

# 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:		Phone:	Loc:
Address:	City:	St:	Zip:

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

Do you own or rent/lease your property? <input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease			
Property owner (for renters/leasers only):			Phone No:
Address:	City:	St:	Zip:
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.
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### III. General Site Information

<b>Date operation began:</b>	<b>Size of Facility</b> ( <i>acres or sq.ft</i> ):
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**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*

Well No.	General Location	Depth (ft)	Parameters Monitored For	Frequency
				per
				per
				per
				per
				per
				per
				per
				per
				per

**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

Not Applicable

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.

<b>Operational status:</b> <input type="checkbox"/> Open <input type="checkbox"/> Closed	<b>Ohio EPA License No:</b>
<b>Landfill Type:</b> <i>Please specify if other:</i>	
<b>Expected operating life of the landfill:</b>	

**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?

<b>Are any of the disposal cells in the landfill lined?</b> <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None
<i>If some, what cells are <u>not</u> lined?</i>
<i>What types of wastes are disposed in those cells?</i>

**What type of liner is used?**

**What type of cap is used at the landfill?**

## V. Commercial Junk Yards

Not Applicable

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.

<b>Approximately how many cars or tons of metal products are stored on site?</b>	
<b>Is crushing done on site?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are fluids drained before crushing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

## Questions?

*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](mailto:tmclelln@ci.hamilton.oh.us)

## Send Completed Forms To:

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: