



Department of Environmental Protection

Southeast Regional Office

Address: 20 Riverside Drive, Lakeville, MA 02347 | Phone: 508-946-2700

Bureau of Water Resources – Cranberry Water Management Act Program

2025 Annual Report for Cranberry Growers

Important:

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





Note: Failure to file your Annual Report may jeopardize your registration statement.

Instructions

This Annual Report Form (also known as an "Annual Statement of Withdrawal") is for reporting water withdrawals under the Water Management Act (M.G.L. c. 21G). This Annual Report Form is for registered and/or permitted cranberry growers. Completion of this form is a requirement of Massachusetts law.

- 1. Complete this form and return it by **February 27, 2026** to:
 - MassDEP
 Water Management Act Program
 20 Riverside Drive
 Lakeville, MA 02347
- 2. If you have both a registration and permit in the same watershed, both withdrawals are reported together on this Annual Report Form.
- If you have withdrawals from more than one Watershed, please complete a separate Annual Report Form for each watershed.

- 4. Purchase of previously registered or permitted bogs requires a successful transfer of the right to withdraw water by filing a Water Management Permit/Registration Transfer Form (BRP WM 01) with DEP's Lakeville Office. Please complete this form if applicable. This Request is now filed online using the MassDEP EEA ePlace Portal. Click here to learn more about the WM01 form for Water Management Permit/Registration Transfers.
- 5. The construction, purchase, or transfer of more than 4.66 acres of unregistered or unpermitted bog may require a Water Management Act permit or NCRS certification. Please contact Water Management Program staff at (781) 719-7967 or branden.costa2@mass.gov (email preferred) if there are any questions.

Click here to download the Annual Report Form online.



A. General Information

 \square Check if mailing address has changed and show new address in Section D, Certification. 1. Facility information: Registration and/or Permit Holder Street Address (of bogs) Town or City E-mail Address State Zip Code Registration Number (if applicable) Permit Number (if applicable) Watershed **Phone Number** 2. Responsible Party Information: First Name Last Name **Mailing Address** Town or City State Zip Code E-Mail Address Title Courtesy Prefix **Phone Number** *Answers to questions 3, 4, and 5 are required. 3. *How many acres of bog did you have planted in 2025? Do not Acres Actively Cultivated in 2025 include bog acres permanently abandoned or newly replanted bogs. 4. *How many new bog acres did you build in 2025? Please, attach a map and/or Exhibit A to identify new Acres of New Bog Built in 2025 acreage locations, if applicable. 5. *Have you installed new withdrawal points or purchased or □Yes \square No sold acreage this year? If not,

proceed to Section D, Certification.



Make additional copies of this section if you have more than two withdrawal points.

B. Water Source Information

Complete this section if you installed a new water supply point(s) or added acreage in 2025.

New withdrawal points may require a WMA permit. Call (781) 719-7967 or email <u>Branden.Costa2@mass.gov</u> (email preferred) with permitting questions.

Please provide a sketch or plan such as an 8.5"x11" copy of a USGS map or Exhibit A, showing the location of the withdrawal point(s) involved and the town/city. The plan can show multiple points.

		□ Surface water			
Name of withdrawal point	Name of Bog	Name of Bog Watershed Town			
Acres planted	Watershed				
Street	Town				
2. New Withdrawal Point:	☐ Ground water	☐ Surface water			
Name of withdrawal point	Name of Bog				
Acres planted	Watershed				
Street	Town	Town			
Complete this section if you have acquired cranberry bog acreage this.		sed or otherwise			
Acreage Transferred/Sold	To Whom				
Acreage Transferred/Sold Acreage Purchased/Acquired	To Whom From Whom				
		□ No			
Acreage Purchased/Acquired 2. Was this acreage registered or	From Whom Yes ermitted, please provide a S map or Exhibit A, showin	sketch or plan			



D. 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 ensure 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."

Print Name of Certifying Person		Signature of Certifying Person		
Title		Date	E-mail address	
Mailing Address	Town or City	State	Phone Number	

These are legal documents. The Department recommends that you keep copies for your records. Do not mail these forms with your compliance fee, as the fee is delivered to a different location.