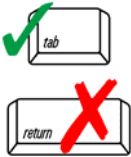




**Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Drinking Water Program - Water Management Act
Registered & Permitted Withdrawals
Annual Report Form - Year 2011**

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Instructions

- This Annual Report Form is for reporting water withdrawals regulated under the Water Management Act (MGL c. 21G). The Annual Report Form should be completed by anyone whose Water Management Act registration(s) and/or permit(s) fall under the Industrial, Agricultural, Golf Course or Other category.
- Completion of this Annual Report Form is a requirement of Massachusetts law.
- Cranberry growers file a separate Annual Report Form for Cranberry Growers
- If you have water withdrawal points located in more than one watershed, please complete a separate Annual Report Form for each watershed (e.g if you have separate permits and/or registrations for the Charles and Blackstone watersheds).
- Annual Reports must be submitted even if no withdrawals were made during the year.
- A Transfer Form (BRP WM01) is required before a registered and/or permitted company changes ownership. A copy of the BRP WM01 form can be downloaded at

<http://www.mass.gov/dep/water/approvals/wmgforms.htm>.

- Please contact Water Management Act Program staff at (617) 654-6522 if you have questions concerning completion of this form.
- This form may be downloaded at <http://www.mass.gov/dep/water/approvals/wmgforms.htm>.

Section B - Complete Section B, Individual Withdrawal Points Information, for each ground water or surface water withdrawal point.

Individual Withdrawal Points Information requires that recorded or metered volumes be entered. If estimated, give the best monthly estimate based on the method outlined in your registration statement. Document your estimate and identify the method used. Attach documentation if necessary.

Section C – Annual Average Daily Withdrawal Volume calculation is the summation of all the Section B Individual Withdrawal Points.

Section D - New Withdrawal Points should be completed only if a new water source was added at the site(s) during the 2011 calendar year.

Section E - Registration and Permit Conditions should be completed if conditions are required to be met on an annual basis.

Section F - Certification must be completed by the certifying and responsible party.

Please complete and submit the Annual Report Form by **February 29, 2012** to:

**MassDEP
Water Management Act Program
One Winter Street, 5th Floor
Boston, MA 02108**

A. General Information

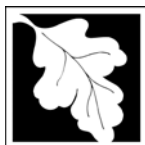
1. Facility information: (Check if this is a new mailing address. Also show new address on page 3.)

| | | | |
|--|-------------------|--|--|
| _____ Facility Name | | _____ Facility Address | |
| _____ Town/City | _____ Zip Code | _____ email address | |
| _____ Registration Number (if applicable) | | Registered Annual Average Daily Volume (mgd) _____ | |
| _____ Permit Number (if applicable) | | Permitted Annual Average Daily Volume (mgd) _____ | |
| _____ Watershed | | Watershed is one of 27 major MA surface water drainage basins. Your registration and/or permit identify the watershed. | |

Note: your registration number and/or permit number appear on your mailing label and are identified in your registration and/or permit.

2. Responsible Party Information:

| | | | |
|--------------------------|--|-----------------------|-----------------------|
| _____ Name | | _____ Office Phone | _____ Mobile Phone |
| _____ Mailing Address | | _____ Town/City | _____ Zip Code |



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B. Individual Withdrawal Point Information

Enter volumes pumped as measured by meters and/or estimated for each point for each month. Also tally the withdrawal point, monthly and annual totals.

Make additional copies of this page if you have more than three withdrawal points in this watershed.

*** You must attach copies of the most recent calibration report for each meter.**

| | 1. Withdrawal point | Name | Name | Name | |
|-------------|--|--|--|--|----------------------------------|
| | 2. Location of withdrawal point | City/Town | City/Town | City/Town | |
| | 3. Metered or estimated | <input type="checkbox"/> metered <input type="checkbox"/> estimated | <input type="checkbox"/> metered <input type="checkbox"/> estimated | <input type="checkbox"/> metered <input type="checkbox"/> estimated | |
| | 4. Meter type | | | | |
| | 5. If metered, date of last calibration* | Date | Date | Date | Monthly and Annual Totals |
| | *Annual meter calibration is required. | | | | |
| 2011 | January | _____ | _____ | _____ | _____ |
| | February | _____ | _____ | _____ | _____ |
| | March | _____ | _____ | _____ | _____ |
| | April | _____ | _____ | _____ | _____ |
| | May | _____ | _____ | _____ | _____ |
| | June | _____ | _____ | _____ | _____ |
| | July | _____ | _____ | _____ | _____ |
| | August | _____ | _____ | _____ | _____ |
| | September | _____ | _____ | _____ | _____ |
| | October | _____ | _____ | _____ | _____ |
| | November | _____ | _____ | _____ | _____ |
| | December | _____ | _____ | _____ | _____ |
| | 6. Annual Totals | _____ | _____ | _____ | _____* |
| | | Millions of Gallons | Millions of Gallons | Millions of Gallons | Millions of Gallons |

Please use separate annual report forms if you are reporting on withdrawals from more than one watershed.

*enter this value in Section C for the "Total 2011 Volume"

7. Provide the dates and volumes of the maximum day withdrawals in million gallons per day (mgd):

| | | | | |
|--------------------------------|-------------------|------------------|------------------|------------------|
| Date of Maximum Daily Pumping: | _____ | _____ | _____ | _____ |
| | Date (mm/dd/yyyy) | Date(mm/dd/yyyy) | Date(mm/dd/yyyy) | Date(mm/dd/yyyy) |
| Volume on Day of Max. Pumping: | _____ | _____ | _____ | _____ |
| | Volume (mgd) | Volume (mgd) | Volume (mgd) | Volume (mgd) |



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C. Average Annual Daily Withdrawal Volume Calculation

8. If withdrawal points are not metered, how was the estimate of gallons pumped derived?

- a. Time of Operation (hours pumped times pump capacity) b. Other Method (describe):

Calculate the Average Annual Daily Withdrawal Volume: Divide the total 2011 millions of gallons pumped, (from **B. 6.** on previous page) by the number of days of operation specified on your permit or registration for this watershed (do NOT divide the total by the actual days of pumping):

$$\frac{\text{Total 2011 Volume (million gallons, from B. 6. above)}}{\text{Specified Days of Operation}} = \text{Average Annual Daily Withdrawal Volume (million gallons per day)}$$

D. New Withdrawal Points

If you have added any new withdrawal points, you may need a Water Management Permit. Contact Water Management Act Program Boston staff immediately at (617) 654-6522 to discuss.

Name and describe the location of any new withdrawal points you added in 2011 (i.e. any sources not listed on your permit or registration):

| | | |
|-------|----------|--|
| _____ | _____ | <input type="checkbox"/> Groundwater OR <input type="checkbox"/> Surface Water |
| Name | Location | |
| _____ | _____ | <input type="checkbox"/> Groundwater OR <input type="checkbox"/> Surface Water |
| Name | Location | |
| _____ | _____ | <input type="checkbox"/> Groundwater OR <input type="checkbox"/> Surface Water |
| Name | Location | |

E. Permit and Registration Conditions

As a condition of your Water Management registration and/or permit, DEP may require that you provide certain information on an annual basis (for example, wetlands or groundwater level monitoring reports). Please review your permit and/or registration to determine if any reporting requirements apply.

| Type of Condition | Was a report submitted to MassDEP Regional office? | | Approximate date report was submitted to MassDEP regional office: |
|-------------------|--|-----------------------------|---|
| _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ date |
| _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ date |
| _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ date |



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F. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete."

Signature of Certifying Person

Print Name of Certifying Person

Title

Phone

Date

mailing address (if different from front)

State

Zip Code