**Kentucky Division of Water**

**Wellhead Protection plan**

**PHASE I Form**

**Phase I Requirements:**

This form should be used for Phase I submittal requirements of the Kentucky Wellhead Protection Program (WHPP) in compliance with 401 KAR 4:220 and SDWA Section 1428. Once the form is complete, please sign and send to:

Kentucky Division of Water

Watershed Management Branch

Attention: Chip Zimmer

300 Sower Boulevard, 3rd Floor

Frankfort, Kentucky 40601 or [edward.zimmer@ky.gov](mailto:edward.zimmer@ky.gov)

For assistance, contact Chip Zimmer at (502) 782-7141 or [edward.zimmer@ky.gov](mailto:edward.zimmer@ky.gov)

**System Information:**

PWS Name: **Click here to enter text.**

PWS ID Number: **Click here to enter text.** AI Number: **Click here to enter text.**

Contact Person/Title: **Click here to enter text.**

Mailing Address: **Click here to enter text.**

Telephone: **Click here to enter text.** Email: **Click here to enter text.**

System Type\*: **Click here to enter text.**

\*Community; Non-Transient/Non-Community; Transient/Non-Community

Source\*: **Click here to enter text.** \*Well(s) or Spring(s) and total number of each

County: **Click here to enter text.** ADD: **Click here to enter text.**

WWD Permit #: **Click here to enter text.** Permitted Amount (mgd): **Click here to enter text.**

Population Served: **Click here to enter text.**

**Phase I Form Instructions:**

Complete all sections of this form and submit the supporting documentation. Indicate if a section is not applicable to your system. Please sign certification on the last page when complete.

**Submittal Sections:**

**Section 1: Treatment Plant**

Provide a map with the exact location of the treatment plant clearly marked below. This can be a county roadmap or a GIS-produced map.

Click here to enter text.

**Section 2: Water Withdrawal and Water Quality**

Provide a narrative discussing historical water withdrawal(s) or water quality below (include Water Withdrawal Permit Number if applicable). Include supporting documentation as an attachment.

Click here to enter text.

**Section 3: Copies of Forms or Logs**

Provide copies of the relevant form(s) including Kentucky Water Well Inspection Form for each well or spring and any other information relating to well construction (i.e., installation logs, driller's logs, lithological or geophysical logs), below.

Click here to enter text.

**Section 4: Planning Team**

Effective water supply protection requires community involvement and public awareness. Identify a planning team consisting of a leader and team members, with their respective responsibilities and titles, below.

****Leader:****

Click here to list the planning team leader.

****Team Members:****

Click here to enter members with titles.

**Section 5: Copies of Public Notices**

Provide copies of wellhead protection public notices.

Click here to enter text.

**Section 6: Public Meeting Documentation\***

Provide the record of WHPP public meeting attendance, minutes and comments.

Click here to enter text.

\*Non-Community Water Systems are not required to have public meetings for 5-year updates, but must post a public notice in a conspicuous place. A public notice template is provided as a separate document. However, public input and associated documentation are encouraged. Please contact program staff if you have any questions.

**Section 7: WHPA Delineation**

If the system is delineating a Wellhead Protection Area (WHPA), provide a site-specific description of the local geology and aquifer. Include references for published literature.

Click here to enter text.

**Section 8: WHPA Data and Reports**

Provide a summary of any aquifer tests (i.e. pumping tests, slug tests, tracer tests), including data gathering and evaluation methods. Include the detailed hydrogeologic report as an attachment.

Click here to enter text.

**Section 9: WHPA Methodology**

Provide a rationale for selecting each WHPA delineation method. Show calculations and supporting data for each WHPA delineated (WHPA-1, WHPA-2, and WHPA-3).

Click here to enter text.

**Section 10: WHPA Map**

Provide 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 #.

Click here to enter text.

**Certification Signature (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:** Click here to enter text.

**Printed Name/Title:** Click here to enter text.

**Assistance:**

For any assistance, please contact Wellhead Protection Staff:

Chip Zimmer

(502) 782-7141

Edward.Zimmer@ky.gov

Dale Booth

(502) 782-6895

Dale.Booth@ky.gov

**Please sign and return completed form to:**

Kentucky Division of Water

Watershed Management Branch

Attention: Chip Zimmer

300 Sower Boulevard, 3rd Floor

Frankfort, Kentucky 40601

or [Edward.Zimmer@ky.gov](mailto:Edward.Zimmer@ky.gov)