



2012 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 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 type="checkbox"/> This is a new owner.
Owners Name- First, Middle Int, Last - one name only(if not municipal):		Phone Number

5. Primary Contact:		
JAMES		
MCKAY	508-376-5424	<input 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)		Re-enter Email Address

6. Certified Drinking Water Operators employed by the PWS:

Name			Grade	License Number	Primary Operator	Delete
RONALD	F	MCKENNEY	2D/1T	12191/22221	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MICHAEL	H	PERCIACCANTE	1T/1D	5047/4946	<input type="checkbox"/>	<input type="checkbox"/>
KEVIN	S	KANDOLA	1D OIT/1T OIT	20006/20114	<input type="checkbox"/>	<input type="checkbox"/>

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



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

RONALD F MCKENNEY	508-376-5424	508-376-2442
Name	Phone Number	Fax Number
Mailing address information is provided to MassDEP by the Division of Professional Licensure		
15 MORSE AVE		
Mailing Address 1	Mailing Address 2	
MILLIS	Massachusetts	02054
Town/City	State	Zip Code
	E-Mail Address	Re-Enter E-Mail Address

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

☒ N/A ☐ Yes ☐ No

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

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

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):

046001226

11. Population Served(DailyAverage):

Winter Population (October March): 8515

Summer Population (April September): 8515

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

figured Other Description:

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

	Number of Samples	Frequency of Samples
Lead and copper samples required:	20	3YEARS
Winter Bacteria samples required:	19	MONTH
Summer Bacteria samples required:	19	MONTH

13. Distribution Meter information:

a. Number of Service Connections: 2410

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

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

d. If No, what percent are %



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14. 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"/>

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:	<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="Monthly"/>	Other Frequency:	<input type="text"/>

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
<input type="text" value="FARM ST TANK 2"/>	<input type="text" value="ANTENNAE"/>	<input type="text" value="MILLIS"/>	<input type="text" value="6/15/2001"/>
<input type="text" value="WALNUT ST TANK"/>	<input type="text" value="ANTENNAE"/>	<input type="text" value="MILLIS"/>	<input type="text" value="6/15/2001"/>



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18. Comments or additional information regarding this section:

ADD OPERATORS KENNETH MCCOLL LIC# 4238T1/3044D1 DAVID RACHMACIEJ 42119D OIT/ 23456T OIT DALE OLMSTEAD
23587D OIT NOTE: KEVIN KANDOLA IF FULL OPERATOR STATUS FOR DISTRIBUTION



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
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><tr><td>Chemical Name</td></tr><tr><td>SODIUM HYDROXIDE</td></tr><tr><td></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><tr><td>Chemical Name</td></tr><tr><td>SODIUM HYPOCHLORITE</td></tr><tr><td></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:	



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

No Data Found

Comment:

Treatment Objective:

OTHER

Treatment Process:

FLUORIDATION

Innovative: N

Start Date: 7/3/1998

End Date:

Chemical Name

SODIUM FLUORIDE

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
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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			



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City: MILLIS
PWS Class: COM

Comment:

Treatment Objective:

OTHER

Treatment Process:

FLUORIDATION

Innovative: N

Start Date: 01/01/1992

End Date:

Chemical Name

SODIUM FLUORIDE

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:			



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City: MILLIS
PWS Class: COM

Treatment Objective: OTHER		Treatment Process: FLUORIDATION	
Innovative: N	Start Date: 01/01/1992	End Date:	
<div>Chemical Name SODIUM FLUORIDE</div>			
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):
RONALD	F MCKENNEY	5083765424	5083762442
Contact:		Phone:	Fax:

2. Related Sources Table

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

3. Treatment Table(s)

Treatment Objective: OTHER		Treatment Process: FLUORIDATION	
Innovative: N	Start Date: 07/14/2003	End Date:	
<div>Chemical Name SODIUM FLUORIDE</div>			
Comment:			

Treatment Objective: DISINFECTION		Treatment Process: HYPOCHLORINATION, POST	
Innovative: N	Start Date: 07/14/2003	End Date:	



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Name: MILLIS WATER DEPT
City: MILLIS
PWS Class: COM

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:

Comments or additional information regarding this section



Pump Stations

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

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:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	450
Standby/Emergency Power:	Y		

Primary Pump Details

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



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PWS Class: COM

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:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	650
Standby/Emergency Power:	Y		

Primary Pump Details

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

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



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PWS Class: COM

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:			

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:			

2. Related Sources Table (if applicable)

2187000-06G	WELL 6

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	

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



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" value="15 RUFUS PUTNAM RD"/>	<input type="text"/>	
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



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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

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

☒ Facilities Survey

☒ Testing of Devices

☐ Device Installation Plan Approval

☐ Program Management

☐ Other(explain)



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3. Have you surveyed all facilities within your service area for cross connection(s)

☒ Yes ☐ No

If Yes, when was the cross connection survey completed?

12/31/2011

Date (mm/dd/yyyy)

If No, when do you expect to finish the survey?

Date (mm/dd/yyyy)

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

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities with first time surveys during this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
	A	B	C	= A - (B+C)	
Commercial	90	90	0	0	13
Industrial	4	4	0	0	0
Institutional	2	2	0	0	0
Municipal	10	10	0	0	1
Residential (Optional)	0	0	0	0	0
Total	106	106	0	0	14



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

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

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

If the answer is No to both questions go to question 8. If the answer is yes please complete the appropriate section(s) of the following table.

Type of Facility	Total # of devices at the beginning of this reporting period	# of devices installed in this reporting period	# of devices removed & not replaced in this reporting period	Total # of devices	# of seasonal devices in Total
	A	B	C	= A +B -C	
RPBP					
Commercial	22	14	1	35	2
Industrial	8	1	2	7	0
Institutional	7	0	0	7	3
Municipal	11	1	0	12	0
Residential (Optional)	0	0	0	0	0
Total	48	16	3	61	5
DCVA					
Commercial	14	1	1	14	0
Industrial	5	0	0	5	0
Institutional	1	0	0	1	0
Municipal	2	0	0	2	0
Residential (Optional)	0	0	0	0	0
Total	22	1	1	22	0

*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data.

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

*PWSs must maintain a list of ALL registered cross connections that are being protected by a RPBP or DCVA. The list must contain at a minimum the following information: owner/business name, Cross Connection ID#, types of protection (RPBP or DCVA), brand, model, serial # and exact location within the facility.

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

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs & Re-tests	# Not Tested
RPBP	14	94	3	0	0
DCVA	1	18	2	2	



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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.

ONE DC REPLACED BY RP DEVICE 2 RP'S MARKED INDUSTRIAL CHANGED TO COMMERCIAL

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

☒ Yes ☐ No

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

PVB
DEVICES

☒ Yes ☐ No

SPPVB DEVICES

☐ Yes ☒ No

if Yes to either please provide the following details:

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs & Re-tests
PVB	1	5	1	1
SPPVB				

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

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

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

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

☒ Yes ☐ No

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

Date(mm/dd/yyyy)

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

☒ Yes ☐ No ☐ N/A

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

☒ Industrial

☒ Commercial

☒ Institutional
☒ Residential

☒ Municipal

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

Date(mm/dd/yyyy)

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

☐ Yes ☒ No

If no do you plan to institute one in future?
If yes go to question 13

☐ Yes ☒ No

If yes When?
If no go to question 13.

Date(mm/dd/yyyy)



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

☐ Yes ☒ No

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

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

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

Attn : Otavio DePaula-Santos

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If Yes, please provide information below:

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

Comments or additional information regarding this section

3 RBPB (GAF, & MICHAEL'S MOTORSPORTS) NOT TESTED (WATER OFF) 4 RBPB (ROCHE BROS, MCDONALDS, (2) DR. SHAMUS) INITIAL TEST DURING 2ND ROUND OF TESTING. 3 DCVA (1073 & 1313 MAIN ST) NOT TESTED (WATER OFF) NOTE: 3 FAILURES SHOWN IN QUESTION 6 WERE IDENTIFIED IN LATE DECEMBER AND HAVE BEEN REPAIRED AND RETESTED.



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. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC), please update with current water supply protection area inventory information.

PSC Description	Quantity	Ground Threat	Comments
RESIDENTIAL SEPTIC/CESSPOOL	25	M	
TRANSPORTATION CORRIDOR	2	M	
FERTILIZER STORAGE AND USE	2	M	
MANURE SPREADING OR STORAGE	2	H	
PESTICIDE STORAGE OR USE	2	H	
STORMWATER DRAINS / RETENTION BASINS	25	L	
UNDERGROUND STORAGE TANKS	9	H	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
AUTO REPAIR SHOP	10	H	
CAR WASH	2	L	
DRY CLEANER	2	H	
GAS / SERVICE STATION	4	H	
LAUNDROMAT	2	L	
MEDICAL FACILITY	2	M	
NURSING HOME	2	L	
PHOTO PROCESSOR	4	H	
REPAIR SHOP	10	H	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M	
INDUSTRIAL PARK	3	H	
RESIDENTIAL FUEL OIL STORAGE	25	M	
RESIDENTIAL LAWN CARE/GARDENING	25	M	
BUS AND TRUCK TERMINAL	2	H	
LIVESTOCK OPERATIONS	3	M	
LANDSCAPING	4	M	
ROAD/MAINTENANCE FACILITY	2	M	
ABOVEGROUND STORAGE TANKS	2	M	



CLANDESTINE DUMPING	2	H	
COMPOSTING FACILITY	2	L	
LANDFILLS AND DUMPS	2	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
SNOW DUMP	2	M	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
RAILROAD TRACKS/YARDS	2	H	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
FUEL OIL DISTRIBUTOR	2	H	
WASTE TRANSFER STATION	2	M	
HAZARDOUS MATERIALS STORAGE	4	H	
INDUSTRIAL LAGOONS OR PITS	2	H	
FUNERAL HOME	2	L	

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

PSC Description	Quantity	Ground Threat	Comments
ABOVEGROUND STORAGE TANKS	2	M	
CLANDESTINE DUMPING	2	H	
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	
FUNERAL HOME	2	L	
RAILROAD TRACKS/YARDS	2	H	
REPAIR SHOP	10	H	
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	
WASTE TRANSFER STATION	2	M	
LANDSCAPING	4	M	
MANURE SPREADING OR STORAGE	2	H	
INDUSTRIAL LAGOONS OR PITS	2	H	
HAZARDOUS MATERIALS STORAGE	4	H	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M	
FERTILIZER STORAGE AND USE	2	M	
PESTICIDE STORAGE OR USE	2	H	
CAR WASH	2	L	
GAS / SERVICE STATION	4	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
TRANSPORTATION CORRIDOR	2	M	



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DRY CLEANER	2	H	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
NURSING HOME	2	L	
MEDICAL FACILITY	2	M	
LAUNDROMAT	2	L	
PHOTO PROCESSOR	4	H	

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

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC), please update with current water supply protection area inventory information.

PSC Description	Quantity	Ground Threat	Comments
AUTO REPAIR SHOP	10	H	
BUS AND TRUCK TERMINAL	2	H	
CAR WASH	2	L	
DRY CLEANER	2	H	



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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	
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	
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	
PESTICIDE STORAGE OR USE	2	H	
INDUSTRIAL LAGOONS OR PITS	2	H	
HAZARDOUS MATERIALS STORAGE	4	H	
ABOVEGROUND STORAGE TANKS	2	M	
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	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M	
LIVESTOCK OPERATIONS	3	M	
MANURE SPREADING OR STORAGE	2	H	
LANDFILLS AND DUMPS	2	H	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	



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

PSC Description	Quantity	Ground Threat	Comments
BUS AND TRUCK TERMINAL	2	H	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M	
FERTILIZER STORAGE AND USE	2	M	
LIVESTOCK OPERATIONS	3	M	
LANDSCAPING	4	M	
MANURE SPREADING OR STORAGE	2	H	
PESTICIDE STORAGE OR USE	2	H	
CAR WASH	2	L	
GAS / SERVICE STATION	4	H	
AUTO REPAIR SHOP	10	H	
ROAD/MAINTENANCE FACILITY	2	M	



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RESIDENTIAL LAWN CARE/GARDENING	25	M	
RESIDENTIAL SEPTIC/CESSPOOL	25	M	
ABOVEGROUND STORAGE TANKS	2	M	
CLANDESTINE DUMPING	2	H	
COMPOSTING FACILITY	2	L	
LANDFILLS AND DUMPS	2	H	
RESIDENTIAL FUEL OIL STORAGE	25	M	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
UNDERGROUND STORAGE TANKS	9	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
SNOW DUMP	2	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	
TRANSPORTATION CORRIDOR	2	M	
DRY CLEANER	2	H	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
RAILROAD TRACKS/YARDS	2	H	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
FUEL OIL DISTRIBUTOR	2	H	
NURSING HOME	2	L	
WASTE TRANSFER STATION	2	M	
HAZARDOUS MATERIALS STORAGE	4	H	
INDUSTRIAL LAGOONS OR PITS	2	H	
INDUSTRIAL PARK	3	H	
MEDICAL FACILITY	2	M	
LAUNDROMAT	2	L	
REPAIR SHOP	10	H	
FUNERAL HOME	2	L	
PHOTO PROCESSOR	4	H	

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:



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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

Comments or Additional Information regarding this section:



Ground Water Sources

Individual Ground Water Source Statistics

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

		Withdrawal Units:	GAL
Latitude:	42.176636	January:	3,706,743
Longitude: -	71.351662	February:	3,715,441
Source Watershed:	CHARLES	March:	4,096,206
Well Type:	BEDROCK WELL	April:	4,529,145
Well Depth (ft.):	48	May:	4,275,413
Well Casing Height (ft.):	38	June:	5,167,125
Well Casing Depth (ft.):	38	July:	6,065,341
Screen Length (ft.):	10	August:	5,342,268
		September:	3,736,388
Pump Setting (ft):	0	October:	3,930,342
		November:	4,209,054
Approved Daily Pumping Volume (MGD):	.72	December:	4,434,289
Source Metered:	Yes	Total Amount Pumped:	53,207,755
Date of Meter Installation:		Total # of Days Pumped:	364
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	242,843
Last Meter Calibration:	3/27/2012	Date of Maximum Amount Pumped:	7/22/2012



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Individual Ground Water Source Statistics

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:	1,117,724
Longitude: -	71.339976	February:	1,082,385
Source Watershed:	CHARLES	March:	1,162,132
Well Type:	GRAVEL-PACKED	April:	1,279,524
Well Depth (ft.):	60	May:	821,986
Well Casing Height (ft.):	2	June:	0
Well Casing Depth (ft.):	40	July:	0
Screen Length (ft.):	20	August:	0
		September:	0
Pump Setting (ft):	0	October:	0
		November:	0
Approved Daily Pumping Volume (MGD):	.75	December:	0
Source Metered:	Yes	Total Amount Pumped:	5,463,751
Date of Meter Installation:		Total # of Days Pumped:	153
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	46,668
Last Meter Calibration:	3/27/2012	Date of Maximum Amount Pumped:	1/29/2012



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Individual Ground Water Source Statistics

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:	3,603,452
Longitude: -	71.351997	February:	3,608,084
Source Watershed:	CHARLES	March:	4,035,976
Well Type:	BEDROCK WELL	April:	3,868,010
Well Depth (ft.):	60	May:	5,291,945
Well Casing Height (ft.):	2	June:	5,316,266
Well Casing Depth (ft.):	50	July:	6,330,523
Screen Length (ft.):	10	August:	5,466,291
		September:	4,292,236
Pump Setting (ft):	0	October:	4,083,662
		November:	3,625,469
Approved Daily Pumping Volume (MGD):	.86	December:	4,507,077
Source Metered:	Yes	Total Amount Pumped:	54,028,991
Date of Meter Installation:		Total # of Days Pumped:	363
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	303,976
Last Meter Calibration:	3/27/2012	Date of Maximum Amount Pumped:	5/20/2012



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Individual Ground Water Source Statistics

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

		Withdrawal Units:	GAL
Latitude:	42.176323	January:	2,037,106
Longitude: -	71.351547	February:	2,044,603
Source Watershed:	CHARLES	March:	2,256,946
Well Type:	BEDROCK WELL	April:	2,509,177
Well Depth (ft.):	46	May:	2,293,947
Well Casing Height (ft.):	36	June:	2,841,469
Well Casing Depth (ft.):	36	July:	3,451,204
Screen Length (ft.):	10	August:	2,948,616
		September:	2,075,716
Pump Setting (ft):	0	October:	2,167,560
		November:	2,304,122
Approved Daily Pumping Volume (MGD):	.5	December:	2,439,504
Source Metered:	Yes	Total Amount Pumped:	29,369,970
Date of Meter Installation:		Total # of Days Pumped:	363
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	143,265
Last Meter Calibration:	3/27/2012	Date of Maximum Amount Pumped:	7/12/2012



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Individual Ground Water Source Statistics

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

		Withdrawal Units:	GAL
Latitude:	42.14994	January:	4,697,660
Longitude: -	71.340456	February:	4,610,966
Source Watershed:	CHARLES	March:	5,088,206
Well Type:	GRAVEL-PACKED	April:	6,072,885
Well Depth (ft.):	57	May:	6,953,876
Well Casing Height (ft.):	0	June:	6,847,953
Well Casing Depth (ft.):	49	July:	8,195,475
Screen Length (ft.):	8	August:	6,047,695
		September:	0
Pump Setting (ft):	0	October:	1,660,001
		November:	5,386,001
Approved Daily Pumping Volume (MGD):	1.5	December:	4,933,536
Source Metered:	Yes	Total Amount Pumped:	60,494,254
Date of Meter Installation:		Total # of Days Pumped:	311
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	350,954
Last Meter Calibration:	3/27/2012	Date of Maximum Amount Pumped:	7/15/2012



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Individual Ground Water Source Statistics

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

		Withdrawal Units:	GAL
Latitude:	42.150273	January:	0
Longitude: -	71.34026	February:	0
Source Watershed:	CHARLES	March:	15,331
Well Type:	GRAVEL-PACKED	April:	3,684
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:	1,381,651
		September:	8,114,781
Pump Setting (ft):	0	October:	4,871,859
		November:	0
Approved Daily Pumping Volume (MGD):	1.5	December:	0
Source Metered:	Yes	Total Amount Pumped:	14,387,306
Date of Meter Installation:		Total # of Days Pumped:	59
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	401,786
Last Meter Calibration:	3/27/2012	Date of Maximum Amount Pumped:	9/7/2012



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Comments or additional information regarding this section



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Surface Water Sources

No Data Found

Comments or additional information regarding this section:
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Purchased Water Sources

No Data Found

Comments or additional information regarding this section



Water Production & Consumption Information

How to report in Gallons vs. Million Gallons

When Coverting 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	45,462,100	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	15,006,196	0	0	15,006,196
February	14,904,990	0	0	14,904,990
March	16,498,308	0	0	16,498,308
April	18,105,936	0	0	18,105,936
May	19,480,678	0	0	19,480,678
June	20,023,639	0	0	20,023,639
July	23,893,369	0	0	23,893,369
August	20,955,796	0	0	20,955,796
September	18,072,066	0	0	18,072,066
October	16,482,699	0	0	16,482,699
November	15,375,472	0	0	15,375,472
December	16,165,232	0	0	16,165,232
TOTAL	214,964,381	0	0	214,964,381
Maximum Daily Finished Water Consumption: Volume (GAL): 1,019,185 Date: 7/15/2012				



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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	15,162,685	0	0	15,162,685
February	15,061,479	0	0	15,061,479
March	16,654,797	0	0	16,654,797
April	18,262,425	0	0	18,262,425
May	19,637,167	0	0	19,637,167
June	20,172,813	0	0	20,172,813
July	24,042,543	0	0	24,042,543
August	21,186,521	0	0	21,186,521
September	18,219,121	0	0	18,219,121
October	16,713,424	0	0	16,713,424
November	15,524,646	0	0	15,524,646
December	16,314,406	0	0	16,314,406
TOTAL	216,952,027	0	0	216,952,027
Maximum Daily Raw Water Pumping: Volume (GAL): 1,019,835 Date: 7/15/2012				

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 percentages 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 PlantID:	Total Raw Water into treatment plant last year (raw pumped + raw purchased - raw sold):	Total Finished Water from treatment plant last year:	Total Water Lost to Treatment Process last year:
2187000-01T	82,577,725	82,130,525	447,200
2187000-02T	5,463,751	5,427,174	36,577
2187000-03T	54,028,991	53,690,151	338,840
2187000-04T	74,881,560	73,716,532	1,165,028

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.):



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X. Comments or additional information regarding this section

MAX DAY CONSUMPTION WAS DERIVED BY DIVIDING TOTAL TREATMENT LOSSES BY 366 AND DEDUCTING FROM RAW WATER MAX DAY.



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	21
3. Number of leaks found	0
4. Number of leaks repaired	0
5. Estimated volume lost (mg) if a reliable estimate can be made	
6. Date of last leak detection survey of entire system:	8/19/2011 (mm/dd/yyyy)

Table DS-2 Water Conservation - Limits on Withdrawals

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

☒ Yes ☐ No

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

- a. ☒ 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:



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	<input type="text"/>	<input type="text"/>
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 2	<input type="text"/>	<input type="text"/>
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 3	<input type="text"/>	<input type="text"/>
	(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.

<input checked="" type="checkbox"/>	Planning to institute calendar-based nonessential outdoor water use restrictions per WMA permit.
<input type="checkbox"/>	Planning to institute streamflow-based nonessential outdoor water use restrictions per WMA permit.
<input type="checkbox"/>	Planning to institute nonessential outdoor water use restrictions for reasons other than WMA permit requirements.
<input type="checkbox"/>	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.



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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	2243	175.512	Water provided to residences in your distribution system, including for-profit apartments, condos, and seasonal homes. All water used for lawn watering at residential buildings belongs in this category.
Residential Institutions			Water provided to institutions with residential population such as colleges. It is optional to account institutions volumes separately (may be included in Residential above - see instructions).
Commercial/Business	127	14.942	Water served to businesses and other commercial entities.
Agricultural	8	.430	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	32	3.703	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	18	4.705	Water used for municipal purposes, including schools, playing fields, municipal buildings, treatment plant; non-profits such as churches; non-residential institutions such as private schools.
Other*			Water used for purposes not included in above categories.
TOTALS	2428	199.292	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	4.2075
Hydrant/water main flushing/main construction	+ .690658
Flow testing	+
Bleeders/ Blow offs	+
Tank overflow & drainage	+
Sewer & stormwater system flushing	+
Street cleaning	+ .066
Source meter calibration adjustments	+
Major water main breaks (not leak detection)	+ .9051
Total Confidently Estimated Municipal Use	= 5.869258

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)	214.964	100%
Total Metered Use (System Total Metered Use from Table DS-3)	- 199.292	- 92.7 %
Total Confidently Estimated Municipal Use (Total from Table DS-4)	- 5.869258	- 2.7 %
Unaccounted for Water (UAW)	= 9.8	= 4.6 %

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

Known or Suspected Source of Unaccounted for Water	Estimated Volume (MGY)
Leak Detection	.39
Water Theft	
Meter Malfunction/mis-registration	
Other (specify):	
Other (specify):	
Total:	0.39

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



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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:	2012	
Population Served:	8515	

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)
175.512	/365	/ 8515	X1,000,000	=	56

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

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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

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	216.9	/ 365 =	0.59

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	+ 0.17	= 0.80	- 0.59	= 0.21

* 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



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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.