Massachusetts Department of Environmental Protection

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Transaction ID:	**1177807**
Document:	**Public Water System Annual Statistical Report**
Size of File:	**2990.75K**
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2019 Public Water Supply Verification

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

PWS ID:	**2032000**
PWS Name:	**BLACKSTONE WATER DEPARTMENT**
PWS Street Address Line 1:	**53 ELM ST**
PWS Street Address Line 2:	
City/Town:	**BLACKSTONE**
State:	**MA**
Zip Code:	**01504-0000**
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	**M**
Last Name	**SULLIVAN**
Company Name	**BLACKSTONE WATER DEPARTMENT**
Phone Number	**5088839331**
Street Address 1	**53 ELM STREET**
Street Address 2	
City/Town	**BLACKSTONE**
State	**MA**
Zip Code	**01504**
Comments	

System Information (COM/NTNC)

1. PWS Street Address

BLACKSTONE WATER DEPARTMENT			
PWS Name			
53 ELM ST			
PWS Street Address Line 1	PWS Street Address Line 2		
BLACKSTONE	Massachusetts	01504	
City/Town	State	Zip Code	
508-883-9331	508-883-3796		
Phone Number	Fax Number (if available)		
Web Site Address of PWS (if available)			

2. PWS Mailing Address ☐ Same as street address.

BLACKSTONE WATER DEPARTMENT		
Mailing Name		
53 ELM ST		
Mailing address Line 1	Mailing address Line 2	
BLACKSTONE	Massachusetts	01504
City/Town	State	Zip Code

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

4. 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

5. Owner Type:

MUNICIPAL

6. Federal Employment Identification Number (FEIN):

046001090

(FEIN) - Do NOT provide SSN

7. Is this system a not-for-profit organization

◉ Yes ○ No

If yes, indicate Tax Exempt code (e.g., 501C): 046001090

8. Population Served(DailyAverage):

Winter Population (October March):	8731	
Summer Population (April September):	8731	
By what method was the population figured	Census Type:	City/Town
	Other Description:	

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9. 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:	21	MONTH
Summer Bacteria samples required:	21	MONTH

10. Distribution Meter information:

a. Number of Service Connections:	2760
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	%

11. System Information

a. Number of Distribution Systems:	1
b. Finished Water Storage Capacity in Million Gallons (MG): [Conversion factor is (# of gallons)/(1,000,000)= MG]	3.15
c. Pumping Capacity (GPM):	900

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

Ground Water	Surface Water	Purchased Ground	Purchased Surface
100 %	0 %	0 %	0 %

13. 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:	Quarterly	Other Frequency:	
	Interlocks:	Quarterly	Other Frequency:	
	Back-up power sources:	Other	Other Frequency:	WEEKLY

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

Date of ER incident	Level	Description

15. 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
LOWER BLACKSTONE TANK	ANTENNAE	POLICE & FIRE DEPARTM	6/15/2004

16. Comments or additional information regarding this section:

Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

JAMES	SULLIVAN	
Coordinator First Name	Coordinator Last Name	
[redacted]	[redacted]	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
[redacted]	[redacted]	[redacted]
City/Town	State	Zip Code
[redacted]	[redacted]	
Phone Number	Fax Number (if available)	
[redacted]		
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

Surveyor's FirstName	Surveyor's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number	Reviewer Surveyor
ROBERT M	VARIEUR	31884		[redacted]	

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
ROBERT M	VARIEUR	31884		[redacted]

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

TRISH
Contact First Name

MILLER
Contact Last Name

TOOMEY WATER SERVIC
Doing Business As (Company/Individual Name)

[redacted]
Consultant Street Address Line 1

[redacted]
Consultant Street Address Line 2

[redacted]
City/Town

[redacted]
State

[redacted]
Zip Code

[redacted]
Phone Number

[redacted]
Fax Number (if available)

[redacted]

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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
RYAN F	TOOMEY	31603		[redacted]	☐

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

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.

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	0	0	0	0	0
Industrial	0	0	0	0	0
Institutional	0	0	0	0	0
Municipal	0	0	0	0	0
Residential (Optional)	0	0	0	0	0

Total	0	0	0	0	0

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

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

Reduced Pressure Backflow Preventer (RPBP):	Yes No	
Double Check Valve Assembly (DCVA):	Yes 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.

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Type of Facility	Total # of devices at the beginning of this reporting period	# of devices installed in this reporting period	# of devices removed & not replaced in this reporting period	Total # of devices	# of seasonal devices in Total
	A	B	C	= A +B-C	
RPBP					
Commercial	18	0	0	18	0
Industrial	2	0	0	2	0
Institutional	10	0	2	8	0
Municipal	10	0	0	10	0
Residential (Optional)	0	0	0	0	0
Total	40	0	2	38	0
DCVA					
Commercial	5	0	0	5	0
Industrial	2	0	0	2	0
Institutional	2	0	0	2	0
Municipal	2	0	0	2	0
Residential (Optional)	0	0	0	0	0
Total	11	0	0	11	0

*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data.
Please reference the question number and table field in your description.
*PWSs must maintain a list of ALL registered cross connections that are being protected by a RPBP or DCVA. The list must contain at a minimum the following information: owner/business name, Cross Connection ID#, types of protection (RPBP or DCVA), brand, model, serial # and exact location within the facility.

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
RPBP	0	74			2
DCVA	0	10			1

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Describe any discrepancies between the expected number of tests, based on the total number of devices reported in question #5, and the actual number of tests reported in question #6. If you reported a value greater than 0 for "# Not Tested" in question #6 provide an explanation for why the devices were not tested.

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

○ Yes ○ No

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

PVB DEVICES	○ Yes ○ No	SPPVB DEVICES	○ Yes ○ No

if Yes to either please provide the following details:

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

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

○ Yes ○ No

If No, is there a date when you plan to have an educational program implemented? NTNCs may skip this question. 6/1/2020 Date(mm/dd/yyyy)

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

○ Yes ○ No ○ N/A

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

☐ Industrial ☐ Commercial ☐ Institutional ☐ Municipal ☐ Residential

If No, when do you plan to have the educational program implemented? 6/1/2020 Date(mm/dd/yyyy)

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

○ Yes ○ No

If no do you plan to institute one in furure?
If yes go to question13

○ Yes ○ 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?

(•) Yes ( ) No

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

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

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

Attn : Otavio DePaula-Santos

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

( ) Yes (•) No

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

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

( ) Yes (•) No

If Yes, please provide infomation below:

Date of Incident	Location of the Incident	DESCRIPTION

Comments or additional information regarding this section

9. SECTION 118-6 OF THE TOWN CODE ALLOWS A TIME PERIOD BASED ON THE DEGREE OF HAZARD. IF THE WATER DEPARTMENT DETERMINES THAT THERE IS ATHREAT TO PUBLIC HEALTH, THE WATER SERVICE WILL BE TERMINATED IMMEDIATELY.

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 (MG)	(2) Amount of **finished** water purchased from other systems (MG)	(3) Amount of **finished** water sold to other systems (MG)	(4) Net **finished** Water that entered your distribution system (1) + (2) - (3)= (4) (MG)
January	14.899	0.000	0.000	14.899
February	13.566	0.000	0.000	13.566
March	14.302	0.000	0.000	14.302
April	13.901	0.000	0.000	13.901
May	16.123	0.000	0.000	16.123
June	16.385	0.000	0.000	16.385
July	20.357	0.000	0.000	20.357
August	18.031	0.000	0.000	18.031
September	15.728	0.000	0.000	15.728
October	14.023	0.000	0.000	14.023
November	13.995	0.000	0.000	13.995
December	14.359	0.000	0.000	14.359
TOTAL	185.669	0.000	0.000	185.669

Maximum Daily Finished Water Consumption:	Volume (MG): 0.876	Date: 7/21/2019

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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 (MG)	(2) Amount of **raw** water purchased from other systems (MG)	(3) Amount of **raw** water sold to other systems (MG)	(4) Net **raw** Water Consumption (1) + (2) - (3) = (4) (MG)
January	0.000	0.000	0.000	0.000
February	0.000	0.000	0.000	0.000
March	0.000	0.000	0.000	0.000
April	0.000	0.000	0.000	0.000
May	0.000	0.000	0.000	0.000
June	0.000	0.000	0.000	0.000
July	0.000	0.000	0.000	0.000
August	0.000	0.000	0.000	0.000
September	0.000	0.000	0.000	0.000
October	0.000	0.000	0.000	0.000
November	0.000	0.000	0.000	0.000
December	0.000	0.000	0.000	0.000
TOTAL	0.000	0.000	0.000	0.000

Maximum Daily Raw Water Pumping:	Volume (MG):	Date:

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 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 Service Area	Type	%	Primary Service Area	Type
	○ Yes	Day Care Center		○ Yes	Other Residential
	○ Yes	Dispenser		○ Yes	Other Transient
	○ Yes	Homeowners Association		○ Yes	Recreation Area
	○ Yes	Hotel/Motel	85	◉ Yes	Residential Area
	○ Yes	Highway Rest Area		○ Yes	Restaurant
	○ Yes	Industrial/Agricultural		○ Yes	Retail Employees
	○ Yes	Interstate Carrier		○ Yes	School
	○ Yes	Institution		○ Yes	Sanitary Improvement District
	○ Yes	Medical Facility		○ Yes	Summer Camp
	○ Yes	Mobile Home Park		○ Yes	Secondary Residences
	○ Yes	Mobile Home Park, Principal Residence		○ Yes	Service Station
	○ Yes	Municipality		○ Yes	Subdivision
10	○ Yes	Other Area		○ Yes	Water Bottler
	○ Yes	Other Non-Transient Area		○ Yes	Wholesaler
	○ 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

Source Protection - IWPA

No data found

Comments or Additional Information regarding this section:

Source Protection - Zone II

Zone

1. Mass DEP assigned Zone II ID # :	363

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
2032000-06G	WELL 6 AND 6A SATELLITE (ELM ST)	400	Y	LAKE

3. 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:

4. 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.

5. 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 # :	423

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
2032000-07G	WELL 7 PARK SUMMER ST	400	Y	STREAM
2032000-01G	WELL 1 PARK SUMMER ST	400	Y	STREAM
2032000-02G	WELL 2 PARK SUMMER ST	400	N	STREAM, ROAD, RESIDENTIAL

3. 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:

4. 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.

5. 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 # :	**424**

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
2032000-05G	WELL 5 AND 5A SATELLITE (ELM ST)	400	Y	LAKE
2032000-04G	WELL 4 ELM ST	400	Y	LAKE

3. 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:

4. 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.

5. 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 # :	692

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
2032000-08G	WELL 8 GLENSIDE DRIVE	400	Y	NONE

3. 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:

4. 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.

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

○ Yes ◉ No

Comments or Additional Information regarding this section:

--%>

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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 Duane LeVangie with the WMA Program at (617) 292-5706 or email him at duane.levangie@mass.gov

Table DS-1 Summary of Leak Detection Activities During the Reporting Year	
1. Total miles of water mains	30
2. Miles of mains surveyed this year	
3. Number of leaks found	
4. Number of leaks repaired	
5. Estimated volume lost (mg) if a reliable estimate can be made	
6. Date of last leak detection survey of entire system:	12/11/2015 (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. [x] 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
   [x] Hourly — Describe: 5:00AM TO 8:00AM

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

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

	Start Date	End Date
Period 1	7/8/2019	9/1/2019
	(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.**

- [x] 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 (mgy)	Category Description
Residential	2494	132.69	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	226	15.05	Water served to businesses and other commercial entities.
Agricultural	17	0.89	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	1	16.99	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	22	2.96509	Water used for municipal purposes, including schools, playing fields, municipal buildings, treatment plant; non-profits such as churches; non-residential institutions such as private schools.
Other*			Water used for purposes not included in above categories.
TOTALS	2760	168.58509	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		0.015
Hydrant/water main flushing/main construction	+	1.096
Flow testing	+	0.01771
Bleeders/ Blow offs	+	
Tank overflow & drainage	+	
Sewer & stormwater system flushing	+	0.010
Street cleaning	+	0.00418
Source meter calibration adjustments	+	
Major water main breaks (not leak detection)	+	0.3225
Total Confidently Estimated Municipal Use	=	1.46539

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)**	185.669	100%
Total Metered Use **(System Total Metered Use from Table DS-3)**	- 168.58509	- 90.8 %
Total Confidently Estimated Municipal Use **(Total from Table DS-4)**	- 1.46539	- 0.8 %
Unaccounted for Water (UAW)	= 15.6	= 8.4 %

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
Water Theft	0
Meter Malfunction/mis-registration	0
Other (specify): WELL #8 PILOT STUDY 3/19/19	1.6842
Other (specify):	
Total:	1.6842

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

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

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

Table DS-7 Residential Population Served	
Community(ies) served by PWS is (are) :	Fully Served
Method of Determining Population Served:	Option 1(Census)
Census Type (Federal or Local):	Local
Census year:	2019
Population Served:	8731

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)
132.69	/ 365	/ 8731	X1,000,000	=	42

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 Duane LeVangie with the WMA Program at (617) 292-5706 or email him at duane.levangie@mass.gov

Table BW-1 Permit & Registration Information

River Basin (Watershed)	Registration Number	Permit Number
12-BLACKSTONE	21203201	9P21203201

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)
12-BLACKSTONE	187.913	/365 =	0.51

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*
12-BLACKSTONE	0.44	+	0.25	=	0.69	-	0.51	=	0.18

*** 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
	○ Yes ○ No	(mm\dd\yyyy)

If mailing annual report, send to:
MADEP
1 Winter St.
Boston MA 02108
Attn: Water Management Act Program

Table BW-5 Use this table to provide comments or additional information regarding this section of the ASR. You may explain discrepancies, provide supplemental information, or provide any other information to assist MassDEP in processing the data in your ASR.

Treatment Plants

Treatment Plant

1. Plant Information

2032000-01T	GP WELL #2 TREATMENT PLANT
Plant ID# :	Plant Name:
PARK AND SUMMER ST	
Street Address Line 1:	Street Address Line 2:
BLACKSTONE	MA 01504
City/Town:	State(2 letter abbreviation) Zip:
A ACTIVE	I-T
Status: Availability:	Class: Capacity (MGD):
JAMES M SULLIVAN	
Contact:	Phone: Fax:

2. Related Sources Table

2032000-02G	WELL 2 PARK SUMMER ST

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
DISINFECTION	4-LOG TREATMENT OF VIRUSES
Innovative: N	Start Date: 01/01/1994 End Date:

Chemical Name
SODIUM HYPOCHLORITE

Comment:
4-LOG PRE-CHLORINATION, PRIOR TO WTF 0.2 PPM REQUIRED.

Treatment Plant

1. Plant Information

2032000-03T	CORROSION CONTROL FACILITY
Plant ID# :	Plant Name:
53 ELM ST	
Street Address Line 1:	Street Address Line 2:
BLACKSTONE	MA 01504
City/Town:	State(2 letter abbreviation) Zip:
A ACTIVE	I-T 1.08
Status: Availability:	Class: Capacity (MGD):
JAMES M SULLIVAN	
Contact:	Phone: Fax:

2. Related Sources Table

2032000-07G	WELL 7 PARK SUMMER ST
2032000-02G	WELL 2 PARK SUMMER ST
2032000-04G	WELL 4 ELM ST
2032000-05G	WELL 5 AND 5A SATELLITE (ELM ST)
2032000-06G	WELL 6 AND 6A SATELLITE (ELM ST)
2032000-08G	WELL 8 GLENSIDE DRIVE

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
CORROSION CONTROL	PH ADJUSTMENT

Innovative:	Start Date:	End Date:
N	02/09/2001	

Chemical Name
SODIUM HYDROXIDE

Comment:

Treatment Objective:	Treatment Process:
INORGANICS REMOVAL	SEQUESTRATION

Innovative:	Start Date:	End Date:
N	02/09/2001	

Chemical Name
BLENDED PHOSPHATE

Comment:
FE/MN REMOVAL

Treatment Objective:	Treatment Process:
DISINFECTION	HYPOCHLORINATION, PRE

Innovative:	Start Date:	End Date:
N	10/15/2009	

Chemical Name
SODIUM HYPOCHLORITE

Comment:
PERMIT WS29 ISSUED 6/27/2011.

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Treatment Plant

DELETE

1. Plant Information

2032000-02T	GP WELL #4 TREATMENT PLANT
Plant ID# :	Plant Name:
51 ELM STREET	
Street Address Line 1:	Street Address Line 2:
BLACKSTONE	MA 01504
City/Town:	State(2 letter abbreviation) Zip:
INACTIVE ACTIVE	I-T
Status: Availability:	Class: Capacity (MGD):
JAMES M SULLIVAN	
Contact:	Phone: Fax:

2. Related Sources Table

2032000-04G	WELL 4 ELM ST

3. Treatment Table(s)

No Data Found

Comments or additional information regarding this section

Pump Stations

Pump

1. Pump Information	
WELL 7 PARK SUMMER STREET PUMP	PARK SUMMER STREET
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):	200
Standby/Emergency Power:	N		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	
Suction Size (inches):		Motor Horse Power:	25
Motor Type:	SUBMERSIBL	Motor Control:	
Discharge Type:		Discharge Size (inches):	
Installation Date		Model #:	236615
Pump Manufacturer:	GOULD		

2. Related Sources Table (if applicable)

2032000-07G	WELL 7 PARK SUMMER ST

Pump

1. Pump Information	
WELL 8 PUMP	GLENSIDE DRIVE
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):	500
Standby/Emergency Power:			

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	60
Motor Type:	SUBMERSIBL	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	
Pump Manufacturer:	FRANKLIN ELECTR		

2. Related Sources Table (if applicable)

2032000-08G	WELL 8 GLENSIDE DRIVE

Pump

1. Pump Information	CHANGE
WELL # 5A SATELLITE (ELM ST) PUMP	ELM ST
Pump Station Name	Location

Status:	ACTIVE	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	150
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	300
Suction Size (inches):	12	Motor Horse Power:	20
Motor Type:	ELECTRIC	Motor Control:	AUTOMATIC
Discharge Type:	S	Discharge Size (inches):	6
Installation Date	1/22/2019	Model #:	6CLC
Pump Manufacturer:	GOULDS		

2. Related Sources Table (if applicable)

2032000-05G	WELL 5 AND 5A SATELLITE (ELM ST)

Pump

1. Pump Information	
WELL 2 (PARK SUMMER ST) PUMP	PARK SUMMER STREET
Pump Station Name	Location

Status:	A	Availability:	EMERGENCY
Number of Pumps:	1	Number of Emergency Pumps:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	150
Standby/Emergency Power:	N		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	300
Suction Size (inches):		Motor Horse Power:	15
Motor Type:	SUBMERSIBL	Motor Control:	
Discharge Type:		Discharge Size (inches):	
Installation Date	01/01/2005	Model #:	
Pump Manufacturer:	GOULDS		

2. Related Sources Table (if applicable)

2032000-02G	WELL 2 PARK SUMMER ST	

Pump

1. Pump Information

WELL # 4 ELM ST PUMP	ELM 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):	100
Standby/Emergency Power:	N		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	300
Suction Size (inches):	0	Motor Horse Power:	10
Motor Type:	ELECTRIC	Motor Control:	
Discharge Type:		Discharge Size (inches):	3
Installation Date		Model #:	95L10
Pump Manufacturer:	GOULDS		

2. Related Sources Table (if applicable)

2032000-04G	WELL 4 ELM ST	

Pump

1. Pump Information

WELL #6 6A SATELLITE PUMPS	ELM ST
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	2	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	350
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	269
Suction Size (inches):	0	Motor Horse Power:	40
Motor Type:	TURBINE/SU	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	
Pump Manufacturer:	GOULDS		

2. Related Sources Table (if applicable)

2032000-06G	WELL 6 AND 6A SATELLITE (ELM ST)

Comments or additional information regarding this section

Storage Facilities

Show all storage facilities

Storage Facility

Edit Delete

LOWER BLACKSTONE TANK	128 BLACKSTONE ST
Storage Facility Name	**Location**

Status:	A	Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	.5
Material:	WELDED STEEL	Installation Date	01/01/1953

Storage Facility

Edit Delete

UPPER BLACKSTONE TANK	301 BLACKSTONE ST
Storage Facility Name	**Location**

Status:	A	Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	1
Material:	WELDED STEEL	Installation Date	01/01/1976

Storage Facility

Edit Delete

BELLINGHAM RD TANK	45 BELLINGHAM ROAD
Storage Facility Name	**Location**

Status:	A	Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	1.09
Material:	CONCRETE	Installation Date	06/01/2005

Storage Facility

Edit Delete

LINCOLN ST TANK	312 LINCOLN STREET
Storage Facility Name	**Location**

Status:	A	Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	.56
Material:	WELDED STEEL	Installation Date	10/05/1999

Comments or additional information

Ground Water Sources

Individual Ground Water Source Statistics

CHANGE

Source ID:	2032000-02G
Source Name:	WELL 2 PARK SUMMER ST
Location:	PARK AND SUMMER ST
	BLACKSTONE
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.040329	January:	1.867000
Longitude: -	71.515713	February:	1.582000
Source Watershed:	BLACKSTONE	March:	2.131000
Well Type:	GRAVEL-PACKED	April:	1.730000
Well Depth (ft.):	34	May:	1.858000
Well Casing Height (ft.):	1	June:	1.858000
Well Casing Depth (ft.):	24	July:	2.325000
Screen Length (ft.):	10	August:	2.062000
		September:	1.860000
Pump Setting (ft):	21	October:	1.608000
		November:	1.989000
Approved Daily Pumping Volume (MGD):	.229	December:	1.567000
Source Metered:	Yes	Total Amount Pumped:	22.437000
Date of Meter Installation:	6/15/2015	Total # of Days Pumped:	364
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.136000
Last Meter Calibration:	11/6/2019	Date of Maximum Amount Pumped:	3/22/2019

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Individual Ground Water Source Statistics

CHANGE

Source ID:	2032000-04G
Source Name:	WELL 4 ELM ST
Location:	51 ELM ST
	BLACKSTONE
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.034332	January:	1.396000
Longitude: -	71.503955	February:	1.180000
Source Watershed:	BLACKSTONE	March:	1.577000
Well Type:	GRAVEL-PACKED	April:	0.549000
Well Depth (ft.):	58	May:	1.643000
Well Casing Height (ft.):	1	June:	1.646000
Well Casing Depth (ft.):	48	July:	2.026000
Screen Length (ft.):	10	August:	1.927000
		September:	1.796000
Pump Setting (ft):	35	October:	1.634000
		November:	1.746000
Approved Daily Pumping Volume (MGD):	.287	December:	1.842000
Source Metered:	Yes	Total Amount Pumped:	18.962000
Date of Meter Installation:	9/1/2000	Total # of Days Pumped:	347
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.102000
Last Meter Calibration:	11/6/2019	Date of Maximum Amount Pumped:	3/22/2019

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Individual Ground Water Source Statistics

CHANGE

Source ID:	2032000-05G
Source Name:	WELL 5 AND 5A SATELLITE (ELM ST)
Location:	51 ELM ST
	BLACKSTONE
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.035661	January:	0.516000
Longitude: -	71.505366	February:	1.410000
Source Watershed:	BLACKSTONE	March:	1.876000
Well Type:	GRAVEL-PACKED	April:	1.355000
Well Depth (ft.):	46	May:	1.662000
Well Casing Height (ft.):	1	June:	1.685000
Well Casing Depth (ft.):	36	July:	2.180000
Screen Length (ft.):	10	August:	1.974000
		September:	1.838000
Pump Setting (ft):	0	October:	1.669000
		November:	1.584000
Approved Daily Pumping Volume (MGD):	.423	December:	1.613000
Source Metered:	Yes	Total Amount Pumped:	19.362000
Date of Meter Installation:	1/22/2019	Total # of Days Pumped:	342
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.119000
Last Meter Calibration:	11/6/2019	Date of Maximum Amount Pumped:	3/22/2019

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PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2032000-06G
Source Name:	WELL 6 AND 6A SATELLITE (ELM ST)
Location:	ELM ST
	BLACKSTONE
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.031974	January:	1.027000
Longitude: -	71.504204	February:	0.846000
Source Watershed:	BLACKSTONE	March:	1.380000
Well Type:	GRAVEL-PACKED	April:	0.921000
Well Depth (ft.):	40.25	May:	0.959000
Well Casing Height (ft.):	2	June:	1.001000
Well Casing Depth (ft.):	30.25	July:	1.353000
Screen Length (ft.):	10	August:	1.263000
		September:	0.176000
Pump Setting (ft):	40	October:	0.000000
		November:	0.000000
Approved Daily Pumping Volume (MGD):	.403	December:	0.375000
Source Metered:	Yes	Total Amount Pumped:	9.301000
Date of Meter Installation:	11/30/2015	Total # of Days Pumped:	260
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.081000
Last Meter Calibration:	11/6/2019	Date of Maximum Amount Pumped:	3/22/2019

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Individual Ground Water Source Statistics

CHANGE

Source ID:	2032000-07G
Source Name:	WELL 7 PARK SUMMER ST
Location:	PARK AND SUMMER ST
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.039788	January:	2.796000
Longitude: -	71.51573	February:	2.344000
Source Watershed:	BLACKSTONE	March:	3.197000
Well Type:	GRAVEL-PACKED	April:	2.547000
Well Depth (ft.):	52	May:	2.699000
Well Casing Height (ft.):	3	June:	2.734000
Well Casing Depth (ft.):	40	July:	3.513000
Screen Length (ft.):	12	August:	3.172000
		September:	2.964000
Pump Setting (ft):	38	October:	2.669000
		November:	2.556000
Approved Daily Pumping Volume (MGD):	.229	December:	2.716000
Source Metered:	Yes	Total Amount Pumped:	33.907000
Date of Meter Installation:	9/1/2000	Total # of Days Pumped:	365
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.206000
Last Meter Calibration:	11/6/2019	Date of Maximum Amount Pumped:	3/22/2019

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PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2032000-08G
Source Name:	WELL 8 GLENSIDE DRIVE
Location:	OFF GLENSIDE DRIVE
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.035144	January:	7.298000
Longitude: -	71.507192	February:	6.205000
Source Watershed:	BLACKSTONE	March:	4.383000
Well Type:	GRAVEL-PACKED	April:	6.799000
Well Depth (ft.):	54	May:	7.303000
Well Casing Height (ft.):	3	June:	7.461000
Well Casing Depth (ft.):	40	July:	8.960000
Screen Length (ft.):	10	August:	7.634000
		September:	7.094000
Pump Setting (ft):	40	October:	6.442000
		November:	6.120000
Approved Daily Pumping Volume (MGD):	.72	December:	6.247000
Source Metered:	Yes	Total Amount Pumped:	81.946000
Date of Meter Installation:	5/1/2013	Total # of Days Pumped:	355
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.519000
Last Meter Calibration:	11/6/2019	Date of Maximum Amount Pumped:	4/2/2019

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

Staffing and Contact Information

1. Owner/Responsible Person:

JAMES | M | SULLIVAN

Owners Name - First, Middle Int, Last - one name only (if not municipal):

[redacted]

Phone Number

[redacted]

Email Address

☐ This is a new owner. ☑ This is a municipal system.

2. PWS Contact Information

First Name	Middle Name	Last Name	Primary	Phone	Email
JAMES	M	SULLIVAN	☑	[redacted]	[redacted]

3. Operators and Affiliations

BEAU A, MOWRY

Grade 1D OIT/1T OIT — License # 26065/28066
Phone [redacted] — Email [redacted]

CHANGE

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR			ADD

THOMAS A, MARCHAND

Grade 1T/1D — License # 20366/12222
Phone [redacted] — Email [redacted]

CHANGE

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR	07/12/2004		

JAMES M, SULLIVAN

Grade 1T/2D — License # 7424/20175
Phone [redacted] — Email [redacted]

Role Assignments

Function	Begin Date	End Date	
SECONDARY TREATMENT OPERATOR	03/05/2014		
PRIMARY DISTRIBUTION OPERATOR	09/27/2007		

JAMES M, SULLIVAN

Grade 1T OIT — License # 26185
Phone [redacted] — Email [redacted]

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR	03/20/2017		

JAMES M, SULLIVAN

Grade 1D OIT License # 26096
Phone [redacted] Email [redacted]

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR	02/15/2017		

ROBERT M, VARIEUR

Grade 2D/1T License # 12227/12228
Phone [redacted] Email [redacted]

CHANGE

Role Assignments

Function	Begin Date	End Date	
SECONDARY DISTRIBUTION OPERATOR	03/05/2014		
PRIMARY TREATMENT OPERATOR	05/25/2006		CHANGE

4. Primary Certified Operator Contact Information:

Primary Distribution Certified Operator Contact Information

JAMES | M | SULLIVAN

Name

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

[redacted] [redacted]

Mailing Address 1 Mailing Address 2

[redacted] [redacted] [redacted]

Town/City State Zip Code

Primary Treatment Certified Operator Contact Information

ROBERT | M | VARIEUR

Name

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

[redacted] [redacted]

Mailing Address 1 Mailing Address 2

[redacted] [redacted] [redacted]

Town/City State Zip Code

5. Water Commissioners/Selectmen/Trustees/Association Board Members, and other stakeholders.

List the names and emails of all water commissioners, selectmen, trustees, board members, and other individuals who are directly involved in the Public Water Supply.

First Name	Last Name	Phone	Title	Email
CHARLES J	SAWYER	[redacted]	Water Commissioner	[redacted]

ROBERT B	PATERSON	[redacted]	Water Commissioner	[redacted]
THOMAS F	DEVLIN	[redacted]	Water Commissioner	[redacted]
ROY	GREENHALGH	[redacted]	Water Commissioner	[redacted]