



REQUEST FOR GROUNDWATER RECLASSIFICATION

Date			
Local Entity			
Address			
Contact Person		Phone	
We request reclassification of groundwater to: (check one or both)	GAA <input type="checkbox"/>	GA1 <input type="checkbox"/>	
Name(s) of municipality(ies) in which groundwater protection areas to be reclassified are located:			
Name(s) of the 7.5' USGS quadrangle map(s) showing the proposed groundwater classification			
The following are attached to this form (please check):			
	Wellhead Protection Area Delineation (GAA) <input type="checkbox"/>	(one or both)	Definition of High Value Groundwater (GA1) <input type="checkbox"/>
	Potential Contamination Source Inventory		<input type="checkbox"/>
	Potential Contamination Source Management Plan		<input type="checkbox"/>
If the local entity requesting the reclassification is a municipality, the municipal governing body (Board of Selectmen, City or Town Council), shall indicate its concurrence with this proposal by signing below:			
Signature		Name	
Title		Date	
The signatures below indicate knowledge of and support for this reclassification by municipalities in which the area to be reclassified is located.			
Signature		Name	
Title		Date	
Signature		Name	
Title		Date	
Signature		Name	
Title		Date	

Please return completed form to Drinking Water Source Protection Program,
NH Department of Environmental Services, PO Box 95, Concord NH 03302-0095