|  | Massachusetts Department of Environmental Protection  Bureau of Resource Protection - Water Management Act Program  WMA Form I  Request for Determination of Non-Consumptive Use | | |
| --- | --- | --- | --- |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. | A. Facility Information | | |
| Applicant Name | | |
| Street Address | | |
| City | State | Zip Code |
| Facility Contact Person: | Email (optional) | |
| B. Withdrawal Information | | |
| 1. Volume of Withdrawal | Gallons per day | |
| 2. Rate of Withdrawal | Gallons per minute | |
|  | 3. Existing or proposed withdrawal |  | |
|  | 4. Attach a copy of a USGS Quadrangle Map showing the location of the withdrawal point (WP) and discharge point (DP). | | |
|  | 5. Attach a schematic drawing indicating WP and DP and distance between (in feet). | | |
|  | 6. What is the proposed or existing use of this water? | | |
|  |  | | |
|  |
|  |
|  | 7. Provide water quality tests (standard analyses) for WP and DP waters (temperature is a critical submittal). | | |
|  | C. Certification | | |
|  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. | | |
|  |
|  |
|  | Applicant’s signature | Applicant’s Name (Typed) | |
|  | Applicant’s Title | Date | |
|  | **Notes:** | | |
|  | * Additional information may be requested by DEP as necessary. DEP will issue a written response to the applicant stating whether or not the use is accepted as nonconsumptive. | | |
|  | * Applicants for nonconsumptive status may want to file a permit application for the proposed withdrawal in the event of a negative determination by DEP. | | |