|  | Massachusetts Department of Environmental Protection Bureau of Resource Protection - Water Management Act ProgramWMA Form BGroundwater 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: |        |