Pesticides | 11.Paints |
| 5. Antibiotics | 12.Other (please explain) |
| 6. Fertilizers | |
| 7. Metals | |

If yes to any of the above items, what are the quantities of each item handled, manufactured, sold, used, generated, or disposed of per year, and how are they stored?

Have you ever had any spills or releases of any of the items listed above? If yes, please indicate the date of the spill, or the date of the release discovery, and the type and quantity of the spill and any remedial actions taken.

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Are any of the following items located or used on your premises?

WATER WELLS. If yes, please state the number of well(s), the depth of the well(s), and the well capacity (pumping rate).

ABANDONED WATER WELLS. If yes, please state the number of well(s), the depth of the well(s), and how it was abandoned.

ABOVE GROUND STORAGE TANKS. If yes, please state the size and number of the tank(s), the product stored in the tank(s), and if any containment features have been put in place.

UNDERGROUND STORAGE TANKS. If yes, please state the size and the number of tank(s), the product stored in the tank(s), and the age of the tank(s).

If underground storage of regulated substances is used please provide the BUSTR identification number. _____

Return to:

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OR

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OR

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