|  | Massachusetts Department of Environmental Protection  Bureau of Resource Protection - Water Management Act Program  WMA Form B  Groundwater Withdrawal Point | | | | |
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|  | Please provide a separate Form B for each withdrawal point source. Please answer only if the requested information is known and reliable. | | | | |
|  | A. Withdrawal Point 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 and Address of Withdrawal Point | | | | |
| Name of Withdrawal Point | | | | |
| Street Address | | | | |
| City | | | State | Zip Code |
| Source Code (for public water supplies) | | |  | |
| 2. Has this well been registered? | | | Yes  No | |
| Month and year put in operation or planned: | | |  | |
| 3. Has this well been in regular operation at any time? | | | Yes  No | |
|  | Month and year put in operation or planned: | | |  | |
|  | 4. USGS quadrangle name: | | |  | |
|  | 5. Latitude and Longitude: | | | Latitude | Longitude |
|  | Please provide a locus map of the withdrawal and any associated reservoirs or ponds. | | | | |
|  | B. Geologic Information | | | | |
|  | 1. Aquifer type:  Bedrock  Confined  Unconfined | | | | |
|  | 2. Depth to bedrock: | | | feet | |
|  | C. Well Information | | | | |
|  | 1. Well type:  Gravel pack  Gravel developed  Tubular well field  Dug well | | | | |
|  | Other (describe): | |  | | |
|  | 2. Year to be installed (if not already installed): | | |  | |
|  | 3. Well depth: |  | |  | |
|  | 4. Depth to water level when installed: | | |  | |
|  |  | | |  | |
|  |  | | |  | |
|  |  | | |  | |
|  | C. Well Information (cont’d) | | | | |
|  | 5. Name and address of well driller: | | |  | |
|  | Name of Withdrawal Point | | | | |
|  | Street Address | | | | |
|  | City | | | State | Zip Code |
|  | D. Pumping Information | | | | |
|  | 1. Was a pump test conducted on this well? | | | | Yes  No |
|  | If yes, provide date: |  | |  | |
|  | Firm conducting the test: | | |  | |
|  | If no, is one planned? | | | | Yes  No |
|  | Items 2-7 are for Public Water Supplies. | | | | |
|  | 2. Has a Zone II delineation been performed for this well? | | | | Yes  No |
|  | 3. If yes, has this Zone II been approved by the Department? | | | | Yes  No |
|  | 4. Date of Zone II delineation | | |  | |
|  | 5. Firm conducting Zone II delineation | | |  | |
|  | 6. What is the maximum daily withdrawal rate? | | |  | |
|  | 7. Is this a DEP-approved withdrawal rate? | | | | Yes  No |
|  | E. Meter Information | | | | |
|  | 1. If in operation, is this well metered? | | | | Yes  No |
|  | 2. If proposed, when will meter(s) be installed? | | | | Date |
|  | 3. Type of flow measurement device installed or planned: | | | | |
|  | weir  flume  venturi  other meter | | | other (describe): |  |
|  | 4. Capacity of flow measurement device: | | |  | |
|  | 5. Recordings are:  continuous  manual | | | | |
|  | 6. Last date of calibration, if in operation: | | |  | |