



Massachusetts Department of Environmental Protection

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Username: **JAMESMCKAY**

Transaction ID: **1088546**

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

Size of File: **2757.41K**

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2018 Public Water Supply Verification

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

PWS ID: 2187000
PWS Name: MILLIS WATER DEPT
PWS Street Address Line 1: 900 MAIN STREET, ROOM 201
PWS Street Address Line 2:
City/Town: MILLIS
State: MA
Zip Code: 02054-0000
Class: COM

Legally Responsible Party Contact Information

The Legally Responsible Party is that individual who has the ultimate authority to ensure that your system is in compliance with the federal and state drinking water regulations. This may be the owner of a private facility, a town or school official or other similarly authorized person.

Book/Page:	
First Name	JAMES
Middle Initial	
Last Name	MCKAY
Company Name	TOWN OF MILLIS
Phone Number	5083765424
Street Address 1	900 MAIN ST.
Street Address 2	ROOM 201
City/Town	MILLIS
State	MA
Zip Code	02054
Comments	



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

System Information (COM/NTNC)

1. PWS Street Address		
MILLIS WATER DEPT		
PWS Name		
900 MAIN STREET, ROOM 201		
PWS Street Address Line 1		PWS Street Address Line 2
MILLIS	Massachusetts	02054
City/Town	State	Zip Code
508-376-5424	508-376-2442	
Phone Number	Fax Number (if available)	
Web Site Address of PWS (if available)		

2. PWS Mailing Address	<input type="checkbox"/> Same as street address.	
TOWN OF MILLIS		
Mailing Name		
C/O MILLIS WATER DEPARTMENT	900 MAIN STREET, ROOM 201	
Mailing address Line 1	Mailing address Line 2	
MILLIS	Massachusetts	02054
City/Town	State	Zip Code

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

4. If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the DEP
<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No

5. Owner Type:
MUNICIPAL

6. Federal Employment Identification Number (FEIN):
046001226
(FEIN) - Do NOT provide SSN

7. Is this system a not-for-profit organization		
<input checked="" type="radio"/> Yes <input type="radio"/> No		
If yes, indicate Tax Exempt code (e.g., 501C):	046001226	
8. Population Served(DailyAverage):		
Winter Population (October March):	8629	
Summer Population (April September):	8629	
By what method was the population figured	Census Type:	City/Town
	Other Description:	



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
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9. 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:	20	3YEARS
Winter Bacteria samples required:	23	MONTH
Summer Bacteria samples required:	23	MONTH

10. Distribution Meter information:

a. Number of Service Connections:	<input type="text" value="2538"/>
b. Percentage of service connections that are metered:	<input type="text" value="100"/> %
c. Are all publicly owned buildings metered?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
d. If No, what percent are	<input type="text"/> %

11. System Information

a. Number of Distribution Systems:	<input type="text" value="1"/>
b. Finished Water Storage Capacity in Million Gallons (MG): [Conversion factor is (# of gallons)/(1,000,000)= MG]	<input type="text" value="1.5"/>
c. Pumping Capacity (GPM):	<input type="text" value="1750"/>

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

Ground Water	Surface Water	Purchased Ground	Purchased Surface
<input type="text" value="100"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %

13. 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 as required per 310 CMR 22.04(13)(b)(10)?

☒ Yes ☐ No

Documentation of ER training must be kept onsite for state review, including at the next sanitary survey. This documentation should 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:	<input type="text" value="Monthly"/>	Other Frequency:	<input type="text"/>
Interlocks:	<input type="text" value="Monthly"/>	Other Frequency:	<input type="text"/>
Back-up power sources:	<input type="text" value="Quarterly"/>	Other Frequency:	<input type="text"/>

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



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Date of ER incident	Level	Description
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15. 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
FARM ST TANK 2	ANTENNAE	MILLIS	6/25/2001
WALNUT ST TANK	ANTENNAE	MILLIS	6/25/2001

16. Comments or additional information regarding this section:



Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

<input type="text" value="CHARLES"/>	<input type="text" value="TOOMEY"/>	
Coordinator First Name	Coordinator Last Name	
<input type="text"/>	<input type="text"/>	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	State	Zip Code
<input type="text"/>	<input type="text"/>	
Phone Number	Fax Number (if available)	
<input type="text"/>		
Coordinator email		
<input type="text"/>		

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

Contact First Name

Consultant Street Address Line 1

City/Town

Phone Number

Consultant email

Contact Last Name

Consultant Street Address Line 2

State

Fax Number (if available)

Doing Business As
(Company/Individual Name)

Zip Code

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

Surveyor's FirstName	Surveyor's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number	Third Party Reviewer Surveyor
<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 Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2018

PWSID#: 2187000
 Name: MILLIS WATER DEPT
 City: MILLIS
 PWS Class: COM

CHARLESD.	TOOMEY	WS10-0002167	12/12/2020		
RYAN F	TOOMEY	31603	11/1/2018		
KENNETH P	ROBIDOUX	32158	5/1/2019		

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
CHARLESD.	TOOMEY	WS10-0002167	12/12/2020	
RYAN F	TOOMEY	31603	11/1/2018	
KENNETH P	ROBIDOUX	32158	5/1/2019	

What services does the consultant perform for the town	
<input checked="" type="checkbox"/> Facilities Survey	<input checked="" type="checkbox"/> Testing of Devices
<input type="checkbox"/> Device Installation Plan Approval	<input type="checkbox"/> Program Management
<input type="checkbox"/> Other(explain)	<input type="text"/>

3. 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	91	91	0	0	0
Industrial	4	4	0	0	0
Institutional	2	2	0	0	0
Municipal	12	12	0	0	0



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2018

PWSID#: 2187000
 Name: MILLIS WATER DEPT
 City: MILLIS
 PWS Class: COM

Residential (Optional)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="109"/>	<input type="text" value="109"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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.

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

Reduced Pressure Backflow Preventer (RPBP):	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Double Check Valve Assembly (DCVA):	<input type="radio"/> Yes <input checked="" 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.



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2018

PWSID#: 2187000
 Name: MILLIS WATER DEPT
 City: MILLIS
 PWS Class: COM

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	34	0	2	32	1
Industrial	7	0	2	5	0
Institutional	6	0	0	6	2
Municipal	14	0	0	14	0
Residential (Optional)	0	0	0	0	0
Total	61	0	4	57	3
DCVA					
Commercial	16	0	0	16	0
Industrial	4	0	1	3	0
Institutional	1	0	0	1	0
Municipal	6	0	0	6	0
Residential (Optional)	0	0	0	0	0
Total	27	0	1	26	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.

5. 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	0	109	0	0	1
DCVA	0	22	0	0	4



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
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.

53 RBPB DEVICES WERE EACH TESTED TWICE AND 3 SEASONAL DEVICES WERE EACH TESTED ONCE FOR A TOTAL OF 109 TESTS. WATER WAS OFF AT SEASONAL DEVICES DURING THE SECOND ROUND OF TESTING. 1 DEVICE WAS NOT TESTED BECAUSE IT WAS VACANT DURING BOTH ROUNDS OF TESTING. 4 DCVA DEVICES WERE NOT TESTED BECAUSE THEY WERE VACANT AT THE TIME OF TESTING.

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

☒ Yes ☐ No

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

PVB DEVICES	<input checked="" type="radio"/> Yes <input 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	0	5	0	0
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.

8. 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

9. 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.	Date(mm/dd/yyyy)
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10. Do you have a fully implemented educational program for specific users (ex. Industrial, Commercial, Institutional, Municipal and Residential)?

<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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):
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☒ Industrial ☒ Commercial ☒ Institutional ☒ Municipal ☒ Residential

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

Date(mm/dd/yyyy)

11. 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.	Date(mm/dd/yyyy)
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Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

12. Does your system have a local ordinance, by-law or policy statement on cross-connection control?										
<input type="radio"/> Yes	<input type="radio"/> 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, 5 th floor, Boston, MA 02108										
Attn : Otavio DePaula-Santos										
13. Does your water system have a total containment policy?										
<input type="radio"/> Yes	<input type="radio"/> 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).										
14. Has there been a cross-connection incident in your water system during the reporting period?										
<input type="radio"/> Yes	<input type="radio"/> No									
If Yes, please provide information below:										
<table border="1"><thead><tr><th>Date of Incident</th><th>Location of the Incident</th><th>DESCRIPTION</th></tr></thead><tbody><tr><td colspan="3"></td></tr></tbody></table>					Date of Incident	Location of the Incident	DESCRIPTION			
Date of Incident	Location of the Incident	DESCRIPTION								
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 (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	<input type="text" value="16,459,248"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="16,459,248"/>
February	<input type="text" value="13,999,831"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="13,999,831"/>
March	<input type="text" value="15,573,129"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="15,573,129"/>
April	<input type="text" value="15,441,626"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="15,441,626"/>
May	<input type="text" value="19,759,181"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="19,759,181"/>
June	<input type="text" value="24,707,609"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="24,707,609"/>
July	<input type="text" value="27,524,927"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="27,524,927"/>
August	<input type="text" value="22,887,472"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="22,887,472"/>
September	<input type="text" value="18,769,744"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="18,769,744"/>
October	<input type="text" value="16,989,485"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="16,989,485"/>
November	<input type="text" value="14,588,123"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="14,588,123"/>
December	<input type="text" value="14,529,367"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="14,529,367"/>
TOTAL	<input type="text" value="221,229,742"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="221,229,742"/>

Maximum Daily Finished Water Consumption:	Volume (GAL): <input type="text" value="1,245,353"/> Date: <input type="text" value="7/26/2018"/>
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Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

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 (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	16,821,085	0	0	16,821,085
February	14,361,668	0	0	14,361,668
March	15,934,966	0	0	15,934,966
April	15,803,463	0	0	15,803,463
May	20,121,018	0	0	20,121,018
June	25,069,446	0	0	25,069,446
July	27,886,764	0	0	27,886,764
August	23,249,309	0	0	23,249,309
September	19,131,581	0	0	19,131,581
October	17,351,322	0	0	17,351,322
November	14,949,960	0	0	14,949,960
December	14,891,204	0	0	14,891,204
TOTAL	225,571,786	0	0	225,571,786
Maximum Daily Raw Water Pumping: Volume (GAL): 1,257,249 Date: 7/26/2018				

Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold	Water type
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Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
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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	89	<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 Plant ID:	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:
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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.):

X. Comments or additional information regarding this section



Source Protection - Zone II

Zone

1. Mass DEP assigned Zone II ID #: 126

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
2187000-03G	WELL 3	400	Y	

3. 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:

4. Did your inspections identify violations of 310 CMR 22.20B or local land use controls (zoning, nonzoning or regulations) adopted for compliance with 310 CMR 22.20C or 310 CMR 22.21?

☐ Yes ☒ No

If YES, please describe each violation and its resolution or current status.

5. 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 #: 127

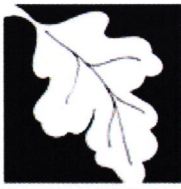
2. DEP Source IDs and Names of the withdrawal points in Zone II.

SourceID	Source Name	Zone I Radius(ft)	Zone I Control	Pollution Sources
2187000-04G	WELL 4	400	Y	

3. 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:



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

4. Did your inspections identify violations of 310 CMR 22.20B or local land use controls (zoning, nonzoning or regulations) adopted for compliance with 310 CMR 22.20C or 310 CMR 22.21?

☐ Yes ☒ No

If YES, please describe each violation and its resolution or current status.

5. 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 # :	324
-------------------------------------	-----

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
2187000-01G	WELL 1	400	Y	
2187000-02G	WELL 2	400	Y	

3. 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:

4. Did your inspections identify violations of 310 CMR 22.20B or local land use controls (zoning, nonzoning or regulations) adopted for compliance with 310 CMR 22.20C or 310 CMR 22.21?

☐ Yes ☒ No

If YES, please describe each violation and its resolution or current status.

5. 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 # :	425
-------------------------------------	-----



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

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
2187000-05G	WELL 5	400	Y	
2187000-06G	WELL 6	400	Y	

3. 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:

4. Did your inspections identify violations of 310 CMR 22.20B or local land use controls (zoning, nonzoning or regulations) adopted for compliance with 310 CMR 22.20C or 310 CMR 22.21?

☐ Yes ☒ No

If YES, please describe each violation and its resolution or current status.

5. 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 Duane LeVangie with the WMA Program at (617) 292-5706 or email him at duane.levangie@mass.gov

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

1. Total miles of water mains	42
2. Miles of mains surveyed this year	42
3. Number of leaks found	0
4. Number of leaks repaired	0
5. Estimated volume lost (mg) if a reliable estimate can be made	0
6. Date of last leak detection survey of entire system:	12/31/2018 (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: 9:00 AM - 5:00 PM

Daily: ☒ Odd/Even ☐ Twice/Week ☐ Once/Week ☐ Other Daily

If "Other Daily"

then describe:



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
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	5/1/2018	9/1/2018
	(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.

- ☒ 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.



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS

PWS Class: COM

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 (mg)	Category Description
Residential	9433	153.272	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	28	1.309	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	452	13.858	Water served to businesses and other commercial entities.
Agricultural	12	.281	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	128	3.615	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	0	0	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*	0	0	Water used for purposes not included in above categories.
TOTALS	10053	172.335	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	0.167
Hydrant/water main flushing/main construction	+ 3.388
Flow testing	+ 0.051
Bleeders/ Blow offs	+
Tank overflow & drainage	+ 1.0
Sewer & stormwater system flushing	+
Street cleaning	+ 0.211
Source meter calibration adjustments	+
Major water main breaks (not leak detection)	+ 8.95
Total Confidently Estimated Municipal Use	= 13.767

YOU MUST PROVIDE DOCUMENTATION FOR ALL OF YOUR CEMU VOLUMES.

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

<input type="radio"/>	<input type="radio"/>
Yes	No



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

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)	221.230	100%
Total Metered Use (System Total Metered Use from Table DS-3)	172.335	77.9 %
Total Confidently Estimated Municipal Use (Total from Table DS-4)	13.767	6.2 %
Unaccounted for Water (UAW)	= 35.1	= 15.9 %

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

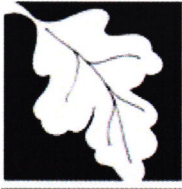
RESIDENTIAL GALLONS PER CAPITA DAY (RGPCD)

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 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 Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
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):	Local
Census year:	2017
Population Served:	8629

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)
153.272	/ 365	8629	X1,000,000	=	49

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.

THE TOWN IS WORKING TO DEVELOP A SYSTEM TO TRACK CONFIDENTLY ESTIMATED MUNICIPAL USE AND TO FURTHER CALIBRATE METERS FOR MORE ACCURATE MEASUREMENTS. THE TOWN BELIEVES THAT THESE IMPROVEMENTS WILL RESULT IN A LOWER UAW FOR 2019.



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 Duane LeVangie with the WMA Program at (617) 292-5706 or email him at duane.levangie@mass.gov

Table BW-1 Permit & Registration Information

River Basin (Watershed)	Registration Number	Permit Number
20-CHARLES	22018702	9P422018703

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)
20-CHARLES	225.572	/365 =	0.62

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*
20-CHARLES	0.63	+ 0.36	= 0.99	- 0.62	= 0.37

* 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 Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
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

2187000-04T		PAINE WATER TREATMENT FACILITY	
Plant ID# :		Plant Name:	
NORFOLK RD			
Street Address Line 1:		Street Address Line 2:	
MILLIS		MA	02054
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	I-T	1.5
Status:	Availability:	Class:	Capacity (MGD):
RONALD	F	MCKENNEY	
Contact:		Phone:	Fax:

2. Related Sources Table

2187000-05G	WELL 5	
2187000-06G	WELL 6	

3. Treatment Table(s)

Treatment Objective:		Treatment Process:	
DISINFECTION		4-LOG TREATMENT OF VIRUSES	
Innovative: N	Start Date: 10/30/2015	End Date: _____	
No Data Found			
Comment:			
MINIMUM CL 0.4 MG/L			
Treatment Objective:		Treatment Process:	
OTHER		FLUORIDATION	
Innovative: N	Start Date: 07/14/2003	End Date: _____	
Chemical Name			
SODIUM FLUORIDE			
Comment:			
Treatment Objective:		Treatment Process:	
DISINFECTION		HYPOCHLORINATION, POST	
Innovative: N	Start Date: 07/14/2003	End Date: _____	



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Chemical Name			
SODIUM HYPOCHLORITE			
Comment:			
Treatment Objective:		Treatment Process:	
CORROSION CONTROL		PH ADJUSTMENT, POST	
Innovative: N	Start Date: 07/14/2003	End Date: _____	
Chemical Name			
SODIUM HYDROXIDE			
Comment:			

Treatment Plant

1. Plant Information

2187000-01T		GEORGE D'ANGELIS WATER TREATMENT PLANT	
Plant ID# :		Plant Name:	
WATER ST			
Street Address Line 1:		Street Address Line 2:	
MILLIS		MA	02054
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	I-T	
Status:	Availability:	Class:	Capacity (MGD):
RONALD	F	MCKENNEY	
Contact:		Phone:	Fax:

2. Related Sources Table

2187000-01G	WELL 1
2187000-02G	WELL 2

3. Treatment Table(s)

Treatment Objective:		Treatment Process:	
CORROSION CONTROL		PH ADJUSTMENT, POST	
Innovative: N	Start Date: 07/03/1998	End Date: _____	



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Chemical Name			
SODIUM HYDROXIDE			
Comment:			
Treatment Objective:		Treatment Process:	
DISINFECTION		HYPOCHLORINATION, POST	
Innovative: N	Start Date: 07/03/1998	End Date: _____	
Chemical Name			
SODIUM HYPOCHLORITE			
Comment:			
Treatment Objective:		Treatment Process:	
ORGANICS REMOVAL		AERATION, PACKED TOWER	
Innovative: N	Start Date: 07/03/1998	End Date: _____	
No Data Found			
Comment:			
Treatment Objective:		Treatment Process:	
OTHER		FLUORIDATION	
Innovative: N	Start Date: 07/03/1998	End Date: _____	
Chemical Name			
SODIUM FLUORIDE			
Comment:			
Treatment Objective:		Treatment Process:	
DISINFECTION		4-LOG TREATMENT OF VIRUSES	
Innovative: N	Start Date: 11/07/2014	End Date: _____	
Chemical Name			
SODIUM HYPOCHLORITE			



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Comment:

MIN CL 0.65 MG/L

Treatment Plant

1. Plant Information

2187000-02T		WELL 3 VILLAGE ST	
Plant ID# :		Plant Name:	
BIRCH ST			
Street Address Line 1:		Street Address Line 2:	
MILLIS		MA	02054
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	I-T	
Status:	Availability:	Class:	Capacity (MGD):
RONALD	F	MCKENNEY	
Contact:		Phone:	Fax:

2. Related Sources Table

2187000-03G	WELL 3

3. Treatment Table(s)

Treatment Objective:		Treatment Process:	
CORROSION CONTROL		PH ADJUSTMENT, POST	
Innovative: N	Start Date: 01/01/2001	End Date: _____	
<div><div>Chemical Name</div><div>SODIUM HYDROXIDE</div></div>			
Comment:			

Treatment Objective:		Treatment Process:	
OTHER		FLUORIDATION	
Innovative: N	Start Date: 01/01/1992	End Date: _____	
<div><div>Chemical Name</div><div>SODIUM FLUORIDE</div></div>			
Comment:			



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Treatment Objective:		Treatment Process:	
DISINFECTION		HYPOCHLORINATION, POST	
Innovative: N	Start Date: 03/04/2013	End Date: _____	
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">Chemical Name SODIUM HYPOCHLORITE</div>			
Comment:			
Treatment Objective:		Treatment Process:	
DISINFECTION		4-LOG TREATMENT OF VIRUSES	
Innovative: N	Start Date: 10/30/2015	End Date: _____	
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">No Data Found</div>			
Comment:			
MIN CL 0.4 MG/L			

Treatment Plant

1. Plant Information

2187000-03T		WELL 4 SOUTH END POND	
Plant ID# :		Plant Name:	
ORCHARD ST			
Street Address Line 1:		Street Address Line 2:	
MILLIS	MA	02054	
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	I-T	
Status:	Availability:	Class:	Capacity (MGD):
RONALD	F	MCKENNEY	
Contact:		Phone:	Fax:

2. Related Sources Table

2187000-04G	WELL 4

3. Treatment Table(s)

Treatment Objective:		Treatment Process:	
CORROSION CONTROL		PH ADJUSTMENT, POST	
Innovative: N	Start Date: 01/01/2001	End Date: _____	



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

<table border="1"><tr><td colspan="2">Chemical Name</td></tr><tr><td colspan="2">SODIUM HYDROXIDE</td></tr><tr><td colspan="2"></td></tr></table>				Chemical Name		SODIUM HYDROXIDE			
Chemical Name									
SODIUM HYDROXIDE									
Comment:									
Treatment Objective:		Treatment Process:							
OTHER		FLUORIDATION							
Innovative: N		Start Date: 01/01/1992	End Date: _____						
<table border="1"><tr><td colspan="2">Chemical Name</td></tr><tr><td colspan="2">SODIUM FLUORIDE</td></tr><tr><td colspan="2"></td></tr></table>				Chemical Name		SODIUM FLUORIDE			
Chemical Name									
SODIUM FLUORIDE									
Comment:									

Comments or additional information regarding this section



Pump Stations

Pump

1. Pump Information

WELL 5 PAINE PUMP	NORFOLK ROAD
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):	600
Standby/Emergency Power:	Y		

Primary Pump Details

Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	0
Motor Type:	VERT TURB	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

2187000-05G	WELL 5

Pump

1. Pump Information

WELL 6 PAINE PUMP	NORFOLK ROAD
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	875
Standby/Emergency Power:	Y		

Primary Pump Details

Suction Type:		Suction Head (ft.):	
Suction Size (inches):		Motor Horse Power:	
Motor Type:	VERT TURB	Motor Control:	
Discharge Type:		Discharge Size (inches):	
Installation Date		Model #:	
Pump Manufacturer:			



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

2. Related Sources Table (if applicable)

2187000-06G	WELL 6	

Pump

1. Pump Information

WELL 3 PUMP	BIRCH 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):	450
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	40
Motor Type:	VERT TURB	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	
Pump Manufacturer:	JOHNSON VERTICL		

2. Related Sources Table (if applicable)

2187000-03G	WELL 3	

Pump

1. Pump Information

WELL 4 PUMP	ORCHARD 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):	650
Standby/Emergency Power:	Y		



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	50
Motor Type:	VERT TURB	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	
Pump Manufacturer:	GOULDS		

2. Related Sources Table (if applicable)

2187000-04G	WELL 4	

Pump

1. Pump Information	
WALNUT STREET BOOSTER STATION	WALNUT STREET
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	
Raw or Finished Water:	Finished	Maximum Aggregate Capacity (Gallons per Minutes):	
Standby/Emergency Power:	N		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	
Suction Size (inches):		Motor Horse Power:	3
Motor Type:	CENT	Motor Control:	
Discharge Type:		Discharge Size (inches):	
Installation Date	06/01/1993	Model #:	
Pump Manufacturer:			

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](#)

CHANGE

WALNUT ST TANK	DISTRIBUTION SYSTEM WALNUT STREET
Storage Facility Name	Location

Status:		Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	.55
Material:	STEEL	Installation Date	

Storage Facility

[Edit](#) [Delete](#)

CHANGE

FARM ST TANK 2	DISTRIBUTION SYSTEM FARM STREET
Storage Facility Name	Location

Status:		Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	0.94
Material:	STEEL	Installation Date	

Comments or additional information



Ground Water Sources

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-01G		
Source Name:	WELL 1		
Location:	WATER ST, MILLIS, MA		
Status:	A		
Source Availability:	ACTIVE		
Latitude:	42.176676	Withdrawal Units:	GAL
Longitude:	- 71.351848	January:	3,793,967
Source Watershed:	CHARLES	February:	3,372,595
Well Type:	BEDROCK WELL	March:	3,509,213
Well Depth (ft.):	48	April:	3,380,242
Well Casing Height (ft.):	38	May:	3,970,291
Well Casing Depth (ft.):	38	June:	4,717,933
Screen Length (ft.):	10	July:	8,749,716
Pump Setting (ft):	0	August:	2,963,042
Approved Daily Pumping Volume (MGD):	.72	September:	0
Source Metered:	Yes	October:	0
Date of Meter Installation:		November:	864,706
Type of water metered for source:	RAW	December:	3,316,687
Last Meter Calibration:	8/7/2018	Total Amount Pumped:	38,638,392
		Total # of Days Pumped:	266
		Maximum Single Day Pumped Volume:	369,459
		Date of Maximum Amount Pumped:	7/26/2018



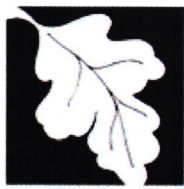
Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2018

PWSID#: 2187000
 Name: MILLIS WATER DEPT
 City: MILLIS
 PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-03G		
Source Name:	WELL 3		
Location:	BIRCH STREET, MILLIS, MA		
Status:	A		
Source Availability:	ACTIVE		
	Withdrawal Units:	GAL	
Latitude:	42.168983	January:	3,343,208
Longitude: -	71.339976	February:	2,520,427
Source Watershed:	CHARLES	March:	3,145,779
Well Type:	GRAVEL-PACKED	April:	3,121,832
Well Depth (ft.):	60	May:	3,743,027
Well Casing Height (ft.):	2	June:	4,166,057
Well Casing Depth (ft.):	40	July:	3,606,251
Screen Length (ft.):	20	August:	7,095,199
		September:	6,240,859
Pump Setting (ft.):	0	October:	5,859,715
		November:	4,588,326
Approved Daily Pumping Volume (MGD):	.75	December:	3,140,880
Source Metered:	Yes	Total Amount Pumped:	50,571,560
Date of Meter Installation:		Total # of Days Pumped:	358
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	304,606
Last Meter Calibration:	8/7/2018	Date of Maximum Amount Pumped:	9/13/2018



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2018

PWSID#: 2187000
 Name: MILLIS WATER DEPT
 City: MILLIS
 PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-04G		
Source Name:	WELL 4		
Location:	NEAR ORCHARD ST, MILLIS, MA		
Status:	A		
Source Availability:	ACTIVE		
	Withdrawal Units:	GAL	
Latitude:	42.193622	January:	3,447,950
Longitude:	- 71.351997	February:	2,742,074
Source Watershed:	CHARLES	March:	3,600,854
Well Type:	BEDROCK WELL	April:	3,715,126
Well Depth (ft.):	60	May:	4,441,545
Well Casing Height (ft.):	2	June:	4,808,901
Well Casing Depth (ft.):	50	July:	5,621,447
Screen Length (ft.):	10	August:	6,774,884
		September:	6,409,424
Pump Setting (ft):	0	October:	5,795,057
		November:	4,546,465
Approved Daily Pumping Volume (MGD):	.86	December:	3,171,345
Source Metered:	Yes	Total Amount Pumped:	55,075,072
Date of Meter Installation:		Total # of Days Pumped:	349
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	364,567
Last Meter Calibration:	8/7/2018	Date of Maximum Amount Pumped:	7/8/2018



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2018

PWSID#: 2187000
 Name: MILLIS WATER DEPT
 City: MILLIS
 PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-02G		
Source Name:	WELL 2		
Location:	WATER STREET, MILLIS, MA		
Status:	A		
Source Availability:	ACTIVE		
	Withdrawal Units:	GAL	
Latitude:	42.176315	January:	2,485,766
Longitude:	- 71.351375	February:	2,204,884
Source Watershed:	CHARLES	March:	2,297,170
Well Type:	BEDROCK WELL	April:	2,160,864
Well Depth (ft.):	46	May:	2,608,882
Well Casing Height (ft.):	36	June:	3,091,676
Well Casing Depth (ft.):	36	July:	5,695,786
Screen Length (ft.):	10	August:	1,930,382
		September:	0
Pump Setting (ft):	0	October:	0
		November:	565,971
Approved Daily Pumping Volume (MGD):	.5	December:	2,177,501
Source Metered:	Yes	Total Amount Pumped:	25,218,882
Date of Meter Installation:		Total # of Days Pumped:	266
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	239,770
Last Meter Calibration:	8/7/2018	Date of Maximum Amount Pumped:	7/26/2018



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2018

PWSID#: 2187000
 Name: MILLIS WATER DEPT
 City: MILLIS
 PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-05G
Source Name:	WELL 5
Location:	NEAR NORFOLK RD
	MILLIS
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	GAL
Latitude:	42.149872	January:	3,750,194
Longitude: -	71.340335	February:	3,521,688
Source Watershed:	CHARLES	March:	3,381,950
Well Type:	GRAVEL-PACKED	April:	3,425,399
Well Depth (ft.):	57	May:	2,644,962
Well Casing Height (ft.):	0	June:	0
Well Casing Depth (ft.):	49	July:	3,738,491
Screen Length (ft.):	8	August:	4,482,148
		September:	6,481,298
Pump Setting (ft):	0	October:	5,696,550
		November:	4,384,492
Approved Daily Pumping Volume (MGD):	1.5	December:	3,084,791
Source Metered:	Yes	Total Amount Pumped:	44,591,963
Date of Meter Installation:		Total # of Days Pumped:	296
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	359,167
Last Meter Calibration:	8/7/2018	Date of Maximum Amount Pumped:	7/5/2018



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2018

PWSID#: 2187000
 Name: MILLIS WATER DEPT
 City: MILLIS
 PWS Class: COM

Individual Ground Water Source Statistics CHANGE

Source ID:	2187000-06G		
Source Name:	WELL 6		
Location:	NEAR NORFOLK RD		
	MILLIS		
Status:	A		
Source Availability:	ACTIVE		
		Withdrawal Units:	GAL
Latitude:	42.150174	January:	0
Longitude: -	71.340142	February:	0
Source Watershed:	CHARLES	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	62	May:	2,712,311
Well Casing Height (ft.):	0	June:	8,284,879
Well Casing Depth (ft.):	47	July:	475,073
Screen Length (ft.):	15	August:	3,654
		September:	0
Pump Setting (ft):	0	October:	0
		November:	0
Approved Daily Pumping Volume (MGD):	1.5	December:	0
Source Metered:	Yes	Total Amount Pumped:	11,475,917
Date of Meter Installation:		Total # of Days Pumped:	44
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	390,789
Last Meter Calibration:	8/7/2018	Date of Maximum Amount Pumped:	7/1/2018



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Comments or additional information regarding this section



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Surface Water Sources

No Data Found

Comments or additional information regarding this section:
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Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Purchased Water Sources

No Data Found

Comments or additional information regarding this section



Staffing and Contact Information

1. Owner/Responsible Person:

Owners Name - First, Middle Init, Last - one name only (if not municipal):

Phone Number

Email Address

☐ This is a new owner. ☒ This is a municipal system.

2. PWS Contact Information

First Name	Middle Name	Last Name	Primary	Phone	Email
JAMES		MCKAY	<input checked="" type="checkbox"/>	508-376-5424	JMCKAY@MILLISMA.NET

3. Certified Drinking Water Operators Staffing Information

Operator Information

Name	Grade	License Number	Email Address	Phone	
RONALD F MCKENNEY	2D/2T	12191/24788	rmckenney@millisma.net	508-376-5424	CHANGE

Operator Information

Name	Grade	License Number	Email Address	Phone	
MICHAEL H PERCIACCANTE	1D/1T	4946/5047			DELETE

Operator Information

Name	Grade	License Number	Email Address	Phone	
RYAN W WAGNER	2D OIT/1T/1T OIT/1D OIT	27225/27074/25870/25763	rwagner@millisma.net	508-298-9296	CHANGE

Operator Information

Name	Grade	License Number	Email Address	Phone	
KEVIN S KANDOLA	1T OIT/1D OIT	20114/20006	kkandola@millisma.net	774-993-9181	CHANGE

Operator Information

Name	Grade	License Number	Email Address	Phone	
DAVID B RACHMACIEJ	2T/2D	26488/26276	drachmaciej@millisma.net	774-993-8000	CHANGE

Operator Information

Name	Grade	License Number	Email Address	Phone	
MICHAEL P HILLERY	2T OIT/2D OIT/1T/1D	26590/26232/26310/26317	mhillery@millisma.net	508-320-5141	CHANGE

Operator Information

Name	Grade	License Number	Email Address	Phone	
SHAWN A. MCDONALD	1D OIT/1T OIT	26051/26052	SHAWNNMCDONALD74@GMAIL.COM		DELETE

Operator Information

Name	Grade	License Number	Email Address	Phone	
JAMES F. MCKAY	1D	20756	JMCKAY@MILLISMA.NET	508-376-2442	CHANGE



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Operator Information

Name	Grade	License Number	Email Address	Phone	
MATTHEW J. DONOVAN	1T OIT/1D OIT	27232/27092	MATT024MJD@AIM.COM	508-298-4411	<input type="button" value="CHANGE"/>

4. Operator Affiliations for this PWS

License Number	Name	Function	Begin-Date	End-Date	
26590/26232/26310/26317	MICHAEL P HILLERY	<input type="button" value="SECONDARY TREATMENT OPERATOR"/>	02/23/2017		
License Number	Name	Function	Begin-Date	End-Date	
12191/24788	RONALD F MCKENNEY	<input type="button" value="PRIMARY DISTRIBUTION OPERATOR"/>	03/20/2014		
License Number	Name	Function	Begin-Date	End-Date	
4946/5047	MICHAEL H PERCIACCANTE	<input type="button" value="GENERAL OPERATOR"/>	03/20/2014		DELETE
License Number	Name	Function	Begin-Date	End-Date	
26590/26232/26310/26317	MICHAEL P HILLERY	<input type="button" value="SECONDARY DISTRIBUTION OPERATOR"/>	02/23/2017		CHANGE
License Number	Name	Function	Begin-Date	End-Date	
20114/20006	KEVIN S KANDOLA	<input type="button" value="GENERAL OPERATOR"/>	09/22/2008		
License Number	Name	Function	Begin-Date	End-Date	
26488/26276	DAVID B RACHMACIEJ	<input type="button" value="GENERAL OPERATOR"/>	01/04/2017		
License Number	Name	Function	Begin-Date	End-Date	
27225/27074/25870/25763	RYAN W WAGNER	<input type="button" value="GENERAL OPERATOR"/>	02/23/2017		
License Number	Name	Function	Begin-Date	End-Date	
26590/26232/26310/26317	MICHAEL P HILLERY	<input type="button" value="GENERAL OPERATOR"/>	01/04/2017		DELETE
License Number	Name	Function	Begin-Date	End-Date	
12191/24788	RONALD F MCKENNEY	<input type="button" value="PRIMARY TREATMENT OPERATOR"/>	05/25/2010		CHANGE
License Number	Name	Function	Begin-Date	End-Date	
26051/26052	SHAWN A. MCDONALD	<input type="button" value="GENERAL OPERATOR"/>			DELETE
License Number	Name	Function	Begin-Date	End-Date	
27232/27092	MATTHEW J. DONOVAN	<input type="button" value="GENERAL OPERATOR"/>	5/9/2017		CHANGE

To Add an Affiliation select the operator from the list and click the "Add New Affiliation" button.

5. Primary Certified Operator Contact Information:

Primary Distribution Certified Operator Contact Information

Name

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

Mailing Address 1

Town/City

State

Mailing Address 2

Zip Code

Primary Treatment Certified Operator Contact Information



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2018

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Name

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

5 CONWAY RD

Mailing Address 1

Mailing Address 2

MILLIS

Massachusetts

020540000

Town/City

State

Zip Code

5. Water Commissioners/Selectmen/Trustees/Association Board Members, and other stakeholders.

List the names and emails of all water commissioners, selectmen, trustees, board members, and other individuals who are directly involved in the Public Water Supply.

Name	Phone	Title	Email
MACINNES	508-376-7040	Selectmen	cmacinnnes@millis.net
CATHERINE			