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Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016

2016 Public Water Supply Verification

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

PWS ID: 2187000

PWS Name: MILLIS WATER DEPT

PWS Street Address Line 1: 900 MAIN STREET, ROOM 201

PWS Street Address Line 2:

City/Town: MILLIS
State: MA

Zip Code: **02054-0000**

Class: COM

Legally Responsible Party Contact Information

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

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



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS
PWS Class: COM

System Information (COM/NTNC)

System information		N I NC)						
1. PWS Street Address								
MILLIS WATER DEPT								
PWS Name				E.				
900 MAIN STREET, ROOM 201								
PWS Street Address Line 1				PWS Str	eet Addre	ess Line 2		
MILLIS			Mas	sachuse	tts	02054		
City/Town			Stat	е		Zip Code		
508-376-5424		508-3	376-24	42				
Phone Number		Fax N	lumbe	er (if avail	lable)			
		·						
Web Site Address of PWS (if availab	ıle)							
2. PWS Mailing Address Same a	s street addres	SS.						
TOWN OF MILLIS								
Mailing Name								
C/O MILLIS WATER DEPARTMENT			90	00 MAIN S	TREET, RO	OOM 201		
Mailing address Line 1			М	ailing ad	dress Lin	ne 2		
MILLIS		Massachusetts	3		02054			
City/Town		State	Zip Code					
3. Is this a Seasonal System? (This 4. Owner/Responsible Person:	s question is r	not applicable	to you	ır PWS)				
	TOWN	OF MILLIS				This is a new owner.		
Owners Name- First, Middle Int, Las	t - one name	only(if not mur	nicipa	l):	Phone	e Number		
					I.			
5. Primary Contact:								
JAMES								
MCKAY						This is a new contact.		
Name (First, Middle Int, Last) • one r	name only•		Pł	none Nur	mber			
Email Address (For Emergency Pur	poses)		Re	e-enter E	mail Add	dress		



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

Name	Grade	License Number	Function	Begin-Date	End-Date
RONALD F, MCKENNEY	2D/2T	12191/24788	PRIMARY TREATMENT OPERATOR	5/25/2010	
RONALD F, MCKENNEY	2D/2T	12191/24788	PRIMARY DISTRIBUTION OPERATOR	3/20/2014	
KEVIN S, KANDOLA	1T OIT/1D OIT	20114/20006	GENERAL OPERATOR	9/22/2008	
MICHAEL H, PERCIACCANTE	1D/1T	4946/5047	GENERAL OPERATOR	9/22/2008	
MICHAEL H, PERCIACCANTE	1D/1T	4946/5047	GENERAL OPERATOR	3/20/2014	
Name	Grade	License Number	Function	Begin- Date	End-Date
MICHAEL P, HILLERY	1T OIT/1D OIT	24766/24771	SECONDARY TREATMENT OPERATOR	2/23/2017	
MICHAEL P, HILLERY	1T OIT/1D OIT	24766/24771	SECONDARY DISTRIBUTION OPERATO	2/23/2017	
RYAN , WAGNER	1T OIT/1D OIT	25870/25763	GENERAL OPERATOR	2/23/2017	
DAVID B, RACHMACIEJ	1T/1D	12593/23456	GENERAL OPERATOR	2/23/2017	
To Add an operator, begin typing a license # in the field below. Pick the license number from the list and then click the "Add Operator" button. License Number:					



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

7. Primary Certified Op	erator Cor	ntact Information:		
Primary Distribution Ce	rtified Oper	rator Contact Information		
RONALD	F	MCKENNE	EY	
Name			Pi	Phone Number Fax Number
Mailing address information	ation is pro	vided to MassDEP by the	Division of Professional Lice	ensure
Mailing Address 1			Mailing Address 2	
Town/City	St	tate Zip Code	E-Mail Address	Re-Enter E-Mail Address
•	tified Opera	ator Contact Information		
RONALD	F	MCKENNE	EY	
Name		-	P	Phone Number Fax Number
Mailing address information	ation is pro	vided to MassDEP by the	Division of Professional Lice	ensure
Mailing Address 1			Mailing Address 2	
Town/City	■ St	tate Zip Code	E-Mail Address	Re-Enter E-Mail Address
				System Certified Operator Compliance
© N/A © Yes © No				
8 Names of Water Cor	mmissione	rs/Selectmen/Trustees/A	esociation Board Members	(if applicable). Please attach an
organizational chart, if				(II upprount),
Name			Phone	Title
JAMES	G	NEVILLE		H2O COMMR, CHAIR
JAMES	J	MCCAFFREY		H2O COMMR, VICE CHAI
CATHERINE	С	MACINNES		CLERK
9. Owner Type:				
MUNICIPAL				
Federal Employment Ide	entification	Number (FEIN):		
046001226	1			
• • • • • • • • • • • • • • • • • • • •	· ·			
(FEIN) - Do NOT provide	SSN			



%

100

Massachusetts Department of Environmental Protection

Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

10. Is this system a not-for-profit orgar	ization						
If yes, indicate Tax Exempt code (e.g., 501C):		04	16001226				
11. Population Served(DailyAverage):							
Winter Population (October March):	8565						
Summer Population (April September):		8565					
By what method was the population	Census Typ	e:	City/To	own			
figured	Other Desc	ription:					
12. Testing requirements for lead and o	copper and ba	cteria	in your s	system is	based on t	he pop	ulation .
			Num	ber of Sa	amples		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:				2471			
b. Percentage of service connections that	at are metered	:		100	%		
c. Are all publicly owned buildings meter	red?			C Yes	○ No ○ N/A		
d. If No, what percent are				(%		
14. System Information							
a. Number of Distribution Systems:			1				
b. Finished Water Storage Capacity in M	illion Gallons (MG):	1.9	5			
[Conversion factor is (# of gallons)/(1,00	0,000)= MG]						
c. Pumping Capacity (GPM):			17	'50			
15. Percentage of Source Types (must	add up to 100	%)					
Ground Water Surfac	e Water			Purch	ased Groun	d	Purchased Surface

%

0

0

%

0



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

16. Emergen	ncy Response A	Actions:									
•		•	• • •	ERP).(DO NOT submit your	ERP to MassDEP. MassDEP will review						
	ing your next sar	nitary survey.)									
☐ Yes ☐ N	€ Yes C No										
	C I have made changes to the ERP (attach copies of all changes.)										
b. Does your system have an Emergency Response (ER) annual training plan											
CYes CN	10										
-	· -	-	= :		period, including the types of training, the						
` '				d on each date and their job	titles.						
		for the Health	and Homeland Alert N	Network (HHAN)							
C Yes C N											
		the agreement	t and joined the Massa	achusetts Water and Wastev	water Agency Response Network						
C Yes C N	Ю										
e. How often	does your syst	em test the fo	llowing								
	Alarms:		Monthly	Other Frequency:							
	nterlocks:		Monthly	Other Frequency:							
E	Back-up power s	sources:	Quarterly	Other Frequency:							
f. List and de	escribe all Level	l 3 or higher E	R incidents during the	reporting period.							
Date of ER	incident			Level	Description						
17. Do vou h	nave an antenn	a or other apr	ourtenance (not neede	ed for drinking water purpo	ses) attached to any of your storage						
tank(s)		w e. e	,	24 10. 4	500) attaches to any 11 , 1 m 21 mg.						
€ Yes € N	No C No storage	tanks									
If Voc liet th	- antonnoo or (-ther enpurter		and the data installed:							
				es, and the date installed:							
Storage Ta	nk Name	Antennae or	Appurtenance	Owner Name	Date (mm/dd/yyyy) Installed						
FARM ST TAI	NK 2	ANTENNAE		MILLIS	6/25/2001						
WALNUT ST	TANK	ANTENNAE		MILLIS	6/25/2001						

18. Comments or additional information regarding this section:



Bureau of Water Resources (BWR) – Drinking Water Program *Public Water Supply Annual Statistical Report* Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS
PWS Class: COM

Treatment Plants

Treatment Plant								
1. Plant Information								
2187000-04T				PAINE	WATER TREATMEN	IT FACILITY	Υ	
Plant ID# :				Plant	Name:			
NORFOLK RD								
Street Address Line 1:				Street	Address Line 2:			
MILLIS				MA			02054	
City/Town:				State(2 letter abbreviati	on)	Zip:	
ACTIVE	ACTIVE			I-T			1.5	
Status:	Availability:			Class	:		Capacity (MGD):	
RONALD F	MCKENNEY							
Contact:				Phone) :		Fax:	
2. Related Sources Ta	able							
2187000-05G						WELL 5		
2187000-06G						WELL 6		
3. Treatment Table(s)								
Treatment Objective:			Treatr	ment Pr	ocess:			ī
OTHER				RIDATION				
Innovative: N		Start Date: 07/	14/2003		End D	ate:		[
SODIUM FLUOR	emical Nam	e						
Comment:]
Treatment Objective:			Treatme	nt Proce	ess:			Ī
DISINFECTION			_		ION, POST			1
Innovative: N		Start Date: 07/	14/2003		End D	ate:		[]
SODIUM HYPO	emical Nam	e						
Comment:								
Treatment Objective:				Treatm	nent Process:			Ī
CORROSION CONTROL				_	USTMENT, POST			
Innovative: N		Start Date: 07/	14/2003		End D	ate:		
								•



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

					1						
		Che	emical Name)							
	SODIUM	HYDRO	XIDE								
					4						
Comme	ent:										
Treatme	ent Object	ive:			Treatment	Process:					
DISINFEC	CTION				4-LOG TREA	ATMENT O	F VIRUSES				
Innovati	ve: N			Start Date:	10/30/2015			End D	ate:		
	No Data	Foun	d								
Comme	ent:										
MINIMU	IM CL 0.4	MG/L									
Treati	ment Pl	ant									ı
rreau		ant									
1. Plant	Informat	ion									
2187000-								IS WAT	ER TREAT	MENT PLANT	
Plant ID#	# :					Plant N	lame:				
WATER S	Т										
	ddress Lir	ne 1:				Street A	Address L	ine 2:			
MILLIS						MA				02054	
City/Towr	n:					State(2	letter abb	reviati	on)	Zip:	
A			ACTIVE			I-T					
Status:			Availability:			Class:				Capacity (MGD):	
RONALD		F	MCKENNEY								
Contact:						Phone:				Fax:	
2 Rolat	ed Sourc	oe Ta	hla								
2187000		CS TU	JIC .						WELL 1		
2187000									WELL 2		
3. Treat	ment Tab	le(s)									
Treatme	ent Object	ive:				Treatme	ent Proces	ss:		<u> </u>	
	SION CONT					_	STMENT, P				
Innovati	ve: N			Start Date:	07/03/1998			End D	ate:		
				•				•			



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

Chemi	cal Name					
SODIUM HYDROXID	DE					
Comment:						
Treatment Objective:		Treat	ment Proce	ss:		
DISINFECTION		HYPO	CHLORINATI	ON, POST		
Innovative: N	Start Date:	07/03/1998	3	En	d Date:	_
Chemi	cal Name					
SODIUM HYPOCHLO	ORITE					
OODIOMITIT OOTIES	01412					
Comment:						
Treatment Objective:			Treatment	Process:		
ORGANICS REMOVAL			AERATION, I	PACKED TOWE	R	
Innovative: N	Start Date:	07/03/1998	3	En	d Date:	_
No Data Found Comment:						
Treatment Objective:		Tre	eatment Pro	ocess:		
OTHER		FLI	JORIDATION			
Innovative: N	Start Date:	07/03/1998	3	En	d Date:	_
Chemi SODIUM FLUORIDE	ical Name					
Comment:						
Treatment Objective:		Treatme	ent Process	:		
DISINFECTION		4-LOG TF	REATMENT C	F VIRUSES		
Innovative: N	Start Date:	11/07/2014	1	En	d Date:	_
Chemi	cal Name					
SODIUM HYPOCHLO						



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

Comment:						
Treatment Plant						
1. Plant Information						
2187000-02T			WELL 3 V	ILLAGE ST		
Plant ID# :			Plant Na	me:		
BIRCHST						
Street Address Line 1:			Street Ad	dress Line 2:		
MILLIS			MA		02054	
City/Town:			State(2 le	etter abbreviation)	Zip:	
4	ACTIVE		I-T			
Status:	Availability:		Class:		Capacity (MGD):	
RONALD F	MCKENNEY					
Contact:			Phone:		Fax:	
2. Related Sources Ta	ble					
2187000-03G				WELL	3	
Treatment Objective:			atment Process			
Treatment Objective:		HYP	OCHLORINATION			
Treatment Objective:	Sta		OCHLORINATION			
3. Treatment Table(s) Treatment Objective: DISINFECTION Innovative: N	Sta	HYP	OCHLORINATION	, POST		
Treatment Objective: DISINFECTION Innovative: N		HYP	OCHLORINATION	, POST		
Treatment Objective:		HYP	OCHLORINATION	, POST		
Treatment Objective: DISINFECTION Innovative: N No Data Foun		HYP	OCHLORINATION	, POST		
Treatment Objective: DISINFECTION Innovative: N		HYP	OCHLORINATION	, POST		
Treatment Objective: DISINFECTION Innovative: N No Data Foun		HYP	OCHLORINATION	, POST		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective:		HYP	OCHLORINATION 13 Treatmen	POST End Date:		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment:	d	HYP	Treatmen PH ADJUST	End Date:		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective: CORROSION CONTROL	d	HYPeart Date: 03/04/20	Treatmen PH ADJUST	End Date: End Date: t Process: MENT, POST		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective: CORROSION CONTROL Innovative: N	d Sta	HYPeart Date: 03/04/20	Treatmen PH ADJUST	End Date: End Date: t Process: MENT, POST		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective: CORROSION CONTROL Innovative: N	d	HYPeart Date: 03/04/20	Treatmen PH ADJUST	End Date: End Date: t Process: MENT, POST		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective: CORROSION CONTROL Innovative: N	d Sta	HYPeart Date: 03/04/20	Treatmen PH ADJUST	End Date: End Date: t Process: MENT, POST		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective: CORROSION CONTROL Innovative: N Che	d Sta	HYPeart Date: 03/04/20	Treatmen PH ADJUST	End Date: End Date: t Process: MENT, POST		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective: CORROSION CONTROL Innovative: N Che	d Sta	HYPeart Date: 03/04/20	Treatmen PH ADJUST	End Date: End Date: t Process: MENT, POST		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective: CORROSION CONTROL Innovative: N Che	d Sta	HYPeart Date: 03/04/20	Treatmen PH ADJUST	End Date: End Date: t Process: MENT, POST		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective: CORROSION CONTROL Innovative: N Che SODIUM HYDRO Comment:	d Sta	hypeart Date: 03/04/20	Treatment PH ADJUST	End Date: t Process: MENT, POST End Date:		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective: CORROSION CONTROL Innovative: N Che SODIUM HYDRO Comment: Treatment Objective:	d Sta	http://part.pate: 03/04/20/	Treatment Proce	End Date: t Process: MENT, POST End Date:		
Treatment Objective: DISINFECTION Innovative: N No Data Foun Comment: Treatment Objective: CORROSION CONTROL Innovative: N Che SODIUM HYDRO Comment:	d Sta	http://part.pate: 03/04/20/	Treatment PH ADJUST	End Date: t Process: MENT, POST End Date:		



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

	T				ı							ı
		Che	mical Name	е								
	SODIUM	LUOR	DE									
	<u> </u>											
Comme	nt:											
Traatma	nt Object				Treatment	Drasass						
DISINFEC	nt Object	ive.			4-LOG TREA							
Innovativ				Start Date:		ATIVILIVI C	ı	End D	Nato:			
IIIIOvaliv	ve. N			Start Date.	10/30/2015				ale.			
	No Data	Foun	d									
	<u> </u>											
Comme	nt:											
MIN CL	0.4 MG/L											
T (. 51											
Treatr	ment Pl	ant										
1. Plant	Informat	ion										
2187000-						WELL 4	SOUTH END	D PONE				
Plant ID#						Plant N						
ORCHARI	OST											
	ddress Lir	ne 1:				Street	Address Li	ne 2:				
MILLIS						MA				02054		
City/Towr	า:					State(2	letter abb	reviati	on)	Zip:		
ACTIVE			ACTIVE			I-T				1		
Status:			Availability:			Class:				Capacity (MGD)):	
RONALD		F	MCKENNEY									
Contact:						Phone	•			Fax:		
2. Relat	ed Sourc	es Ta	ole									
2187000	-04G								WELL 4			
2 Tract	mant Tab	.la/a\										
	ment Tab											
	nt Object						ent Proces					
	SION CONT	ROL		la		PH ADJU	JSTMENT, PO					
Innovativ	ve: N			Start Date:	01/01/2001			End D	ate:			
		Che	emical Name	e								
	000" "			-								
	SODIUMI	TYDRO	XIDE									



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

Comme	Comment:								
Treatme	nt Objective:				Treatment Pro	cess:			
OTHER					FLUORIDATION				
Innovativ	ve: N		Start Date:	01/01/1	992		End Date:		
Comme	SODIUM FLUORIDE	cal Name							

Comments or additional information regarding this section



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report
Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

Pump Stations

Pump			
1. Pump Information			
WELL 5 PAINE PUMP		NORFOLK ROAD	
Pump Station Name			
1. Pump Information WELLSPANE PUMP Pump Station Name Status: ACTIVE Availability: Number of Pumps: 1 Number of Emergency Pumps: Number of Emergency Pumps: Number of Pumps: Nu			
Number of Pumps:	1	Number of Emergency Pumps:	
Raw or Finished Water	Raw		600
itaw of i misried water.	INAW	Minutes):	000
Standby/Emergency Power:	Υ		
Suction Size (inches):		Motor Horse Power:	
	VERT TURB		
		Model #:	
Pump Manufacturer:			
2187000-05G		WELL 5	
Pump			
1. Pump Information			
-		NORFOLK ROAD	
Pump Station Name		Location	
Status:	ACTIVE	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	
Raw or Finished Water:	Raw		875
Standby/Emergency Power:	Υ		
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:			



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

2. Related Sources Table (if ap	plicable)			
2187000-06G			WELL 6	
Pump				
1. Pump Information				
WELL 3 PUMP			BIRCHST	
Pump Station Name			Location	
			•	
Status:	А	Availability:		ACTIVE
Number of Pumps:	1	Number of Emergency	Pumps:	
Raw or Finished Water:	Raw	Maximum Aggregate Ca	apacity (Gallons per	450
Standby/Emergency Power:	Υ			
				'
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	s):	
Installation Date		Model #:		
Pump Manufacturer:	JOHNSON VERTICL			
2. Related Sources Table (if ap	plicable)			
2187000-03G			WELL 3	
Pump				
1. Pump Information				
WELL 4 PUMP		C	DRCHARD ST	
Pump Station Name			ocation	
' 				
Status:	А	Availability:		ACTIVE
Number of Pumps:	1	Number of Emergency	Pumps:	
Raw or Finished Water:	Raw	Maximum Aggregate Ca Minutes):	apacity (Gallons per	650
Standby/Emergency Power:	Y	·		
				1



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

Primary Pump Details						
Suction Type:		Suction Head (ft.):				
Suction Size (inches):		Motor Horse Power:			50	
Motor Type:	CENT	Motor Control:				
Discharge Type:		Discharge Size (inch	es):			
nstallation Date		Model #:				
Pump Manufacturer:	GOULDS					
2. Related Sources Table (if ap	oplicable)					
2187000-04G	,		WELL 4			
Pump						
. Pump Information						
WALNUT STREET BOOSTER STATIC	ON		WALNU	TSTREET		
Pump Station Name			Locatio	n		
Status:	A	Availability:			ACTIVE	
Number of Pumps:	1	Number of Emergen	cy Pumpe:		AOTIVE	
valiber of Famps.	1	Maximum Aggregate		ne ner		
Raw or Finished Water:	Finished	Minutes):	Capacity (Gallor	is pei		
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 (inch	ies):			
nstallation Date	06/01/1993	Model #:				
Pump Manufacturer:						
2. Related Sources Table (if ap	oplicable)					



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

Storage Facilities

Show all storage facilities

Storage Facility WALNUT ST TANK DISTRIBUTION SYSTEM WALNUT STREET Storage Facility Name Location Status: ACTIVE Availability: ACTIVE	Edit Delete			
WALNUT ST TANK	K	DISTRIBUTION SYSTEM	WALNUT STREET	_
Storage Facility	/ Name	Location		
Status:	ACTIVE		Availability:	ACTIVE

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

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

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

Comments or additional information



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator CHARLES TOOMEY Coordinator First Name Coordinator Last Name Coordinator Street Address Line 1 Coordinator Street Address Line 2 City/Town State Zip Code Phone Number Fax Number (if available) Coordinator email **Surveyor Personnel Information:** To add a surveyor, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Surveyor" button. **MassDEP Certification ID Number Tester Personnel Information:** To add a tester, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Tester" button.. MassDEP Certification ID Number 2. Did your system use the services of a third party/consultant for the implementation of your Cross-connection Control Program or a portion of it? 0.0 Yes No CHARLES TOOMEY TOOMEY WATER SERVIC Doing Business As Contact First Name Contact Last Name (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, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Surveyor" button. MassDEP Certification ID Number Surveyor's Surveyor's **MassDEP Certification ID** Third Party Reviewer **Expiration Date Phone Number FirstName** Number Surveyor LastName



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

RYAN F	TOOMEY	31603	11/1/2018	
KENNETH P	ROBIDOUX	32158	5/1/2019	

Third Party Consultant Tester Personnel Information:

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

MassDEP Certification	ID Number			
Tester's FirstName	Tester's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number
RYAN F	TOOMEY	31603	11/1/2018	
KENNETHP	ROBIDOUX	32158	5/1/2019	

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

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

· '	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	time surveys during this	# of Facilities Remaining to be Surveyed	# of Facilities Re- surveyed in this reporting period
	A	В	С	= A - (B+C)	
Commercial	91	90	1	0	3
Industrial	4	4	0	0	0
Institutional	2	2	0	0	0
Municipal	12	11	1	0	0
Residential (Optional)	0	0	0	0	0



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

Total	109	107		2			0	3	
*Use Comment	t field at the end of this o	luestion set (questi	ion #16) to pr	Ovida	clarifications	descriptions or o	vnlanations	_
	ove data. Please refere						-	xpianations	
	cross-connection(s) w						·		
							•		
Reduced Pressu	ure Backflow Preventer (RPBP):	C	\circ					
			Ye	s No					
Double Check Va	alve Assembly (DCVA):		0	\circ					
			Ye	s No					
	No to both questions go	to question 8. If the	e answ	er is y	es pl	ease complete	the appropriate se	ection(s) of	
the following tab		и - 6 - 1 - 1 - 1 - 1 - 1							_
Type of Facility	Total # of devices at the beginning of	# of devices installed in this	# of de	evices	remo	ved & not	Total # of devices	# of seasonal	
Type of Facility	this reporting period	reporting period	replac	ed in t	his re	eporting period	Total # of devices	devices in Total	
	A	В	С				= A +B-C		_
RPBP									\dashv
						1			
Commercial	33	4	2]	35	2	_
									\exists
ndustrial	7	0	0				7	0	
									_
Institutional	6	0	0			1	6	2	7
									1
Municipal	14	1	1			1	14	0	٦
wamoipai	14						17	<u>lo</u>	_
Residential									
(Optional)	0	0	0				0	0	
(0)1011011									
Total	60	5	3			1	62	4	٦
Total	00	5	3			_	02	4	4
DCVA									
Commercial	15	1	0			1	16	0	٦
Commercial	15	1				1	10	10	_
						1			\exists
Industrial	5	0	1				4	0	4
									_
Institutional	1	0	0				1	0	\rfloor
			-						-
Municipal	4	2	0]	6	0	
						_	_	_	_
Residential						7			٦
(Optional)	0	0	0]	0	0]
			-						4
Total	25	3	1			1	27	0	
			1			4		1	



Check one:

Massachusetts Department of Environmental Protection

Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

*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.

C 30 days

14 days

contain at	a minimu	ım the following	registered cross con information: owner/ al # and exact location	business n	ame, Cross Con	•		
5. Provide	informat	ion on the testir	ng performed in this	reporting	period by the typ	e of device	e/assembly.	
Type of Protection	# of Initi	al tests	# of Routine tests	# of F	ailures	# of Repa	airs &Re-tests	# Not Tested
RPBP	5		107	7		6		10
DCVA	2		22	2		2		3
#5, and the	e actual i	number of tests	•	n #6. If yo				s reported in question at Tested" in question
NOT TEST	ED 10 RF		DEVICE REPLACED ALL HAD WATER C					
€ C Yes No								
7. Does yo	ur PWS	approve, permit	and/or test PVB and	d/or SPPV	3* devices?			
PVB DEVIC	CES	C C Yes No	SPPVB DE	VICES	C C Yes No			
if Yes to eit details:	ther plea	se provide the fo	llowing					
Type of Pro	otection	# of Initial tests	# of Routin	e tests	# of Failures		# of Repairs &I	Re-tests
PVB		0	4		0		0	
SPPVB								
			is question set (que e question number a	,	•		scriptions or ex	planations regarding
8. What is	the maxi	imum time allov	ved to protect a cro	ss connec	tion after the dis	covery of a	violation?	

O 90 days

C Greater than 90 days



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

9. Do you have a fully implemented active cross-conne	ection educational program d	irected toward resid	lential cu	stomers?	
	ve an educational program imp	plemented?			
Yes No NTNCs may skip this question.			D	ate(mm/dd	/yyyy)
10. Do you have a fully implemented educational prog	ram for specific users (ex. Ind	lustrial, Commercial	l, Instituti	onal, Muni	cipal
and Residential)?					
"N/A" should be selected only if your system of the types No N/A" (N/A" should be selected only if your system of the types No N/A (N/A") apply):					
	Municipal Residentia	al			
If No, when do you plan to have the educational progran	n implemented?			oto/mm/dd	h n n n n
11. Does your system have an atmospheric vacuum bi	reaker (hose hih) program for	vour customers?	D	ate(mm/dd	уууу)
If no do you plan to institute one in					
C ⊕ furure?	0.6	If yes When?	.: 40		
Yes No If yes go to question13	Yes No	If no go to ques	stion 13.	Date(mm/do	l/yyyy)
12. Does your system have a local ordinance, by-law o	or policy statement on cross-c	connection control?			
O G					
Yes No					
If YES, and you already provided copy to MassDEP in 200		n is required.			
If YES,and you did not provide a copy to MassDEP pleas					
MassDEP Boston office, 1 Winter Street, 5 th floor, Boston	ı, MA 02108				
Attn : Otavio DePaula-Santos					
13. Does your water system have a total containment	policy :				
Yes No					
Containment policy means ALL services connections ha isolating each facility independently of its activity (reside		•	tects the	water mai	n by
isolating each facility independently of its activity (reside	sitiai, commentai, muustiai, o	i mumcipar).			
14. Has there been a cross-connection incident in you	r water system during the rep	oorting period?			
C					
Yes No					
If Yes, please provide infomation below:					
					\Box
Date of IncidentLocation of the IncidentDESCRIPTION					

Comments or additional information regarding this section



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS
PWS Class: COM

Source Protection - Zone II

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	^	n	7
			п

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

PSC Description	Quantity	Ground Threat	Comments
RESIDENTIAL LAWN CARE/GARDENING	25	M	
RESIDENTIAL SEPTIC/CESSPOOL	25	M	
COMPOSTING FACILTY	2	L	
LANDFILLS AND DUMPS	2	Н	
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	Н	
PESTICIDE STORAGE OR USE	2	Н	
INDUSTRIAL LAGOONS OR PITS	2	Н	
HAZARDOUS MATERIALS STORAGE	4	Н	
ABOVEGROUND STORAGE TANKS	2	M	
CLANDESTINE DUMPING	2	Н	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	Н	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	
UNDERGROUND STORAGE TANKS	9	Н	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	М	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
LIVESTOCK OPERATIONS	3	M	
AUTO REPAIR SHOP	10	Н	
BUS AND TRUCK TERMINAL	2	Н	
CAR WASH	2	L	
DRY CLEANER	2	Н	
FUNERAL HOME	2	L	



Bureau of Water Resources (BWR) - Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016

PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

GAS / SERVICE STATION	4	н	
LAUNDROMAT	2	L	
MEDICAL FACILITY	2	M	
NURSING HOME	2	L	
PHOTO PROCESSOR	4	Н	
RAILROAD TRACKS/YARDS	2	Н	
REPAIR SHOP	10	Н	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	М	
FUEL OIL DISTRIBUTOR	2	Н	
INDUSTRIAL PARK	3	Н	
RESIDENTIAL FUEL OIL STORAGE	25	М	

			1	1	
4. Did your inspections of t	he Zone II identify any nev	v land uses or	activities that pose a th	reat to drinking water guali	tv?
C Yes € No	,,		p		. .
If YES, please describe:					
5. Did your inspections ide	ntify violations of 310 CMR	₹ 22.20B or loca	al land use controls (zor	ning, nonzoning or regulation	ons) adopted
for compliance with 310 CI	=				,
C Yes C No					
	h violation and its recolution		t a		
If YES, please describe each	n violation and its resolutio	n or current sta	itus.		
6. If YES, did you report the	se violations to the munici	ipality (i.e. build	ding inspector, board of	health, planning board)?	
C Yes C No					
Zone					
1. Mass DEP assigned Zone					127
2. DEP Source IDs and Nan	nes of the withdrawal poin	ts 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
RESIDENTIAL LAWN CARE/GARDENING	25	М	



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

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



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

4. Did your inspection	ns of the Zone II identify	y any new land	d uses or a	activities that pose a th	reat to drinking water qu	ality?
C Yes € No						
If YES, please describ	e:					
	ns identify violations of 110 CMR 22.20C or 310		20B or loca	l land use controls (zor	ning, nonzoning or regula	ations) adopted
If YES, please describ	e each violation and its	resolution or o	current stat	tus.		
6. If YES, did you repo	ort those violations to the	ne municipalit	y (i.e. build	ling inspector, board of	health, planning board)?	
Zone						
1. Mass DEP assigned	Zone II ID #:					324
2. DEP Source IDs and	d Names of the withdra	wal points in	Zone II.			
SourceID	Source Name	Zone I	Zone I		Pollution Sources	

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
RESIDENTIAL LAWN CARE/GARDENING	25	М	
RESIDENTIAL SEPTIC/CESSPOOL	25	М	
COMPOSTING FACILTY	2	L	
LANDFILLS AND DUMPS	2	Н	
ROAD/MAINTENANCE FACILITY	2	М	
SNOW DUMP	2	М	
TRANSPORTATION CORRIDOR	2	М	
WASTE TRANSFER STATION	2	М	
FERTILIZER STORAGE AND USE	2	М	
LANDSCAPING	4	М	
MANURE SPREADING OR STORAGE	2	Н	
PESTICIDE STORAGE OR USE	2	Н	



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

NDUSTRIAL LAGOONS OR PITS	2	Н	
HAZARDOUS MATERIALS STORAGE	4	Н	
ABOVEGROUND STORAGE TANKS	2	M	
CLANDESTINE DUMPING	2		
		Н	
ARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	
JNDERGROUND STORAGE TANKS	9	Н	
/ERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
LIVESTOCK OPERATIONS	3	M	
AUTO REPAIR SHOP	10	Н	
BUS AND TRUCK TERMINAL	2	Н	
CAR WASH	2	L	
DRY CLEANER	2	Н	
FUNERAL HOME	2	L	
GAS / SERVICE STATION	4	Н	
AUNDROMAT	2	L	
MEDICAL FACILITY	2	M	
NURSING HOME	2	L	
PHOTO PROCESSOR	4	Н	
RAILROAD TRACKS/YARDS	2	Н	
REPAIR SHOP	10	Н	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M	
-UEL OIL DISTRIBUTOR	2	Н	
NDUSTRIAL PARK	3	Н	
RESIDENTIAL FUEL OIL STORAGE	25	М	

4. Did your insլ	pections of the Zone II identify	any new land uses o	r activities that pose	a threat to drinking v	water quality?
CV CV					

If YES, please describe:			



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

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

CYes CNo					
If YES, please of	describe each violatio	n and its resolution or	current status.		

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

C Yes	◯ No

7	_		_
/	റ	n	$\mathbf{\Delta}$
_	v		C

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
RESIDENTIAL LAWN CARE/GARDENING	25	М	
RESIDENTIAL SEPTIC/CESSPOOL	25	М	
COMPOSTING FACILTY	2	L	
LANDFILLS AND DUMPS	2	Н	
ROAD/MAINTENANCE FACILITY	2	М	
SNOW DUMP	2	М	
TRANSPORTATION CORRIDOR	2	М	
WASTE TRANSFER STATION	2	M	
FERTILIZER STORAGE AND USE	2	М	
LANDSCAPING	4	М	
MANURE SPREADING OR STORAGE	2	Н	
PESTICIDE STORAGE OR USE	2	Н	
INDUSTRIAL LAGOONS OR PITS	2	Н	
HAZARDOUS MATERIALS STORAGE	4	Н	
ABOVEGROUND STORAGE TANKS	2	М	
CLANDESTINE DUMPING	2	Н	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	Н	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	
	+	 	



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016

PWSID#: 2187000

Name: MILLIS WATER DEPT

UNDERGROUND STORAGE TANKS	9	Н	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
LIVESTOCK OPERATIONS	3	М	
AUTO REPAIR SHOP	10	Н	
BUS AND TRUCK TERMINAL	2	Н	
CAR WASH	2	L	
DRY CLEANER	2	Н	
FUNERAL HOME	2	L	
GAS / SERVICE STATION	4	Н	
LAUNDROMAT	2	L	
MEDICAL FACILITY	2	M	
NURSING HOME	2	L	
PHOTO PROCESSOR	4	Н	
RAILROAD TRACKS/YARDS	2	Н	
REPAIR SHOP	10	Н	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	М	
FUEL OIL DISTRIBUTOR	2	Н	
INDUSTRIAL PARK	3	Н	
RESIDENTIAL FUEL OIL STORAGE	25	M	

PHOTO PROCESSOR	4	Н					
RAILROAD TRACKS/YARDS	2	Н					
REPAIR SHOP	10	Н					
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M					
FUEL OIL DISTRIBUTOR	2	Н					
INDUSTRIAL PARK	3	Н					
RESIDENTIAL FUEL OIL STORAGE	25	М					
C Yes ♠ No If YES, please describe:							
5. Did your inspections identify violations of 310 CMR 22.20B or local land use controls (zoning, nonzoning or regulations) adopted for compliance with 310 CMR 22.20C or 310 CMR 22.21? C Yes No If YES, please describe each violation and its resolution or current status.							
6. If YES, did you report those violations to the municipality (i.e. building inspector, board of health, planning board)?							



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

Comments or Additional Information regarding this section:					



Massachusetts Department of Environmental ProtectionBureau of Water Resources (BWR) – Drinking Water Program

Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS
PWS Class: COM

Ground Water Sources

Individual Ground Water Source Statistics							
Source ID:	218700	0-01G					
Source Name:	WEL	.L 1]				
Location:	WATER ST,	WATER ST, MILLIS, MA					
Status:	А	1					
Source Availability:	ACT	IVE					
	<u>'</u>			Withdrawal Units:	GAL		
Latitude:	42.176676			January:	6,391,128		
Longitude: -	71.351848			February:	4,873,976		
Source Watershed:	CHARLES			March:	3,001,991		
Well Type:	BEDROCK WELL			April:	2,807,503		
Well Depth (ft.):	48			May:	3,804,605		
Well Casing Height (ft.):	38			June:	4,859,913		
Well Casing Depth (ft.):	38			July:	6,641,019		
Screen Length (ft.):	10			August:	6,253,546		
				September:	5,131,313		
Pump Setting (ft):	0			October:	4,242,098		
				November:	3,617,788		
Approved Daily Pumping				December:			
Volume (MGD):	.72				3,801,414		
Source Metered:	Yes			Total Amount Pumped:	55,426,294		
Date of Meter Installation:				Total # of Days Pumped:	365		
Type of water metered				Maximum Single Day	303		
for source:	RAW			Pumped Volume:	271,758		
Last Meter Calibration:				Date of Maximum			
	1/22/2016			Amount Pumped:	7/24/2016		



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS
PWS Class: COM

Amount Pumped:

7/27/2016

Individual Ground Water Source Statistics 2187000-03G Source ID: Source Name: WELL 3 **BIRCH STREET, MILLIS, MA** Location: Status: Α Source Availability: **ACTIVE** Withdrawal Units: **GAL** 7,790,952 Latitude 42.168983 January Longitude: -71.339976 February: 4,410,503 **CHARLES** 2,565,902 Source Watershed: March: Well Type: **GRAVEL-PACKED** 2,889,256 April: Well Depth (ft.) 60 May 4,907,984 Well Casing Height (ft.) 2 June: 6,350,912 Well Casing Depth (ft.) 40 July: 8,942,200 Screen Length (ft.): 20 August: 8,610,459 7,124,501 September: Pump Setting (ft): 0 October 6,187,961 5,044,457 November Approved Daily Pumping December: .75 5,459,564 Volume (MGD) Source Metered: **Total Amount Pumped:** 70,284,651 Yes Date of Meter Total # of Days Pumped: 365 Installation: Type of water metered Maximum Single Day **RAW** Pumped Volume: 370,581 for source Last Meter Calibration: Date of Maximum

4/13/2016



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

Amount Pumped:

7/24/2016

Individual Ground Water Source Statistics 2187000-04G Source ID: Source Name: WELL 4 **NEAR ORCHARD ST, MILLIS, MA** Location: Status: Α Source Availability: **ACTIVE** Withdrawal Units: **GAL** 0 Latitude 42.193622 January Longitude: -71.351997 February: 0 **CHARLES** 3,680,388 Source Watershed: March: Well Type: BEDROCK WELL 4,294,075 April: Well Depth (ft.): 60 May 6,083,634 Well Casing Height (ft.) 2 June: 7,675,581 Well Casing Depth (ft.) 50 July: 10,233,275 Screen Length (ft.): 10 August: 9,759,652 8,064,709 September: Pump Setting (ft): 0 October 6,851,283 5,563,580 November Approved Daily Pumping December: 5,872,189 Volume (MGD) .86 Source Metered: **Total Amount Pumped:** 68,078,366 Yes Date of Meter Total # of Days Pumped: 306 Installation: Type of water metered Maximum Single Day **RAW** Pumped Volume: 423,356 for source Last Meter Calibration: Date of Maximum

8/10/2016



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

Amount Pumped:

7/24/2016

Individual Ground Water Source Statistics 2187000-02G Source ID: Source Name: WELL 2 WATER STREET, MILLIS, MA Location: Status: Α Source Availability: **ACTIVE** Withdrawal Units: **GAL** 3,618,110 Latitude 42.176315 January Longitude: -71.351375 February: 2,764,377 **CHARLES** 1,724,150 Source Watershed: March: Well Type: BEDROCK WELL 1,616,863 April: Well Depth (ft.): 46 May 2,191,145 Well Casing Height (ft.) 36 June: 2,820,758 Well Casing Depth (ft.) 36 July: 3,829,163 Screen Length (ft.): 10 August: 3,580,645 2,846,361 September: Pump Setting (ft): 0 October 2,467,816 2,064,568 November Approved Daily Pumping December: .5 2,171,496 Volume (MGD) Source Metered: **Total Amount Pumped:** 31,695,452 Yes Date of Meter Total # of Days Pumped: 365 Installation: Type of water metered Maximum Single Day **RAW** Pumped Volume: 155,761 for source Last Meter Calibration: Date of Maximum

1/22/2016



Last Meter Calibration:

11/2/2016

Massachusetts Department of Environmental Protection

Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

Date of Maximum

Amount Pumped:

6/26/2016

Individual Ground Water Source Statistics 2187000-05G Source ID: Source Name: WELL 5 **NEAR NORFOLK RD** Location: **MILLIS** Α Status: **ACTIVE** Source Availability: **GAL** Withdrawal Units: 0 Latitude 42.149872 January Longitude: -71.340335 February: 993,485 Source Watershed **CHARLES** 3,092,363 March: Well Type: **GRAVEL-PACKED** April: 3,616,308 Well Depth (ft.) 3,921,899 57 May: Well Casing Height (ft.) 4,968,993 0 June: 49 Well Casing Depth (ft.): 0 July: 0 Screen Length (ft.): 8 August: September: 0 Pump Setting (ft): 0 0 October 0 November Approved Daily Pumping December 0 Volume (MGD) 1.5 Source Metered: **Total Amount Pumped:** 16,593,048 Yes Date of Meter Total # of Days Pumped: 122 Installation Type of water metered Maximum Single Day **RAW** 247,648 for source Pumped Volume:



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

6/21/2016

Amount Pumped:

City: MILLIS PWS Class: COM

Individual Ground Water Source Statistics 2187000-06G Source ID: Source Name: WELL 6 **NEAR NORFOLK RD** Location: **MILLIS** Α Status: **ACTIVE** Source Availability: **GAL** Withdrawal Units: 0 Latitude 42.150174 January 0 Longitude: -71.340142 February Source Watershed: **CHARLES** 0 March Well Type: **GRAVEL-PACKED** April: 0 0 Well Depth (ft.) 62 May: Well Casing Height (ft.) 17,874 0 June: Well Casing Depth (ft.): 47 0 July: 0 Screen Length (ft.): 15 August: September: 0 Pump Setting (ft): 0 0 October 0 November: Approved Daily Pumping December 0 Volume (MGD) 1.5 Source Metered: **Total Amount Pumped:** 17,874 Yes Date of Meter Total # of Days Pumped: Installation Type of water metered Maximum Single Day **RAW** 17,874 for source Pumped Volume: Last Meter Calibration: Date of Maximum

11/2/2016



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

Comments or additional information regarding this section



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS
PWS Class: COM

Surface Water Sources

No Data Found

Comments or additional information regarding this section:



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Name: MILLIS WATER DEPT

City: MILLIS

PWS Class: COM

Purchased Water Sources

No Data Found

Comments or additional information regarding this section



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS
PWS Class: COM

Water Production & Consumption Information

How to report in Gallons vs. Million Gallons

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

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

Vก	luma	I Inite	

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	17,591,487	0	0	17,591,487
February	12,399,152	0	0	12,399,152
March	13,380,664	0	0	13,380,664
April	14,200,008	0	0	14,200,008
May	19,914,266	0	0	19,914,266
June	25,586,030	0	0	25,586,030
July	29,108,535	0	0	29,108,535
August	27,911,009	0	0	27,911,009
September	22,818,385	0	0	22,818,385
October	19,260,073	0	0	19,260,073
November	15,921,308	0	0	15,921,308
December	16,918,978	0	0	16,918,978
TOTAL	235,009,895	0	0	235,009,895
Maximum Daily Finished Water Consumption: Volume (GAL): 1,066,972 Date: 5/25/2016				



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

RAW Water Production and Consumption Summary for Reporting Year :

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

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

February 13 March 14 April 15 May 20	3,042,341 4,064,794 5,224,005	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0			17,800,190 13,042,341 14,064,794		
March 14 April 15 May 20	4,064,794 5,224,005	0	0					
April 15 May 20	5,224,005	0				14,064,794		
May 20			0					
,	0,909,267	0				15,224,005		
June 26		·	0			20,909,267		
	6,694,031	0	0	0		26,694,031		
July 29	9,645,657	0	0			29,645,657		
August 28	8,204,302	0	0	0		28,204,302		
September 23	3,166,884	0	0	0		23,166,884		
October 19	9,749,158	0	0	0				19,749,158
November 16	6,290,393	0	0			16,290,393		
December 17	7,304,663	0	0			17,304,663		
TOTAL 24	42,095,685	0	0			242,095,685		

Summary of Water Sold

Sold Water

	· ·		
System Name	PWS ID#	Total Volume Sold	Water type



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS PWS Class: COM

Metered Finished Water Consumption by Service Type

U.S. EPA requires every PWS to report what their water is used for in order to characterize each system. In this table, report the percentages of metered water for each category below, ONLY for those categories over 10%. For municipal water suppliers, most of the water will be reported as Residential Area. If any other categories are more than 10% of your metered use, report it in the appropriate category. If any category is less than 10%, do NOT report it. The precentage do NOT have to add to 100%, since water use in some categories will be less than 10% and therefore is not reported.

ONLY report uses for categories over 10% of total metered use. Report ALL metered water use in the Water Management Distribution System Form (if appropriate)

% Primary		Туре		Primary	••
	Service		%	Service	
	Area			Area	
	C Yes	Day Care Center		C Yes	Other Residential
	C Yes	Dispenser		C Yes	Other Transient
	C Yes	Homeowners Association		C Yes	Recreation Area
	C Yes	Hotel/Motel	89	© Yes	Residential Area
	C Yes	Highway Rest Area		C Yes	Restaurant
	C Yes	Industrial/Agricultural		C Yes	Retail Employees
	C Yes	Interstate Carrier		C Yes	School
	C Yes	Institution		C Yes	Sanitary Improvement District
	C Yes	Medical Facility		C Yes	Summer Camp
	C Yes	Mobile Home Park		C Yes	Secondary Residences
	C Yes	Mobile Home Park, Principal Residence		C Yes	Service Station
	C Yes	Municipality		C Yes	Subdivision
	C Yes	Other Area		C Yes	Water Bottler
	C Yes	Other Non-Transient Area		C Yes	Wholesaler
	C 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:

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

NOTE: THE FINISHED WATER VALUES ARE CALCULATED VALUES BASED ON PROCESS WATER VOLUME DEDUCTED FROM THE RAW WATER TOTALS. . FINISHED WATER VOLUMESPRVIOUSLY REPORTED TO STATE WERE FROM SCADA INFORMATION AND SEEMED UNREALISTICALLY HIGH. THIS DISCREPANCY IS BEING RESEARCHED AND WILL BE ADDRESSED.



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS
PWS Class: COM

Water Management Act Annual Report - Distribution

All public water suppliers distributing 100,000 gallons per day or more must complete Tables DS-1 through DS-5 and Tables DS-7 and DS-8. Tables DS-6 and DS-9 are optional. Instructions for completing Tables DS-1 through DS-8 are included in the ASR Instructions available at MassDEP's website. If you have any questions concerning completion of the Distribution System Report, please contact Richard Friend with the WMA Program at (617) 654-6522 or email him at richard.friend@state.ma.us

Table DS-1 Summary of Leak Detection Activities During the Reporting Year				
1. Total miles of water mains	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	12.088			
6. Date of last leak detection survey of entire system:	11/3/2016			
o. Date of last leak detection survey of entire system.	(mm/dd/yyyy)			
	·			
Table DS-2 Water Conservation - Limits on Withdrawals				

		(mm/dd/yyyy)
le	DS-2 Water Conservation - Limits on Withdrawals	
1.	Did your PWS implement mandatory nonessential outdoor water use restrictions in the	ne reporting year?
	● Yes C 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	
	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 t	hat apply)
	Total outdoor ban	
	Hand-held only	
	Hourly Describe: 9:00 AM - 5:00 PM	
	Daily: Odd/Even C Twice/Week C Once/Week C Other Daily then describe:	



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS
PWS Class: COM

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

	, , ,	,
	Start Date	End Date
Period 1	5/1/2016	9/30/2016
	(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.



Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS
PWS Class: COM

Table DS-3 Metered Finished Water Use Complete Table DS-3 to account for all of your metered water volumes (e.g. permanent and temporary; private and municipal/government; billed and non-billed). Do not include water sold to other PWSs, which is reported on the Water Production & Consumption Information form

the water i roduction & con	i Sumption ii	T T T T T T T T T T T T T T T T T T T	
	No. of		
	Service	Total Volume	
	Connectio	ns(mgy)	
Use Category			Category Description
Residential	2458	176.0	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	113	15.807000	Water served to businesses and other commercial entities.
Agricultural	3	.323	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	30	9.316	Water used mainly for industrial purposes.
Municipal/Institutional/Non-	28	9.665	Water used for municipal purposes, including schools, playing fields,
profits			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	2632	211.111	Total number of service connections and metered volume.
* If you include a volume und	der "Other",	list the use(s):	•

UNACCOUNTED FOR WATER (UAW)

Table DS-4 Confidently Estimated Municipal Use volume To qualify as confidently estimated municipal use calculations/documentation for each estimated use must be attached to this ASR or mailed to MassDEP. If no documentation is provided, DEP will count the volumes as unaccounted for water. See ASR Instructions for more detail. Leak detection volumes are not counted as a confidently estimated municipal use. Optional Excel spreadsheets for calculating confidently estimated use can be found at the MADEP website at http://www.mass.gov/eea/agencies/massdep/water/approvals/drinking-water-forms.html#16

Confidently Estimated Municipal Use (CEMU)	E	Estimated million gallons per year					
Fire protection & training		2.37					
Hydrant/water main flushing/main construction	+	1.185					
Flow testing	+	54					
Bleeders/ Blow offs	+	·					
Tank overflow & drainage	+	-					
Sewer & stormwater system flushing	+	009					
Street cleaning	+	06					
Source meter calibration adjustments	+	·					
Major water main breaks (not leak detection)	+	2.032					
Total Confidently Estimated Municipal Use	=	6.196					

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



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Name: MILLIS WATER DEPT

City: MILLIS
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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, from the total volume of finished water entering your dis		onfidently estimated municipal use volumes
	Million Gallons/Year (MGY)	% of Total Water Available for Distribution
Total Finished Water Available for Distribution	235.09	100%
(Total Net Finished Water from Production Form)	255.09	100 /0
Total Metered Use	044.444	0/
(System Total Metered Use from Table DS-3)	- 211.111	- 89.8
Total Confidently Estimated Municipal Use	0.400	0/
(Total from Table DS-4)	- 6.196	- 2.6 %
Unaccounted for Water (UAW)	= 17.8	= 7.6 %

Table DS-6 Sources of Unaccounted for Water (Optiona	II) 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	12.088
Water Theft	
Meter Malfunction/mis-registration	
Other (specify):	
Other (specify):	
Total:	12.088

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. <u>Click Here</u> 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

able DS-7 Residential Population Served					
Community(ies) served by PWS is (are) :	Fully Served				
Method of Determining Population Served:	Option 1(Census)				
Census Type (Federal or Local):	Federal				
Census year:	2016				
Population Served:	8565				
Population Served.					

RGPCD Step 2 - Calculate RGPCD

Table DS-8 Residential Gallons per Capita Day To determine RGPCD, your metered residential volume (million gallons/year) is divided by 365 days. The result in then divided by the population served and multiplied by 1,000,000 to obtain gallons per person per day. If you include Residential Institutions volume in your RGPCD volume, also include the Residential Institutions population. See ASR instructions

Residential Water Use (million gallons)	/ 365	/ Population Served	X 1,000,000	=	Residential Gallons per Capita Day (gallons/person/day)
176.0	/ 365	8565	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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Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2016 PWSID#: 2187000

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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 compare's the reporting year actual withdrawal volume(s) to the volume(s) authorized under your WMA registration(s) and/or permit(s). The total volumes for each source and their respective watershed are reported in the Ground Water Sources and for Surface Water Sources report forms. Enter the total of all sources for each watershed in Table BW-2.

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

Table BW-2 Average Daily Withdrawal by Watershed

River Basin	Total Raw Water Pumped in the reporting year (mgy)	/ 365 =	Watershed Average Daily Withdrawal (mgd)
20-CHARLES	242.09	/ 365 =	0.66

Table BW-3 WMA Authorized Volume vs. Actual Withdrawal Volume

Table BW-3 WIMA Authorized Volume VS. Actual Withdrawai Volume									
	Registered		Permitted		WMA Authorized Withdrawal		Daily Avg. Water Use (mgd) (from Table BW-2		
River Basin	Volume (mgd)	+	Volume (mgd)	=	Volume (mgd)	-	above)	=	Difference*
20-CHARLES	0.63	+	0.36	=	0.99	-	0.66	=	0.33

^{*} 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 Cor	nditions 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 i	n Table BW-4. If a required report was submitted			
earlier in the year, please provide the date submitted	d.				
WMA Permit Special Condition Requiring Annual					
Report to MassDEP	Report Attached to ASR	If not attached, date submitted to MassDEP			
	C Yes C No	(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.