

Public Water System Staffing Plan

310 CMR 22.11B

PWS Name	Town of Millis – DPW	
City/Town	Millis, MA	
PWS ID #	2187000	2T 2D PWS Distribution Grade

A. Treatment Plant Information

Paine Water Treatment Facility

Treatment Plant Name

4 of 4

If more than 1 Treatment Plant

2T 2D

Treatment Plant Grade

B. Operator Information - List all facility operators. Use Page 2 if necessary: X

TREATMENT	A. Ronald McKenney	Water/Sewer Technician	24788 T2	OIT <input type="checkbox"/> Full X
	Primary Treatment Operator	Position/Title	License # and Grade	
	B. Michael Hillery	HEO/Laborer	24766 T1	OIT X Full <input type="checkbox"/>
	Secondary Treatment Operator	Position/Title	License # and Grade	
DISTRIBUTION	C. David Rachmaciej	General Foreman	12593 T1	OIT <input type="checkbox"/> Full X
	Additional Treatment Operator	Position/Title	License # and Grade	
	D. Ronald McKenney	Water/Sewer Technician	12191 D2	OIT <input type="checkbox"/> Full X
	Primary Distribution Operator	Position/Title	License # and Grade	
	E. Michael Hillery	HEO/Laborer	24771 DI	OIT X Full <input type="checkbox"/>
	Secondary Distribution Operator	Position/Title	License # and Grade	
	F. David Rachmaciej	General Foreman	23456 DI	OIT <input type="checkbox"/> Full X
	Additional Distribution Operator	Position/Title	License # and Grade	

C. Coverage / Staffing Information for Treatment Plant

Per 310 CMR 22.11B(5): the following are the regulatory minimum staffing requirements during operation:

1T – 4 Hours 2T – 4 Hours 3T – 8 Hours 4T (operating less than 16 hours/day) – 8 Hours
4T (operating 16-24 hours/day) – 16 hours

Identify the automated systems in place: (Provide details in Page 2 Comments Section)

Fail Safe/Alarms: X Autodialer: X Plant Shut Down: X Operate Remotely: X Other:

Use the codes (A, B, and C) from Section B to fill in the days when each operator is responsible for the Treatment Plant.			
Monday - Friday		Saturday, Sunday & Holidays	
Shift Hours	Operator	Shift Hours	Operator
7:00 am – 3:30 pm	A	7:00 am – 12:00 pm	A
7:00 am – 3:30 pm	B	7:00 am – 12:00 pm	B
		7:00 am – 12:00 pm	C & G

Any personnel who make decisions regarding the systems process control or operational integrity shall be certified (310 CMR 22.11(B)(1))

D. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

James McKay

Print Certifying Person's Name

Certifying Person's Signature

Date

MassDEP

Approved by:

Name

Date

Submit for approval to: DEP-BRP Drinking Water Program, 627 Main Street, Worcester, MA 01608

Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
Public Water System Staffing Plan
310 CMR 22.11B

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City/Town	Millis, MA	
PWS ID #	2187000	<div>2T 2D</div> <div>PWS Distribution Grade</div>

B. Operator Information (Additional)- List all additional operators.

TREATMENT	G. Kevin Kandola	Mechanic	20114 T1	OIT X Full <input checked="" type="checkbox"/>
	Additional Treatment Operator	Position/Title	License # and Grade	
	H. Ryan Wagner	HEO/Laborer	25870 T1	OIT X Full <input checked="" type="checkbox"/>
	Additional Treatment Operator	Position/Title	License # and Grade	
	I.			OIT <input type="checkbox"/> Full <input type="checkbox"/>
	Additional Treatment Operator	Position/Title	License # and Grade	
	J.			OIT <input type="checkbox"/> Full <input type="checkbox"/>
DISTRIBUTION	Additional Treatment Operator	Position/Title	License # and Grade	
	K.			OIT <input type="checkbox"/> Full <input type="checkbox"/>
	Additional Treatment Operator	Position/Title	License # and Grade	
	L.			OIT <input type="checkbox"/> Full <input type="checkbox"/>
	Additional Treatment Operator	Position/Title	License # and Grade	
	M. Kevin Kandola	Mechanic	12118 D1	OIT <input type="checkbox"/> Full X
	Additional Distribution Operator	Position/Title	License # and Grade	
DISTRIBUTION	N. Ryan Wagner	HEO/Laborer	25763 D1	OIT X Full <input type="checkbox"/>
	Additional Distribution Operator	Position/Title	License # and Grade	
	O.			OIT <input type="checkbox"/> Full <input type="checkbox"/>
	Additional Distribution Operator	Position/Title	License # and Grade	
	P.			OIT <input type="checkbox"/> Full <input type="checkbox"/>
	Additional Distribution Operator	Position/Title	License # and Grade	
	Q.			OIT <input type="checkbox"/> Full <input type="checkbox"/>
DISTRIBUTION	Additional Distribution Operator	Position/Title	License # and Grade	
	R.			OIT <input type="checkbox"/> Full <input type="checkbox"/>
DISTRIBUTION	Additional Distribution Operator	Position/Title	License # and Grade	

E. Comments

[illegible]

Submit for approval to: DEP-BRP Drinking Water Program, 627 Main Street, Worcester, MA 01608