



# 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

### PHASE I FORM

SYSTEM NAME \_\_\_\_\_ PWS ID \_\_\_\_\_

### GENERAL INSTRUCTIONS

- **APPLICABILITY** - This form may be used to comply with the Phase I 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.

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**A. GENERAL INFORMATION**

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Water Supplier: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

PWS ID#: \_\_\_\_\_ County: \_\_\_\_\_

Area Development District : \_\_\_\_\_

Planning Representative: \_\_\_\_\_

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

Plant Type: \_\_\_\_\_

C = Community

NTNC = Non-Transient/Non-Community

TNC = Transient/Non-Community

Source: \_\_\_\_\_ [Well(s) or Spring(s)] \_\_\_\_\_

If source is a spring, give the name of the spring: \_\_\_\_\_

Average Daily Withdrawal: \_\_\_\_\_

Latitude/Longitude of Plant : \_\_\_\_\_ / \_\_\_\_\_

Population Served: \_\_\_\_\_ Number of Service Connections: \_\_\_\_\_

- Physiographic Region:
- \_\_\_ Jackson Purchase
  - \_\_\_ Ohio River Alluvium
  - \_\_\_ Mississippian Plateau
  - \_\_\_ Bluegrass
  - \_\_\_ Western Coal Field
  - \_\_\_ Eastern Coal Field

- Provide, as **Attachment 1**, a county highway map with the exact location of the water treatment plant clearly marked.
- Provide, as **Attachment 2**, a narrative discussing historical water withdrawal and water quality.
- 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.

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## **B. STEP 1: COMMUNITY PLANNING TEAM**

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- Provide, as **Attachment 4**, a list identifying planning team members and the responsibilities of each. The planning team representative should be identified by name and title.
- Provide, as **Attachment 5**, copies of all public notices regarding wellhead protection efforts.
- Provide, as **Attachment 6**, public comments and record of attendance for public meetings on wellhead protection.

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## **C. STEP 2: WHPA DELINEATIONS**

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- Provide, as **Attachment 7**, a description of the regional geology and hydrology. 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, as **Attachment 8**, a detailed report of the hydrogeologic investigation, including data gathering and evaluation methods.
- Provide, as **Attachment 9**, the rationale for selecting each WHPA delineation method. Show calculations and supporting data for each WHPA (WHPA-1, WHPA-2, and WHPA-3).
- Provide, as **Attachment 10**, an original or exact photocopy of the appropriate U.S.G.S. Topographic Quadrangle Map(s) with WHPA-1, WHPA-2, and WHPA-3 clearly shown and labeled. Each well or spring must also be identified by its AKGWA #.

**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: \_\_\_\_\_ Date: \_\_\_\_\_

Name (typed or printed) \_\_\_\_\_

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