

City of Lancaster

Wellhead Protection Program

Initial Registration

Name of Facility: _____

Address of Facility: _____

Mailing Address of Facility: _____

Contact Person: _____

Telephone: _____

Emergency Telephone: _____

Proposed Business: (Check all that apply)

_____ Solid Waste Disposal _____ Hazardous Waste Disposal _____ Animal Feed Lot

_____ Storage of Road Salt, Deicing Materials or Dumping of Snow containing Road Salt/Deicer

_____ Outside storage of herbicides, pesticides, fertilizers or fungicides

_____ Dry Cleaning and commercial laundry establishments

_____ Industrial uses with onsite process water discharges

_____ Chemical and Bacteriological Laboratories

_____ Metal Polishing, finishing and plating facilities including auto body shop

_____ Commercial wood finishing, preserving, painting and furniture stripping

_____ Commercial printing establishments

_____ Motor vehicle service and repair shops _____ Junk yards and salvage operations

_____ Car wash or facilities that discharge wash water

_____ Motor vehicle service and repairs including repair, painting, installation, fluid changing for all types of vehicles and equipment.

For City Use Only

Well Head Protection Zone I II

____ Existing Non-Conforming Facility ____ Facility out of operation more than 6 months

____ Existing Monitoring Wells ____ Proposed Monitoring Wells

____ Review Required (Attach form and copy Stormwater Engineer)