2011 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**

Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2011

PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

Svstem 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	Massachusetts	01721
City/Town	State	Zip Code
508-881-0120	508-881-3255	
Phone Number	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	Massachusetts	01721
City/Town	State	Zip Code

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

4. Owner Information:

TOWN	O	ASHLAND	508-881-0100	☐ This is a new owner
Owners Name- First, Middle Int, Last - one name only(if not municipal):			Phone Number	

5. Primary Contact:

J. DOUG		SMALL	508-881-0120	☐ This is a new contact.
Name (First, Middle Int, Last) - one name only-			Phone Number	
dsmall@ashlandmass.com				
Email Address (For Emergency Purposes)				

Massachusetts Department of Environmental Protection
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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

6. Certified Drinking Water Operators employed by the PWS:

Name			Grade	License Number	Primary Operator	Delete
GREGORY	M	MORRISSEY	3D/T4	11778/12360	☐	☑
ROY	M	CORREIA	3D	22563	☐	☐
RICHARD	M	ROKES	2D	12163	☐	☐
JAMES	M	CONNOR	2D	22618	☐	☐
PAUL-MICHAEL		MCGUINESS	1D	22277	☐	☐
JEFFREY	W	FOURNIER	4D OIT/T4	7981/11740	☑	☐
FRANCIS	M	PARADISO	3T OIT	20775	☐	☑
JASON	R	CADIMA	1D	22350	☐	☐

Name			Grade	License Number	Primary Operator	
DOUGLAS	B	BRANDT	VSS OIT/2D OIT/2T OIT	22428/23465/234 34	☐	Del
WAYNE	R	PYRON	1D/3T	12157/12334	☐	Del
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: (7981/11740)

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

Mailing address information is provided to MassDEP by the Division of Professional Licensure

195 FLORENCE RD			
Mailing Address 1		Mailing Address 2	
WALTHAM	Massachusetts	02453	
Town/City	State	Zip Code	E-Mail Address

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
JON FEATHERSTON	508-881-0100	SELECTMEN CHAIR

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:	6755
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): [Conversion factor is (# of gallons)/(1,000,000)= MG]	6.9
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-MOBLE	11/1/2002

18. Comments or additional information regarding this section:

Treatment Plants

Treatment Plant

1. Plant Information

3014000-02T		HOWE ST. WATER TREATMENT FACILITY	
Plant ID# :		Plant Name:	
HOWE ST		229 HOWE STREET	
Street Address Line 1:		Street Address Line 2:	
ASHLAND		MA	01721
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	V-T	5.9
Status:	Availability:	Class:	Capacity (MGD):
JOHN D	SMALL	5088810120	5088813255
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
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:	Start Date:	End Date:
Y	07/10/2002	

Chemical Name
POTASSIUM PERMANGANATE

Comment:
BACKUP FOR OZONATION SYSTEM

Treatment Objective:	Treatment Process:
PARTICULATE REMOVAL	COAGULATION

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

Chemical Name
FERRIC CHLORIDE
SODIUM CARBONATE

Comment:
UPFLOW CLARIFIER

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

No Data Found

Comment:

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

No Data Found

Comment:

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

Chemical Name
POTASSIUM HYDROXIDE

Comment:

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

Chemical Name
ZINC ORTHOPHOSPHATE

Comment:

SUPPLIED TO ASHLAND ONLY

Treatment Objective:	Treatment Process:			
DISINFECTION	GASEOUS CHLORINATION, POST			
Innovative: N	Start Date: 07/10/2002	End Date:		

No Data Found

Comment:

SUPPLIED TO HOPKINTON ONLY

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

Chemical Name
CHLORINE
AMMONIUM SULFATE

Comment:

SUPPLIED TO ASHLAND ONLY

Treatment Objective:	Treatment Process:			
DISINFECTION	4-LOG TREATMENT OF VIRUSES			
Innovative: N	Start Date: 09/25/2008	End Date:		

Chemical Name
CATIONIC POLYMER

Comment:

Treatment Objective:	Treatment Process:			
ORGANICS REMOVAL	COAGULATION			
Innovative: N	Start Date: 7/10/2002	End Date:		

Chemical Name
OZONE

Comment:

Treatment Objective:	Treatment Process:	
Innovative:	Start Date:	End Date:

No Data Found

Comment:

Treatment Objective:	Treatment Process:	
DISINFECTION BY-PRODUCTS CONTROL	OZONATION, PRE	
Innovative: N	Start Date: 7/10/2012	End Date:

No Data Found

Comment:

Comment:

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 INACTIVE	II-T	
Status: Availability:	Class:	Capacity (MGD):
RON FESTER		
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

THIS PLAT IS CLASSIFIED AS A CLASS 3T. ON JANUARY 20, 2005 A DOCUMENT WAS RECEIVED BY THE TOWN OF ASHLAND FROM DEP REPRESENTATIVE TATYANA KARPENKO THAT STATES THIS INFORMATION.

Pump Stations

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:	
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:	
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 7 PUMP	229 HOWE ST.
Pump Station Name	Location

Function:			
Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	
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:	
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 4 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 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:			

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:

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 APPROPRIATE

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:	S	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	01/01/1970

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

Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

ROY	CORREIA	
Coordinator First Name	Coordinator Last Name	
20 PONDEROSA RD		
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

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	MassDEP Certification ID Number	Expiration Date	Phone Number	Third Party Reviewer

					Surveyor
ROBERT G	HEITZ JR	31278		781-932-8787	☑
JOSEPH R	HEITZ	31866		781-932-8787	☑
JOSEPH J	HARKINS	31757	2/1/2015	781-932-8787	☐
DANIEL E	MULL	32074		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	MassDEP Certification ID Number	Expiration Date	Phone Number
ROBERT G	HEITZ JR	31278		781-932-8787
JOSEPH R	HEITZ	31866		781-932-8787
JOSEPH J	HARKINS	31757	2/1/2015	781-932-8787
DANIEL E	MULL	32074		781-932-8787

What services does the consultant perform for the town	
☑ Facilities Survey	☑ Testing of Devices
☑ Device Installation Plan Approval	☐ Program Management
☑ Other(explain)	CONSULTING

3. Have you surveyed all 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)

4. 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 with first time surveys during 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	116
Industrial	2	2	0	0	1

Institutional	3	3	0	0	3
Municipal	10	10	0	0	8
Residential	0	0	0	0	0
Total	155	155	0	0	128

*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

5. 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 8. 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	171	2	4	169	9
Industrial	13	0	1	12	0
Institutional	2	0	0	2	0
Municipal	26	0	0	26	2
Residential	0	0	0	0	0
Total	212	2	5	209	11
DCVA					
Commercial	49	1	0	50	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	59	1	0	60	0

*Use Comment field at the end of this question set (question #16) 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 or 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.

6. 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	407	3	3	0
DCVA	1	60	2	2	0

Describe any discrepancies between the expected number of tests, based on the total number of devices reported in question #5, and the actual number of tests reported in question #6. If you reported a value greater than 0 for "# Not Tested" in question #6 provide an explanation for why the devices were not tested.

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

(•) Yes ( ) No

8. 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 #16) to provide, clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

9. 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

10. 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 educational program implemented?
NTNCs may skip this question.

Date(mm/dd/yyyy)

11. Do you have a fully implemented educational program for specific users (ex. Industrial, Commercial, Institutional, Municipal and Residential)?

(•) Yes ( ) No ( ) N/A

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

[x] Industrial [x] Commercial [x] Institutional [x] Municipal [x] Residential

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

Date(mm/dd/yyyy)

12. 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 question13	○ Yes ◉ No	If yes When? If no go to question 13.	Date(mm/dd/yyyy)

13. 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

14. 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).

15. 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

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:

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:

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:

		Withdrawal Units:	MG
Latitude:	42.2544	January:	0.000000
Longitude:	-71.515197	February:	0.000000
Source Watershed:	CONCORD	March:	0.000000
Well Type:	GRAVEL-PACKED	April:	0.000000
Well Depth (ft.):	39.7	May:	0.000000
Well Casing Height (ft.):		June:	25.336000
Well Casing Depth (ft.):		July:	27.395000
Screen Length (ft.):	10	August:	29.079000
		September:	16.646000
Pump Setting (ft):		October:	19.690000
		November:	19.835000
Approved Daily Pumping Volume (MGD):		December:	19.828000
Source Metered:	Yes	Total Amount Pumped:	157.809000
Date of Meter Installation:		Total # of Days Pumped:	195
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1.372000
Last Meter Calibration:	12/28/2012	Date of Maximum Amount Pumped:	9/2/2011

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

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:

		Withdrawal Units:	MG
Latitude:	42.25443	January:	0.000000
Longitude: -	71.515475	February:	0.000000
Source Watershed:	CONCORD	March:	0.000000
Well Type:	GRAVEL-PACKED	April:	0.000000
Well Depth (ft.):	34.5	May:	0.000000
Well Casing Height (ft.):		June:	1.343000
Well Casing Depth (ft.):		July:	5.318000
Screen Length (ft.):	10	August:	0.000000
		September:	0.000000
Pump Setting (ft):		October:	3.089000
		November:	0.444000
Approved Daily Pumping Volume (MGD):		December:	2.208000
Source Metered:	Yes	Total Amount Pumped:	12.402000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	32
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1.085000
Last Meter Calibration:	12/28/2011	Date of Maximum Amount Pumped:	7/12/2011

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

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!!!

		Withdrawal Units:	MG
Latitude:	42.254209	January:	9.116000
Longitude: -	71.515958	February:	8.300000
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	8.873000
Well Type:	GRAVEL-PACKED	April:	8.834000
Well Depth (ft.):	40	May:	10.597000
Well Casing Height (ft.):		June:	10.054000
Well Casing Depth (ft.):		July:	11.554000
Screen Length (ft.):	10	August:	13.246000
		September:	11.446000
Pump Setting (ft):		October:	6.290000
		November:	5.598000
Approved Daily Pumping Volume (MGD):	.86	December:	12.173000
Source Metered:	Yes	Total Amount Pumped:	116.081000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	338
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.823000
Last Meter Calibration:	12/28/2011	Date of Maximum Amount Pumped:	1/28/2011

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

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:

		Withdrawal Units:	MG
Latitude:	42.254247	January:	19.841000
Longitude: -	71.515046	February:	17.667000
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	18.484000
Well Type:	GRAVEL-PACKED	April:	20.897000
Well Depth (ft.):	36	May:	22.459000
Well Casing Height (ft.):	27	June:	0.265000
Well Casing Depth (ft.):	26	July:	0.064000
Screen Length (ft.):	10	August:	0.000000
		September:	7.941000
Pump Setting (ft):		October:	7.815000
		November:	19.311000
Approved Daily Pumping Volume (MGD):	2.16	December:	20.694000
Source Metered:	Yes	Total Amount Pumped:	155.438000
Date of Meter Installation:	7/20/2002	Total # of Days Pumped:	240
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1.763000
Last Meter Calibration:	12/28/2011	Date of Maximum Amount Pumped:	1/28/2011

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

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:	23.929000
Longitude: -	71.515365	February:	20.300000
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	22.276000
Well Type:	GRAVEL-PACKED	April:	25.146000
Well Depth (ft.):	35	May:	27.986000
Well Casing Height (ft.):	26	June:	28.938000
Well Casing Depth (ft.):	25	July:	33.147000
Screen Length (ft.):	10	August:	31.400000
		September:	28.044000
Pump Setting (ft):		October:	21.133000
		November:	4.953000
Approved Daily Pumping Volume (MGD):	2.16	December:	0.068000
Source Metered:	Yes	Total Amount Pumped:	267.320000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	316
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	2.117000
Last Meter Calibration:	12/28/2011	Date of Maximum Amount Pumped:	1/28/2011

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

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

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 (GAL)	(2) Amount of **finished** water purchased from other systems (GAL)	(3) Amount of **finished** water sold to other systems (GAL)	(4) Net **finished** Water that entered your distribution system (1) + (2) - (3)= (4) (GAL)
January	44,951,000	0	9,786,000	35,165,000
February	39,950,000	0	8,499,000	31,451,000
March	44,983,000	0	9,398,000	35,585,000
April	46,100,000	0	10,747,000	35,353,000
May	57,192,000	0	15,336,000	41,856,000
June	61,799,000	0	16,178,000	45,621,000
July	70,711,000	0	18,035,000	52,676,000
August	63,348,000	0	16,230,000	47,118,000
September	54,780,000	0	13,514,000	41,266,000
October	49,893,000	0	11,178,000	38,715,000
November	44,308,000	0	9,142,000	35,166,000
December	49,058,000	0	9,926,000	39,132,000
TOTAL	627,073,000	0	147,969,000	479,104,000

Maximum Daily Finished Water Consumption: Volume (GAL): 2,425,000 Date: 12/20/2011

RAW Water Production and Consumption Summary for Last Year:

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

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

Month	(1) Amount of **raw** water pumped from own sources (GAL)	(2) Amount of **raw** water purchased from other systems (GAL)	(3) Amount of **raw** water sold to other systems (GAL)	(4) Net **raw** Water Consumption (1) + (2) - (3) = (4) (GAL)
January	52,886,000	0	0	52,886,000
February	46,267,000	0	0	46,267,000
March	49,633,000	0	0	49,633,000
April	54,877,000	0	0	54,877,000
May	61,042,000	0	0	61,042,000
June	65,936,000	0	0	65,936,000
July	77,478,000	0	0	77,478,000
August	73,725,000	0	0	73,725,000
September	64,077,000	0	0	64,077,000
October	58,017,000	0	0	58,017,000
November	50,141,000	0	0	50,141,000
December	54,971,000	0	0	54,971,000
TOTAL	709,050,000	0	0	709,050,000

Maximum Daily Raw Water Pumping:	Volume (GAL): 5,008,000	Date: 1/28/2011

Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold (GAL)	Water type
HOPKINTON WATER DEPARTMENT	2139000	147,969,000	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
	○ Yes	Commercial			

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 last year (raw pumped + raw purchased - raw sold):	-	Total Finished Water from treatment plant last year:	=	Total Water Lost to Treatment Process last year:
3014000-03T	709,050,000		627,073,000		81,977,000

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.):

BACK WASH PUMPED AND SAMPLING LINES WATER PUMPED TO SETTLING LAGOONS.

X. Comments or additional information regarding this section

Massachusetts Department of Environmental Protection
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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

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	83
2. Miles of mains surveyed this year	83
3. Number of leaks found	2
4. Number of leaks repaired	2
5. Estimated volume lost (mg) if a reliable estimate can be made	10.5
6. Date of last leak detection survey of entire system:	11/25/2011 (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

   [x] 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)**

   [ ] 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	1/1/0201	12/31/2011
	(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	6561	333.851	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	163	28.084	Water served to businesses and other commercial entities.
Agricultural			Water used mainly to grow food, raise animals, or run a garden center.
Industrial	6	18.548	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	20	32.395	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	6750	412.878	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	+ 5.299
Flow testing	+ .073
Bleeders/ Blow offs	+ 12.830
Tank overflow & drainage	+ 2.513
Sewer & stormwater system flushing	+ .040
Street cleaning	+ .179
Source meter calibration adjustments	+ 0
Major water main breaks (not leak detection)	+ 4.062
Total Confidently Estimated Municipal Use	= 25.716

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)**	479.104000	100%
Total Metered Use **(System Total Metered Use from Table DS-3)**	- 412.878	- 86.2 %
Total Confidently Estimated Municipal Use **(Total from Table DS-4)**	- 25.716	- 5.4 %
Unaccounted for Water (UAW)	= 40.5	= 8.5 %

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	
Water Theft	
Meter Malfunction/mis-registration	
Other (specify):	
Other (specify):	
Total:	0

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. Click Here for 2010 U.S. census populations for MA cities and towns. 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 rellable 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) :	Fully Served
Method of Determining Population Served:	Option 1(Census)
Census Type (Federal or Local):	Local
Census year:	2011
Population Served:	16590

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)**
333.851	/365	/ 16590	X1,000,000	=	55

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 document the reporting year withdrawal volume(s) by watershed. Table BW-3 compare's the reporting year 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.

Enter volumes in million gallons per year(MGY). Example: If you pumped 400,512,000 gallons in the year, enter 400.512.

Table BW-2 Average Daily Withdrawal by Watershed

River Basin	Total Raw Water Pumped in the reporting year (mgy)	/ 365 =	Watershed Average Daily Withdrawal (mgd)
14-CONCORD	709.050	/ 365 =	1.94

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	-	1.94	=	0.24

*** 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.