



Massachusetts Department of Environmental Protection

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

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2017 Public Water Supply Verification

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

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

Legally Responsible Party Contact Information

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

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



System Information (COM/NTNC)

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

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

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

4. Owner/Responsible Person:		
	TOWN OF MILLIS	<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	<input type="checkbox"/> This is a new contact.
Name (First, Middle Int, Last) • one name only•	Phone Number
Email Address (For Emergency Purposes)	Re-enter Email Address



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

6. Certified Drinking Water Operators employed by the PWS:

Name	Grade	License Number	Function	Begin-Date	End-Date
DAVID B, RACHMACIEJ	2T/2D	26488/26276	GENERAL OPERATOR	2/23/2017	
DAVID B, RACHMACIEJ	2T/2D	26488/26276	GENERAL OPERATOR	1/4/2017	
MICHAEL H, PERCIACCANTE	1D/1T	4946/5047	GENERAL OPERATOR	3/20/2014	
RYAN W, WAGNER	1T OIT	25870	GENERAL OPERATOR	2/23/2017	
KEVIN S, KANDOLA	1D OIT/1T OIT	20006/20114	GENERAL OPERATOR	9/22/2008	
MICHAEL P, HILLERY	2T OIT/2D OIT/1T/1D	26590/26232/26310/26	SECONDARY TREATMENT OPERATOR	2/23/2017	
MICHAEL P, HILLERY	2T OIT/2D OIT/1T/1D	26590/26232/26310/26	SECONDARY DISTRIBUTION OPERATO	2/23/2017	
MICHAEL P, HILLERY	2T OIT/2D OIT/1T/1D	26590/26232/26310/26	GENERAL OPERATOR	1/4/2017	
MICHAEL P, HILLERY	2T OIT/2D OIT/1T/1D	26590/26232/26310/26	GENERAL OPERATOR	1/4/2017	
RONALD F, MCKENNEY	2T/2D	24788/12191	PRIMARY TREATMENT OPERATOR	5/25/2010	
RONALD F, MCKENNEY	2T/2D	24788/12191	PRIMARY DISTRIBUTION OPERATOR	3/20/2014	

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

License Number:

7. Primary Certified Operator Contact Information:

Primary Distribution Certified Operator Contact Information

Name Phone Number Fax Number

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

Mailing Address 1

Mailing Address 2

Town/City State Zip Code E-Mail Address Re-Enter E-Mail Address

Primary Treatment Certified Operator Contact Information

Name Phone Number Fax Number

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

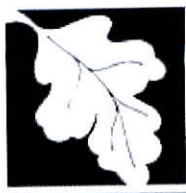
Mailing Address 1

Mailing Address 2

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



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

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
JAMES G NEVILLE		H2O COMMR, CHAIR
JAMES J MCCAFFREY		H2O COMMR, VICE CHAI
CATHERINE C MACINNES		CLERK

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): 8565

Summer Population (April September): 8565

By what method was the population figured

Census Type: City/Town

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:	23	MONTH
Summer Bacteria samples required:	23	MONTH

13. Distribution Meter information:

a. Number of Service Connections: 2548

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 %

14. System Information

a. Number of Distribution Systems: 1

b. Finished Water Storage Capacity in Million Gallons (MG): 1.5
[Conversion factor is (# of gallons)/(1,000,000)= MG]

c. Pumping Capacity (GPM): 1750



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PWS Class: COM

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

Ground Water	Surface Water	Purchased Ground	Purchased Surface
100 %	0 %	0 %	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 as required per 310 CMR 22.04(13)(b)(10)?

☐ Yes ☒ No

Documentation of ER training must be kept onsite for state review, including at the next sanitary survey. This documentation should describe the training performed during the reporting period, including the types of training, the date(s) of training, and number of staff and local officials trained on each date and their job titles.

c. Is your system registered for the Health and Homeland Alert Network (HHAN)

☐ Yes ☒ No

d. Has your system signed the agreement and joined the Massachusetts Water and Wastewater Agency Response Network

☐ Yes ☒ No

e. How often does your system test the following

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

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

Date of ER incident	Level	Description
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17. Do you have an antenna or other appurtenance (not needed for drinking water purposes) attached to any of your storage tank(s)

☒ Yes ☐ No ☐ No storage tanks

If Yes, list the antennae or other appurtenances, owner(s) names, and the date installed:

Storage Tank Name	Antennae or Appurtenance	Owner Name	Date (mm/dd/yyyy) Installed
FARM ST TANK 2	ANTENNAE	MILLIS	6/25/2001
WALNUT ST TANK	ANTENNAE	MILLIS	6/25/2001

18. Comments or additional information regarding this section:



Treatment Plants

Treatment Plant

1. Plant Information

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

2. Related Sources Table

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

3. Treatment Table(s)

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



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PWSID#: 2187000

Name: MILLIS WATER DEPT

City: MILLIS

PWS Class: COM

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

Treatment Plant

1. Plant Information

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

2. Related Sources Table

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

3. Treatment Table(s)

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



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

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



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

Comment:

MIN CL 0.65 MG/L

Treatment Plant

1. Plant Information

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

2. Related Sources Table

2187000-03G	WELL 3

3. Treatment Table(s)

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

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



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

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

Treatment Plant

1. Plant Information

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

2. Related Sources Table

2187000-04G	WELL 4
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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: _____	



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

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

Comments or additional information regarding this section



Pump Stations

Pump

1. Pump Information	
WELL 5 PAINE PUMP	NORFOLK ROAD
Pump Station Name	Location

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

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

2. Related Sources Table (if applicable)

2187000-05G	WELL 5

Pump

1. Pump Information	
WELL 6 PAINE PUMP	NORFOLK ROAD
Pump Station Name	Location

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

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



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

2. Related Sources Table (if applicable)

2187000-06G	WELL 6

Pump

1. Pump Information	
WELL 3 PUMP	BIRCH ST
Pump Station Name	Location

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

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

2. Related Sources Table (if applicable)

2187000-03G	WELL 3

Pump

1. Pump Information	
WELL 4 PUMP	ORCHARD ST
Pump Station Name	Location

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



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

2. Related Sources Table (if applicable)

2187000-04G	WELL 4

Pump

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

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

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

2. Related Sources Table (if applicable)

No Data Found

Comments or additional information regarding this section



Storage Facilities

Show all storage facilities ▼

Storage Facility

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

WALNUT ST TANK	DISTRIBUTION SYSTEM WALNUT STREET
Storage Facility Name	Location

Status:	A	Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	.55
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):	.94
Material:	STEEL	Installation Date	

Comments or additional information



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?

☐ Yes ☐ No

CHARLES	TOOMEY	TOOMEY WATER SERVIC
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, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Surveyor" button.

MassDEP Certification ID Number

Surveyor's FirstName	Surveyor's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number	Third Party Reviewer Surveyor



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KENNETH P	ROBIDOUX	32158			
RYAN F	TOOMEY	31603			

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	
KENNETH P	ROBIDOUX	32158	5/1/2019	

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

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

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities with first time surveys during this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
	A	B	C	= A - (B+C)	
Commercial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Industrial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Institutional	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Municipal	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Residential (Optional)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



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PWSID#: 2187000
 Name: MILLIS WATER DEPT
 City: MILLIS
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Total	0	0	0	0	0
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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.

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

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

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

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 = A + B - C	# of seasonal devices in Total
	A	B	C		
RPBP					
Commercial	35	0	1	34	2
Industrial	7	0	0	7	0
Institutional	6	0	0	6	2
Municipal	14	0	0	14	0
Residential (Optional)	0	0	0	0	0
Total	62	0	1	61	4
DCVA					
Commercial	16	0	0	16	0
Industrial	4	0	0	4	0
Institutional	1	0	0	1	0
Municipal	6	0	0	6	0
Residential (Optional)	0	0	0	0	0
Total	27	0	0	27	0



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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.

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

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

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs &Re-tests	# Not Tested
RBPB	0	110	2	2	9
DCVA	0	24	1	1	3

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.

NOTE: 2 SEASONAL RPS NOT TESTED BECAUSE WATER WAS OFF. 3 RPS NOT TESTED ALL HAD WATER OFF. 1 RP UNDER CONSTRUCTION NOT TESTED. 2 DCS NOT TESTED AT VACANT ESTABLISHMENT. 1 DC NOT TESTED BECAUSE WATER WAS OFF.

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

☒ Yes ☐ No

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

PVB DEVICES	<input checked="" type="radio"/> Yes <input type="radio"/> No	SPPVB DEVICES	<input type="radio"/> Yes <input checked="" type="radio"/> No
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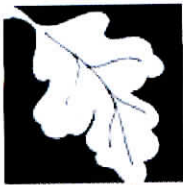
If Yes to either please provide the following details:

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs &Re-tests
PVB	0	4	0	0
SPPVB				

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

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

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



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9. Do you have a fully implemented active cross-connection educational program directed toward residential customers?			
<input type="radio"/> Yes <input type="radio"/> No	If No, is there a date when you plan to have an educational program implemented? NTNCs may skip this question.		Date(mm/dd/yyyy)
10. Do you have a fully implemented educational program for specific users (ex. Industrial, Commercial, Institutional, Municipal and Residential)?			
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	"N/A" should be selected only if your system does not have any Industrial, Commercial, Institutional, Municipal or Residential users. If Yes, please list the types of users targeted through your education program. (Check all that apply):		
<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Institutional	<input checked="" type="checkbox"/> Municipal <input checked="" type="checkbox"/> Residential
If No, when do you plan to have the educational program implemented?			Date(mm/dd/yyyy)
11. Does your system have an atmospheric vacuum breaker (hose bib) program for your customers?			
<input type="radio"/> Yes <input type="radio"/> No	If no do you plan to institute one in future? If yes go to question 13	<input type="radio"/> Yes <input type="radio"/> No	If yes When? If no go to question 13. Date(mm/dd/yyyy)
12. Does your system have a local ordinance, by-law or policy statement on cross-connection control?			
<input type="radio"/> Yes <input type="radio"/> No			
If YES, and you already provided copy to MassDEP in 2008 (2007 ASR) no further action is required.			
If YES, and you did not provide a copy to MassDEP please forward a copy to:			
MassDEP Boston office, 1 Winter Street, 5 th floor, Boston, MA 02108			
Attn : Otavio DePaula-Santos			
13. Does your water system have a total containment policy?			
<input type="radio"/> Yes <input type="radio"/> No			
Containment policy means ALL services connections have a device installed at the meter. Containment protects the water main by isolating each facility independently of its activity (residential, commercial, industrial, or municipal).			
14. Has there been a cross-connection incident in your water system during the reporting period?			
<input type="radio"/> Yes <input type="radio"/> No			
If Yes, please provide information below:			
Date of IncidentLocation of the IncidentDESCRIPTION			
Comments or additional information regarding this section			



Source Protection - Zone II

Zone

1. Mass DEP assigned Zone II ID # :	126
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2. DEP Source IDs and Names of the withdrawal points in Zone II.

SourceID	Source Name	Zone I Radius(ft)	Zone I Control	Pollution Sources
2187000-03G	WELL 3	400	Y	

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC), 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 FACILITY	2	L	
LANDFILLS AND DUMPS	2	H	
ROAD/MAINTENANCE FACILITY	2	M	
SNOW DUMP	2	M	
TRANSPORTATION CORRIDOR	2	M	
WASTE TRANSFER STATION	2	M	
FERTILIZER STORAGE AND USE	2	M	
LANDSCAPING	4	M	
MANURE SPREADING OR STORAGE	2	H	
PESTICIDE STORAGE OR USE	2	H	
INDUSTRIAL LAGOONS OR PITS	2	H	
HAZARDOUS MATERIALS STORAGE	4	H	
ABOVEGROUND STORAGE TANKS	2	M	
CLANDESTINE DUMPING	2	H	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	
UNDERGROUND STORAGE TANKS	9	H	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
LIVESTOCK OPERATIONS	3	M	
AUTO REPAIR SHOP	10	H	
BUS AND TRUCK TERMINAL	2	H	
CAR WASH	2	L	
DRY CLEANER	2	H	
FUNERAL HOME	2	L	



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

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

☒ Yes ☐ No

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

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
RESIDENTIAL LAWN CARE/GARDENING	25	M	



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



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

☐ Yes ☒ No

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

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
2187000-01G	WELL 1	400	Y	
2187000-02G	WELL 2	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 FACILITY	2	L	
LANDFILLS AND DUMPS	2	H	
ROAD/MAINTENANCE FACILITY	2	M	
SNOW DUMP	2	M	
TRANSPORTATION CORRIDOR	2	M	
WASTE TRANSFER STATION	2	M	
FERTILIZER STORAGE AND USE	2	M	
LANDSCAPING	4	M	
MANURE SPREADING OR STORAGE	2	H	
PESTICIDE STORAGE OR USE	2	H	



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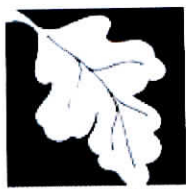
PWSID#: 2187000
 Name: MILLIS WATER DEPT
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INDUSTRIAL LAGOONS OR PITS	2	H	
HAZARDOUS MATERIALS STORAGE	4	H	
ABOVEGROUND STORAGE TANKS	2	M	
CLANDESTINE DUMPING	2	H	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	
UNDERGROUND STORAGE TANKS	9	H	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
LIVESTOCK OPERATIONS	3	M	
AUTO REPAIR SHOP	10	H	
BUS AND TRUCK TERMINAL	2	H	
CAR WASH	2	L	
DRY CLEANER	2	H	
FUNERAL HOME	2	L	
GAS / SERVICE STATION	4	H	
LAUNDROMAT	2	L	
MEDICAL FACILITY	2	M	
NURSING HOME	2	L	
PHOTO PROCESSOR	4	H	
RAILROAD TRACKS/YARDS	2	H	
REPAIR SHOP	10	H	
ASPHALT, COAL TAR OR CONCRETE PLANT	1	M	
FUEL OIL DISTRIBUTOR	2	H	
INDUSTRIAL PARK	3	H	
RESIDENTIAL FUEL OIL STORAGE	25	M	

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

☐ Yes ☒ No

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

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
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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
2187000-05G	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	M	
RESIDENTIAL SEPTIC/CESSPOOL	25	M	
COMPOSTING FACILITY	2	L	
LANDFILLS AND DUMPS	2	H	
ROAD/MAINTENANCE FACILITY	2	M	
SNOW DUMP	2	M	
TRANSPORTATION CORRIDOR	2	M	
WASTE TRANSFER STATION	2	M	
FERTILIZER STORAGE AND USE	2	M	
LANDSCAPING	4	M	
MANURE SPREADING OR STORAGE	2	H	
PESTICIDE STORAGE OR USE	2	H	
INDUSTRIAL LAGOONS OR PITS	2	H	
HAZARDOUS MATERIALS STORAGE	4	H	
ABOVEGROUND STORAGE TANKS	2	M	
CLANDESTINE DUMPING	2	H	
LARGE QUANTITY HAZARDOUS WASTE GENERATORS	1	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
STORMWATER DRAINS / RETENTION BASINS	25	L	



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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No



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Comments or Additional Information regarding this section:

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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		
Latitude:	42.176676	Withdrawal Units:	GAL
Longitude:	71.351848	January:	3,742,257
Source Watershed:	CHARLES	February:	3,344,361
Well Type:	GRAVEL-PACKED	March:	0
Well Depth (ft.):	48	April:	0
Well Casing Height (ft.):	38	May:	0
Well Casing Depth (ft.):	38	June:	0
Screen Length (ft.):	10	July:	835,583
Pump Setting (ft.):	0	August:	2,253,240
Approved Daily Pumping Volume (MGD):	.72	September:	5,475,587
Source Metered:	Yes	October:	3,775,204
Date of Meter Installation:		November:	3,640,767
Type of water metered for source:	RAW	December:	3,540,885
Last Meter Calibration:	8/23/2017	Total Amount Pumped:	26,607,884
		Total # of Days Pumped:	206
		Maximum Single Day Pumped Volume:	322,780
		Date of Maximum Amount Pumped:	11/13/2017



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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:	5,465,255
Longitude:	-71.339976	February:	5,061,333
Source Watershed:	CHARLES	March:	7,170,628
Well Type:	GRAVEL-PACKED	April:	6,181,938
Well Depth (ft.):	60	May:	6,059,437
Well Casing Height (ft.):	2	June:	7,129,539
Well Casing Depth (ft.):	40	July:	8,132,920
Screen Length (ft.):	20	August:	7,381,785
		September:	4,903,129
Pump Setting (ft):	0	October:	3,039,672
		November:	2,940,955
Approved Daily Pumping Volume (MGD):	.75	December:	2,324,903
Source Metered:	Yes	Total Amount Pumped:	65,791,494
Date of Meter Installation:		Total # of Days Pumped:	354
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	716,609
Last Meter Calibration:	8/23/2017	Date of Maximum Amount Pumped:	3/31/2017



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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:	5,776,809
Longitude: -	71.351997	February:	5,299,319
Source Watershed:	CHARLES	March:	4,715,802
Well Type:	GRAVEL-PACKED	April:	4,691,358
Well Depth (ft.):	60	May:	8,275,853
Well Casing Height (ft.):	2	June:	8,542,257
Well Casing Depth (ft.):	50	July:	8,522,831
Screen Length (ft.):	10	August:	6,238,236
		September:	6,592,418
Pump Setting (ft):	0	October:	4,555,770
		November:	4,033,391
Approved Daily Pumping Volume (MGD):	.86	December:	4,036,560
Source Metered:	Yes	Total Amount Pumped:	71,280,604
Date of Meter Installation:		Total # of Days Pumped:	334
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	423,849
Last Meter Calibration:	8/23/2017	Date of Maximum Amount Pumped:	7/23/2017



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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		
Latitude:	42.176315	Withdrawal Units:	GAL
Longitude: -	71.351375	January:	2,129,314
Source Watershed:	CHARLES	February:	1,976,666
Well Type:	GRAVEL-PACKED	March:	0
Well Depth (ft.):	46	April:	0
Well Casing Height (ft.):	36	May:	0
Well Casing Depth (ft.):	36	June:	0
Screen Length (ft.):	10	July:	591,952
Pump Setting (ft):	0	August:	1,580,394
Approved Daily Pumping Volume (MGD):	.5	September:	3,583,582
Source Metered:	Yes	October:	2,462,946
Date of Meter Installation:		November:	2,241,408
Type of water metered for source:	RAW	December:	2,300,804
Last Meter Calibration:	8/23/2017	Total Amount Pumped:	16,867,066
		Total # of Days Pumped:	206
		Maximum Single Day Pumped Volume:	166,622
		Date of Maximum Amount Pumped:	7/30/2017



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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:	42.149872	January:	20,896
Longitude:	71.340335	February:	0
Source Watershed:	CHARLES	March:	6,289,643
Well Type:	GRAVEL-PACKED	April:	7,000,493
Well Depth (ft.):	57	May:	7,122,941
Well Casing Height (ft.):	0	June:	7,329,619
Well Casing Depth (ft.):	49	July:	7,859,760
Screen Length (ft.):	8	August:	7,332,906
		September:	0
Pump Setting (ft.):	0	October:	1,106,651
		November:	3,492,524
Approved Daily Pumping Volume (MGD):	1.5	December:	3,579,943
Source Metered:	Yes	Total Amount Pumped:	51,135,376
Date of Meter Installation:		Total # of Days Pumped:	357
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	668,222
Last Meter Calibration:	8/23/2017	Date of Maximum Amount Pumped:	3/31/2017



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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:	42.150174	January:	0
Longitude:	- 71.340142	February:	0
Source Watershed:	CHARLES	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	62	May:	0
Well Casing Height (ft.):	0	June:	0
Well Casing Depth (ft.):	47	July:	0
Screen Length (ft.):	15	August:	0
		September:	687,655
Pump Setting (ft):	0	October:	4,497,367
		November:	0
Approved Daily Pumping Volume (MGD):	1.5	December:	0
Source Metered:	Yes	Total Amount Pumped:	5,185,022
Date of Meter Installation:		Total # of Days Pumped:	24
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	275,837
Last Meter Calibration:	8/23/2017	Date of Maximum Amount Pumped:	10/12/2017



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Comments or additional information regarding this section



Surface Water Sources

No Data Found

Comments or additional information regarding this section:
--



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

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

Volume Units

☒ Gallons (GAL) ☐ Million Gallons (MG) ☐ No Meter

FINISHED Water Production and Consumption Summary for Reporting Year :

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

Month	(1) Amount of finished water from own sources (GAL)	(2) Amount of finished water purchased from other systems (GAL)	(3) Amount of finished water sold to other systems (GAL)	(4) Net finished Water that entered your distribution system (1) + (2) - (3) = (4) (GAL)
January	17,943,474	0	0	17,943,474
February	16,078,495	0	0	16,078,495
March	18,154,645	0	0	18,154,645
April	17,834,145	0	0	17,834,145
May	21,474,748	0	0	21,474,748
June	23,204,608	0	0	23,204,608
July	25,690,568	0	0	25,690,568
August	24,752,675	0	0	24,752,675
September	20,916,433	0	0	20,916,433
October	19,126,193	0	0	19,126,193
November	15,867,275	0	0	15,867,275
December	15,518,513	0	0	15,518,513
TOTAL	236,561,772	0	0	236,561,772
Maximum Daily Finished Water Consumption:				
		Volume (GAL):	1,384,831	Date: 3/31/2017



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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	17,134,531	0	0	17,134,531
February	15,681,679	0	0	15,681,679
March	18,176,073	0	0	18,176,073
April	17,873,789	0	0	17,873,789
May	21,458,231	0	0	21,458,231
June	23,001,415	0	0	23,001,415
July	25,943,046	0	0	25,943,046
August	24,786,561	0	0	24,786,561
September	21,242,371	0	0	21,242,371
October	19,437,610	0	0	19,437,610
November	16,349,045	0	0	16,349,045
December	15,783,095	0	0	15,783,095
TOTAL	236,867,446	0	0	236,867,446
Maximum Daily Raw Water Pumping: Volume (GAL): 1,384,831 Date: 3/31/2017				

Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold	Water type
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Metered Finished Water Consumption by Service Type

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

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

%	Primary Service Area	Type	%	Primary Service Area	Type
<input type="checkbox"/>	<input type="radio"/> Yes	Day Care Center	<input type="checkbox"/>	<input type="radio"/> Yes	Other Residential
<input type="checkbox"/>	<input type="radio"/> Yes	Dispenser	<input type="checkbox"/>	<input type="radio"/> Yes	Other Transient
<input type="checkbox"/>	<input type="radio"/> Yes	Homeowners Association	<input type="checkbox"/>	<input type="radio"/> Yes	Recreation Area
<input type="checkbox"/>	<input type="radio"/> Yes	Hotel/Motel	89	<input checked="" type="radio"/> Yes	Residential Area
<input type="checkbox"/>	<input type="radio"/> Yes	Highway Rest Area	<input type="checkbox"/>	<input type="radio"/> Yes	Restaurant
<input type="checkbox"/>	<input type="radio"/> Yes	Industrial/Agricultural	<input type="checkbox"/>	<input type="radio"/> Yes	Retail Employees
<input type="checkbox"/>	<input type="radio"/> Yes	Interstate Carrier	<input type="checkbox"/>	<input type="radio"/> Yes	School
<input type="checkbox"/>	<input type="radio"/> Yes	Institution	<input type="checkbox"/>	<input type="radio"/> Yes	Sanitary Improvement District
<input type="checkbox"/>	<input type="radio"/> Yes	Medical Facility	<input type="checkbox"/>	<input type="radio"/> Yes	Summer Camp
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park	<input type="checkbox"/>	<input type="radio"/> Yes	Secondary Residences
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park, Principal Residence	<input type="checkbox"/>	<input type="radio"/> Yes	Service Station
<input type="checkbox"/>	<input type="radio"/> Yes	Municipality	<input type="checkbox"/>	<input type="radio"/> Yes	Subdivision
<input type="checkbox"/>	<input type="radio"/> Yes	Other Area	<input type="checkbox"/>	<input type="radio"/> Yes	Water Bottler
<input type="checkbox"/>	<input type="radio"/> Yes	Other Non-Transient Area	<input type="checkbox"/>	<input type="radio"/> Yes	Wholesaler
<input type="checkbox"/>	<input type="radio"/> Yes	Commercial			

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

☐ No treatment plant losses (not applicable)

Treatment Plant ID:	Total Raw Water into treatment plant last year (raw pumped + raw purchased - raw sold):	-	Total Finished Water from treatment plant last year:	=	Total Water Lost to Treatment Process last year:
---------------------	---	---	--	---	--

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



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	5
4. Number of leaks repaired	5
5. Estimated volume lost (mg) if a reliable estimate can be made	0.565
6. Date of last leak detection survey of entire system:	10/9/2017 (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:



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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	5/1/2017	9/30/2017
	(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.



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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	2365	184,621	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	7	1,418	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	18,145	Water served to businesses and other commercial entities.
Agricultural	3	113	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	32	3,987	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	28	6,98	Water used for municipal purposes, including schools, playing fields, municipal buildings, treatment plant; non-profits such as churches; non-residential institutions such as private schools.
Other*	0	0	Water used for purposes not included in above categories.
TOTALS	2548	215,264	Total number of service connections and metered volume.

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

UNACCOUNTED FOR WATER (UAW)

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

Confidently Estimated Municipal Use (CEMU)	Estimated million gallons per year
Fire protection & training	0.0538
Hydrant/water main flushing/main construction	+ 1.6464
Flow testing	+ 0.0102
Bleeders/ Blow offs	+
Tank overflow & drainage	+ 1.0
Sewer & stormwater system flushing	+
Street cleaning	+ 0.09
Source meter calibration adjustments	+ 0.117
Major water main breaks (not leak detection)	+ 1.1654
Total Confidently Estimated Municipal Use	= 4.0828

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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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)	236.867	100%
Total Metered Use (System Total Metered Use from Table DS-3)	215.264	90.9 %
Total Confidently Estimated Municipal Use (Total from Table DS-4)	4.0828	1.7 %
Unaccounted for Water (UAW)	= 17.5	= 7.4 %

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	0.565
Water Theft	
Meter Malfunction/mis-registration	
Other (specify):	
Other (specify):	
Total:	0.565

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):	Federal
Census year:	2016
Population Served:	8565

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)
184.621	/ 365	8565	X1,000,000	=	59

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	236.867	/365 =	0.65

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

River Basin	Registered Volume (mgd)	+ Permitted Volume (mgd)	= WMA Authorized Withdrawal Volume (mgd)	Daily Avg. Water Use (mgd) (from Table BW-2 - above)	= Difference*
20-CHARLES	0.63	+ 0.36	= 0.99	- 0.65	= 0.34

* 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 checked="" 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.

[My eDEP](#) | [Forms](#) | [My Profile](#) | [Help](#) | [Notifications](#)**Transaction Overview** Trans# 1008894 ID# 2187000 Water Management Act Annual Report - Distribution[Forms](#)[Attach Files](#)[Signature](#)**Forms**[Print Transaction](#)[Delete Transaction](#)[Share Transaction](#)[Exit](#)

Errors Checked/ Validated	Fill out the following forms for this transaction:
✓	Public Water System Annual Statistical Report
✓	System Information (COM/NTNC) (2187000)
✓	Treatment Plants (2187000)
✓	Pump Stations (2187000)
✓	Storage Facilities (2187000)
✓	Cross Connection Control Program (CCCP) (2187000)
✓	Source Protection - Zone II (2187000)
✓	Ground Water Sources (2187000)
✓	Surface Water Sources (2187000)
✓	Purchased Water Sources (2187000)
✓	Water Production & Consumption Information (2187000)
✓	Water Management Act Annual Report - Distribution (2187000)
✓	Water Management Act Annual Report - Basin Withdrawal (2187000)

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Transaction Overview **Trans# 1008894 ID# 2187000 Water Management Act Annual Report - Distribution**

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Please select the box below and then indicate your acceptance.

Public Water System Annual Statistical Report - 1 Form(s)

☒ CERTIFICATION OF OWNER/RESPONSIBLE PERSON or CERTIFIED OPERATOR

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

By entering my name I acknowledge that I have read and agree with the certification statement.

NAME James F McKay

Date 04/24/2018

[I accept](#)

[I do not accept](#)

TOWN OF MILLIS - 2017
Summary of Confidently Estimated Un-metered Water Usage

Fire Fighting and Training	53,750
Hydrant & Water Main Flushing	1,646,442
Flow Tests	10,247
Tank Overflow	0
Source Meter Calibration	0
Sewer & Stormwater Flushing	0
Street Cleaning	90,000
Water Main Breaks	1,165,426

Total of Estimated Un-metered Usage	2,965,865
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Fire Fighting Water Use Log

Reason	Month	Total Gallons
Equipment Fire	January	500
Chimney Fire	January	50
Smoke in the house	February	50
Oven Fire	February	50
Electrical Fire	March	50
HVAC Fire	March	50
Brush Fire	April	300
Brush/Garage Fire	April	15,000
Brush Fire	April	300
Brush Fire	April	300
Training	April	1,000
Brush Fire	April	300
Brush Fire	April	300
Training	April	500
Truck Fire	April	250
Training	April	7,000
Training	April	8,000
Training	May	150
Brush Fire	May	300
Chimney Fire	May	200
Structure Fire	May	3,500
Training	June	500
Brush Fire	June	300
Car Fire	June	1,000
Fire	July	300
Training	August	1,000
Fire	August	300
Fire	September	100
Training	September	500
Training	September	1,000
Training	September	500
Training	September	500
Training	September	500
Structure Fire	September	3,000
Car Fire	September	150
Fire	October	250
Chimney Fire	October	100
Fire	November	300
Fire	December	300
Brush Fire	December	500
Training	December	3,000
Training	December	500
Car Fire	December	1,000
TOTAL		53,750

Hydrant & Water Main Flushing

Date	Location	Reason	Total Gallons
1/5/2017	WELL 5	Flushing well to get ready to put back on-line	10,359
1/6/2017	WELL 5	Flush/grab sample for lab	10,537
5/10/2017	HYDRANT	Hydrant flushing - various locations	364,327
5/17/2017	HYDRANT	Hydrant flushing - various locations	301,020
5/18/2017	HYDRANT	Hydrant flushing - various locations	349,801
5/19/2017	HYDRANT	Hydrant flushing - various locations	276,163
6/20/2017	WELL 1	Flushing well/testing new pump	110,962
6/20/2017	WELL 2	Flushing well/testing new pump	82,194
6/21/2017	WELL 1	Flush before sample	974
6/21/2017	WELL 2	Flush before sample	855
6/23/2017	WELL 1	Repeat sample	6,589
6/23/2017	WELL 2	Repeat sample	1,490
7/11/2017	WELLS 1 & 2	Clear well flush and sample before putting back on-line	35,230
7/20/2017	WELLS 1 & 2	Flush aeration tank before putting back on-line	65,921
7/25/2017	WELLS 1 & 2	Finished water sample before putting back on-line	30,021
TOTAL			1,646,443

Flow Test

Date	Location	Total Gallons
5/3/2017	WELL 1	6,406
5/3/2017	WELL 2	3,841
TOTAL		10,247

Street Cleaning

Date	Location	Tank Size (gallons)	No. of Tank Fills	Total Gallons
Springtime & as needed	Town-wide	1,000	90	90,000
TOTAL				90,000

Water Main Breaks & Metered Uses

Water Main Breaks

Date	Location	Total Gallons
1/25/2017	Walnut Street	350,000
1/30/2017	242 Main Street	125,000
9/1/2017	342 Village Street	100,000
9/8/2017	177 Farm Street	65,000
10/16/2017	38 Forest Road	125,000
10/16/2017	94 Dover Road	75,000
10/16/2017	213 Village Street	200,000
11/16/2017	Eden Street	50,000
12/27/2017	Clyde Brown School Project	75,000
TOTAL		1,165,000

Metered Uses

Date	Reason	Total Gallons
7/7/17-7/9/17	Carnival	426
TOTAL		426

TOTAL		1,165,426
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