



WELLHEAD PROTECTION CHECKLIST MINOR PUBLIC WATER SUPPLY SYTEMS

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

<u>POTENTIAL SOURCE</u>	<u>NUMBER</u>	<u>DISTANCE (FEET)</u>
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: _____