



Massachusetts Department of Environmental Protection

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Username: **DAVIDMANUGIAN**

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Document: **Public Water System Annual Statistical Report**

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2013 Public Water Supply Verification

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

PWS ID:	3014000
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	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/Responsible Person:

TOWN	<input type="radio"/>	ASHLAND	508-881-0100	<input type="checkbox"/> This is a new owner.
Owners Name- First, Middle Int, Last - one name only(if not municipal):			Phone Number	

5. Primary Contact:

DAVID	<input type="checkbox"/>		
MANUGIAN		508-881-0120	<input type="checkbox"/> This is a new contact.
Name (First, Middle Int, Last) • one name only•		Phone Number	
dmanugian@ashlandmass.com			
Email Address (For Emergency Purposes)		Re-enter Email Address	



6. Certified Drinking Water Operators employed by the PWS:

Name	Grade	License Number	Function	Begin-Date	End-Date
DOUGLAS B, BRANDT	2D OIT/VSS OIT/2T	23465/22428/12499	GENERAL OPERATOR	3/25/2012	
WAYNE R, PYRON	3T/1D	12334/12157	SECONDARY TREATMENT OPERATOR	3/25/2012	
JASON R, CADIMA	2D	24656	GENERAL OPERATOR	10/5/2010	
ROY M, CORREIA	3D	22563	PRIMARY DISTRIBUTION OPERATOR	5/8/2006	
PAUL-MICHAEL, MCGUINESS	1D	22277	GENERAL OPERATOR	7/20/2009	
JEFFREY, FOURNIER	4D OIT/4T	7981/11740	PRIMARY TREATMENT OPERATOR	7/20/2009	
JAMES M, CONNOR	2D	22618	SECONDARY DISTRIBUTION OPERATO	5/8/2006	
JEFFREY, IMHOF	1D	23118	GENERAL OPERATOR	3/15/2013	

To add an operator, begin typing a license # in the field below. Pick the license number from the list and then click the "Add Operator" button.

License Number:

7. Primary Certified Operator Contact Information:

Primary Distribution Certified Operator Contact Information

ROY M CORREIA 508-989-5798 508-881-3255
 Name Phone Number Fax Number

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

17 ELAINE CIRCLE
 Mailing Address 1 Mailing Address 2
 BELLINGHAM Massachusetts 02019 rcorreia@ashlandmass.c
 Town/City State Zip Code E-Mail Address Re-Enter E-Mail Address

Primary Treatment Certified Operator Contact Information

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

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

195 FLORENCE ROAD
 Mailing Address 1 Mailing Address 2
 WALTHAM Massachusetts 02453
 Town/City State Zip Code E-Mail Address Re-Enter 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2013

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

9. Owner Type:

MUNICIPAL

Federal Employment Identification Number (FEIN):

[Empty box]

(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):

046-001-07

11. Population Served(DailyAverage):

Winter Population (October March):

16593

Summer Population (April September):

16593

By what method was the population figured

Census Type:

Federal (10 year)

Other Description:

[Empty box]

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

[Empty box] %

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 %



Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program

Public Water Supply Annual Statistical Report

Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

DEPT.

City: ASHLAND

PWS Class: COM

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
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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	8/12/2002
CEDAR ST	ANTENNAE	T-MOBILE	11/1/2002

18. Comments or additional information regarding this section:



Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

<input type="text" value="ROY"/>	<input type="text" value="CORREIA"/>	
Coordinator First Name	Coordinator Last Name	
<input type="text" value="20 PONDEROSA RD"/>	<input type="text"/>	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
<input type="text" value="ASHLAND"/>	<input type="text" value="Massachusetts"/>	<input type="text" value="01721"/>
City/Town	State	Zip Code
<input type="text" value="774-244-7806"/>	<input type="text" value="508-881-3255"/>	
Phone Number	Fax Number (if available)	
<input type="text" value="RCORREIA@ASHLANDMASS.COM"/>		
Coordinator email		

Surveyor Personnel Information :

To add a surveyor, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Surveyor" button.

MassDEP Certification ID Number

Tester Personnel Information :

To add a tester, begin typing the certification ID # in the field below. Pick the license # off the list 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

<input type="text" value="ROBERT"/>	<input type="text" value="HEITZ"/>	<input type="text" value="WATER SAFETY SERVIC"/>
Contact First Name	Contact Last Name	Doing Business As (Company/Individual Name)
<input type="text" value="6 WALNUT HILL PARK"/>	<input type="text"/>	
Consultant Street Address Line 1	Consultant Street Address Line 2	
<input type="text" value="WOBURN"/>	<input type="text" value="Massachusetts"/>	<input type="text" value="01801"/>
City/Town	State	Zip Code
<input type="text" value="781-932-8787"/>	<input type="text" value="781-932-0957"/>	
Phone Number	Fax Number (if available)	
<input type="text" value="WSS-INC@COMCAST.NET"/>		
Consultant email		

Third Party Consultant Surveyor Personnel Information:

To add a surveyor, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Surveyor" button.

MassDEP Certification ID Number



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2013

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

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	<input checked="" type="checkbox"/>
JOSEPH R	HEITZ	31866		781-932-8787	<input checked="" type="checkbox"/>
DANIEL E	MULL	32074	11/1/2016	781-932-8787	<input type="checkbox"/>

Third Party Consultant Tester Personnel Information:

To add a tester, begin typing the certification ID # in the field below. Pick the license # off the list 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
DANIEL E	MULL	32074	11/1/2016	781-932-8787
MATTHEW J	QUILITZSCH	32360	11/1/2014	781-932-8787
MATTHEW R	O'DONNELL	32439	10/1/2015	781-932-8787

What services does the consultant perform for the town

<input checked="" type="checkbox"/> Facilities Survey	<input checked="" type="checkbox"/> Testing of Devices
<input checked="" type="checkbox"/> Device Installation Plan Approval	<input type="checkbox"/> Program Management
<input checked="" type="checkbox"/> Other(explain)	CONSULTING

3. Have you finished the first round of cross-connection surveys of all non-residential facilities within your service area?

Yes No

If Yes, when was the cross connection survey completed?
 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	142	140	2	0	119
Industrial	2	2	0	0	1



Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program DEPT.

Public Water Supply Annual Statistical Report
Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

City: ASHLAND

PWS Class: COM

Institutional	3	3	0	0	3
Municipal	26	26	0	0	9
Residential (Optional)	0	0	0	0	0
Total	173	171	2	0	132



*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):	<input checked="" type="radio"/> Yes <input type="radio"/> No
Double Check Valve Assembly (DCVA):	<input checked="" type="radio"/> Yes <input type="radio"/> 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	177	3	1	179	9
Industrial	12	0	2	10	0
Institutional	2	1	0	3	0
Municipal	30	0	0	30	2
Residential (Optional)	0	0	0	0	0
Total	221	4	3	222	11
DCVA					
Commercial	49	1	0	50	0
Industrial	1	0	0	1	0
Institutional	2	0	0	2	0
Municipal	8	0	0	8	0
Residential (Optional)	0	0	0	0	0
Total	60	1	0	61	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	4	422	13	13	0
DCVA	1	61	2	2	0



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2013

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

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 RBPB and DCVA within 2 hours?

Yes No

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

PVB DEVICES	<input type="radio"/> Yes <input checked="" type="radio"/> No	SPPVB DEVICES	<input type="radio"/> Yes <input checked="" type="radio"/> No
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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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPPVB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*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?

<input checked="" type="radio"/> Yes <input type="radio"/> No	If No, is there a date when you plan to have an educational program implemented? NTNCs may skip this question.	<input type="text"/> Date(mm/dd/yyyy)
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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):

<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Institutional	<input checked="" type="checkbox"/> Municipal
		<input type="checkbox"/> 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?

<input type="radio"/> Yes <input checked="" type="radio"/> No	If no do you plan to institute one in future? If yes go to question 13	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes When? If no go to question 13.	<input type="text"/> Date(mm/dd/yyyy)
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Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program

Public Water Supply Annual Statistical Report

Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

DEPT.

City: ASHLAND

PWS Class: COM

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, commercial, 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 information below:

Date of Incident	Location of the Incident	DESCRIPTION
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Comments or additional information regarding this section



Water Production & Consumption Information

How to report in Gallons vs. Million Gallons

When Converting gallons to Million gallons, decimal point moves 6 places to the left.

	If Reporting in Gallons (Gal)	If Reporting in Million Gallons (MG)
Example 1	45,562,100	45.5621
Example 2	340,212	0.340212
Example 3	631,020,000	631.02
Example 4	96,543	0.096543

Volume Units

Gallons (GAL)
 Million Gallons (MG)
 No Meter

FINISHED Water Production and Consumption Summary for Reporting Year :

Finished Water means water that is introduced into the distribution system of a public water system and is intended for distribution and consumption without further treatment, except as treatment necessary to maintain water quality in the distribution system (e.g. booster disinfection, addition of corrosion control chemicals).

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	49.487	0.000	10.200	39.287
February	42.011	0.000	09.050	32.961
March	46.472	0.000	10.370	36.102
April	43.818	0.000	12.348	31.470
May	58.108	0.000	14.499	43.609
June	61.289	0.000	14.934	46.355
July	65.988	0.000	16.305	49.683
August	65.101	0.000	15.725	49.376
September	55.834	0.000	14.091	41.743
October	51.413	0.000	11.221	40.192
November	38.085	0.000	4.059	34.026
December	45.993	0.000	7.767	38.226
TOTAL	623.599	0.000	140.569	483.030

Maximum Daily Finished Water Consumption:

Volume (MG): 3.781

Date: 7/19/2013



RAW Water Production and Consumption Summary for Reporting Year :

Raw Water means water in its natural state, prior to treatment and is usually the water entering the first treatment process of a water treatment plant.

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	55.485	0.000	0.000	55.485
February	46.295	0.000	0.000	46.295
March	51.552	0.000	0.000	51.552
April	52.031	0.000	0.000	52.031
May	66.175	0.000	0.000	66.175
June	67.826	0.000	0.000	67.826
July	74.740	0.000	0.000	74.740
August	73.881	0.000	0.000	73.881
September	61.957	0.000	0.000	61.957
October	62.824	0.000	0.000	62.824
November	42.403	0.000	0.000	42.403
December	34.848	0.000	0.000	34.848
TOTAL	690.017	0.000	0.000	690.017

Maximum Daily Raw Water Pumping:	Volume (MG): 4.373	Date: 7/19/2013
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Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold (MG)	Water type
HOPKINTON WATER DEPARTMENT	2139000	140.569	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 percentage 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
<input type="checkbox"/>	<input type="radio"/> Yes	Day Care Center	<input type="checkbox"/>	<input type="radio"/> Yes	Other Residential
<input type="checkbox"/>	<input type="radio"/> Yes	Dispenser	<input type="checkbox"/>	<input type="radio"/> Yes	Other Transient
<input type="checkbox"/>	<input type="radio"/> Yes	Homeowners Association	<input type="checkbox"/>	<input type="radio"/> Yes	Recreation Area
<input type="checkbox"/>	<input type="radio"/> Yes	Hotel/Motel	91	<input checked="" type="radio"/> Yes	Residential Area
<input type="checkbox"/>	<input type="radio"/> Yes	Highway Rest Area	<input type="checkbox"/>	<input type="radio"/> Yes	Restaurant
<input type="checkbox"/>	<input type="radio"/> Yes	Industrial/Agricultural	<input type="checkbox"/>	<input type="radio"/> Yes	Retail Employees
<input type="checkbox"/>	<input type="radio"/> Yes	Interstate Carrier	<input type="checkbox"/>	<input type="radio"/> Yes	School
<input type="checkbox"/>	<input type="radio"/> Yes	Institution	<input type="checkbox"/>	<input type="radio"/> Yes	Sanitary Improvement District
<input type="checkbox"/>	<input type="radio"/> Yes	Medical Facility	<input type="checkbox"/>	<input type="radio"/> Yes	Summer Camp
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park	<input type="checkbox"/>	<input type="radio"/> Yes	Secondary Residences
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park, Principal Residence	<input type="checkbox"/>	<input type="radio"/> Yes	Service Station
<input type="checkbox"/>	<input type="radio"/> Yes	Municipality	<input type="checkbox"/>	<input type="radio"/> Yes	Subdivision
<input type="checkbox"/>	<input type="radio"/> Yes	Other Area	<input type="checkbox"/>	<input type="radio"/> Yes	Water Bottler
<input type="checkbox"/>	<input type="radio"/> Yes	Other Non-Transient Area	<input type="checkbox"/>	<input type="radio"/> Yes	Wholesaler
<input type="checkbox"/>	<input type="radio"/> 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	690.017	623.599	66.420

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.):

THE WASTE WATER IS PUMPED TO SETTLING LAGOONS.

X. Comments or additional information regarding this section



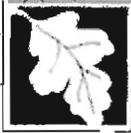
Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2013

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

Source Protection - IWPA

No data found

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), please update with current water supply protection area inventory information.

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), please update with current water supply protection area inventory information.



Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program DEPT.

Public Water Supply Annual Statistical Report

Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

City: ASHLAND

PWS Class: COM

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	85
2. Miles of mains surveyed this year	85
3. Number of leaks found	19
4. Number of leaks repaired	19
5. Estimated volume lost (mg) if a reliable estimate can be made	154
6. Date of last leak detection survey of entire system:	10/5/2013 (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. 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)

Total outdoor ban

Hand-held only

Hourly Describe: _____

Daily: Odd/Even Twice/Week Once/Week Other Daily If "Other Daily" then describe: _____



Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program

Public Water Supply Annual Statistical Report

Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

DEPT.

City: ASHLAND

PWS Class: COM

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	8/18/2013	9/1/2013
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 2	11/6/2013	12/31/2013
	(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.

- 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	6683	342.925140	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	158	22.037628	Water served to businesses and other commercial entities.
Agricultural	0		Water used mainly to grow food, raise animals, or run a garden center.
Industrial	8	23.561035	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	37	14.610946	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	6886	403.134749	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/eea/agencies/massdep/water/approvals/drinking-water-forms.html#16>

Confidently Estimated Municipal Use (CEMU)	Estimated million gallons per year
Fire protection & training	1.254000
Hydrant/water main flushing/main construction	+ 9.443000
Flow testing	+ .062940
Bleeders/ Blow offs	+ 6.051312
Tank overflow & drainage	+ 0
Sewer & stormwater system flushing	+ 0.143000
Street cleaning	+ 0.158500
Source meter calibration adjustments	+ 0
Major water main breaks (not leak detection)	+ 15.611513
Total Confidently Estimated Municipal Use	= 32.724265

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)	483.030	100%
Total Metered Use (System Total Metered Use from Table DS-3)	- 403.134749	- 83.5 %
Total Confidently Estimated Municipal Use (Total from Table DS-4)	- 32.724265	- 6.8 %
Unaccounted for Water (UAW)	= 47.2	= 9.8 %

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	43.89
Water Theft	
Meter Malfunction/mis-registration	
Other (specify):	
Other (specify):	
Total:	43.89

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 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



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2013

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

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):	Federal
Census year:	2010
Population Served:	16592

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 is 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)
342.925140	/ 365	/ 16592	X1,000,000	=	57

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 compares 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 (mgd)	/ 365 =	Watershed Average Daily Withdrawal (mgd)
14-CONCORD	690.017	/ 365 =	1.89

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	- 1.89	= 0.29

* 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
	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> (mm/dd/yyyy)

If mailing annual report, send to:

MADEP
 1 Winter St.
 Boston MA 02108
 Attn: Water Management Act Program



**Massachusetts Department of Environmental
Protection**

Bureau of Resource Protection – Drinking Water Program DEPT.

Public Water Supply Annual Statistical Report

Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

City: ASHLAND

PWS Class: COM

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

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	III- T	5.9
Status:	Availability:	Class:	Capacity (MGD):
DAVID	<input type="checkbox"/> MANUGIAN	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: Y	Start Date: 07/10/2002	End Date:			
<table border="1"> <tr> <td>Chemical Name</td> </tr> <tr> <td>POTASSIUM PERMANGANATE</td> </tr> </table>				Chemical Name	POTASSIUM PERMANGANATE
Chemical Name					
POTASSIUM PERMANGANATE					
Comment:					
BACKUP FOR OZONATION SYSTEM					
Treatment Objective:		Treatment Process:			
PARTICULATE REMOVAL		COAGULATION			
Innovative: N	Start Date: 07/10/2002	End Date:			



Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program

Public Water Supply Annual Statistical Report

Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

DEPT.

City: ASHLAND

PWS Class: COM

Chemical Name
FERRIC CHLORIDE
SODIUM CARBONATE

Comment:
UPFLOW CLARIFIER

Treatment Objective: PARTICULATE REMOVAL	Treatment Process: FILTERED
Innovative: N	Start Date: 07/10/2002
	End Date: <input type="text"/>

No Data Found

Comment:

Treatment Objective: DISINFECTION BY- PRODUCTS CONTROL	Treatment Process: ACTIVATED CARBON, GRANULAR
Innovative: N	Start Date: 07/10/2002
	End Date: <input type="text"/>

No Data Found

Comment:

Treatment Objective: CORROSION CONTROL	Treatment Process: PH ADJUSTMENT
Innovative: N	Start Date: 07/10/2002
	End Date: <input type="text"/>

Chemical Name
POTASSIUM HYDROXIDE

Comment:

Treatment Objective: CORROSION CONTROL	Treatment Process: INHIBITOR, ORTHOPHOSPHATE
Innovative: N	Start Date: 07/10/2002
	End Date: <input type="text"/>

Chemical Name
ZINC ORTHOPHOSPHATE



Comment:
 SUPPLIED TO ASHLAND ONLY

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

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

No Data Found

Comment:

Treatment Objective: DISINFECTION	Treatment Process: 4-LOG TREATMENT OF VIRUSES
Innovative: N	Start Date: 09/23/2008
	End Date:

No Data Found

Comment:

Treatment Plant

1. Plant Information



Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program

Public Water Supply Annual Statistical Report
Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

DEPT.

City: ASHLAND

PWS Class: COM

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:
	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

Comments or additional information regarding this section



Pump Stations

Pump

1. Pump Information

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

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	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	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 7 PUMP	229 HOWE ST.
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	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	07/10/2002	Model #:	12D165-2STG.
Pump Manufacturer:	WDM		



**Massachusetts Department of Environmental
Protection**

Bureau of Resource Protection – Drinking Water Program

Public Water Supply Annual Statistical Report

Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

DEPT.

City: ASHLAND

PWS Class: COM

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

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



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		
		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:	0.006000
Well Depth (ft.):	39.7	May:	7.839000
Well Casing Height (ft.):	0	June:	33.434000
Well Casing Depth (ft.):	0	July:	33.610000
Screen Length (ft.):	10	August:	30.827000
		September:	20.988000
Pump Setting (ft):	0	October:	0.330000
		November:	0.000000
Approved Daily Pumping Volume (MGD):	0	December:	0.000000
Source Metered:	Yes	Total Amount Pumped:	127.034000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	139
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1.783000
Last Meter Calibration:	10/16/2013	Date of Maximum Amount Pumped:	7/19/2013



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		
	Withdrawal Units: MG		
Latitude:	42.25443	January:	0.092000
Longitude:	- 71.515475	February:	0.181000
Source Watershed:	CONCORD	March:	0.220000
Well Type:	GRAVEL-PACKED	April:	0.000000
Well Depth (ft.):	34.5	May:	0.000000
Well Casing Height (ft.):	0	June:	15.321000
Well Casing Depth (ft.):	0	July:	37.290000
Screen Length (ft.):	10	August:	37.613000
		September:	36.681000
Pump Setting (ft.):	0	October:	22.407000
		November:	10.562000
Approved Daily Pumping Volume (MGD):	0	December:	5.342000
Source Metered:	Yes	Total Amount Pumped:	165.709000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	254
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1.937000
Last Meter Calibration:	10/16/2013	Date of Maximum Amount Pumped:	7/19/2013



Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program DEPT.

Public Water Supply Annual Statistical Report
Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

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		
		Withdrawal Units:	MG
Latitude:	42.254209	January:	6.053000
Longitude: -	71.515958	February:	0.288000
Source Watershed:	CONCORD- CONCORD AND SUDBURY	March:	0.350000
Well Type:	GRAVEL-PACKED	April:	0.676000
Well Depth (ft.):	40	May:	0.977000
Well Casing Height (ft.):	0	June:	0.621000
Well Casing Depth (ft.):	0	July:	3.832000
Screen Length (ft.):	10	August:	5.357000
		September:	4.171000
Pump Setting (ft):	0	October:	2.015000
		November:	1.694000
Approved Daily Pumping Volume (MGD):	.86	December:	1.133000
Source Metered:	Yes	Total Amount Pumped:	27.167000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	223
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.653000
Last Meter Calibration:	10/16/2013	Date of Maximum Amount Pumped:	7/19/2013



Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2013

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		
		Withdrawal Units:	MG
Latitude:	42.254247	January:	19.789000
Longitude:	71.515046	February:	19.916000
Source Watershed:	CONCORD- CONCORD AND SUDBURY	March:	20.089000
Well Type:	GRAVEL-PACKED	April:	25.805000
Well Depth (ft.):	36	May:	29.991000
Well Casing Height (ft.):	27	June:	18.450000
Well Casing Depth (ft.):	26	July:	0.008000
Screen Length (ft.):	10	August:	0.002000
		September:	0.002000
Pump Setting (ft.):	0	October:	0.040000
		November:	0.013000
Approved Daily Pumping Volume (MGD):	2.16	December:	0.009000
Source Metered:	Yes	Total Amount Pumped:	134.114000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	223
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1.278000
Last Meter Calibration:	10/16/2013	Date of Maximum Amount Pumped:	5/30/2013



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		
		Withdrawal Units:	MG
Latitude:	42.254549	January:	229.730000
Longitude:	-71.515365	February:	25,910.000000
Source Watershed:	CONCORD- CONCORD AND SUDBURY	March:	30.893000
Well Type:	GRAVEL-PACKED	April:	25.544000
Well Depth (ft.):	35	May:	27.368000
Well Casing Height (ft.):	26	June:	0.000000
Well Casing Depth (ft.):	25	July:	0.000000
Screen Length (ft.):	10	August:	0.083000
		September:	0.115000
Pump Setting (ft):	0	October:	38.032000
		November:	30.134000
Approved Daily Pumping Volume (MGD):	2.16	December:	22.101000
Source Metered:	Yes	Total Amount Pumped:	26,314.000000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	237
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	2.129000
Last Meter Calibration:	10/16/2013	Date of Maximum Amount Pumped:	10/13/2013



**Massachusetts Department of Environmental
Protection**

Bureau of Resource Protection – Drinking Water Program

Public Water Supply Annual Statistical Report

Reporting Year 2013

PWSID#: 3014000

Name: ASHLAND WATER AND SEWER

DEPT.

City: ASHLAND

PWS Class: COM

Comments or additional information regarding this section



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

Surface Water Sources

No Data Found

Comments or additional information regarding this section:



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

Purchased Water Sources

No Data Found

Comments or additional information regarding this section
