

#### **Massachusetts Department of Environmental Protection**

Bureau of Resource Protection-Groundwater Discharge Permit Program

A. General Information

# **BRP WP 83 Application to Prepare a Hydrogeological Evaluation**

Please do not mail. Submit through ePlace. See instructions.

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





	Name		Company Name (If applicable)			
Address						
	City/Town		State			
	Telephone		Zip Code			
	Email addre	ess				
2.	Applicant	Applicant Contact Information (if different from above):				
	Contact Na	me	Company Name (If applicable)			
	Title					
	Address					
	City/Town		State			
	Telephone		Zip Code			
	email addre	ess				
•	Projec	t Information				
	Has a pre	Has a pre-scoping meeting been held with MassDEP personnel?				
	☐ Yes	□ No	If yes, date of pre-scoping meeting:			
	Has a public notice been placed in the Environmental Monitor that the scope of work has been prepared and will be submitted to MassDEP in accordance with 314 CMR 5.09(1)(b)?					
	☐ Yes ☐ No If yes, da		If yes, date of Environmental Monitor:			
	Is there a discharge presently located on the site?					
	☐ Yes	□ No	If yes, answer the following:			
	When did	the discharge begin?	Date of startup:			
	Description of discharge:					



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Transmittal Number #
Facility ID/Permit # (if known)

## B. Project Information (cont.)

4.	Improvements - Are you required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to; permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.					
		Yes				
	If y	es, answer the following:				
	De	scription of order or agreement (include enforcement document number, if applicable):				
	lde	ntification No. of Affected Treatment Facility				
	Description of Project					
	Description of Project					
_		al Compliance Date te Information				
C.	Ji					
1.	GP	GPS Coordinates:				
	a)	Enter Latitude and Longitude to the nearest whole second for the proposed site.				
		Latitude: Longitude:				
	b)	Provide a narrative description of the site and the feature to be permitted. As an example: "The site is on the west side of Main Street, the third building north of High Street. The disposal field lies 100 feet off the southwest corner of the building."				
	c)	Attach a site map based on the MassGIS Coordinate Information Tool that clearly indicates the site. The Coordinate Information Tool is available at				

https://maps.massgis.digital.mass.gov/images/dep/xyinfo/get\_xy.html



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### C. Site Information (cont.)

- 2. Provide a topographic map or maps of the area extending at least to one mile beyond the property boundaries of the site which clearly show the following:
  - 1) The legal boundaries of the site;
  - 2) All hazardous waste management facilities;
  - 3) All springs and surface water bodies in the area, plus all drinking water wells within one mile of the facility which are identified in the public record or otherwise known to you.
  - 4) All Zone II's or IWPA's.

Well Location	(Public/Private)	(Active/Inactive)	Safe Yield	

#### 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 assure that qualified personnel properly gather and evaluate 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I will be responsible for publication of public notice of the applicable permit proceedings identified under 314 CMR 2.06(1)(a) through (d)."

Signature of Applicant	Printed Name of Applicant
Date Signed	
Name of Preparer	Telephone
Title of Preparer	email