# 2010 Public Water Supply Verification

**Please verify the information below and then click the Continue button.**

| | |
|---|---|
| PWS Name: | ASHLAND WATER AND SEWER DEPT. |
| PWS Street Address Line 1: | 299 HOWE ST |
| PWS Street Address Line 2: | |
| City/Town: | ASHLAND |
| State: | MA |
| Zip Code: | 01721-0000 |
| Class: | COM |

# System Information (COM/NTNC)

**1. PWS Street Address**

ASHLAND WATER AND SEWER DEPT.
PWS Name

299 HOWE ST
PWS Street Address Line 1

PWS Street Address Line 2

ASHLAND
City/Town

Massachusetts
State

01721
Zip Code

508-881-0120
Phone Number

508-881-3255
Fax Number (if available)

Web Site Address of PWS (if available)

**2. PWS Mailing Address** ☐ Same as street address

ASHLAND WATER & SEWER DEPT.
Mailing Name

20 PONDEROSA RD
Mailing address Line 1

Mailing address Line 2

ASHLAND
City/Town

Massachusetts
State

01721
Zip Code

**3. Is this a Seasonal System?** (This question is not applicable to your PWS)

**4. Owner Information:**

☐ This is a new owner
Owners Name (if not municipal):

Phone Number

**5. Primary Contact:**

J. DOUG
Name (First, Middle Int, Last) • one name only•

SMALL

508-881-0120
Phone Number

☐ This is a new contact

dsmall@ashlandmass.com
Email Address (For Emergency Purposes)

**6. Certified Drinking Water Operators employed by the PWS:**

| Name | | | Grade | License Numt er | Primary Operator | Delete |
|---|---|---|---|---|---|---|
| PAUL | M | MCGUINESS | D1 | 22277 | ☐ | ☐ |
| JEFFREY | W | FOURNIER | D4/T4 | 7981-OIT/11740 | ☑ | ☐ |
| FRANCIS | M | PARADISO | T3 | 20775-OIT | ☐ | ☐ |
| GREGORY | M | MORRISSEY | D3/T4 | 11778/8414-OIT | ☐ | ☐ |
| ROY | M | CORREIA | D1 | 3321 | ☐ | ☐ |
| RICHARD | M | ROKES | D2 | 8812 | ☐ | ☐ |
| JAMES | M | CONNOR | D1 | 7969 | ☐ | ☐ |
| JASON | R | CADIMA | D1 | 22350 | ☐ | ☐ |

To add an operator, enter a license # in the field below and then click the "Add Operator" button.
License Number:

**7. Primary Certified Operator Contact Information:** (7981-OIT/11740)

| Name | Phone Number | Fax Number |
|---|---|---|
| JEFFREY W FOURNIER | 781-572-9580 | |

| Mailing Address 1 | Mailing Address 2 |
|---|---|
| 195 FLORENCE RD. | |

| Town/City | State | Zip Code | E-Mail Address |
|---|---|---|---|
| WALTHAM | Massachusetts | 02453 | jfournier@woodardcurra |

**If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the DEP**

○ N/A ◉ Yes ○ No

**8. Names of Water Commissioners/Selectmen/Trustees/Association Board Members (if applicable). Please attach an organizational chart, if available.** ☐ Check here to upload

| Name | Phone | Title |
|---|---|---|

**9. Owner Type:**
MUNICIPAL

**Federal Employment Identification Number (FEIN):**
046001074
(FEIN) - Do NOT provide SSN

**10. Is this system a not-for-profit organization**

(•) Yes ( ) No

If yes, indicate Tax Exempt code (e.g., 501C): 046001074

**11. Population Served(DailyAverage):**

Winter Population (October March): 16590

Summer Population (April September): 16590

By what method was the population figured — Census Type: City/Town

Other Description:

**12. Testing requirements for lead and copper and bacteria in your system is based on the population .**

| | Number of Samples | Frequency of Samples |
|---|---|---|
| Lead and copper samples required: | 9 | QUARTER |
| Winter Bacteria samples required: | 15 | MONTH |
| Summer Bacteria samples required: | 15 | MONTH |

**13. Distribution Meter information:**

a. Number of Service Connections: 6823

b. Percentage of service connections that are metered: 100 %

c. Are all publicly owned buildings metered? (•) Yes ( ) No ( ) N/A

d. If No, what percent are %

**14. System Information**

a. Number of Distribution Systems: 1

b. Finished Water Storage Capacity in Million Gallons (MG): 6.9

[Conversion factor is (# of gallons)/(1,000,000)= MG]

c. Pumping Capacity (GPM): 4000

**15. Percentage of Source Types (must add up to 100%)**

| Ground Water | Surface Water | Purchased Ground | Purchased Surface |
|---|---|---|---|
| 100 % | 0 % | 0 % | 0 % |

**16. Emergency Response Actions:**

a. Has your system completed an Emergency Response Plan (ERP).(DO NOT submit your ERP to MassDEP. MassDEP will review the ERP during your next sanitary survey.)

(•) Yes ( ) No

( ) I have made changes to the ERP (attach copies of all changes.)
(•) I have made no changes to the ERP.

b. Does your system have an Emergency Response (ER) annual training plan

(•) Yes ( ) No

If Yes, please attach a copy of the plan. Describe the training performed during the reporting period, including the types of training, the date(s) of training, and number of staff and local officials trained on each date and their job titles.

c. Is your system registered for the Health and Homeland Alert Network (HHAN)

(•) Yes ( ) No

d. Has your system signed the agreement and joined the Massachusetts Water and Wastewater Agency Response Network

( ) Yes (•) No

e. How often does your system test the following

| | | | |
|---|---|---|---|
| Alarms: | Quarterly | Other Frequency: | |
| Interlocks: | Quarterly | Other Frequency: | |
| Back-up power sources: | Other | Other Frequency: | WEEKLY |

f. List and describe all Level 3 or higher ER incidents during the reporting period.

| Date of ER incident | Level | Description |
|---|---|---|

**17. Do you have an antenna or other appurtenance (not needed for drinking water purposes) attached to any of your storage tank (s)**

(•) Yes ( ) No ( ) No storage tanks

If Yes, list the antennae or other appurtenances, owner(s) names, and the date installed:

| Storage Tank Name | Antennae or Appurtenance | Owner Name | Date (mm/dd/yyyy) Installed |
|---|---|---|---|
| CEDAR ST | ANTENNAE | METRO PCS | 4/1/2011 |
| CEDAR ST | ANTENNAE | AT&T WIRELESS | 7/28/2000 |
| CEDAR ST | ANTENNAE | SPRINT | 8/1/2002 |
| CEDAR ST | ANTENNAE | T-MOBILE | 11/1/2002 |

**18. Comments or additional information regarding this section:**

# Cross Connection Control Program

**1. Cross Connection Program Coordinator**

Please select one of the following

- (•) Keep current coordinator and update if needed.
- ( ) Remove current Coordinator and add new coordinator information referencing a MassDEP Certification ID.
- ( ) Remove current Coordinator and add a new Coordinator by typing into the fields.

| | |
|---|---|
| ROY | CORREIA |
| Coordinator First Name | Coordinator Last Name |
| 31548 | |
| MassDEP Certification ID # | Expiration Date |
| 20 PONDEROSA ROAD | |
| Coordinator Street Address Line 1 | Coordinator Street Address Line 2 |
| ASHLAND | Massachusetts | 01721 |
| City/Town | State | Zip Code |
| 508-883-7507 | 508-881-3255 |
| Phone Number | Fax Number (if available) |
| RCORREIA@ASHLANDMASS.COM | |
| Coordinator email | |

**Surveyor Personnel Information :**

**To add a surveyor, enter the certification ID # in the field below and then click the "Add Surveyor" button.**

**MassDEP Certification ID Number**

**Tester Personnel Information :**

**To add a Tester enter the certification ID # in the field below and then click the "Add Tester" button.**

MassDEP Certification ID Number

**2. Did your system use the services of a third party/consultant for the implementation of your Cross-connection Control Program or a portion of it?**

(•) Yes ( ) No

If Yes, Please provide :

(•) Update ( ) Insert

| | | |
|---|---|---|
| ROBERT | HEITZ | WATER SAFETY SERVIC |
| Contact First Name | Contact Last Name | Doing Business As (Company/Individual Name) |
| 6 WALNUT HILL PARK | | |
| Consultant Street Address Line 1 | Consultant Street Address Line 2 | |
| WOBURN | Massachusetts | 01801 |
| City/Town | State | Zip Code |
| 781-932-8787 | 781-932-0957 |
| Phone Number | Fax Number (if available) |

WSS-INC@COMCAST.NET
Consultant email

**Third Party Consultant Surveyor Personnel Information:**
**To add a surveyor, enter the certification ID # in the field below and then click the "Add Surveyor" button.**
MassDEP Certification ID Number

| Surveyor's FirstName | Surveyor's LastName | Doing Business As (Company/ Individual Name) | MassDEP Certification ID Number | Expiration Date | Phone Number |
|---|---|---|---|---|---|
| ROBERT | HEITZ JR | WATER SAFETY SE | 31278 | | 781-932-8787 |
| PETER | FORTE, JR. | WATER SAFETY SE | 31393 | | 781-932-8787 |

**Third Party Consultant Tester Personnel Information:**
**To add a Tester enter the certification ID # in the field below and then click the "Add Tester" button.**
MassDEP Certification ID Number

| Tester's FirstName | Tester's LastName | Doing Business As (Company/ Individual Name) | MassDEP Certification ID Number | Expiration Date | Phone Number |
|---|---|---|---|---|---|
| PETER | FORTE, JR. | FORTE, JR., PETER | 31398 | | 781-932-8787 |
| JOSEPH | HARKINS | HARKINS, JOSEPH | 31757 | | 781-932-8787 |
| JOSEPH | HEITZ | HEITZ, JOSEPH | 31866 | | 781-932-8787 |
| DANIEL | MULL | MULL, DANIEL | 32074 | | 781-932-8787 |

**What services does the consultant perform for the town**

- [x] Facilities Survey
- [x] Device Installation Plan Approval
- [x] Other(explain) CONSULTING
- [x] Testing of Devices
- [ ] Program Management

**3. Cross-Connection Surveyor responsible for review and approval of design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPBPs), double check valve assemblies (DCVAs), and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(3)(q):**

| Surveyor Name | HEITZ JR. ROBERT | MassDEP Certification Number | 31278 | Phone Number | 978-475-9021 |
|---|---|---|---|---|---|

**To add a Surveyor Reviewer enter the certification ID # in the field below and then click the "Add Surveyor Reviewer" button.**

MassDEP Certification ID Number

**4. Have you surveyed all commercial, industrial, institutional and municipal facilities within your service area for cross connection(s)**

(•) Yes ( ) No

If Yes, when was the cross connection survey completed? 2/28/2000 Date (mm/dd/yyyy)

If No, when do you expect to finish the survey? Date (mm/dd/yyyy)

**5. Complete the following table summarizing types and numbers of facilities surveyed during this reporting period.**

| Type of Facility | Total # of Facilities Served by PWS | # of Facilities Surveyed Prior to this reporting period | # of Facilities Surveyed in this reporting period | # of Facilities Remaining to be Surveyed | # of Facilities Re-surveyed in this reporting period |
|---|---|---|---|---|---|
| | A | B | C | = A - (B+C) | |
| Commercial | 140 | 140 | 0 | 0 | 117 |
| Industrial | 2 | 2 | 0 | 0 | 1 |
| Institutional | 3 | 3 | 0 | 0 | 3 |
| Municipal | 10 | 10 | 0 | 0 | 8 |
| Total | 155 | 155 | 0 | 0 | 129 |

*Use Comment field at the end of this question set (question #17) to provide , clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

**6. Are there any cross-connection(s) within your systems service area protected by:**

| | |
|---|---|
| Reduced Pressure Backflow Preventer (RPBP): | (•) Yes ( ) No |
| Double Check Valve Assembly (DCVA): | (•) Yes ( ) No |

If the answer is No to both questions go to question 9. If the answer is yes please complete the appropriate section(s) of the following table.

| Type of Facility | Total # of devices at the beginning of this reporting period | # of devices installed in this reporting period | # of devices removed & not replaced in this reporting period | Total # of devices | # of seasonal devices in Total |
|---|---|---|---|---|---|
| | A | B | C | = A +B-C | |
| RPBP | | | | | |
| Commercial | 170 | 2 | 1 | 171 | 10 |
| Industrial | 14 | 0 | 1 | 13 | 0 |
| Institutional | 2 | 0 | 0 | 2 | 0 |
| Municipal | 26 | 0 | 0 | 26 | 2 |
| Residential | 0 | 0 | 0 | 0 | 0 |
| Total | 212 | 2 | 2 | 212 | 12 |
| DCVA | | | | | |
| Commercial | 50 | 0 | 1 | 49 | 0 |
| Industrial | 1 | 0 | 0 | 1 | 0 |
| Institutional | 2 | 0 | 0 | 2 | 0 |
| Municipal | 7 | 0 | 0 | 7 | 0 |
| Residential | 0 | 0 | 0 | 0 | 0 |
| Total | 60 | 0 | 1 | 59 | 0 |

*Use Comment field at the end of this question set (question #17) to provide , clarifications, descriptions or explanations regarding the above data.
Please reference the question number and table field in your description.
*PWSs must maintain a list of ALL registered cross connections that are being protected by a RPBP o DCVA. The list must contain at a minimum the following information: owner/business name, Cross Connection ID#, types of protection (RPBP or DCVA), brand, model, serial # and exact location within the facility.

**7. Provide information on the testing performed in this reporting period by the type of device/assembly.**

| Type of Protection | # of Initial tests | # of Routine tests | # of Failures | # of Repairs &Re-tests | # Not Tested |
|---|---|---|---|---|---|
| RPBP | 2 | 412 | 2 | 2 | 0 |
| DCVA | 0 | 59 | 2 | 2 | |

Describe any discrepancies between the expected number of tests, based on the total number of devices reported in question #6, and the actual number of tests reported in question #7. If you reported a value greater than 0 for "# Not Tested" in question #7 provide an explanation for why the devices were not tested.

8. Can your PWS provide MassDEP with a copy of the list of RPBP and DCVA within 2 hours?

(•) Yes ( ) No

9. Does your PWS approve, permit and/or test PVB and/or SPPVB* devices?

PVB DEVICES ( ) Yes (•) No SPPVB DEVICES ( ) Yes (•) No

if Yes to either please provide the following details:

| Type of Protection | # of Initial tests | # of Routine tests | # of Failures | # of Repairs &Re-tests |
|---|---|---|---|---|
| PVB | | | | |
| SPPVB | | | | |

*Use Comment field at the end of this question set (question #17) to provide , clarifications, descriptior s or explanations regarding the above data. Please reference the question number and table field in your description.

10. What is the maximum time allowed to protect a cross connection after the discovery of a violation?

Check one: ( ) 14 days (•) 30 days ( ) 90 days ( ) Greater than 90 days

11. Do you have a fully implemented active cross-connection educational program directed toward residential customers?

( ) Yes (•) No

If No, is there a date when you plan to have an education program implemented?
NTNCs may skip this question.

Date(mm/dd/yyyy)

12. Do you have a fully implemented educational program for specific users (ex. Industrial, Comme cial, Institutional and Municipal)?

(•) Yes ( ) No ( ) N/A

"N/A" should be selected only if your system does not have any Industrial, Commercial, Institutional, or Municipal users. If Yes, please list the types of users targeted through your education program. (Check all that apply):

[✓] Industrial [✓] Commercial [✓] Institutional [✓] Municipal

If No, when do you plan to have the educational program implemented?

Date(mm/dd/yyyy)

13. Does your system have an atmospheric vacuum breaker (hose bib) program for your customers?

( ) Yes (•) No

If no do you plan to institute one in furure?
If yes go to question14

( ) Yes (•) No

If yes When?
If no go to question 14.

Date(mm/dd/yyyy)

**14. Does your system have a local ordinance, by-law or policy statement on cross-connection control?**

(•) Yes ( ) No

If YES,and you already provided copy to MassDEP in 2008 (2007 ASR) no further action is required.

If YES,and you did not provide a copy to MassDEP please forward a copy to:

MassDEP Boston office, 1 Winter Street, 5th floor, Boston, MA 02108

Attn : Otavio DePaula-Santos

**15. Does your water system have a total containment policy?**

( ) Yes (•) No

Containment policy means ALL services connections have a device installed at the meter. Containment protects the water main by isolating each facility independently of its activity ( residential, commertial, industrial, or municipal).

**16. Has there been a cross-connection incident in your water system during the reporting period?**

( ) Yes (•) No

If Yes, please provide infomation below:

| Date of Incident | Location of the Incident | DESCRIPTION |
|---|---|---|

**Comments or additional information regarding this section**

# Water Production & Consumption Information

Volume Units ○ Gallons (GAL) ◉ Million Gallons (MG)

FINISHED Water Production and Consumption Summary for Last Year (2009):

| Month | (1) Amount of finished water from own sources (MG) | (2) Amount of finished water purchased from other systems (MG) | (3) Amount of finished water sold to other systems (MG) | (4) Net finished Water that entered your distribution system (1) + (2) - (3)= (4) (MG) |
|---|---|---|---|---|
| January | 53.630 | 0.000 | 09.202 | 44.428 |
| February | 47.775 | 0.000 | 8.487 | 39.288 |
| March | 52.578 | 0.000 | 10.506 | 42.072 |
| April | 54.936 | 0.000 | 12.227 | 42.709 |
| May | 69.015 | 0.000 | 15.047 | 53.968 |
| June | 67.296 | 0.000 | 16.175 | 51.121 |
| July | 69.885 | 0.000 | 18.545 | 51.340 |
| August | 55.692 | 0.000 | 15.883 | 39.809 |
| September | 53.064 | 0.000 | 15.280 | 37.784 |
| October | 49.157 | 0.000 | 12.617 | 36.540 |
| November | 43.292 | 0.000 | 10.091 | 33.201 |
| December | 43.669 | 0.000 | 09.833 | 33.836 |
| TOTAL | 659.989 | 0.000 | 153.893 | 506.096 |

Maximum Daily Finished Water Consumption: Volume (MG): 3.895 Date: 7/6/2010

RAW Water Production and Consumption Summary for Last Year (2009):

☐ Same as finished water (it is not necessary to complete Table if same volume as above)

| Month | (1) Amount of **raw** water pumped from own sources (MG) | (2) Amount of **raw** water purchased from other systems (MG) | (3) Amount of **raw** water sold to other systems (MG) | (4) Net **raw** Water Consumption (1) + (2) - (3) = (4) (MG) |
|---|---|---|---|---|
| January | 58.949 | 0.000 | 0.000 | 58.949 |
| February | 52.803 | 0.000 | 0.000 | 52.803 |
| March | 58.079 | 0.000 | 0.000 | 58.079 |
| April | 59.654 | 0.000 | 0.000 | 59.654 |
| May | 74.562 | 0.000 | 0.000 | 74.562 |
| June | 74.118 | 0.000 | 0.000 | 74.118 |
| July | 74.388 | 0.000 | 0.000 | 74.388 |
| August | 58.998 | 0.000 | 0.000 | 58.998 |
| September | 56.422 | 0.000 | 0.000 | 56.422 |
| October | 53.696 | 0.000 | 0.000 | 53.696 |
| November | 47.614 | 0.000 | 0.000 | 47.614 |
| December | 47.417 | 0.000 | 0.000 | 47.417 |
| TOTAL | 716.700 | 0.000 | 0.000 | 716.700 |

Maximum Daily Raw Water Pumping: Volume (MG): 4.057 Date: 7/6/2010

**Summary of Water Sold**

Sold Water

| System Name | PWS ID# | Total Volume Sold (MG) | Water type |
|---|---|---|---|
| HOPKINTON WATER DEPARTMENT | 2139000 | 153.893 | Finished |

**Metered Finished Water Consumption by Service Type**

U.S. EPA requires every PWS to report what their water is used for in order to characterize each system. In this table, report the percentages of metered water for each category below, ONLY for those categories over 10%. For municipal water suppliers, most of the water will be reported as Residential Area. If any other categories are more than 10% of your metered use, report it in the appropriate category. If any category is less than 10%, do NOT report it. The precentage do NOT have to add to 100%, since water use in some categories will be less than 10% and therefore is not reported.

ONLY report uses for categories over 10% of total metered use. Report ALL metered water use in the Water Management Distribution System Form (if appropriate)

| % | Primary Service Area | Type | % | Primary Service Area | Type |
|---|---|---|---|---|---|
| | ○ Yes | Day Care Center | | ○ Yes | Other Residential |
| | ○ Yes | Dispenser | | ○ Yes | Other Transient |
| | ○ Yes | Homeowners Association | | ○ Yes | Recreation Area |
| | ○ Yes | Hotel/Motel | 91 | ● Yes | Residential Area |
| | ○ Yes | Highway Rest Area | | ○ Yes | Restaurant |
| | ○ Yes | Industrial/Agricultural | | ○ Yes | Retail Employees |
| | ○ Yes | Interstate Carrier | | ○ Yes | School |
| | ○ Yes | Institution | | ○ Yes | Sanitary Improvement District |
| | ○ Yes | Medical Facility | | ○ Yes | Summer Camp |
| | ○ Yes | Mobile Home Park | | ○ Yes | Secondary Residences |
| | ○ Yes | Mobile Home Park, Principal Residence | | ○ Yes | Service Station |
| | ○ Yes | Municipality | | ○ Yes | Subdivision |
| | ○ Yes | Other Area | | ○ Yes | Water Bottler |
| | ○ Yes | Other Non-Transient Area | | ○ Yes | Wholesaler |

**Summary of Treatment Plant Losses (complete only if finished water volume is less than raw water)**

☐ No treatment plant losses (not applicable)

| Treatment PlantID: | Total Raw Water into treatment plant in 2009 (raw pumped + raw purchased - raw sold): | - Total Finished Water from treatment plant in 2009: | = Total Water Lost to Treatment Process in 2009: |
|---|---|---|---|
| 3014000-02T | 716.700 | 659.989 | 56.710 |

Briefly describe the fate of the waste product (slurry or sludge) produced by your treatment process (discharge to sewer, groundwater discharge, settling lagoons, re-circulate back into treatment plant, etc.):

FILTER TO WASTE BACKWASH CLARIFIER FLUSH AND SAMPLE LINE WASTE

**X. Comments or additional information regarding this section**

# Source Protection - IWPA

## IWPA

1. Mass DEP assigned IWPA ID #: 11478
   IWPA Radius in Feet #: 2640

2. DEP Source IDs and Names of the withdrawal points in IWPA.

| SourceID | Source Name | Zone I Radius | Zone I Control | Pollution Sources | Comments |
|---|---|---|---|---|---|
| 3014000-01G | HIGH ST. WELL #1 | 400 | | | |

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

No data found

4. Did your inspections of the IWPA identify any new land uses or activities that pose a threat to drinking water quality?

○ Yes ◉ No

If YES, please describe:

5. Did your inspection identify any violations of state or local land use controls?

○ Yes ◉ No

If YES, please describe the violation(s), reporting and resolutions:

6. If YES, did you report those violations to the municipality (i.e. building inspector, board of health, planning board)?

○ Yes ○ No

## IWPA

1. Mass DEP assigned IWPA ID #: 12972
   IWPA Radius in Feet #: 2640

2. DEP Source IDs and Names of the withdrawal points in IWPA.

| SourceID | Source Name | Zone I Radius | Zone I Control | Pollution Sources | Comments |
|---|---|---|---|---|---|
| 3014000-03G | HIGH ST. WELL #3 | 400 | | | |

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

No data found

4. Did your inspections of the IWPA identify any new land uses or activities that pose a threat to drinking water quality?

○ Yes ◉ No

If YES, please describe:

5. Did your inspection identify any violations of state or local land use controls?

○ Yes ◉ No

If YES, please describe the violation(s), reporting and resolutions:

6. If YES, did you report those violations to the municipality (i.e. building inspector, board of health, planning board)?

○ Yes ○ No

## IWPA

1. Mass DEP assigned IWPA ID #: 13108
IWPA Radius in Feet #: 2640

2. DEP Source IDs and Names of the withdrawal points in IWPA.

| SourceID | Source Name | Zone I Radius | Zone I Control | Pollution Sources | Comments |
|---|---|---|---|---|---|
| 3014000-02G | HIGH ST. WELL #2 | 400 | | | |

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

No data found

4. Did your inspections of the IWPA identify any new land uses or activities that pose a threat to drinking water quality?

○ Yes ◉ No

If YES, please describe:

5. Did your inspection identify any violations of state or local land use controls?

○ Yes ◉ No

If YES, please describe the violation(s), reporting and resolutions:

6. If YES, did you report those violations to the municipality (i.e. building inspector, board of health, planning board)?

○ Yes ○ No

## IWPA

1. Mass DEP assigned IWPA ID #: 13443
   IWPA Radius in Feet #: 2640

2. DEP Source IDs and Names of the withdrawal points in IWPA.

| SourceID | Source Name | Zone I Radius | Zone I Control | Pollution Sources | Comments |
|---|---|---|---|---|---|
| 3014000-06G | CEDAR ST. WELLS | 400 | Y | | |

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

No data found

4. Did your inspections of the IWPA identify any new land uses or activities that pose a threat to drinking water quality?

○ Yes ◉ No

If YES, please describe:

5. Did your inspection identify any violations of state or local land use controls?

○ Yes ◉ No

If YES, please describe the violation(s), reporting and resolutions:

6. If YES, did you report those violations to the municipality (i.e. building inspector, board of health, planning board)?

○ Yes ○ No

Comments or Additional Information regarding this section:

# Source Protection - Zone II

## Zone

1. Mass DEP assigned Zone II ID # : 192

2. DEP Source IDs and Names of the withdrawal points in Zone II.

No data found

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

4. Did your inspections of the Zone II identify any new land uses or activities that pose a threat to drinking water quality?

○ Yes ◉ No

If YES, please describe:

5. Did your inspection identify any violations of state or local land use controls?

○ Yes ◉ No

If YES, please describe the violation(s), reporting and resolutions:

6. If YES, did you report those violations to the municipality (i.e. building inspector, board of health, planning board)?

○ Yes ○ No

## Zone

1. Mass DEP assigned Zone II ID # : 451

2. DEP Source IDs and Names of the withdrawal points in Zone II.

| SourceID | Source Name | Zone I Radius(ft) | Zone I Control | Pollution Sources |
|---|---|---|---|---|
| 3014000-04G | HOWE ST. GP WELL 4 | 400 | Y | |
| 3014000-07G | HOWE ST. GP WELL #6 | 400 | Y | |
| 3014000-05G | HOWE ST. GP WELL 5 | 400 | Y | |
| 3014000-09G | HOWE ST. GP WELL 8 | 400 | | |
| 3014000-08G | HOWE ST. GP WELL 7 | 400 | Y | |

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

| PSC Description | Quantity | Ground Threat | Comments |
|---|---|---|---|

| | | | |
|---|---|---|---|
| NURSERIES | 1 | M | |
| TRANSPORTATION CORRIDOR | 1 | M | |
| HAZARDOUS MATERIALS STORAGE | 1 | H | SHOULD BE M THREAT- WATER TREATMENT PLANT |

**4. Did your inspections of the Zone II identify any new land uses or activities that pose a threat to drinking water quality?**

○ Yes ◉ No

If YES, please describe:

**5. Did your inspection identify any violations of state or local land use controls?**

○ Yes ◉ No

If YES, please describe the violation(s), reporting and resolutions:

**6. If YES, did you report those violations to the municipality (i.e. building inspector, board of health, planning board)?**

○ Yes ○ No

**Comments or Additional Information regarding this section:**

# Water Management Act Annual Report - Distribution

**All public water suppliers distributing 100,000 gallons per day or more must complete Tables DS-1 through DS-5 and Tables DS-7 and DS-8.** Tables DS-6 and DS-9 are optional. Instructions for completing Tables DS-1 through DS-8 are included in the ASR Instructions available at MassDEP's website. If you have any questions concerning completion of the Distribution System Report, please contact Richard Friend with the WMA Program at (617) 654-6522 or email him at richard.friend@state.ma.us

**Table DS-1 Summary of Leak Detection Activities During the Reporting Year**

| | |
|---|---|
| 1. Total miles of water mains | 80 |
| 2. Miles of mains surveyed this year | 80 |
| 3. Number of leaks found | 15 |
| 4. Number of leaks repaired | 14 |
| 5. Estimated volume lost (mg) if a reliable estimate can be made | |
| 6. Date of last leak detection survey of entire system: | 5/10/2010 (mm/dd/yyyy) |

**Table DS-2 Water Conservation - Limits on Withdrawals**

1. **Did your PWS implement mandatory nonessential outdoor water use restrictions in the reporting year?**
   (•) Yes ( ) No

2. **If yes,why did you institute mandatory restrictions (check all that apply)?**

a. [x] Required by WMA permit

   [ ] Calendar trigger in permit
   [ ] Streamflow trigger in permit
   [ ] Other trigger in permit — If "Other Trigger" then describe:

b. [ ] Reason other than permit requirement
   Describe:

3. **Please characterize the type of mandatory restrictions that were in place (Check all that apply)**

[x] Total outdoor ban

[ ] Hand-held only
[ ] Hourly Describe:

Daily: (•) Odd/Even ( ) Twice/Week ( ) Once/Week ( ) Other Daily — If "Other Daily" then describe:

4. If you instituted mandatory restrictions, on what dates were restrictions in place? (you may have had only one period of restriction)

| | Start Date | End Date |
|---|---|---|
| Period 1 | 1/1/2010 | 12/31/2010 |
| | (mm/dd/yyyy) | (mm/dd/yyyy) |
| Period 2 | | |
| | (mm/dd/yyyy) | (mm/dd/yyyy) |
| Period 3 | | |
| | (mm/dd/yyyy) | (mm/dd/yyyy) |

5. Indicate if you plan or expect to institute nonessential outdoor water use restrictions in the upcoming summer. If you hold a WMA permit with Seasonal Limits on Nonessential Outdoor Water Use conditions, indicate whether you plan on instituting calendar-based or streamflow trigger-based outdoor water use restrictions. Remember that if you plan on instituting calendar restrictions, they must be in place by May 1. Streamflow-based restrictions must be in place once the trigger specified in your WMA permit has been reached for three consecutive days. Refer to your permit for specific nonessential outdoor water use requirements. Indicate if you plan on instituting restrictions even though you do not hold a WMA permit with outdoor water use restriction or do not hold a permit at all.

- [x] Planning to institute calendar-based nonessential outdoor water use restrictions per WMA permit
- [ ] Planning to institute streamflow-based nonessential outdoor water use restrictions per WMA permit
- [ ] Planning to institute nonessential outdoor water use restrictions for reasons other than WMA permit requirements.
- [ ] Do not intend on instituting nonessential outdoor water use restrictions.

**Please Note: Enter volumes in Tables DS-3, DS-4, DS-5 and DS-6 in million gallons per year (mgy).**
Example 1: if a volume is 654,120,152 gallons, enter 645.120152 mgy.
Example 2: if a volume is 580,123 gallons, enter 0.580123 mgy.
Example 3: if a volume is 86,000 gallons, enter 0.086 mgy.

**Table DS-3 Metered Finished Water Use** Complete Table DS-3 to account for all of your metered water volumes (e.g. permanent and temporary; private and municipal/government; billed and non-billed). Do not include water sold to other PWSs, which is reported on the Water Production & Consumption Information form

| Use Category | No. of Service Connections | Total Volume (mgy) | Category Description |
|---|---|---|---|
| Residential | 6593 | 344.1 | Water provided to residences in your distribution system, including for-profit apartments, condos, and seasonal homes. All water used for lawn watering at residential buildings belongs in this category. |
| Residential Institutions | | | Water provided to institutions with residential population such as colleges. It is optional to account institutions volumes separately (may be included in Residential above - see instructions). |
| Commercial/Business | 139 | 23.9 | Water served to businesses and other commercial entities. |
| Agricultural | | | Water used mainly to grow food, raise animals, or run a garden center. |
| Industrial | 12 | 20.2 | Water used mainly for industrial purposes. |
| Municipal/Institutional/Non-profits | 20 | 3.74 | Water used for municipal purposes, including schools, playing fields, municipal buildings, treatment plant; non-profits such as churches; non-residential institutions such as private schools. |
| Other* | | | Water used for purposes not included in above categories. |
| TOTALS | 6764 | 391.94 | Total number of service connections and metered volume. |

* If you include a volume under "Other", list the use(s):

UNACCOUNTED FOR WATER (UAW)

**Table DS-4 Confidently Estimated Municipal Use volume** To qualify as confidently estimated municipal use calculations/documentation for each estimated use must be attached to this ASR or mailed to MassDEP. If no documentation is provided, DEP will count the volumes as unaccounted for water. See ASR Instructions for more detail. Leak detection volumes are not counted as a confidently estimated municipal use. Optional Excel spreadsheets for calculating confidently estimated use can be found at the MADEP website at http://www.mass.gov/dep/water/approvals/dwsforms.htm#statrep

| Confidently Estimated Municipal Use (CEMU) | | Estimated million gallons per year |
|---|---|---|
| Fire protection & training | | .72 |
| Hydrant/water main flushing/main construction | + | 71.96 |
| Flow testing | + | .162 |
| Bleeders/ Blow offs | + | 5.1 |
| Tank overflow & drainage | + | 0 |
| Sewer & stormwater system flushing | + | .04 |
| Street cleaning | + | .171 |
| Source meter calibration adjustments | + | 1.3 |
| Major water main breaks (not leak detection) | + | 1.4 |
| Total Confidently Estimated Municipal Use | = | 80.853 |

YOU MUST PROVIDE DOCUMENTATION FOR ALL OF YOUR CEMU VOLUMES.

Are you attaching electronic files to the eASR that document your CEMU volumes?

( ) Yes ( ) No

Paper copies of CEMU volumes may be mailed to:
Mass DEP
1 Winter St.
Boston MA 02108
Attn: Water Management Act Program

**Table DS-5 Unaccounted for Water** To calculate UAW, subtract total metered use and confidently estimated municipal use volumes from the total volume of finished water entering your distribution system.

| | Million Gallons/Year (MGY) | % of Total Water Available for Distribution |
|---|---|---|
| Total Finished Water Available for Distribution **(Total Net Finished Water from Production Form)** | 506.1 | 100% |
| Total Metered Use **(System Total Metered Use from Table DS-3)** | - 391.94 | - 77.4 % |
| Total Confidently Estimated Municipal Use **(Total from Table DS-4 )** | - 80.853 | - 16.0 % |
| **Unaccounted for Water (UAW)** | = 33.3 | = 6.6 % |

**Table DS-6 Sources of Unaccounted for Water (Optional)** Use this table to provide estimated volumes of your unaccounted for water.

| **Known or Suspected Source of Unaccounted for Water** | **Estimated Volume (MGY)** |
|---|---|
| Leak Detection | 33.0 |
| Water Theft | |
| Meter Malfunction/mis-registration | |
| Other (specify): | |
| Other (specify): | |
| **Total:** | 33 |

**RESIDENTIAL GALLONS PER CAPITA DAY (RGPCD)**

RGPCD is a performance standard for public water suppliers serving municipalities and is a measure of the average amount of water a resident uses each day during the reporting period. High RGPCD values are associated with unrestricted outdoor water use, especially lawn watering. See ASR Instructions for further explanation and examples. There are two steps to determine your RGPCD number: Step 1: Determine the residential population served by your system (2 options to choose from). Step 2: Calculate RGPCD from population served and residential metered water volume.

**RGPCD Step 1 - Choose one of two options to determine Population Served**

**Population Option 1: Accurate Count (census data)**: If your PWS serves an entire municipality, then use the most recent local or Federal census number for the total residential population. Partially served communities can use the most recent local or Federal census if private well users and/or those served by other PWS systems are subtracted out (attach documentation to this ASR). Communities with high seasonal fluctuations can pro-rate the population for the duration of the influx. See ASR Instructions for further detail and examples.

**Population Option 2: Estimate from Households Served** If your PWS serves a portion of one or more communities and you cannot obtain a reliable census, click on the following link to open an excel spreadsheet for estimating your population. Click Here. This estimate is calculated from the number of households connected to your distribution system and the average household size. Save the spreadsheet onto your computer for use in subsequent years' reporting. If you are using a spreadsheet from your assessor's

office or planning board to estimate number of households served, attach the spreadsheet or mail it to DEP and report the population served on Table DS-7 below.

If mailing Population Calculations or documentation send to:
Mass DEP
1 Winter St.
Boston MA 02108
Attn: Water Management Act Program

Table DS-7 Residential Population Served

| | |
|---|---|
| **Community(ies) served by PWS is (are) :** | Partially Served |
| **Method of Determining Population Served:** | Option 1(Census) |
| **Census Type (Federal or Local):** | Local |
| **Census year:** | 2010 |
| **Population Served:** | 16892 |

RGPCD Step 2 – Calculate RGPCD

**Table DS-8 Residential Gallons per Capita Day** To determine RGPCD, your metered residential volume (million gallons/year) is divided by 365 days. The result in then divided by the population served and multiplied by 1,000,000 to obtain gallons per person per day. If you include Residential Institutions volume in your RGPCD volume, also include the Residential Institutions population. See ASR instructions

| Residential Water Use (million gallons) | / 365 | / Population Served | X 1,000,000 | = | Residential Gallons per Capita Day (gallons/person/day) |
|---|---|---|---|---|---|
| 344.1 | /365 | / 16892 | X1,000,000 | = | 56 |

**Table DS-9:** Use this table to provide comments or additional information regarding this section of the ASR. You may explain discrepancies, provide supplemental information, or provide any other information to assist MassDEP in processing the data in your ASR.

# Water Management Act Annual Report - Basin Withdrawal

Instructions for completing Tables BW-1 through BW-4 are included in the ASR Instructions available at MassDEP's website. If you have any questions concerning completion of the Water Management Act Annual Report, please contact Richard Friend with the WMA Program at (617) 654-6522 or email him at richard.friend@state.ma.us

**Table BW-1 Permit & Registration Information**

| River Basin (Watershed) | Registration Number | Permit Number |
|---|---|---|
| 14-CONCORD | 31401401 | 9P231401402 |

**Water Withdrawal by Watershed**

Calculation of Daily Average Withdrawal: Use Table BW-2 to calculate 2010 withdrawal volume(s) by watershed. Table BW-3 compares 2010 actual withdrawal volume(s) to the volume(s) authorized under your WMA registration(s) and/or permit(s). The total volumes for each source and their respective watershed are reported in the Ground Water Sources and for Surface Water Sources report forms. Enter the total of all sources for each watershed in Table BW-2.

**Table BW-2 Average Daily Withdrawal by Watershed**

| River Basin | Total Raw Water Pumped in 2010 (mgy) | / 365 = | Watershed Average Daily Withdrawal (mgd) |
|---|---|---|---|
| 14-CONCORD | 716.700 | / 365 = | 1.96 |

**Table BW-3 WMA Authorized Volume vs. Actual Withdrawal Volume**

| River Basin | Registered Volume (mgd) | + | Permitted Volume (mgd) | = | WMA Authorized Withdrawal Volume (mgd) | - | Daily Avg. Water Use (mgd) (from Table BW-2 above) | = | Difference* |
|---|---|---|---|---|---|---|---|---|---|
| 14-CONCORD | 1.23 | + | 0.95 | = | 2.18 | - | 1.96 | = | 0.22 |

*** A positive difference indicates that the volume withdrawn is less than the authorized volume. A negative value indicates that more water was pumped than is authorized and that your PWS may be out of compliance.**

**Table BW-4 Permit Special Conditions**

Review your WMA permit and list any Special Conditions of your WMA permit that require submission of an annual report to MassDEP. If the required report is being submitted with this ASR, please note in Table BW-4. If a required report was submitted earlier in the year, please provide the date submitted.

| WMA Permit Special Condition Requiring Annual Report to MassDEP | Report Attached to ASR | If not attached, date submitted to MassDEP |
|---|---|---|
| | ○ Yes ○ No | (mm\dd\yyyy) |

If mailing annual report, send to:
MADEP
1 Winter St.
Boston MA 02108
Attn: Water Management Act Program

**Table BW-5** Use this table to provide comments or additional information regarding this section of the ASR. You may explain discrepancies, provide supplemental information, or provide any other information to assist MassDEP in processing the data in your ASR.

# Treatment Plants

## Treatment Plant

### 1. Plant Information

| Plant ID# : | Plant Name: |
|---|---|
| 3014000-02T | HOWE ST. WATER TREATMENT FACILITY |

| Street Address Line 1: | Street Address Line 2: |
|---|---|
| HOWE ST | 229 HOWE STREET |

| City/Town: | State(2 letter abbreviation) | Zip: |
|---|---|---|
| ASHLAND | MA | 01721 |

| Status: | Availability: | Class: | Capacity (MGD): |
|---|---|---|---|
| A | ACTIVE | I V- T | 5.9 |

| Contact: | Phone: | Fax: |
|---|---|---|
| JOHN D SMALL | 5088810120 | 5088813255 |

### 2. Related Sources Table

| | |
|---|---|
| 3014000-04G | HOWE ST. GP WELL 4 |
| 3014000-05G | HOWE ST. GP WELL 5 |
| 3014000-07G | HOWE ST. GP WELL #6 |
| 3014000-08G | HOWE ST. GP WELL 7 |
| 3014000-09G | HOWE ST. GP WELL 8 |

### 3. Treatment Table(s)

| Treatment Objective: | Treatment Process: |
|---|---|
| MANGANESE REMOVAL | PERMANGANATE |

Innovative: Y  Start Date: 07/10/2002  End Date:

| Chemical Name |
|---|
| POTASSIUM PERMANGANATE |

Comment:
BACKUP FOR OZONATION SYSTEM

| Treatment Objective: | Treatment Process: |
|---|---|
| PARTICULATE REMOVAL | COAGULATION |

Innovative: N  Start Date: 7/10/2002  End Date:

| Chemical Name |
|---|
| FERRIC CHLORIDE |
| CATIONIC POLYMER |

Comment:
UPFLOW CLARIFIER

Treatment Objective: PARTICULATE REMOVAL
Treatment Process: FILTERED
Innovative: N
Start Date: 07/10/2002
End Date:

No Data Found

Comment:

Treatment Objective: DISINFECTION BY-PRODUCTS CONTROL
Treatment Process: ACTIVATED CARBON, GRANULAR
Innovative: N
Start Date: 07/10/2002
End Date:

No Data Found

Comment:

Treatment Objective: CORROSION CONTROL
Treatment Process: PH ADJUSTMENT
Innovative: N
Start Date: 07/10/2002
End Date:

| Chemical Name |
|---|
| SODIUM HYDROXIDE |

Comment:

Treatment Objective: CORROSION CONTROL
Treatment Process: INHIBITOR, ORTHOPHOSPHATE
Innovative: N
Start Date: 07/10/2002
End Date:

| Chemical Name |
|---|
| ZINC ORTHOPHOSPHATE |

Comment:
SUPPLIED TO ASHLAND ONLY

~~Treatment Objective:~~ ~~DISINFECTION~~ ~~Treatment Process:~~ ~~GASEOUS CHLORINATION, POST~~
~~Innovative: N~~ ~~Start Date: 7/10/2002~~ ~~End Date: 7/10/2002~~

~~No Data Found~~

~~Comment:~~
~~SUPPLIED TO HOPKINTON ONLY~~

Treatment Objective: DISINFECTION Treatment Process: CHLORAMINES
Innovative: N Start Date: 07/10/2002 End Date:

| Chemical Name |
|---|
| CHLORINE |
| AMMONIUM SULFATE |

Comment:
SUPPLIED TO ASHLAND ONLY

Treatment Objective: ORGANICS REMOVAL Treatment Process: OZONATION, PRE
Innovative: N Start Date: 7/10/2002 End Date:

| Chemical Name |
|---|
| OZONE |

Comment:

Treatment Objective: DISINFECTION Treatment Process: GASEOUS CHLORINATION, PRE
Innovative: N Start Date: 7/10/2002 End Date:

| Chemical Name |
|---|
| CHLORINE |

Comment:
ADDED TO CLEARWELL

**Comment:**

THE TOWN OF ASHLAND HAS A LETTER OF APPROVAL FROM MADELYN MORRISS DATED JANUARY 20, 2005...THE DEPARTMENT CHANGEDE THE CLASSIFICATION TO A III-T FACILITY AS DEFINED BY 310 CMR 22.`1B(4).

## Treatment Plant

**1. Plant Information**

| | | | |
|---|---|---|---|
| 3014000-01T | | HOWE STREET CHEM. ADDN. FACILITY | |
| Plant ID# : | | Plant Name: | |
| HOWE ST | | | |
| Street Address Line 1: | | Street Address Line 2: | |
| ASHLAND | | MA | 01721 |
| City/Town: | | State(2 letter abbreviation) | Zip: |
| I | ABANDONED | II-T | |
| Status: | Availability: | Class: | Capacity (MGD): |
| | | | |
| Contact: | | Phone: | Fax: |

**2. Related Sources Table**

| | |
|---|---|
| 3014000-04G | HOWE ST. GP WELL 4 |
| 3014000-05G | HOWE ST. GP WELL 5 |
| 3014000-07G | HOWE ST. GP WELL #6 |

**3. Treatment Table(s)**

No Data Found

**Comment:**

**Comments or additional information regarding this section**

# Pump Stations

## Pump

**1. Pump Information**

| HOWE ST. GP WELL 7 PUMP | 229 HOWE ST. |
|---|---|
| Pump Station Name | Location |

| | | | |
|---|---|---|---|
| Function: | | | |
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Raw | Maximum Aggregate Capacity (GPM): | 1500 |
| Standby/Emergency Power: | Y | | |
| Primary Pump Details | | | |
| Suction Type: | S | Suction Head (ft.): | 70 |
| Suction Size (inches): | 10 | Motor Horse Power: | 40 |
| Motor Type: | VHS | Motor Control: | A |
| Discharge Type: | S | Discharge Size (inches): | 10 |
| Installation Date | 07/10/2002 | Model #: | 12D165-2STG. |
| Pump Manufacturer: | WDM | | |

**2. Related Sources Table (if applicable)**

| No Data Found |
|---|

## Pump

**1. Pump Information**

| HOWE ST. GP WELL 8 PUMP | 229 HOWE ST. |
|---|---|
| Pump Station Name | Location |

| | | | |
|---|---|---|---|
| Function: | | | |
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Raw | Maximum Aggregate Capacity (GPM): | 1500 |
| Standby/Emergency Power: | Y | | |
| Primary Pump Details | | | |
| Suction Type: | S | Suction Head (ft.): | 70 |
| Suction Size (inches): | 10 | Motor Horse Power: | 40 |
| Motor Type: | VHS | Motor Control: | A |
| Discharge Type: | S | Discharge Size (inches): | 10 |
| Installation Date | 07/10/2002 | Model #: | 12D165-2STG. |
| Pump Manufacturer: | WDM | | |

**2. Related Sources Table (if applicable)**

No Data Found

## Pump

**1. Pump Information**

| HOWE ST. GP WELL 4 PUMP | 229 HOWE ST. |
|---|---|
| Pump Station Name | Location |

| | | | |
|---|---|---|---|
| Function: | PROVIDES RAW WATER TO TREATMENT PLANT | | |
| Status: | A | Availability: | ABANDONED |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Raw | Maximum Aggregate Capacity (GPM): | 1500 |
| Standby/Emergency Power: | Y | | |
| Primary Pump Details | | | |
| Suction Type: | S | Suction Head (ft.): | 70 |
| Suction Size (inches): | 10 | Motor Horse Power: | 40 |
| Motor Type: | VHS | Motor Control: | AUTOMATIC |
| Discharge Type: | S | Discharge Size (inches): | 10 |
| Installation Date | 7/10/2002 | Model #: | 12D165 2STG. |
| Pump Manufacturer: | WDM | | |

**2. Related Sources Table (if applicable)**

No Data Found

## Pump

**1. Pump Information**

| HOWE ST. GP WELL 5 PUMP | 229 HOWE ST. |
|---|---|
| Pump Station Name | Location |

| | | | |
|---|---|---|---|
| Function: | PROVIDES RAW WATER TO TREATMENT PLANT | | |
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Raw | Maximum Aggregate Capacity (GPM): | 1500 |
| Standby/Emergency Power: | Y | | |

Primary Pump Details

| | | | |
|---|---|---|---|
| Suction Type: | S | Suction Head (ft.): | 70 |
| Suction Size (inches): | 10 | Motor Horse Power: | 40 |
| Motor Type: | VHS | Motor Control: | AUTOMATIC |
| Discharge Type: | S | Discharge Size (inches): | 10 |
| Installation Date | 7/10/2002 | Model #: | 12D165 2STG. |
| Pump Manufacturer: | WDM | | |

**2. Related Sources Table (if applicable)**

No Data Found

## Pump

**1. Pump Information**

| | |
|---|---|
| HOWE ST. GP WELL 6 PUMP | 229 HOWE ST. |
| Pump Station Name | Location |

| | | | |
|---|---|---|---|
| Function: | PROVIDES RAW WATER TO TREATMENT PLANT | | |
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Raw | Maximum Aggregate Capacity (GPM): | 695 |
| Standby/Emergency Power: | Y | | |

Primary Pump Details

| | | | |
|---|---|---|---|
| Suction Type: | S | Suction Head (ft.): | 70 |
| Suction Size (inches): | 8 | Motor Horse Power: | 25 |
| Motor Type: | VHS | Motor Control: | AUTOMATIC |
| Discharge Type: | S | Discharge Size (inches): | 8 |
| Installation Date | 7/10/2002 | Model #: | 10C75 2STG. |
| Pump Manufacturer: | WDM | | |

**2. Related Sources Table (if applicable)**

No Data Found

## Pump

**1. Pump Information**

| | |
|---|---|
| RUSSETT HILL BOOSTER STATION | 3 RUSSETT HILL |
| Pump Station Name | Location |

| | |
|---|---|
| Function: | MAINTAIN APPROPRIAT PRESSURE IN THE RUSSETT HILL AREA |

| | | | |
|---|---|---|---|
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 6 | Number of Emergency Pumps: | 4 |
| Raw or Finished Water: | Finished | Maximum Aggregate Capacity (GPM): | 300 |
| Standby/Emergency Power: | Y | | |

Primary Pump Details

| | | | |
|---|---|---|---|
| Suction Type: | C | Suction Head (ft.): | 0 |
| Suction Size (inches): | 2 | Motor Horse Power: | 15 |
| Motor Type: | VERT TURB | Motor Control: | AUTOMATIC |
| Discharge Type: | C | Discharge Size (inches): | 4 |
| Installation Date | 12/1/1990 | Model #: | SA5 |
| Pump Manufacturer: | SYCRO FLOW | | |

**2. Related Sources Table (if applicable)**

No Data Found

Comments or additional information regarding this section

# Storage Facilities

Show all storage facilities

## Storage Facility

Edit Delete

| CEDAR ST | HOLLISTON TOWN UNIT A |
|---|---|
| **Storage Facility Name** | **Location** |

| | | | |
|---|---|---|---|
| Status: | A | Availability: | ACTIVE |
| Storage Type: | GROUND LEVEL STORAGE TANK | Capacity (MG): | 2.6 |
| Material: | STEEL | Installation Date | 1/1/1970 |

**Comments or additional information regarding this section**

## Storage Facility

Edit Delete

| WOODRIDGE | ASHLAND TOWN FOREST |
|---|---|
| **Storage Facility Name** | **Location** |

| | | | |
|---|---|---|---|
| Status: | A | Availability: | ACTIVE |
| Storage Type: | GROUND LEVEL STORAGE TANK | Capacity (MG): | 4.3 |
| Material: | CONCRETE | Installation Date | 01/01/1989 |

**Comments or additional information regarding this section**

**Comments or additional information**

# Ground Water Sources

## Individual Ground Water Source Statistics

| | |
|---|---|
| Source ID: | 3014000-04G |
| Source Name: | HOWE ST. GP WELL 4 |
| Location: | 229 HOWE ST |
| | ASHLAND |
| Status: | A |
| Source Availability: | ACTIVE |

**Comments or additional information regarding this source:**

| | |
|---|---|
| Latitude: | 42.2544 |
| Longitude: - | 71.515197 |
| Source Watershed: | CONCORD |
| Well Type: | GRAVEL-PACKED |
| Well Depth (ft.): | 39.7 |
| Well Casing Height (ft.): | 0 |
| Well Casing Depth (ft.): | 0 |
| Screen Length (ft.): | 10 |
| Construction Type: | GRAVEL |
| Pump Setting (ft): | 0 |
| Safe Yield (MGD): | 0 |
| Approved Daily Pumping Volume (MGD): | 0 |
| Source Metered: | Yes |
| Date of Meter Installation: | 7/10/2002 |
| Type of water metered for source: | RAW |
| Last Meter Calibration: | 11/10/2010 |

| | |
|---|---|
| Withdrawal Units: | MG |
| January: | 0.000000 |
| February: | 11.841000 |
| March: | 13.165000 |
| April: | 14.323000 |
| May: | 5.141000 |
| June: | 29.075000 |
| July: | 16.253000 |
| August: | 18.068000 |
| September: | 0.526000 |
| October: | 10.445000 |
| November: | 9.757000 |
| December: | 6.734000 |
| Total Amount Pumped: | 135.328000 |
| Total # of Days Pumped: | 252 |
| Maximum Single Day Pumped Volume: | 1.682000 |
| Date of Maximum Amount Pumped: | 7/6/2010 |

## Individual Ground Water Source Statistics

| | |
|---|---|
| Source ID: | 3014000-05G |
| Source Name: | HOWE ST. GP WELL 5 |
| Location: | HOWE ST |
| | ASHLAND |
| Status: | A |
| Source Availability: | ACTIVE |

**Comments or additional information regarding this source:**

| | |
|---|---|
| Latitude: | 42.25443 |
| Longitude: - | 71.515475 |
| Source Watershed: | CONCORD |
| Well Type: | GRAVEL-PACKED |
| Well Depth (ft.): | 34.5 |
| Well Casing Height (ft.): | 0 |
| Well Casing Depth (ft.): | 0 |
| Screen Length (ft.): | 10 |
| Construction Type: | GRAVEL |
| Pump Setting (ft): | 0 |
| Safe Yield (MGD): | 0 |
| Approved Daily Pumping Volume (MGD): | 0 |
| Source Metered: | Yes |
| Date of Meter Installation: | 7/10/2002 |
| Type of water metered for source: | RAW |
| Last Meter Calibration: | 11/10/2010 |

| | |
|---|---|
| Withdrawal Units: | MG |
| January: | 25.320000 |
| February: | 0.060000 |
| March: | 0.000000 |
| April: | 1.106000 |
| May: | 0.013000 |
| June: | 0.007000 |
| July: | 12.562000 |
| August: | 27.320000 |
| September: | 22.235000 |
| October: | 19.987000 |
| November: | 16.725000 |
| December: | 19.474000 |
| Total Amount Pumped: | 144.809000 |
| Total # of Days Pumped: | 205 |
| Maximum Single Day Pumped Volume: | 1.061000 |
| Date of Maximum Amount Pumped: | 8/4/2010 |

## Individual Ground Water Source Statistics

| | |
|---|---|
| Source ID: | 3014000-07G |
| Source Name: | HOWE ST. GP WELL #6 |
| Location: | HOWE ST |
| | ASHLAND |
| Status: | A |
| Source Availability: | ACTIVE |

**Comments or additional information regarding this source:**

DO NOT CHANGE THIS RECORD WITHOUT OK FROM REGIONAL OFFICE!!!

| | |
|---|---|
| Latitude: | 42.254209 |
| Longitude: - | 71.515958 |
| Source Watershed: | CONCORD |
| Well Type: | GRAVEL-PACKED |
| Well Depth (ft.): | 0 |
| Well Casing Height (ft.): | 0 |
| Well Casing Depth (ft.): | 0 |
| Screen Length (ft.): | 0 |
| Construction Type: | GRAVEL |
| Pump Setting (ft): | 0 |
| Safe Yield (MGD): | 0 |
| Approved Daily Pumping Volume (MGD): | .86 |
| Source Metered: | Yes |
| Date of Meter Installation: | 7/10/2002 |
| Type of water metered for source: | RAW |
| Last Meter Calibration: | 11/10/2010 |

| | |
|---|---|
| Withdrawal Units: | MG |
| January: | 11.005000 |
| February: | 0.708000 |
| March: | 0.601000 |
| April: | 11.485000 |
| May: | 14.160000 |
| June: | 14.747000 |
| July: | 14.798000 |
| August: | 10.686000 |
| September: | 0.000000 |
| October: | 0.000000 |
| November: | 0.080000 |
| December: | 0.125000 |
| Total Amount Pumped: | 78.395000 |
| Total # of Days Pumped: | 189 |
| Maximum Single Day Pumped Volume: | 0.781000 |
| Date of Maximum Amount Pumped: | 6/8/2010 |

## Individual Ground Water Source Statistics

| | |
|---|---|
| Source ID: | 3014000-08G |
| Source Name: | HOWE ST. GP WELL 7 |
| Location: | HOWE ST |
| | ASHLAND |
| Status: | A |
| Source Availability: | ACTIVE |

**Comments or additional information regarding this source:**

| | |
|---|---|
| Latitude: | 42.254247 |
| Longitude: - | 71.515046 |
| Source Watershed: | CONCORD-CONCORD AND SUDBURY |
| Well Type: | GRAVEL-PACKED |
| Well Depth (ft.): | 36 |
| Well Casing Height (ft.): | 27 |
| Well Casing Depth (ft.): | 26 |
| Screen Length (ft.): | 10 |
| Construction Type: | GRAVEL |
| Pump Setting (ft): | 0 |
| Safe Yield (MGD): | 2.47 |
| Approved Daily Pumping Volume (MGD): | 2.16 |
| Source Metered: | Yes |
| Date of Meter Installation: | 7/10/2002 |
| Type of water metered for source: | RAW |
| Last Meter Calibration: | 11/10/2010 |

| | |
|---|---|
| Withdrawal Units: | MG |
| January: | 22.624000 |
| February: | 18.213000 |
| March: | 19.771000 |
| April: | 22.542000 |
| May: | 29.563000 |
| June: | 30.287000 |
| July: | 18.389000 |
| August: | 0.005000 |
| September: | 10.370000 |
| October: | 0.000000 |
| November: | 0.002000 |
| December: | 0.001000 |
| Total Amount Pumped: | 171.767000 |
| Total # of Days Pumped: | 233 |
| Maximum Single Day Pumped Volume: | 1.633000 |
| Date of Maximum Amount Pumped: | 6/8/2010 |

## Individual Ground Water Source Statistics

| | |
|---|---|
| Source ID: | 3014000-09G |
| Source Name: | HOWE ST. GP WELL 8 |
| Location: | HOWE ST |
| | ASHLAND |
| Status: | A |
| Source Availability: | ACTIVE |

**Comments or additional information regarding this source:**

| | | | |
|---|---|---|---|
| | | Withdrawal Units: | MG |
| Latitude: | 42.254549 | January: | 0.000000 |
| Longitude: - | 71.515365 | February: | 21.981000 |
| Source Watershed: | CONCORD-CONCORD AND SUDBURY | March: | 24.542000 |
| Well Type: | GRAVEL-PACKED | April: | 10.198000 |
| Well Depth (ft.): | 35 | May: | 25.685000 |
| Well Casing Height (ft.): | 26 | June: | 0.002000 |
| Well Casing Depth (ft.): | 25 | July: | 12.386000 |
| Screen Length (ft.): | 10 | August: | 2.919000 |
| Construction Type: | GRAVEL | September: | 23.291000 |
| Pump Setting (ft): | 0 | October: | 23.264000 |
| Safe Yield (MGD): | 2.38 | November: | 21.050000 |
| Approved Daily Pumping Volume (MGD): | 2.16 | December: | 21.083000 |
| Source Metered: | Yes | Total Amount Pumped: | 186.401000 |
| Date of Meter Installation: | 7/10/2002 | Total # of Days Pumped: | 242 |
| Type of water metered for source: | RAW | Maximum Single Day Pumped Volume: | 1.430000 |
| Last Meter Calibration: | 11/10/2010 | Date of Maximum Amount Pumped: | 4/6/2010 |

Comments or additional information regarding this section

# Surface Water Sources

No Data Found

Comments or additional information regarding this section:

# Purchased Water Sources

No Data Found

Comments or additional information regarding this section