



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Water Management Act Program

WMA Form A - General Information

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. Name of entity: water system, town, farm, company, or golf course

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Contact Person Name/Title _____ Phone Number _____

Email _____

2. Consultant Contact:

Consultant Company Name _____

Contact Person _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Email _____

B. Water Withdrawal Information

(Use totals from Form D - subtract registered volume if applicable.)

1. Volume requested (in MGD) for: Days/year to be used Average day (mgd) # months to be pumped

Years 1-5: _____

Years 6-10: _____

Years 11-15: _____

Years 16-20: _____

2. Number of withdrawal points: Groundwater (G): _____ Surface Water (S): _____

Name and type of withdrawal points (G or S): Name of Watershed Location (Town/City)

(a) _____ G S _____

(b) _____ G S _____

(c) _____ G S _____

(d) _____ G S _____



WMA Form A - General Information

B. Water Withdrawal Information (cont.)

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

Agriculture:	_____ %	Cranberry:	_____ %
Commercial:	_____ %	Industrial:	_____ %
Residential:	_____ %	Golf:	_____ %
Other (please describe):	_____		_____ %

5. Is this a public water supply? Yes No PWS ID No.: _____

6. For public water suppliers, are you using DCR Division of Water Supply Protection water needs forecast?
 Yes No

7. Permit time length requested: _____
Months or Years

Please refer to Appendix B-Permit End Dates for permit end dates for the watershed of your withdrawal point(s) and refer to 310 CMR 36.34 for permit renewal information. Permits are renewable - refer to 310 CMR 36.24.

8. Do these withdrawal requests have new water withdrawals or construction which requires an Environmental Notification Form submittal to MEPA?
 Yes No

9. Name and address of the chief elected official or local water resources management official in the community(s) in which the withdrawal(s) are located and to whom a copy of this application will be forwarded:

Name

Street Address

City

State

Zip Code

10. Which new and existing sources are included in this permit application?

_____ Source Name and Number	_____ Reg. No. (if applicable)	_____ New or Proposed	_____ Maximum Daily Vol. Requested (mgd)
_____ Source Name and Number	_____ Reg. No. (if applicable)	_____ New or Proposed	_____ Maximum Daily Vol. Requested (mgd)
_____ Source Name and Number	_____ Reg. No. (if applicable)	_____ New or Proposed	_____ Maximum Daily Vol. Requested (mgd)

11. Are any of these withdrawal points subject to DEP's Source Approval Process for public water suppliers?

Yes No If yes, list their name(s): _____

Name(s)



WMA Form A - General Information

B. Water Withdrawal Information (cont.)

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

Yes No (check one)

a. If yes (to only one "out of the basin" destination), what fraction of the total discharge and to which basin?

_____ % will be discharged to the _____ basin

b. If yes, and to more than one "out of basin" destination, what fraction of your total discharge and to which basins?

1) _____ % will be discharged to the _____ basin

2) _____ % will be discharged to the _____ basin

3) _____ % will be discharged to the _____ basin

4) _____ % will be discharged to the _____ basin

c. What fraction of the water to be used will be discharged to this basin? _____ %

1) _____ % discharged to a public sewer system?

2) _____ % discharged to on-site sewage disposal systems?

3) _____ % discharged to another alternative (please describe)?

13. Is there an NPDES discharge permit? Y N
(If so, provide permit number)

_____ NPDES Permit Number

Provide volume and location of discharge point: _____

Groundwater discharge permit? Y N
(If so, provide permit number)

_____ Groundwater Discharge Permit Number

Provide volume and location of discharge point: _____

14. What is the authorized NPDES daily discharge volume?

_____ gallons per day

15. Is the discharge volume metered? Yes No

16. Is, or will, the demand for this withdrawal be supplemented by withdrawals from another river basin? Yes No

List withdrawals in other river basins, the location of each and average daily volumes (ADV) withdrawn from each:

_____ Watershed _____ ADV

_____ Watershed _____ ADV

_____ Watershed _____ ADV



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B. Water Withdrawal Information (cont.)

17. Does this request require an Interbasin Transfer Act application to the Water Resources Commission?

Yes No

C. 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

Date