





**Community GWUDI Exemption Application**  
**Groundwater Under the Direct Influence of Surface Water**

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**B. Exemption Criteria For Sand & Gravel Wells (cont.)**

- B. Is the well screen located below a geologic confining layer?  Yes  No

If yes, attach driller/geologist logs indicating the confining layer's presence.

- C. Attach the following additional information:

1. Driller/geologist logs for any observation or monitoring wells in the area confirming the continuity and areal extent of the confining layer.
2. Geologic maps indicating the areal extent of the confining layer and cross sections depicting the subsurface geology.
3. Describe how and why the confining layer separates the well from any surface water features located within 150 feet and why surface water induction is unlikely.

**Criterion 3**

- A. Is the top of the well screen 50 feet or more below ground surface?  Yes  No

If yes, attach the well construction specifications or details demonstrating the depth of the screen below ground level.

- B. Has the well been approved by MassDEP to pump or has it historically pumped on average 720,000 gallons per day or less when the well was on line?  Yes  No

If yes, attach the following: Historical documentation compiled in accordance with Method 2 of Section 4.7 of the MassDEP Guidelines and Policies for Public Water Systems demonstrating that the source historically has pumped 720,000 gallons per day on average excluding periods of time during which the source was not in use, or a MassDEP approval letter confirming an approved pumping rate of 720,000 gpd (500gpm) or below. If this information is unavailable, calculate water use by multiplying the number of people served by 100 gallons per day.

- C. Is the well constructed with a properly installed sanitary seal?  Yes  No

If yes, attach the well construction plans and specifications stamped by a Registered Professional Engineer or signed by a MA registered well driller in accordance with MassDEP construction guidelines.

- D. Has the groundwater source or system had total or fecal coliform or *E. coli* violations during the last three years?  Yes  No

Attach all records from the last three years of all bacterial analyses and if any violations, include an explanation as to the source of bacteria, if known.

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**C. Exemption Criteria For Bedrock Wells**

Suppliers whose bedrock wells **do not meet all** of the exemption criteria listed below must conduct microscopic particulate analyses (MPA). Bedrock wells approved to pump 100,000 gpd or greater, or that historically pumped at 100,000 gpd or greater, and **all springs** must conduct MPA.

- A. Has the bedrock well been approved by MassDEP to pump less than 100,000 gpd, or has it historically pumped, less than 100,000 gallons per day?  Yes  No

If yes, please provide historical pumping data.

- B. Is the bedrock well 50 feet or more in depth?  Yes  No



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**C. Exemption Criteria For Bedrock Wells (cont.)**

If yes, please attach well construction details and specifications indicating the well depth.

- C. Is the well constructed with a properly installed sanitary seal?  Yes  No

If yes, attach the well construction plans and specifications stamped by a Registered Professional Engineer or signed by a MA registered well driller in accordance with MassDEP construction guidelines.

- D. Is the well 200 feet or more from a surface water feature?  Yes  No

If yes, how was the distance measured?  Tape  Surveyed

If yes, attach a map, construction plan, or site plan indicating the distance separating the well from any surface water feature.

- E. Has the groundwater source or system had total or fecal coliform or *E. coli* violations during the last three years?  Yes  No

Attach all records from the last three years of all bacterial analyses and if any violations, include an explanation as to the source of bacteria, if known.

**For All Applications**

If this application was prepared by the water supplier with the assistance of an *environmental consultant* or *well driller*, that person must sign below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Affiliation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

I hereby certify that my answers to these questions are accurate.

\_\_\_\_\_  
Water Department Official Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Please submit the completed Exemption Application Form to your MassDEP regional office.

MassDEP - WERO  
Drinking Water Program  
Attn: Mike McGrath  
Statehouse West 4<sup>th</sup> Floor  
436 Dwight St.  
Springfield MA 01103

MassDEP – CERO  
Drinking Water Program  
Attn: Paula Caron  
627 Main St.  
Worcester, MA 01608

MassDEP – NERO  
Drinking Water Program  
Attn: Jim Persky  
205-B Lowell St.  
Wilmington, MA 01887

MassDEP – SERO  
Drinking Water Program  
Attn: Mike Quink  
20 Riverside St.  
Lakeville, MA 02347