



Energy and Environment Cabinet

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
WATERSHED MANAGEMENT BRANCH
200 FAIR OAKS LN
FRANKFORT, KENTUCKY 40601
TELEPHONE NUMBER (502) 564-3410
FAX NUMBER (502) 564-9636

Wellhead Protection Plan

FIVE YEAR UPDATE FORM

SYSTEM _____ - _____ PWS ID _____

GENERAL INSTRUCTIONS

- **APPLICABILITY** - This form may be used to comply with the 5 year update submittal requirements of the Kentucky Wellhead Protection Program.
- **ASSISTANCE** - Questions regarding this form may be directed in writing to the Division of Water, Watershed Management Branch at the address listed above, or by calling (502) 564-3410.
- **SUBMISSION** - Please type or print legibly. Complete all sections of this form. However, if you feel an item is not applicable to your system, please contact the Wellhead Protection Program to discuss its applicability. The completed form should be sent to "Wellhead Protection Coordinator" at the address listed above.
- **LAWS AND REGULATIONS** - This form is intended as guidance for compliance with 401 KAR 4:220 Section 6(6)(e). Completion and submittal of this form in no way constitutes approval of your wellhead protection plan or any other plan required by 401 KAR 4:220 or 401 KAR 5:037.

Contact Person: _____

Address: _____

Phone Number: _____

Fax Number: _____

Team Members/Title: _____

Additional pages may be used to list team members.

- Please check all boxes that apply and submit the supporting documentation. Attachments 7 through 11 must be addressed.
- Has the location of the treatment plant or wells changed since the last submittal? If so, then provide as **Attachment 1** a new location map (which can be a county road map or a GIS-produced map showing the county roads). Show the treatment plant and well locations if the wells are not in the vicinity of the plant.
- Has the system increased the water withdrawal rate or have there been any water quality problems or changes since the last submittal? If so, provide as **Attachment 2** a narrative discussing historical water withdrawal and water quality.
- Has the system changed or modified the wells or springs being used? If so, provide as **Attachment 3** copies of the completed Kentucky Water Well Inspection Form for each well or spring. Any other information relating to well construction (i.e., installation logs, driller's logs, lithologic or geophysical logs) should also be included.
- Provide as **Attachment 4** a list of planning team members if changed since last submittal.
- If the system is re-delineating the WHPAs, or if a new well or spring is being used since the last submittal, then the following must be provided. Provide as **Attachment 5** a site-specific description of the geology, including the aquifer being used. Include references where published literature is used. If aquifer tests (i.e. pumping tests, slug tests, tracer tests) were performed to determine hydraulic parameters, provide a detailed report of the hydrogeologic investigation, including data gathering and evaluation methods. Show calculations and supporting data for each WHPA (WHPA-1, WHPA-2, and WHPA-3).

Provide, as **Attachment 6**, a photocopy of the appropriate U.S.G.S. Topographic Quadrangle Map(s) or a GIS produced topographic map with WHPA-1, WHPA-2, and WHPA-3 clearly shown and labeled. Each well or spring must also be identified by its AKGWA #.

- Have the wellhead protection areas changed since the last submittal or have additional potential sources of contamination originated in the WHPAs? If so, then provide as **Attachment 7** a new contaminant source inventory. Each contaminant source that is shown on the CSI map must be identified by a unique reference number that corresponds to the Local ID no. The rationale for the inventory methods that were used and the susceptibility determination ranking for each contaminant source must be discussed.
- Provide as **Attachment 8** a discussion of the previously proposed management strategies. This discussion must include the management strategies that were implemented as well as the goals that were met with the past management strategies. The discussion must also include any proposed management strategies and the party responsible for implementing the proposed management plans.
- Provide as **Attachment 9** a narrative discussing contingency and WHP planning. The narrative should at a minimum address the recall roster listing the chain of command to be used in the event of an emergency, procedures to establish short term and long term water supplies, procedures for public communication during an emergency, and identification of future problems and developed solutions. This attachment must also address how often the plan will be reviewed and updated.
- Provide, as **Attachment 10**, copies of all public notices regarding wellhead protection efforts.
- Provide, as **Attachment 11**, public comments and record of attendance for public meetings on wellhead protection.

Please sign certification on back of this form upon completion.

CERTIFICATION (TO BE COMPLETED BY PLANNING REPRESENTATIVE):

"I certify that this document and all attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete."

Signature: _____

Title: _____

Date: _____