



Massachusetts Department of Environmental Protection
Bureau of – Resource Protection – Watershed Management

BRP WM 02

Amendments to Existing Withdrawal Permits Water Management Permit Amendment

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

A. General Information

Permit Number	Name of basin where withdrawal is located	
Name of permit holder	Contact Person	
Mailing address		
City	State	Zip
Telephone	Email	
Is this a public water supply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, PWS ID#	PWS ID#	
Is the demand for this withdrawal supplemented by withdrawals from another river basin, or will it be so supplemented in the future?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify locations and volumes:		

B. Type of Amendment Sought

Fill in the applicable section(s) 1-8 that describe the type of amendment you are seeking.

1. Decrease in volume:

a. Volume requested (average gallons per day) for:

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

(subtract registered volume if applicable)

b. Complete Forms D1 and D2 for each withdrawal point in your permit from which withdrawal rates will change, and complete a separate D1 and D2 for the new projected total system withdrawal rate.

2. Change or add withdrawal points:

a. Total number of withdrawal points to be included in amended permit:

Groundwater	Surface Water
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B. Type of Amendment Sought (cont.)

- b. Town(s) where new withdrawal points are located:

- c. Does this application contain physically new withdrawals or construction which require an Environmental Notification Form?

☐ Yes ☐ No If an ENF is required, attach or forward a copy to DEP when it is prepared.

- d. Are any of these withdrawal points subject to DEP's new source approval for public water suppliers?

☐ Yes ☐ No If yes, identify which ones and indicate the approved yield of each source:

- e. Where is this water discharged? (i.e., sewer system, individual septic systems, stream, etc.)

- f. Complete one Form B and one Form H for each new underground point and one Form C for each new surface water point included in this amended application.

- g. Complete Form D1 for each new withdrawal point and each withdrawal point from which withdrawal rates will change, and complete separate Form D2 for the new projected total system withdrawal rate.

3. Change in use:

- a. For what purpose will this water be used (in percent):

<hr/> Agriculture	<hr/> Cranberry	<hr/> Commercial	<hr/> Industrial
<hr/> Municipal	<hr/> Golf	<hr/> Residential	<hr/> Unaccounted/Other

- b. Where is this water discharged? (i.e., sewer system, individual septic systems, stream, etc.):

- c. Is there an NPDES permit? ☐ Yes ☐ No

If yes, permit number:

Is there a groundwater discharge permit?

☐ Yes ☐ No

If yes, permit number:



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B. Type of Amendment Sought (cont.)

- d. What is the average annual daily discharge volume (in gallons per day)? _____
- e. Is the discharge volume metered? ☐ Yes ☐ No
4. Change in days of operation each year:
- a. Will this change result in an increase or decrease in the total annual volume of water withdrawn?
- ☐ Increase ☐ Decrease
- b. Current number of days of operation and months of the year: _____
5. Change in discharge point(s):
- a. Where is this water discharged? (i.e., sewer system, individual septic systems, stream, etc.)
- _____
- b. Is there an NPDES permit? ☐ Yes ☐ No
- If yes, permit number: _____
- Is there a groundwater discharge permit? ☐ Yes ☐ No
- If yes, permit number: _____
- c. What is the average annual daily discharge volume (in gallons per day)? _____
- d. Is the discharge volume metered? ☐ Yes ☐ No
- e. Location of future discharge: _____
6. Change of permit condition, i.e., conservation requirements, Zone II delineation requirements, or other special conditions of the permit (please describe and use additional sheets if necessary):
- _____
7. Other amendment (please describe and use additional sheets if necessary):
- _____



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C. Certification Statement

I certify, under penalty of law, this is application and all attachments were prepared under my supervision, in accordance with a system designed to insure 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.

Print Name

Position/Title

Authorized Signature

Date