GENERAL FACILITY DATA
St. Clair Twp

for the Wellhead Protection Program

This form is to be used for providing general information about a facility being registered under the Wellhead Protection Program (WHPP). Regulated Substance use must be registered on separate forms. Any person owning and/or operating more than one facility subject to regulation under the WHPP must register each facility separately.

Date (mm/dd/yy): / / 2005 Registered by:

Facility Type:

I. Contact Information

Name of Facility:
Facility Address: City: St. Clair St: OH Zip:

General Facility Contact/Title:
Phone: Ext: Fax: E-mail (optional):

Other Contacts (if different from general facility contact listed above)

Emergency Contact:
Address: City: St: Zip:
Phone:
Loc:

Correspondence Contact:
Address: City: St: Zip:
Phone No.:
Fax: E-mail (optional):

Do you own or rent/lease your property? Own Rent/Lease

Property owner (for renters/leasees only):
Address:
City: St: Zip:
Phone No:
Fax:
E-mail (optional):

II. General Business Information

Brief description of primary business activity:

Brief description of any secondary business activity:

How do you dispose of your commercial or industrial waste products?  Include your Ohio EPA Hazardous Waste Generator Number if applicable.
III. General Site Information

Date operation began:           Size of Facility (acres or sq.ft):

Are any abandoned wells or injection wells on site?  □ Yes  □ No
If yes, when was the well last used? How deep is the well?

Are any active production wells or injection wells on site?  □ Yes  □ No
If yes, where is the well located and how deep is the well?

Are there any groundwater monitoring wells on site?  □ Yes  □ No
If yes, please provide the following information. If this information is already available in a report or other documentation, you may attach that information to this form in lieu of completing the following table. If you need more space, please contact the Wellfield Protection Coordinator at (513) 785-2464

<table>
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<tr>
<th>Well No.</th>
<th>General Location</th>
<th>Depth (ft)</th>
<th>Parameters Monitored For</th>
<th>Frequency</th>
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Are there any dry wells on your property?  □ Yes  □ No
If yes, please indicate location and depth:

Do you have a septic system on site?  □ Yes  □ No
If yes, please specify types of waste discharged to the septic system:

Have there been any spills, leaks, or releases at the facility requiring reporting to the local Fire Department, Butler County Local Emergency Planning Commission, or Ohio EPA?  □ Yes  □ No
If yes, please describe the incident:
IV. Landfill Operations

The following section should be completed only if you operate a commercial landfill. Regulated substance storage must be reported on the Regulated Substance Storage Inventory Form.

Operational status: [ ] Open [ ] Closed
Ohio EPA License No: ____________________________

Landfill Type: ____________________________
Please specify if other: ____________________________

Expected operating life of the landfill:

Waste Products. What types of waste products are currently being disposed of at the facility? What types have been disposed of at the facility in the past?

Are any of the disposal cells in the landfill lined? [ ] All [ ] Some [ ] None

If some, what cells are not lined?

What types of wastes are disposed in those cells?

What type of liner is used?

What type of cap is used at the landfill?

V. Commercial Junk Yards

The following section should be completed only if you operate a commercial junk yard, metal recycling yard, scrap yard, or salvage yard. Regulated Substance storage must be reported on the Regulated Substance Storage Inventory Form.

Approximately how many cars or tons of metal products are stored on site?

Is crushing done on site? [ ] Yes [ ] No

Are fluids drained before crushing? [ ] Yes [ ] No

How are those fluids disposed of or used after removal?

VI. Certification

I hereby certify that I have reviewed this document and to the best of my knowledge and belief, the information in this document is true, complete, and accurate. I also certify that inspection of regulated substance storage units, as applicable, is and will continue to be conducted in accordance with Section 29.152 of the Wellhead Protection Resolution Chapter 29; and, as applicable, a Spill Control plan will be completed and kept up to date in accordance with Section 29.19 of the Wellhead Protection Resolution Chapter 29.

Signed by (name and title):
Signature: ____________________________ Date: ____________________________
If you have any questions about this form or the Wellhead Protection Program, please do not hesitate to contact the Wellfield Protection Coordinator at:

Ph: (513) 785-2464  
Email: tmclelln@ci.hamilton.oh.us

Wellfield Protection Coordinator  
Hamilton to New Baltimore Groundwater Consortium  
Hamilton South Water Plant  
5140 River Road  
Fairfield, Ohio  45014

| For use by WFPC only: | Date received: __________ | New Facility? _____ Yes _____ No  
Total Quantity on site: ________________ gallons  
__________ pounds  
Notes: |