

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





## Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program

## **Bulk Water Questionnaire**

## A. Purpose

Please complete and return this questionnaire if you are interested in selling bulk potable water to Public Water Systems (PWS) in Massachusetts under short-term contracts. Under certain emergency situations, a PWS may have to purchase bulk water to supply to its customers for a short period while a permanent solution is being developed. MassDEP is soliciting information regarding bulk and bottled water suppliers that either currently sell bulk potable water or have an interest in doing so in the future. The information collected may be listed (with MassDEP approval) on the MassDEP website and made available to PWSs for use in emergency situations.

В.	Provider Information	n			
	Name of Bulk or Bottled Water Comp	pany			
	Contact Name (First, Last)		Contact Phone Numb	per	
C.	Bulk Order Requirer	ments			
	<b>_</b> gal./truckload	d _gal./contract			
	Minimum Order Required		Maximum Capacity A	vailable for Sale (gal./week)	
D.	<b>Source Information</b>				
	MassDEP DWP Policy #92-07 states "Only those Bulk sources/supplies, which have received MassDEP approvals as a PWS source may sell water to public water systems." A complete version of this policy can be found at: <a href="https://www.mass.gov/files/documents/2016/08/qr/9207.pdf">https://www.mass.gov/files/documents/2016/08/qr/9207.pdf</a> . If you have more than three sources, use additional questionnaire forms.				
	Source of Water	A	pproving Authority	Date of Approval	
	Source of Water	A	pproving Authority	Date of Approval	
	Source of Water	A	oproving Authority	Date of Approval	
	Contract for bulk water will be negotiated with (please check one):   Bulk or Bottled Water Company Licensed Food-Grade Hauler				
E.	Hauler Information				
	If you indicated "Licensed Food-Grade Hauler" above, please provide the following:				
	Name of Hauler		Hauler Contact Name	;	
	Hauler Address			Contact Phone Number	
F.	Other Information				
	Use the remaining space below to provide any additional important information:				
	ose the remaining space below to provide any additional important information.				
	Please return completed form to:				
	By Mail:	By Email:			
	MassDEP Drinking Water Program	program.director-dwp	@mass.gov		
	Attn: Bulk Water	Subject: Bulk Water			

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