**WELLHEAD PROTECTION CHECKLIST**

MINOR PUBLIC WATER SUPPLY SYSTEMS

FACILITY NAME:

FACILITY ADDRESS:

CITY:       STATE:       ZIP:

Check all the potential sources of contamination listed below (within 300 feet of the wellhead). In the space provided, indicate how many and distance from the proposed well(s). Also, provide a scaled map showing the location of the well(s) and any listed potential sources

|  |  |  |
| --- | --- | --- |
| **POTENTIAL SOURCE** | **NUMBER** | **DISTANCE (FEET)** |
| Abandoned water well |       |       |
| Above ground storage tank |       |       |
| Airport |       |       |
| Auto repair/body shop |       |       |
| Cemetery  |       |       |
| Chemical/industrial facility |       |       |
| Confine Animal Feed Lot |       |       |
| Dairy |       |       |
| Dump/landfill |       |  |
| Fertilizer/pesticide storage |       |       |
| Golf Course |       |       |
| Grain storage bin |       |       |
| Holding pond/lagoon |       |       |
| House/outbuildings |       |       |
| Injection well |       |       |
| Irrigation operation |       |       |
| Highway, road or railroad |       |       |
| Mining |       |       |
| Oil or Gas Wells/Pipeline  |       |       |
| Plant nursery/greenhouse |       |       |
| Road salt storage |       |       |
| Septic system |       |       |
| Service/Gas station |       |       |
| Sewage plant/lines |       |       |
| Storm sewer |       |       |
| Underground storage tank |       |       |
| Other (specify) |       |       |

 **Certification:** I certify that, to the best of my knowledge, all the information provided in this engineering report form is correct and no significant information necessary for a proper evaluation of the project has been omitted:

Signature of Owner: Date: