



WMA Form B

Groundwater Withdrawal Point

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:



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C. Well Information (cont'd)

5. Name and address of well driller:

Name

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: