**Kentucky Division of Water**

**Wellhead Protection plan**

**PHASE II Form**

**Phase II Requirements:**

This form should be used for the Kentucky Wellhead Protection Program (WHPP) Phase II submittal requirements in compliance with 401 KAR 4:220 and SDWA Section 1428. WHPP Phase I must be approved prior to the Phase II submittal. Please sign completed form 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.**

Overall Susceptibility Rating\*: **Click here to enter text.** \*High, Medium or Low

**Phase II Form Instructions:**

Complete each section and submit the supporting documentation. Please sign the certification on the last page when complete.

**Submittal Sections:**

**Section 1: Contaminant Source Inventory and Susceptibility Rating**

Inventory all potential contaminant sources within each delineated Wellhead Protection Area (WHPA) and determine the susceptibility rating for each. This inventory and rating should be created using the spreadsheet template provided. The final inventory and susceptibility rating can be inserted into this document or included as an attachment. Provide rationale for the inventory methods that were used and a brief summary of the overall system susceptibility rating.

Click here to enter text.

**Section 2: Map Potential Contaminant Sources**

Provide a map showing locations of potential contaminant sources within each delineated WHPA. Each contaminant source must correspond to the Contaminant Source ID # on the Contaminant Source Inventory and Susceptibility Analysis template.

Click here to enter text.

**Section 3: Contaminant Source Inventory Update Procedures**

Develop procedures to review, modify and update the contaminant source inventory. Include methods to be used (GIS databases, public outreach, etc.) and timeframes for review and updates.

Click here to enter text.

**Section 4: Management Plans and Strategies**

Provide detailed management plans for each WHPA. The management plans should include:

1. Identification of the person(s) responsible for implementing management plans;

Click here to enter text.

1. A description of existing contaminant source management programs, and the rationale for each;

Click here to enter text.

1. Proposed contaminant source management strategies, and the rationale for each;

Click here to enter text.

1. Proposed local Wellhead Protection compliance and enforcement procedures;

Click here to enter text.

1. Procedures to review, modify and update management plans;

Click here to enter text.

1. Provide a schedule for implementing the proposed management strategies.

Click here to enter text.

**Section 5: Plan for the Future**

Provide a narrative discussing contingency and WHP planning. The narrative should contain:

1. A recall roster listing the chain of command to be used in the event of an emergency;

Click here to enter text.

1. Procedures for public notification during a water supply emergency;

Click here to enter text.

1. Identify the *most likely* scenario(s) that could threaten the water supply;

Click here to enter text.

1. Identify alternative short term and long-term water supplies that address each of the scenarios described above. Discuss the capacity of each alternative water supply to sustain normal operations. List all current interconnections with other water systems;

Click here to enter text.

1. Provide a schedule for the review and update of this WHPP.

Click here to enter text.

**Section 6: Public Involvement**

Provide copies of public notices related to WHPP meetings and activities. These can be posted in newspapers, websites and/or social media. Provide the record of WHPP public meeting attendance, minutes and comments.

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)