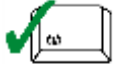




# 20-Year Permit Renewal Application

## A. Facility Information

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



### 1. Permittee Contact Information:

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Contact Person Name/Title

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Email

\_\_\_\_\_  
Water Management Act Permit #

\_\_\_\_\_  
Watershed

### 2. Consultant Contact:

\_\_\_\_\_  
Consultant Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Contact Person Name/Title

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Email

### 3. Existing Permit and Registration Information

Complete the following table for your existing Water Management registration(s) and permit(s).

Watershed Name(s)	Registration(s)	Permit(s)	Total Authorized Volume(s)
_____ Watershed	_____ Registration #	_____ Permit #	
	_____ Registered Volume (mgd)	_____ Year 20 Permit Volume (mgd)	_____ Total Authorized Volume
_____ Watershed	_____ Registration #	_____ Permit #	
	_____ Registered Volume (mgd)	_____ Year 20 Permit Volume (mgd)	_____ Total Authorized Volume
_____ Watershed	_____ Registration #	_____ Permit #	
	_____ Registered Volume (mgd)	_____ Year 20 Permit Volume (mgd)	_____ Total Authorized Volume



# 20-Year Permit Renewal Application

## B. Water Withdrawal Information

1. Is this a public water supply?  Yes  No      If yes, PWS ID #: \_\_\_\_\_  
PWS ID # \_\_\_\_\_

2. Number of permitted withdrawal points: \_\_\_\_\_  
Name and type of withdrawal points: \_\_\_\_\_  
Groundwater (G)      Surface Water (S)  
DEP Source ID #      Location (Street/Town)  
(if applicable)

- (a)  G  S
- (b)  G  S
- (c)  G  S
- (d)  G  S
- (e)  G  S
- (f)  G  S
- (g)  G  S

Photocopy this page and attach if you have more than seven withdrawal points.

3. Primary use category for this water withdrawal:

Public Water Supply	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Industrial	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	Cranberry	<input type="checkbox"/>	Golf	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	_____			

4. For public water suppliers, are you using Department of Conservation and Recreation (DCR) Office of Water Resources water needs forecasts?  
 Yes     No  
Other (please describe): \_\_\_\_\_

5. For seasonal water users, have the number of days of operation for your water withdrawal changed from what is on your current permit?  
 Yes     No  
If yes, number of days of operation on current permit: \_\_\_\_\_  
# Days  
Number of days of operation requested on renewed permit: \_\_\_\_\_  
# Days

Please note that if there is an increase in total withdrawal volume, then a full permit application must be filed for the increase.

6. Permit length requested (number of years): \_\_\_\_\_  
# Years

Permits cannot extend beyond the end of the 20-year permit cycle for your watershed. See the attached Permit Schedule for the watershed permitting and end date schedule.



# 20-Year Permit Renewal Application

## B. Water Withdrawal Information (continued)

### Wastewater Discharge

7. Where will the water withdrawn be discharged?

\_\_\_\_\_ % will be discharged to a public sewer system.

\_\_\_\_\_  
Sewer System Name

\_\_\_\_\_ % will be discharged to on-site disposal systems.

\_\_\_\_\_ % will be discharged to another alternative (please describe).

\_\_\_\_\_  
Alternative Discharge Description

8. Is some fraction of the water withdrawn to be discharged out of this watershed (include ocean discharge if appropriate)?

Yes  No If yes, what fraction of your total discharge and to which watersheds?

\_\_\_\_\_ % will be discharged to the

\_\_\_\_\_  
Watershed

\_\_\_\_\_ % will be discharged to the

\_\_\_\_\_  
Watershed

\_\_\_\_\_ % will be discharged to the

\_\_\_\_\_  
Watershed

\_\_\_\_\_ % will be discharged to the

\_\_\_\_\_  
Ocean discharge

9. Is there an NPDES discharge permit?  Yes  No

\_\_\_\_\_  
NPDES Permit #

What is the authorized NPDES daily discharge volume?

\_\_\_\_\_  
Gallons per day

Is the discharge volume metered?  Yes  No

What is the location of the discharge point?

\_\_\_\_\_  
Discharge point location

10. Are there groundwater discharge permit(s)?  Yes  No

\_\_\_\_\_  
GW Discharge Permit #

What is the authorized daily discharge volume?

\_\_\_\_\_  
Gallons per day

Is the discharge volume metered?  Yes  No

What is the location of the discharge point?

\_\_\_\_\_  
Discharge point location

Please attach copies of any NPDES or groundwater discharge permits.



# 20-Year Permit Renewal Application

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## C. Special Permit Conditions

Below is a list of special conditions that are often included in Water Management permits.

- Check all special permit conditions that appear in your Water Management permit;
- Provide a brief description how you have complied with the conditions; or
- If there have been unique circumstances that have affected your compliance with the conditions during the past five years, provide that information; and
- Attach additional sheets or additional information as needed.

Maximum Authorized Daily Withdrawals from each Withdrawal Point

Zone II Delineation (for Public Water Supplies only)

Wellhead Protection (for Public Water Supplies only)

Conservation

Please attach a copy of your Water Conservation Plan and provide a brief description of how the conservation plan has been implemented.

- For municipal public water suppliers, compliance with your conservation conditions is documented by completing the Water Conservation Questionnaire for Public Water Suppliers, revised March 11, 2008, which can be found at: <https://www.mass.gov/media/1700101/>.

Resource Monitoring - please check all that apply:

Streamflow     Wetlands     Pond or Lake     Groundwater

Other (please describe):



# 20-Year Permit Renewal Application

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## C. Special Permit Conditions (continued)

Residential Gallons per Capita Day Performance Standard (for Public Water Supplies only)

Unaccounted-for-Water Performance Standard (for Public Water Supplies only)

Summer Limits on Nonessential Outdoor Water Use

Baseline Withdrawal Volumes (for Public Water Supplies only)

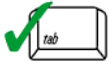
Reporting Raw and Finished Water Volumes

Other



# 20-Year Permit Renewal Application

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## D1. Summary of 5-Year Historic Withdrawal Volumes

1. What is your current authorized withdrawal volume in this watershed?  $\frac{\text{Registered Volume (mgd)}}{\text{Registered Volume (mgd)}} + \frac{\text{Permit Volume (mgd)}}{\text{Permit Volume (mgd)}} = \frac{\text{Total Authorized (mgd)}}{\text{Total Authorized (mgd)}}$

2. Fill in the total monthly historic withdrawals for the past five years in million of gallons (MG). NOTE 100,000 gallons = 0.10 MG.

Calendar Year	January	February	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Annual Total
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

3. If your withdrawals have exceeded your total authorized withdrawal, or if you can identify unique circumstances that have affected your withdrawals during the past five years, please provide that information in the space below.



# 20-Year Permit Renewal Application

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## D2. 20-Year Projection of Withdrawal Volume

1. Fill in the projected daily average water withdrawal in millions of gallons in Column 2.  
NOTE: 100,000 gallons = 0.10 MG
2. In Column 3, fill in the number of **days you expect to operate**. For **year-round withdrawals**, enter 365 days. For **seasonal withdrawals**, multiply the number of months that you will operate each year by 30 to get the days of operation (e.g., a golf course that irrigates during April, May, June, July, August and September would enter 6 months of operation x 30 days = 180 days of operation). Seasonal withdrawers must also complete Question 6 on page 8.
3. Multiply the **average daily water withdrawal** (Column 2) by the **days of operation** (Column 3) to get the **total annual water withdrawal**. Enter the number in Column 4.

(1) Calendar Year	(2) Average Daily Withdrawal Volume (mgd)	(3) Days of Operation	(4) Total Annual Water Withdrawal (mgy)
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Years 1-5

Years 6-10

Years 11-15

Years 16-20



20-Year Permit Renewal Application

D2. 20-Year Projection of Withdrawal Volume (cont.)

- 4. The projected average daily withdrawal volume during Years 1-5, Years 6-10, Years 11-15 and Years 16-20 of the permit period is shown in the Table above.

Average daily withdrawal volumes:

Years 1-5 Years 6-10 Years 11-15 Years 16-20

- 5. If part of this volume is registered, subtract the registered volume from the average daily withdrawal volumes for Years 1-5, Years 6-10, Years 11-15 and Years 16-20.

Table with 4 columns: Average daily withdrawal volume for Years 1-5, Registered volume, Requested permit volume for Years 1-5, and similar rows for Years 6-10, 11-15, and 16-20.

For Seasonal Withdrawals operating less than 12 months per year

- 6. Seasonal withdrawals are often made at varying rates over the course of the season or year. For example, golf courses, ski areas or other seasonal suppliers do not need to withdraw water year round.

If your withdrawal has large seasonal variations, please show the anticipated total monthly withdrawals for a typical year in the space below. The numbers you use can be actual projections for one year during the permit period. NOTE: 100,000 gallons = 0.10 MG

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

If you expect the seasonal variation in your withdrawal to change during the permit period, or if there is any unique aspect to the pattern of your withdrawal, please provide that information in the space below.

E. Certification

I certify, under penalty of law, that this application and all attachments were prepared under my 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 submitted in this application, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of Applicant

Title

Printed Name

Date