

City of Lancaster

Wellhead Protection Zone

Demolition Application

Name of Facility: _____

Address of Facility: _____

Mailing Address of Facility: _____

Contact Person: _____

Telephone: _____

Property Use

Residential Commercial Industrial Institutional

Petroleum Storage in excess of 15 gallons excluding heating oil

Inside Storage Outside Storage Underground Storage

Type of Tank: _____ BUSTR Number: _____

Fill Material

Borrow Material (Complete Borrow Material Sheet and Attach)

Fill from ODOT approved Facility _____