



**ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION**

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

**KENTUCKY DIVISION OF WATER
WELLHEAD PROTECTION PLAN
5-YEAR UPDATE FORM**

Update Requirements:

This form should be used for the 5-year update 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: Allan Shingleton
300 Sower Boulevard, 3rd Floor
Frankfort, Kentucky 40601 or allan.shingleton@ky.gov

For assistance contact Allan Shingleton at (502) 782-6907 or allan.shingleton@ky.gov

System Information:

PWS Name: White Plains Water Department

PWS ID Number: 0540465

AI Number: 1918

Contact Person/Title: Travis Dunlap/Superintendent

Mailing Address: PO Box 399 White Plains, KY 42464

Telephone: 270-676-8639 Email: travtdunlap81@gmail.com

System Type*: Community

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

Source*: 3 Wells *Well(s) or Spring(s) and total number of each

AKGWA#(s) (if applicable): Click here to enter text

County: Hopkins ADD: Pennyrile

WWD Permit #: 0531 Permitted Amount (mgd): .150

Population Served: 1200

Overall Susceptibility Rating*: Medium *High, Medium or Low

WHPP Changes Summary: Click here to enter text.

Update Form Instructions:

Please complete each section that applies to any system or WHPP updates and submit the supporting documentation. Please indicate if a section is not applicable to this update. **Sections 4, and 6 through 11 are required for every 5-year update.**

Please sign certification on the last page upon completion.

Section Updates:

Section 1: Treatment Plant

If the treatment plant location has changed then provide a new location map below. This can be a county road map or a GIS-produced map. Please use the area below to provide relevant details, or to indicate that no change has occurred.

No Change

Section 2: Water Withdrawal and Water Quality

If there have been changes in water withdrawal rates or water quality since the last submittal, provide a discussion of the relevant details in the space below (include new Water Withdrawal Permit Number if applicable). Include supporting documentation as an attachment.

No Change

Section 3: Change or Modification to Groundwater Source

If the system has changed or modified the wells or springs being used, provide the following: 1) a description of changes/modifications; 2) copies of the relevant form(s) (Kentucky Water Well Record, Well Maintenance & Plugging Record, Well Inspection Form or Spring Inventory Record); and 3) any other information relating to well construction (i.e., installation logs, driller's logs, lithologic or geophysical logs), below.

No Change

Section 4 (REQUIRED): Planning Team

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

Leader:

Travis Dunlap

Team Members:

Josh Slaton
Greg Russell

Section 5: WHPA Delineation

If the system is revising a Wellhead Protection Area (WHPA) delineation, or if a new groundwater source has been added since the last submittal, provide a site-specific description of the local geology and aquifer. Include references for published literature. Provide a summary of any aquifer tests (i.e. pumping tests, slug tests, tracer tests), including data gathering and evaluation methods. Show calculations and supporting data for each WHPA delineated or revised. Include the detailed hydrogeologic report as an attachment.

No Change

Section 6 (REQUIRED): WHPA Map

Provide a WHPA map that shows each groundwater source labeled with the appropriate AKGWA #, all protection zones identified and the Contaminant Source Inventory (CSI) point locations. If no changes have occurred since the last submittal, then a copy of the most recent WHPA/CSI map can be resubmitted. Please contact program staff for assistance.

No Change

Section 7 (REQUIRED): Contaminant Source Inventory

Provide an updated CSI in table format. This can be created using the spreadsheet template provided, and copied into the space below. If no changes occurred since the last update, the table can be pulled from previous WHPP documents. Each contaminant source listed should have a Contaminant Source ID # that corresponds to the WHPA map in Section 6. The CSI table must show the susceptibility determination ranking for each contaminant source. Include a brief discussion of the overall system susceptibility. Please contact program staff for assistance.

No Change

Section 8 (REQUIRED): Management Strategies

Provide a discussion of the previous and newly proposed management strategies. This discussion must include the previous management strategies that were implemented as well as the goals that were met. Next, include any NEWLY proposed management strategies, associated goals, implementation plans and the party responsible for implementation.

Previous Management Strategy Update:

No Change

Newly Proposed Management Strategies:

No Change

Section 9 (REQUIRED): Contingency and WHP Planning

Provide a description of Contingency and WHP Planning. Complete the Emergency Response Phone List, Procedures for Public Notification, identification of Potential Future Problems and the procedures to establish Alternative Water Supplies. This section must also address how often the WHPP will be reviewed and updated.

Emergency Response Phone List

Fill in all Blanks and Phone Numbers with appropriate information.

Local Emergency Response	Phone Number
Plant Operator	270-841-7086
White Plains Volunteer Fire Department	270-836-3160
Hopkins County Sheriff Office	270-821-5661
County	PHONE NUMBER
Local Emergency Dispatch Hopkins County Emergency Management	270-821-5717

State and Federal Assistance	Phone Number
Kentucky DOW (Frankfort)	502-564-3410
Kentucky DOW Associated Field Office FIELD OFFICE	270-824-7529
Kentucky Environmental Response Team 24 hour response line	(502) 564-2380 (800) 928-2380
Kentucky State Fire Marshall	(502) 573-0382

Any Other Pertinent Contacts	Any Other Pertinent Numbers
Ky Rural Water Association	270-843-2291
Click here to enter text.	PHONE NUMBER
Click here to enter text.	PHONE NUMBER

Procedures for Public Notification:

In the event of a water system emergency that would threaten the health or life of the public, use the following procedure. Prepare and broadcast an advisory, including directions for the public. Describe the public notification process and provide contacts for those media outlets. If the system uses methods other than traditional media please list them.

Click here to enter text.

Newspaper, Television, and Radio Stations	Phone Numbers
Radio Station WKTZ	270-821-1156
Madisonville Messenger	270-824-3300

Potential Future Problems:

Describe the *most likely* scenarios that could threaten the water supply.

No Change

Alternative Water Supply (Short and Long Term):

Describe the short term and long term water supply alternatives that address each of the potential future problems identified above. List all current interconnections with other water systems. Discuss the capacity of each potential alternative water supply to sustain normal operations.

No Change

Schedule for Update and Review:

The Wellhead Protection Plan will be reviewed regularly and updated every five years as required by regulation.

Section 10 (REQUIRED): Copies of Public Notices and Education and Outreach Materials

Provide copies of public notices and education and outreach materials distributed.

Click here to enter text.

Section 11 (REQUIRED): 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.

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: 7/21/2021

Printed Name/Title: Travis Dunlap/Superintendent

Assistance:

For any assistance please contact Wellhead Protection Staff:

Allan Shingleton
(502) 782-6907
Allan.Shingleton@ky.gov

Ben Currens
(502)782-5227
Benjamin.Currens@ky.gov

Please sign and return completed form to:

Kentucky Division of Water
Watershed Management Branch
Attention: Allan Shingleton
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Frankfort, Kentucky 40601
or allan.shingleton@ky.gov