



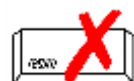
Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

BRP WM 01

Water Management Act Program Registration and/or Permit Transfer Form

**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.



A. Applicant Information

1. Registration and/or Permit Holder:

Name

Title

Mailing Address

City

State

Zip Code

Email

Contact Person

Telephone

2. Registration and/or Permit Transferee

Name

Title

Mailing Address

City

State

Zip Code

Email

Contact Person

Telephone

B. Registration and/or Permit Information

	Registration and/or Permit #	Watershed	Volume(s) to be transferred (mgd*)
1. General Information			
2. For Cranberry Growers: Acreage to be transferred:			Acreage

* mgd = million gallons per day



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B. Registration and/or Permit Information (cont.)

3. Withdrawal point(s) to be transferred:

	Name of Source(s)	PWS ID# (if applicable)	Watershed	R and/or P #	Volume to be transferred (mgd)
a.					
b.					
c.					
d.					
e.					
f.					
g.					

*A Permit Transfer application that amends these permit provisions also requires that a Permit Amendment application be filed. Contact DEP Water Management Act Program staff at appropriate Regional Office for more information.

4. Will there be a change of use?* ☐ Yes ☐ No If yes, please describe: _____
5. Will there be a change of discharge point?* ☐ Yes ☐ No If yes, please describe: _____
6. Will there be a change in the number of days each year that the withdrawal will be made?* ☐ Yes ☐ No If yes, please describe: _____
7. Give the date the transfer is to take place: _____ Date _____

C. Certification Statement

Note: If a letter of agreement, signed by both parties, stating the terms of the transfer has been forwarded to the Department or is included with this application, only one signature is required on the application.

I certify, under penalty of law, that this 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.

Name of Registration and/or Permit holder	Position or Title
Signature of current holder	Date
Name of transferee	Position or Title
Signature of transferee	Date