

GENERAL FACILITY DATA

for the Source Water Protection Program

Fairfield

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

Date: _____ Registered by: _____ Consortium Manager _____ Facility Operator

Facility Type: _____ Industrial _____ Commercial _____ Residential _____ Agricultural
(please check) _____ Aggregate _____ Government _____ Other (specify): _____

I. Contact Information

Name of Facility: _____

Facility Address: _____ City: Fairfield St: OH Zip: 450

General Facility Contact/Title: _____

Phone No.: _____ Email: _____

office
 cellular
 pager
 home

Other Contacts

Emergency Contact: _____ Cell No.: _____

office
 cellular
 pager
 home

Address: _____ Alt. No: _____

City: _____ St: _____ Zip: _____

Correspondence Contact: _____ Phone No.: _____

Address: _____

City: _____ St: _____ Zip: _____ Email _____

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

Property owner (for rent/lease only): _____ Phone No.: _____

Address: _____

City: _____ St: _____ Zip: _____

II. General Business Information

Brief description of Primary Business Activity:

Brief description of 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 there any active production 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.

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

For additional space, please copy this page or contact the Source Water Protection Manager at (513) 383-3162

Are there dry wells on your property? Dry wells are used for storm water management. The well looks like a storm sewer but does not connect to a stormwater collection system. Stormwater entering the well percolates into surrounding soils through layers of sand and gravel placed in the well. _____ Yes _____ No

If yes, please indicate location and depth: _____

Do you have a septic system on site? _____ Yes _____ No

If yes, please specify type of waste discharged to 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. Commercial 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.

Operational status: _____ Open _____ Closed **Ohio EPA License No:**

Landfill Type: _____ Sanitary _____ Construction and Demolition Debris (CDD) _____ Yard Waste
 _____ CDD/Sanitary mix _____ Other (please specify):

What is the 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 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 Junkyards, Recycling Yards, or Salvage Yards

Not Applicable

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

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 hereby certify that inspection of regulated substance storage units, as applicable, is and will continue to be conducted in accordance with Section 1192.05 of the Source Water Protection Ordinance No. 153-98; and, as applicable, a Spill Control

Plan will be completed and kept up to date in accordance with Section 1192.05(g) of the Source Water Protection Ordinance No. 153-98.

Signed by (*print name and title*): _____

Operator Signature: _____ Date: _____

Questions?

If you have any questions about this form or the Source Water Protection Program, please do not hesitate to contact the Consortium Manager at:

Phone: (513) 383-3162.

Email: tim.mclelland@hamilton-oh.gov

Mail Forms To:

Source Water Protection Manager
Hamilton to New Baltimore Groundwater Consortium
c/o The City of Hamilton
5140 River Road
Fairfield, Ohio 45014

For use by Source Water Protection Manager only

Date received: _____ New facility: _____ Yes _____ No Site Number: _____
Total Quantity on Site: _____ gallons _____ pounds Notes: