



City of Ontario

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WELLHEAD PROTECTION PROGRAM REGISTRATION FORM

Proper Name of Business/Facility:

Owner/Manager of Business/Facility:

Address of Business/Facility:

Phone Number:

BUSINESS/FACILITY INFORMATION (MUST BE COMPLETED)

Date Business/Facility started operation:

What were the previous uses of the facility:

Are any of the following items located or used at your facility:

Water Wells _____ Yes _____ No

If yes, please state the number of wells, the depth of the wells, and the well capacity (pumping rate).

Abandoned Water Wells _____ Yes _____ No

If yes, please state the number of wells, the depth of the wells, and how it was abandoned.

Above Ground Storage Tanks _____ Yes _____ No

If yes, please state the size and number of the tanks, the product stored in the tanks, and if any containment features have been put into place.

Underground Storage Tanks _____ Yes _____ No

If yes, please state the size and the number of tanks, the product stored in the tanks, and the age of the tanks.

Strong past, bright future

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Does your business handle, manufacture, sell, use, store, generate, or dispose of any of the following items? Please include any items required to be reported under SARA Title III.

1.	PCB's	17.	Nematicides
2.	Dioxin	18.	Herbicides
3.	Crude Oil	19.	Fungicides
4.	Gasoline	20.	Antibiotics
5.	Diesel Fuel	21.	Fertilizer
6.	Heating Oil	22.	Metals
7.	Other Distillate Fuel	23.	Acids
8.	Asphalt	24.	Organic Solvents
9.	Animal or Vegetable Oil	25.	Caustics
10.	Waste Oil	26.	Alcohols
11.	Other Oil	27.	Amines
12.	Petroleum Solvents	28.	Aldehydes
13.	Naphtha	29.	Brines
14.	Mineral Spirits	30.	Paints
15.	Vermin Poisons	31.	Other
16.	Insecticides		

If yes to any of the above items, what are the quantities of each item handled, manufactured, sold, used, generated, or disposed of per year, and how are they stored?

Have you ever had any spills or releases of any of the items listed above?
If yes, please indicate the date of the spill, or the date of the release discovery, and the type and quantity of the spill and any remedial actions taken.

**THANK YOU FOR YOUR TIME AND EFFORT IN FILLING OUT & RETURNING THIS PERMIT
YOUR HELP IS GREATLY APPRECIATED**