



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program – Water Management Act

Annual Report Form for Cranberry Growers – Year 2009

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Note: Failure to file your Annual Report may jeopardize your registration statement.

Note: Your registration number and/or permit number appear on your mailing label.

Instructions

This Annual Report Form is for reporting water withdrawals under the Water Management Act (M.G.L. c. 21G). This Annual Report Form is for registered and permitted cranberry growers. Completion of this form is a requirement of Massachusetts law.

- 1. Complete this form and return by **February 26, 2010** to:

**MassDEP
Water Management Act Program
One Winter Street, 5th Floor
Boston, MA 02108**

- 2. If you have both a registration and permit in the same river basin, withdrawals can be reported on this Annual Report Form.

- 3. If you have withdrawals from more than one river basin, please complete a separate Annual Report Form for each basin.
- 4. Purchase of previously registered or permitted bogs requires the filing of a Request for Transfer Form (BRP WM 01) with DEP's Lakeville Office. Please complete this form if applicable. This form can be downloaded at <http://www.mass.gov/dep/water/approvals/wmgforms.htm>.
- 5. The construction, purchase, or transfer of more than 4.66 acres of unregistered or unpermitted bog may require a Water Management Act permit or NCRS certification. Please contact Water Management Program staff in Lakeville at 508-946-2805 if there are any questions.

This Annual Report Form can be downloaded at <http://www.mass.gov/dep/water/approvals/wmgforms.htm>.

A. General Information

Check if mailing address has changed and show new address in Section D, Certification.

- 1. Facility information:

Company Name _____		Address _____
Town/City _____	Zip Code _____	email address _____
Registration Number (if applicable) _____		Permit Number (if applicable) _____
River Basin _____		

- 2. Responsible Party Information (if different from above):

Name _____		Phone Number _____
Mailing Address _____	Town/City _____	Zip Code _____
email address _____		

- 3. How many acres do you currently have planted? _____ Acres Planted
- 4. How many acres of bog did you build in 2009 (please attach a map and/or Exhibit A to identify new acreage locations)? _____ Acres of Bog Built in 2009
- 5. Have you installed withdrawal points or purchased or sold acreage this year? If no, proceed to Section D, Certification. Yes No

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Make additional copies of this section if you have more than two withdrawal points.

B. Water Source Information

Complete this section if you installed a new water supply point(s) or added acreage in 2009.

Please provide a sketch or plan such as an 8.5"x11" copy of a USGS map or Exhibit A, showing the location of the withdrawal point(s) involved and the town/city. The plan can show multiple points.

Withdrawal point one: Ground water Surface water

Name of withdrawal point

Name of bog

Acres planted

River Basin

Street

Town

Withdrawal point two:

Ground water Surface water

Name of withdrawal point

Name of bog

Acres planted

River Basin

Street

Town

C. Cranberry Bog Transfer Information

- Complete this section if you have transferred, sold, purchased or otherwise acquired cranberry bog acreage this year.

Acreage Transferred/Sold

To Whom

Acreage Purchased/Acquired

From Whom

- Was this acreage registered or permitted? Yes No

If the acreage is not registered or permitted, please provide a sketch or plan such as an 8.5"x11" copy of a USGS map or Exhibit A, showing the location of the bog(s) involved and the town/city.

- Have you completed and forwarded to DEP Lakeville a BRP WM 01 Form for the Transfer of Rights to Withdraw Water? Yes No

D. 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."

Print Name of Certifying Person

Signature of Certifying Person

Title

Date

Mailing Address

State

Zip Code

Phone Number

These are legal documents. The Department recommends that you keep copies for your records. Do not mail these forms with your compliance fee, as the fee is delivered to a different location.