



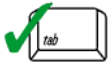
Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Water Management Act Program

Form WMA-E2

Cranberry Grower's Withdrawal Point Table

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.



Applicant: _____
Name of Applicant _____ Date _____

Watershed: _____
Watershed Name _____

Instructions: Each question must be answered for each withdrawal point. Put N/A for those questions that are not applicable. Copy this sheet as needed.

	Point 1	Point 2	Point 3	Point 4	Point 5
1. Bog Name	_____	_____	_____	_____	_____
2. Address	_____	_____	_____	_____	_____
3. Municipality	_____	_____	_____	_____	_____
4. Withdrawal point name, number or description	_____	_____	_____	_____	_____
5. Does this point have a WMA registration?	_____	_____	_____	_____	_____
6. Latitude	_____	_____	_____	_____	_____
7. Longitude	_____	_____	_____	_____	_____
8. Are you requesting a permit for this withdrawal point? (If not, then you do not need to answer the following questions.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Groundwater (G) or Surface Water (S)	<input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> G <input type="checkbox"/> S



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10. If Surface Water, is it a Natural (N) or Manmade (M) source? If Natural source, provide name of Water Body if known.	<input type="checkbox"/> N <input type="checkbox"/> M _____ Name of water body	<input type="checkbox"/> N <input type="checkbox"/> M _____ Name of water body	<input type="checkbox"/> N <input type="checkbox"/> M _____ Name of water body	<input type="checkbox"/> N <input type="checkbox"/> M _____ Name of water body	<input type="checkbox"/> N <input type="checkbox"/> M _____ Name of water body
11. Year installed or to be installed	_____	_____	_____	_____	_____
12. If a well, list the type of well and existing or proposed depth (ft.)	_____	_____	_____	_____	_____
13. Number of pumps	_____	_____	_____	_____	_____
14. List capacity of each pump	_____	_____	_____	_____	_____
15. Intake Type (G - Gravity, S - Suction)	<input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> G <input type="checkbox"/> S
16. Typical water elevation (for surface water) or ground elevation (for well) (ft.)	_____	_____	_____	_____	_____
17. List the existing or proposed bottom elevation (ft.) of surface water source	_____	_____	_____	_____	_____