



Massachusetts Department of Environmental Protection

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Username: **JAMESMCKAY**

Transaction ID: **375220**

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

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2010 Public Water Supply Verification

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

PWS Name:	MILLIS WATER DEPT
PWS Street Address Line 1:	7 WATER ST
PWS Street Address Line 2:	
City/Town:	MILLIS
State:	MA
Zip Code:	02054-0000
Class:	COM



System Information (COM/NTNC)

1. PWS Street Address		
MILLIS WATER DEPT		
PWS Name		
7 WATER ST		
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 checked="" type="checkbox"/> Same as street address.		
MILLIS WTR.DEPT. C/O TOWN ADMIN.		
Mailing Name		
7 WATER STREET		
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. Owner Information:		
		<input checked="" type="checkbox"/> This is a new owner.
Owners Name (if not municipal):		Phone Number

5. Primary Contact:		
JAMES	MCKAY	508-376-5424 <input checked="" type="checkbox"/> This is a new contact.
Name (First, Middle Int, Last) • one name only•		Phone Number
jmckay@millis.net		
Email Address (For Emergency Purposes)		



6. Certified Drinking Water Operators employed by the PWS:

Name			Grade	License Number	Primary Operator	Delete
ALBERT	J	RICCIARDI	D1/T1	4959/5048	<input type="radio"/>	<input checked="" type="radio"/>
MICHAEL	H	PERCIACCANTE	D1/T1	4946/5047	<input type="radio"/>	<input type="radio"/>
KEVIN	S	KANDOLA	T1/D1	20114/20006	<input type="radio"/>	<input type="radio"/>
RONALD	F	MCKENNEY	T1/D2	22221/12191	<input checked="" type="radio"/>	<input type="radio"/>

KENNETH	A	MCCOLL	D1/T1	3044/4238	<input type="radio"/>	Delete
<p>To add an operator, enter a license # in the field below and then click the "Add Operator" button.</p> <p>License Number: <input type="text"/></p>						

7. Primary Certified Operator Contact Information: (22221/12191)

RONALD	F	MCKENNEY	508-376-5424	508-376-2442
Name		Phone Number		Fax Number
7 WATER ST.				
Mailing Address 1			Mailing Address 2	
MILLIS	Massachusetts	02054		
Town/City	State	Zip Code	E-Mail Address	

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

N/A Yes No

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

Name	Phone	Title
ANDREA	508-376-7040	SELECTMAN
CHARLES	508-376-7040	SELECTMAN
DONALD	508-376-7040	SELECTMAN

9. Owner Type:

MUNICIPAL

Federal Employment Identification Number (FEIN):

046001226

(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):

11. Population Served(DailyAverage):

Winter Population (October March):

Summer Population (April September):

By what method was the population figured

Census Type:	<input type="text" value="City/Town"/>
Other Description:	<input type="text"/>

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:	<input type="text" value="20"/>	<input type="text" value="3YEARS"/>
Winter Bacteria samples required:	<input type="text" value="19"/>	<input type="text" value="MONTH"/>
Summer Bacteria samples required:	<input type="text" value="19"/>	<input type="text" value="MONTH"/>

13. Distribution Meter information:

a. Number of Service Connections:

b. Percentage of service connections that are metered: %

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

d. If No, what percent are %

14. System Information

a. Number of Distribution Systems:

b. Finished Water Storage Capacity in Million Gallons (MG):
 [Conversion factor is (# of gallons)/(1,000,000)= MG]

c. Pumping Capacity (GPM):

15. 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"/> %



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:	Monthly	Other Frequency:	
Interlocks:	Monthly	Other Frequency:	
Back-up power sources:	Monthly	Other Frequency:	

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
FARM ST TANK 2	ANTENNA	MILLIS	6/15/2001
WALNUT ST TANK	ANTENNA	MILLIS	6/15/2001

18. Comments or additional information regarding this section:



Cross Connection Control Program

1. Cross Connection Program Coordinator

Please select one of the following

<input type="checkbox"/> Keep current coordinator and update if needed. <input type="checkbox"/> Remove current Coordinator and add new coordinator information referencing a MassDEP Certification ID. <input type="checkbox"/> Remove current Coordinator and add a new Coordinator by typing into the fields.		
<input type="text" value="CHARLES"/>	<input type="text" value="TOOMEY"/>	
Coordinator First Name	Coordinator Last Name	
<input type="text"/>	<input type="text"/>	
MassDEP Certification ID #	Expiration Date	
<input type="text" value="2167"/>	<input type="text" value="11/01/2011"/>	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
<input type="text" value="NORTH BROOKFIELD"/>	<input type="text" value="Massachusetts"/>	<input type="text" value="01535"/>
City/Town	State	Zip Code
<input type="text" value="508-867-5016"/>	<input type="text" value="508-867-4380"/>	
Phone Number	Fax Number (if available)	
<input type="text" value="TOOMEYWATER@AOL.COM"/>		
Coordinator email		

Surveyor Personnel Information :

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

MassDEP Certification ID Number



Tester Personnel Information :

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

MassDEP Certification ID Number

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

Yes No

If Yes, Please provide :

Update Insert

Contact First Name

Contact Last Name

Doing Business As
(Company/Individual Name)

Consultant Street Address Line 1

Consultant Street Address Line 2

City/Town

State

Zip Code

Phone Number

Fax Number (if available)

Consultant email

Third Party Consultant Surveyor Personnel Information:

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

MassDEP Certification ID Number

Third Party Consultant Tester Personnel Information:

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

MassDEP Certification ID Number

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 checked="" type="checkbox"/> Program Management
<input checked="" type="checkbox"/> Other(explain)	<input type="text"/>



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

Surveyor Name	TOOMEY, CHARLES	MassDEP Certification Number	2167	Phone Number	508-867-2971
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To add a Surveyor Reviewer enter the certification ID # in the field below and then click the "Add Surveyor Reviewer" button.

MassDEP Certification ID Number

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

Yes No

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

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

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

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities Surveyed in this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
	A	B	C	= A - (B+C)	
Commercial	31	0	0	31	0
Industrial	13	0	0	13	0
Institutional	5	0	0	5	0
Municipal	12	0	0	12	0
Total	61	0	0	61	0



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

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

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

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

Type of Facility	Total # of devices at the beginning of this reporting period	# of devices installed in this reporting period	# of devices removed & not replaced in this reporting period	Total # of devices	# of seasonal devices in Total
	A	B	C	= A +B-C	
RPBP					
Commercial	<input type="text" value="19"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="19"/>	<input type="text" value="2"/>
Industrial	<input type="text" value="8"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="8"/>	<input type="text" value="0"/>
Institutional	<input type="text" value="5"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="7"/>	<input type="text" value="3"/>
Municipal	<input type="text" value="11"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="11"/>	<input type="text" value="0"/>
Residential	<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="43"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="45"/>	<input type="text" value="5"/>
DCVA					
Commercial	<input type="text" value="12"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="14"/>	<input type="text" value="0"/>
Industrial	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>	<input type="text" value="0"/>
Institutional	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
Municipal	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
Residential	<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="18"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="21"/>	<input type="text" value="0"/>

*Use Comment field at the end of this question set (question #17) to provide , clarifications, descriptions or explanations regarding the above data.

Please reference the question number and table field in your description.

*PWSs must maintain a list of ALL registered cross connections that are being protected by a RPBP 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.

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

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs & Re-tests	# Not Tested
RPBP	<input type="text" value="2"/>	<input type="text" value="75"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text"/>
DCVA	<input type="text" value="0"/>	<input type="text" value="21"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>



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

TESTING: VACANT BUILDING ALL YEAR - 3 RPBP (6 TESTS); 1 BUILDING UNDER RENOVATION FOR 1 TEST RPBP; 1 SEASONAL VACANT (RP TEST). RE-TEST - WATER OFF TO BUILDING WITH FAIL.

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

Yes No

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

PVB DEVICES	<input type="radio"/> Yes <input type="radio"/> No	SPPVB DEVICES	<input type="radio"/> Yes <input type="radio"/> No	
if Yes to either please provide the following details:				
Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs & Re-tests
PVB	<input type="text" value="0"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
SPPVB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Check one: 14 days 30 days 90 days Greater than 90 days

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

Yes No

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

Date(mm/dd/yyyy)

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

Yes No N/A

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

Industrial Commercial Institutional Municipal

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

Date(mm/dd/yyyy)

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

Yes No

If no do you plan to institute one in furure?
 If yes go to question 14

Yes No

If yes When?
 If no go to question 14.

Date(mm/dd/yyyy)



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

Yes No

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

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

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

Attn : Otavio DePaula-Santos

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

Yes No

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

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

Yes No

If Yes, please provide information below:

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

COULD NOT ENTER ALL MA CERTIFIED SURVEYORS/TESTERS ON THIS SHEET. NOTE: SYSTEM HAS BEEN FULLY SURVEYED BUT NONE PERFORMED IN 2010.



Water Production & Consumption Information

Volume Units

Gallons (GAL) Million Gallons (MG)

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

Month	(1) Amount of finished water from own sources (GAL)	(2) Amount of finished water purchased from other systems (GAL)	(3) Amount of finished water sold to other systems (GAL)	(4) Net finished Water that entered your distribution system (1) + (2) - (3)= (4) (GAL)
January	17,392,287	0	0	17,392,287
February	15,549,409	0	0	15,549,409
March	17,692,587	0	0	17,692,587
April	16,504,879	0	0	16,504,879
May	22,270,490	0	0	22,270,490
June	23,347,912	0	0	23,347,912
July	31,698,102	0	0	31,698,102
August	26,619,028	0	0	26,619,028
September	21,813,136	0	0	21,813,136
October	17,701,385	0	0	17,701,385
November	14,678,060	0	0	14,678,060
December	15,708,814	0	0	15,708,814
TOTAL	240,976,089	0	0	240,976,089

Maximum Daily Finished Water Consumption:

Volume (GAL): 1,379,908

Date: 7/6/2010

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

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



Month	(1) Amount of raw water pumped from own sources (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	17,521,887	0	0	17,521,887
February	15,679,009	0	0	15,679,009
March	17,822,187	0	0	17,822,187
April	16,636,039	0	0	16,636,039
May	22,400,090	0	0	22,400,090
June	23,477,512	0	0	23,477,512
July	31,827,702	0	0	31,827,702
August	26,751,458	0	0	26,751,458
September	21,942,736	0	0	21,942,736
October	17,830,985	0	0	17,830,985
November	14,807,660	0	0	14,807,660
December	15,842,224	0	0	15,842,224
TOTAL	242,539,489	0	0	242,539,489

Maximum Daily Raw Water Pumping:	Volume (GAL): 1,379,908	Date: 7/6/2010
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Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold	Water type
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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"/>	jn Yes	Day Care Center	<input type="checkbox"/>	jn Yes	Other Residential
<input type="checkbox"/>	jn Yes	Dispenser	<input type="checkbox"/>	jn Yes	Other Transient
<input type="checkbox"/>	jn Yes	Homeowners Association	<input type="checkbox"/>	jn Yes	Recreation Area
<input type="checkbox"/>	jn Yes	Hotel/Motel	87	jn Yes	Residential Area
<input type="checkbox"/>	jn Yes	Highway Rest Area	<input type="checkbox"/>	jn Yes	Restaurant
<input type="checkbox"/>	jn Yes	Industrial/Agricultural	<input type="checkbox"/>	jn Yes	Retail Employees
<input type="checkbox"/>	jn Yes	Interstate Carrier	<input type="checkbox"/>	jn Yes	School
<input type="checkbox"/>	jn Yes	Institution	<input type="checkbox"/>	jn Yes	Sanitary Improvement District
<input type="checkbox"/>	jn Yes	Medical Facility	<input type="checkbox"/>	jn Yes	Summer Camp
<input type="checkbox"/>	jn Yes	Mobile Home Park	<input type="checkbox"/>	jn Yes	Secondary Residences
<input type="checkbox"/>	jn Yes	Mobile Home Park, Principal Residence	<input type="checkbox"/>	jn Yes	Service Station
<input type="checkbox"/>	jn Yes	Municipality	<input type="checkbox"/>	jn Yes	Subdivision
<input type="checkbox"/>	jn Yes	Other Area	<input type="checkbox"/>	jn Yes	Water Bottler
<input type="checkbox"/>	jn Yes	Other Non-Transient Area	<input type="checkbox"/>	jn Yes	Wholesaler

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

No treatment plant losses (not applicable)

Treatment PlantID:	Total Raw Water into treatment plant in 2009 (raw pumped + raw purchased - raw sold):	- Total Finished Water from treatment plant in 2009:	= Total Water Lost to Treatment Process in 2009:
2187000-01T	43,735,279	43,735,279	0
2187000-02T	55,316,036	55,316,036	0
2187000-03T	56,300,663	56,300,663	0
2187000-04T	60,614,523	0	60,614,523

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

LOST H2O USED FOR CHEM. BATCHING AND SAMPLES. CALIBRATION ERROR AT 02T AND 03T RESULTING IN UNUSABLE PROCESS WATER VALUES.



Source Protection - Zone II

Zone

1. Mass DEP assigned Zone II ID # :	126
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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. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

PSC Description	Quantity	Ground Threat	Comments
CLANDESTINE DUMPING	2	H	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	
UNDERGROUND STORAGE TANKS	9	H	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
LIVESTOCK OPERATIONS	3	M	
AUTO REPAIR SHOP	10	H	
BUS AND TRUCK TERMINAL	2	H	
CAR WASH	2	L	
DRY CLEANER	2	H	
FUNERAL HOME	2	L	
GAS / SERVICE STATION	4	H	
LAUNDROMAT	2	L	
MEDICAL FACILITY	2	M	
NURSING HOME	2	L	
PHOTO PROCESSOR	4	H	
RAILROAD TRACKS/YARDS	2	H	
REPAIR SHOP	10	H	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M	
FUEL OIL DISTRIBUTOR	2	H	
INDUSTRIAL PARK	3	H	
RESIDENTIAL FUEL OIL STORAGE	25	M	
RESIDENTIAL LAWN CARE/GARDENING	25	M	
RESIDENTIAL SEPTIC/CESSPOOL	25	M	



COMPOSTING FACILITY	2	L	
LANDFILLS AND DUMPS	2	H	
ROAD/MAINTENANCE FACILITY	2	M	
SNOW DUMP	2	M	
TRANSPORTATION CORRIDOR	2	M	
WASTE TRANSFER STATION	2	M	
FERTILIZER STORAGE AND USE	2	M	
LANDSCAPING	4	M	
MANURE SPREADING OR STORAGE	2	H	
PESTICIDE STORAGE OR USE	2	H	
INDUSTRIAL LAGOONS OR PITS	2	H	
HAZARDOUS MATERIALS STORAGE	4	H	
ABOVEGROUND STORAGE TANKS	2	M	

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 # :	127
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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. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

PSC Description	Quantity	Ground Threat	Comments
CLANDESTINE DUMPING	2	H	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	
UNDERGROUND STORAGE TANKS	9	H	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
LIVESTOCK OPERATIONS	3	M	
AUTO REPAIR SHOP	10	H	
BUS AND TRUCK TERMINAL	2	H	
CAR WASH	2	L	
DRY CLEANER	2	H	
FUNERAL HOME	2	L	
GAS / SERVICE STATION	4	H	
LAUNDROMAT	2	L	
MEDICAL FACILITY	2	M	
NURSING HOME	2	L	
PHOTO PROCESSOR	4	H	
RAILROAD TRACKS/YARDS	2	H	
REPAIR SHOP	10	H	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M	
FUEL OIL DISTRIBUTOR	2	H	
INDUSTRIAL PARK	3	H	
RESIDENTIAL FUEL OIL STORAGE	25	M	
RESIDENTIAL LAWN CARE/GARDENING	25	M	
RESIDENTIAL SEPTIC/CESSPOOL	25	M	
COMPOSTING FACILITY	2	L	
LANDFILLS AND DUMPS	2	H	
ROAD/MAINTENANCE FACILITY	2	M	
SNOW DUMP	2	M	
TRANSPORTATION CORRIDOR	2	M	
WASTE TRANSFER STATION	2	M	
FERTILIZER STORAGE AND USE	2	M	
LANDSCAPING	4	M	



MANURE SPREADING OR STORAGE	2	H	
PESTICIDE STORAGE OR USE	2	H	
INDUSTRIAL LAGOONS OR PITS	2	H	
HAZARDOUS MATERIALS STORAGE	4	H	
ABOVEGROUND STORAGE TANKS	2	M	

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

PSC Description	Quantity	Ground Threat	Comments
CLANDESTINE DUMPING	2	H	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	
UNDERGROUND STORAGE TANKS	9	H	



VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
LIVESTOCK OPERATIONS	3	M	
AUTO REPAIR SHOP	10	H	
BUS AND TRUCK TERMINAL	2	H	
CAR WASH	2	L	
DRY CLEANER	2	H	
FUNERAL HOME	2	L	
GAS / SERVICE STATION	4	H	
LAUNDROMAT	2	L	
MEDICAL FACILITY	2	M	
NURSING HOME	2	L	
PHOTO PROCESSOR	4	H	
RAILROAD TRACKS/YARDS	2	H	
REPAIR SHOP	10	H	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M	
FUEL OIL DISTRIBUTOR	2	H	
INDUSTRIAL PARK	3	H	
RESIDENTIAL FUEL OIL STORAGE	25	M	
RESIDENTIAL LAWN CARE/GARDENING	25	M	
RESIDENTIAL SEPTIC/CESSPOOL	25	M	
COMPOSTING FACILITY	2	L	
LANDFILLS AND DUMPS	2	H	
ROAD/MAINTENANCE FACILITY	2	M	
SNOW DUMP	2	M	
TRANSPORTATION CORRIDOR	2	M	
WASTE TRANSFER STATION	2	M	
FERTILIZER STORAGE AND USE	2	M	
LANDSCAPING	4	M	
MANURE SPREADING OR STORAGE	2	H	
PESTICIDE STORAGE OR USE	2	H	
INDUSTRIAL LAGOONS OR PITS	2	H	
HAZARDOUS MATERIALS STORAGE	4	H	
ABOVEGROUND STORAGE TANKS	2	M	



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 # :	425
--	------------

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

PSC Description	Quantity	Ground Threat	Comments
CLANDESTINE DUMPING	2	H	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	
UNDERGROUND STORAGE TANKS	9	H	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
LIVESTOCK OPERATIONS	3	M	
AUTO REPAIR SHOP	10	H	
BUS AND TRUCK TERMINAL	2	H	
CAR WASH	2	L	



DRY CLEANER	2	H	
FUNERAL HOME	2	L	
GAS / SERVICE STATION	4	H	
LAUNDROMAT	2	L	
MEDICAL FACILITY	2	M	
NURSING HOME	2	L	
PHOTO PROCESSOR	4	H	
RAILROAD TRACKS/YARDS	2	H	
REPAIR SHOP	10	H	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M	
FUEL OIL DISTRIBUTOR	2	H	
INDUSTRIAL PARK	3	H	
RESIDENTIAL FUEL OIL STORAGE	25	M	
RESIDENTIAL LAWN CARE/GARDENING	25	M	
RESIDENTIAL SEPTIC/CESSPOOL	25	M	
COMPOSTING FACILITY	2	L	
LANDFILLS AND DUMPS	2	H	
ROAD/MAINTENANCE FACILITY	2	M	
SNOW DUMP	2	M	
TRANSPORTATION CORRIDOR	2	M	
WASTE TRANSFER STATION	2	M	
FERTILIZER STORAGE AND USE	2	M	
LANDSCAPING	4	M	
MANURE SPREADING OR STORAGE	2	H	
PESTICIDE STORAGE OR USE	2	H	
INDUSTRIAL LAGOONS OR PITS	2	H	
HAZARDOUS MATERIALS STORAGE	4	H	
ABOVEGROUND STORAGE TANKS	2	M	

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:

A "NO" RESPONSE, FOR EACH ZONE, TO QUESTION #6 WS NOT PERMITTED TO BE ENTERED.



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	42
2. Miles of mains surveyed this year	42
3. Number of leaks found	3
4. Number of leaks repaired	3
5. Estimated volume lost (mg) if a reliable estimate can be made	.685
6. Date of last leak detection survey of entire system:	7/15/2010 (mm/dd/yyyy)

Table DS-2 Water Conservation - Limits on Withdrawals

1. Did your PWS implement mandatory nonessential outdoor water use restrictions in the reporting year?

Yes No

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

a. 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 AM TO 5 PM

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



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

	Start Date	End Date
Period 1	5/1/2010	9/30/2010
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 2		
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 3		
	(mm/dd/yyyy)	(mm/dd/yyyy)

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

- 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	<input type="text" value="2228"/>	<input type="text" value="166.332"/>	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	<input type="text"/>	<input type="text"/>	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	<input type="text" value="115"/>	<input type="text" value="14.564"/>	Water served to businesses and other commercial entities.
Agricultural	<input type="text" value="8"/>	<input type="text" value=".109"/>	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	<input type="text" value="25"/>	<input type="text" value="3.542"/>	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	<input type="text" value="18"/>	<input type="text" value="4.595"/>	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*	<input type="text"/>	<input type="text"/>	Water used for purposes not included in above categories.
TOTALS	<input type="text" value="2394"/>	<input type="text" value="189.142"/>	Total number of service connections and metered volume.

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

UNACCOUNTED FOR WATER (UAW)

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

Confidently Estimated Municipal Use (CEMU)	Estimated million gallons per year
Fire protection & training	<input type="text" value="3.502"/>
Hydrant/water main flushing/main construction	+ <input type="text" value="5.183"/>
Flow testing	+ <input type="text"/>
Bleeders/ Blow offs	+ <input type="text"/>
Tank overflow & drainage	+ <input type="text" value=".005"/>
Sewer & stormwater system flushing	+ <input type="text" value="1.217"/>
Street cleaning	+ <input type="text" value=".304"/>
Source meter calibration adjustments	+ <input type="text"/>
Major water main breaks (not leak detection)	+ <input type="text" value="4.372"/>
Total Confidently Estimated Municipal Use	= <input type="text" value="14.583"/>

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)	240976089	100%
Total Metered Use (System Total Metered Use from Table DS-3)	- 189.142	- 78.5 %
Total Confidently Estimated Municipal Use (Total from Table DS-4)	- 14.583	- 6.1 %
Unaccounted for Water (UAW)	= 37.3	= 15.5 %

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

Known or Suspected Source of Unaccounted for Water	Estimated Volume (MGY)
Leak Detection	.685
Water Theft	
Meter Malfunction/mis-registration	.647
Other (specify):	
Other (specify):	
Total:	1.332

RESIDENTIAL GALLONS PER CAPITA DAY (RGPCD)

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

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

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

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



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

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

Table DS-7 Residential Population Served	
Community(ies) served by PWS is (are) :	Fully Served
Method of Determining Population Served:	Option 1(Census)
Census Type (Federal or Local):	Local
Census year:	2010
Population Served:	8220

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)
166.332	/365	/ 8220	X1,000,000	=	55

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

MILLIS WILL BE PURCHASING A MAG METER TO MORE PRECISELY MONITOR CUSTOMER METER ACCURACY AND BETTER ASSESS UNACCOUNTED-FOR WATER.



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
20-CHARLES	22018702	9P422018703
20-CHARLES		

Water Withdrawal by Watershed

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

Table BW-2 Average Daily Withdrawal by Watershed

River Basin	Total Raw Water Pumped in 2010 (mgy)	/ 365 =	Watershed Average Daily Withdrawal (mgd)
20-CHARLES	217.313	/ 365 =	0.60
20-CHARLES	0	/ 365 =	0.00

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	- 0.60	= 0.39
20-CHARLES	0.00	+ 0.00	= 0.00	- 0.00	= 0.00

* 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="checkbox"/> Yes <input type="checkbox"/> 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



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

2187000-01T		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	5083765424	5083762442
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:			
<table border="1"> <tr> <td>Chemical Name</td> </tr> <tr> <td>SODIUM HYDROXIDE</td> </tr> </table>				Chemical Name	SODIUM HYDROXIDE
Chemical Name					
SODIUM HYDROXIDE					
Comment:					
Treatment Objective:		Treatment Process:			
DISINFECTION		HYPOCHLORINATION, POST			
Innovative: N	Start Date: 07/03/1998	End Date:			
<table border="1"> <tr> <td>Chemical Name</td> </tr> <tr> <td>SODIUM HYPOCHLORITE</td> </tr> </table>				Chemical Name	SODIUM HYPOCHLORITE
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: OTHER	Treatment Process: FLUORIDATION	
Innovative: N	Start Date: 07/03/1998	End Date:

Chemical Name

SODIUM FLUORIDE

Comment:

Comment:

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	5083765424
Contact:	Phone:	Fax:	

2. Related Sources Table

2187000-03G	WELL 3
-------------	--------

3. Treatment Table(s)

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



Chemical Name

SODIUM HYDROXIDE

Comment:

Treatment Objective:

OTHER

Treatment Process:

FLUORIDATION

Innovative: N

Start Date: 01/01/1992

End Date:

Chemical Name

SODIUM FLUORIDE

Comment:

Comment:

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	5083765424	5083762442
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:	



Chemical Name

SODIUM HYDROXIDE

Comment:

Treatment Objective:

OTHER

Treatment Process:

FLUORIDATION

Innovative: N

Start Date: 01/01/1992

End Date:

Chemical Name

SODIUM FLUORIDE

Comment:

Comment:

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):
Contact:		Phone:	Fax:

2. Related Sources Table

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

3. Treatment Table(s)

Treatment Objective:		Treatment Process:	
OTHER		FLUORIDATION	
Innovative: N	Start Date: 07/14/2003	End Date:	



Chemical Name

SODIUM FLUORIDE

Comment:

Treatment Objective:

DISINFECTION

Treatment Process:

HYPOCHLORINATION, POST

Innovative: N

Start Date: 07/14/2003

End Date:

Chemical Name

SODIUM HYPOCHLORITE

Comment:

Treatment Objective:

CORROSION CONTROL

Treatment Process:

PH ADJUSTMENT, POST

Innovative: N

Start Date: 07/14/2003

End Date:

Chemical Name

SODIUM HYDROXIDE

Comment:

Comment:

Comments or additional information regarding this section



Pump Stations

Pump

1. Pump Information

WALNUT STREET BOOSTER STATION	WALNUT STREET
Pump Station Name	Location

Function:	INCREASE PRESSURE TO SUBDIVISION		
Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Finished	Maximum Aggregate Capacity (GPM):	0
Standby/Emergency Power:	N		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	3
Motor Type:	CENT	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date	06/01/1993	Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

No Data Found

Pump

1. Pump Information

WELL 3 PUMP	BIRCH ST
Pump Station Name	Location

Function:			
Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (GPM):	450
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	40
Motor Type:	CENT	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

Function:

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (GPM):	650
Standby/Emergency Power:	Y		

Primary Pump Details

Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	50
Motor Type:	CENT	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

WELL 5 PAINE PUMP	NORFOLK ROAD
Pump Station Name	Location

Function:

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (GPM):	600
Standby/Emergency Power:	Y		



Primary Pump Details			
Suction Type:	<input type="text"/>	Suction Head (ft.):	<input type="text" value="0"/>
Suction Size (inches):	<input type="text" value="0"/>	Motor Horse Power:	<input type="text" value="0"/>
Motor Type:	<input type="text" value="VERT TURB"/>	Motor Control:	<input type="text"/>
Discharge Type:	<input type="text"/>	Discharge Size (inches):	<input type="text" value="0"/>
Installation Date	<input type="text"/>	Model #:	<input type="text"/>
Pump Manufacturer:	<input type="text"/>		

2. Related Sources Table (if applicable)

<input type="text" value="2187000-05G"/>	<input type="text" value="WELL 5"/>
<input type="text"/>	<input type="text"/>

Pump

1. Pump Information

<input type="text" value="WELL 6 PAINE PUMP"/>	<input type="text" value="NORFOLK ROAD"/>
Pump Station Name	Location

Function:	<input type="text"/>		
Status:	<input type="text" value="A"/>	Availability:	<input type="text" value="ACTIVE"/>
Number of Pumps:	<input type="text" value="1"/>	Number of Emergency Pumps:	<input type="text" value="0"/>
Raw or Finished Water:	<input type="text" value="Raw"/>	Maximum Aggregate Capacity (GPM):	<input type="text" value="875"/>
Standby/Emergency Power:	<input type="text" value="Y"/>		

Primary Pump Details			
Suction Type:	<input type="text"/>	Suction Head (ft.):	<input type="text" value="0"/>
Suction Size (inches):	<input type="text" value="0"/>	Motor Horse Power:	<input type="text" value="0"/>
Motor Type:	<input type="text" value="VERT TURB"/>	Motor Control:	<input type="text"/>
Discharge Type:	<input type="text"/>	Discharge Size (inches):	<input type="text" value="0"/>
Installation Date	<input type="text"/>	Model #:	<input type="text"/>
Pump Manufacturer:	<input type="text"/>		

2. Related Sources Table (if applicable)

<input type="text" value="2187000-06G"/>	<input type="text" value="WELL 6"/>
<input type="text"/>	<input type="text"/>

Comments or additional information regarding this section



Storage Facilities

Show all storage facilities

Storage Facility

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

WALNUT ST TANK	DISTRIBUTION SYSTEM WALNUT STREET
Storage Facility Name	Location

Status:	A	Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	.6
Material:	STEEL	Installation Date	

Comments or additional information regarding this section

Storage Facility

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

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

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

Comments or additional information regarding this section

Comments or additional information



Ground Water Sources

Individual Ground Water Source Statistics

Source ID:	2187000-01G
Source Name:	WELL 1
Location:	WATER ST, MILLIS, MA
Status:	A
Source Availability:	ACTIVE

Comments or additional information regarding this source:

APPROVED PUMP RATE 1.22 MGD TOTAL FOR 01G & 02G

		Withdrawal Units:	GAL
Latitude:	42.176636	January:	0
Longitude: -	71.351662	February:	0
Source Watershed:	CHARLES	March:	4,939,900
Well Type:	BEDROCK WELL	April:	0
Well Depth (ft.):	48	May:	2,294,350
Well Casing Height (ft.):	38	June:	0
Well Casing Depth (ft.):	38	July:	80,002,295
Screen Length (ft.):	10	August:	0
Construction Type:		September:	11,046,265
Pump Setting (ft):	0	October:	0
Safe Yield (MGD):	0	November:	0
Approved Daily Pumping Volume (MGD):	.72	December:	0
Source Metered:	Yes	Total Amount Pumped:	98,282,810
Date of Meter Installation:		Total # of Days Pumped:	116
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	500,313
Last Meter Calibration:	9/10/2010	Date of Maximum Amount Pumped:	8/19/2010



Individual Ground Water Source Statistics

Source ID:	2187000-03G
Source Name:	WELL 3
Location:	BIRCH STREET, MILLIS, MA
Status:	A
Source Availability:	ACTIVE

Comments or additional information regarding this source:

		Withdrawal Units:	GAL
Latitude:	42.168983	January:	3,810,644
Longitude: -	71.339976	February:	3,146,290
Source Watershed:	CHARLES	March:	3,372,109
Well Type:	GRAVEL-PACKED	April:	3,435,027
Well Depth (ft.):	60	May:	4,601,577
Well Casing Height (ft.):	2	June:	5,216,093
Well Casing Depth (ft.):	40	July:	10,424,377
Screen Length (ft.):	20	August:	7,423,394
Construction Type:	GRAVEL	September:	5,185,179
Pump Setting (ft):	0	October:	3,637,293
Safe Yield (MGD):	.936	November:	2,332,342
Approved Daily Pumping Volume (MGD):	.75	December:	2,731,711
Source Metered:	Yes	Total Amount Pumped:	55,316,036
Date of Meter Installation:		Total # of Days Pumped:	365
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	477,724
Last Meter Calibration:	9/10/2010	Date of Maximum Amount Pumped:	7/8/2010



Individual Ground Water Source Statistics

Source ID:	2187000-04G
Source Name:	WELL 4
Location:	NEAR ORCHARD ST, MILLIS, MA
Status:	A
Source Availability:	ACTIVE

Comments or additional information regarding this source:

		Withdrawal Units:	GAL
Latitude:	42.193622	January:	2,994,054
Longitude: -	71.351997	February:	3,606,480
Source Watershed:	CHARLES	March:	3,372,496
Well Type:	BEDROCK WELL	April:	996,530
Well Depth (ft.):	60	May:	5,219,172
Well Casing Height (ft.):	2	June:	5,853,395
Well Casing Depth (ft.):	50	July:	11,151,985
Screen Length (ft.):	10	August:	7,945,069
Construction Type:		September:	5,581,692
Pump Setting (ft):	0	October:	3,917,743
Safe Yield (MGD):	.64	November:	2,641,727
Approved Daily Pumping Volume (MGD):	.86	December:	3,020,320
Source Metered:	Yes	Total Amount Pumped:	56,300,663
Date of Meter Installation:		Total # of Days Pumped:	340
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	454,867
Last Meter Calibration:	9/10/2010	Date of Maximum Amount Pumped:	7/7/2010



Individual Ground Water Source Statistics

Source ID:	2187000-02G
Source Name:	WELL 2
Location:	WATER STREET, MILLIS, MA
Status:	A
Source Availability:	ACTIVE

Comments or additional information regarding this source:

APPROVED PUMP RATE 1.22 MGD TOTAL FOR 01G & 02G.

		Withdrawal Units:	GAL
Latitude:	42.176323	January:	0
Longitude: -	71.351547	February:	0
Source Watershed:	CHARLES	March:	0
Well Type:	BEDROCK WELL	April:	0
Well Depth (ft.):	46	May:	0
Well Casing Height (ft.):	36	June:	14,650
Well Casing Depth (ft.):	36	July:	0
Screen Length (ft.):	10	August:	0
Construction Type:		September:	0
Pump Setting (ft):	0	October:	5,813,380
Safe Yield (MGD):	0	November:	5,399,706
Approved Daily Pumping Volume (MGD):	.5	December:	6,224,733
Source Metered:	Yes	Total Amount Pumped:	17,452,469
Date of Meter Installation:		Total # of Days Pumped:	95
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	376,708
Last Meter Calibration:		Date of Maximum Amount Pumped:	10/3/2010



Individual Ground Water Source Statistics

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

Comments or additional information regarding this source:

AKA AN-4, APPROVED PUMP RATE 1.5 MGD TOTAL FOR 05,06G

		Withdrawal Units:	GAL
Latitude:	42.14994	January:	0
Longitude: -	71.340456	February:	0
Source Watershed:	CHARLES	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	57	May:	10,156,391
Well Casing Height (ft.):	0	June:	12,263,774
Well Casing Depth (ft.):	49	July:	2,119,445
Screen Length (ft.):	8	August:	0
Construction Type:	GRAVEL	September:	0
Pump Setting (ft):	0	October:	4,332,969
Safe Yield (MGD):	1.5	November:	4,304,285
Approved Daily Pumping Volume (MGD):	1.5	December:	0
Source Metered:	Yes	Total Amount Pumped:	33,176,864
Date of Meter Installation:		Total # of Days Pumped:	114
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	544,690
Last Meter Calibration:	9/10/1020	Date of Maximum Amount Pumped:	6/30/2010



Individual Ground Water Source Statistics

Source ID:	2187000-06G
Source Name:	WELL 6
Location:	NEAR NORFOLK RD
	MILLIS
Status:	A
Source Availability:	ACTIVE

Comments or additional information regarding this source:

AKA AN-5, APPROVED PUMP RATE 1.5 MGD TOTAL FOR 05G,06G

		Withdrawal Units:	GAL
Latitude:	42.150273	January:	5,292,057
Longitude: -	71.34026	February:	4,549,222
Source Watershed:	CHARLES	March:	6,008,082
Well Type:	GRAVEL-PACKED	April:	7,856,798
Well Depth (ft.):	62	May:	0
Well Casing Height (ft.):	0	June:	0
Well Casing Depth (ft.):	47	July:	0
Screen Length (ft.):	15	August:	0
Construction Type:	GRAVEL	September:	0
Pump Setting (ft):	0	October:	0
Safe Yield (MGD):	1.5	November:	0
Approved Daily Pumping Volume (MGD):	1.5	December:	3,732,050
Source Metered:	Yes	Total Amount Pumped:	27,438,209
Date of Meter Installation:		Total # of Days Pumped:	133
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	305,234
Last Meter Calibration:		Date of Maximum Amount Pumped:	4/25/2010



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2010 Public Water Supply Annual Statistical Report
Reporting Year 2010

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

Comments or additional information regarding this section



Surface Water Sources

No Data Found

Comments or additional information regarding this section:



Purchased Water Sources

Individual Purchased Water Source Statistics

Source ID:	2187000-TBD
Source Name:	N/A
Location:	N/A
Seller ID# (PWS ID):	
Seller Name:	
Status:	I
Source Availability:	ABANDONED

Comments or additional information regarding this source:

NO WATER WAS PURCHASE DURING CALENDAR YEAR 2010

		Withdrawal Units:	GAL
		January:	
		February:	
		March:	
		April:	
		May:	
		June:	
		July:	
		August:	
		September:	
		October:	
		November:	
		December:	
Source Metered:	No	Total Amount Pumped:	0
Date of Meter Installation:		Total # of Days Pumped:	
Type of water metered for source:		Maximum Single Day Pumped Volume:	
Last Meter Calibration:		Date of Maximum Amount Pumped:	



Massachusetts Department of Environmental Protection
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PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

Comments or additional information regarding this section