2013 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**

Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2013

PWSID#: 2032000
Name: BLACKSTONE WATER DEPARTMENT
City: BLACKSTONE
PWS Class: COM

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)	
HTTP://WWW.TOWNOFBLACKSTONE.ORG/PAGES/BLACKSTONEMA_DPW/WATER		
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. Owner/Responsible Person:

	☐ This is a new owner.
Owners Name- First, Middle Int, Last - one name only(if not municipal):	Phone Number

5. Primary Contact:

JAMES M SULLIVAN	508-883-9331 ☐ This is a new contact.
Name (First, Middle Int, Last) ▪ one name only▪	Phone Number
jsullivan@townofblackstone.org	
Email Address (For Emergency Purposes)	Re-enter Email Address

6. Certified Drinking Water Operators employed by the PWS:

Name	Grade	License Number	Function	Begin-Date	End-Date
JAMES M, SULLIVAN	1T/2D	7424/20175	PRIMARY DISTRIBUTION OPERATOR	9/27/2007	
THOMAS A, MARCHAND	1D/1T	12222/20366	GENERAL OPERATOR	7/12/2004	
ROBERT M, VARIEUR	2D/1T	12227/12228	PRIMARY TREATMENT OPERATOR	5/25/2006	

Name	Grade	License Number	Function	Begin-Date	End-Date
JAMES M, SULLIVAN	1T/2D	7424/20175	SECONDARY TREATMENT OPERATOR	3/5/2014	
ROBERT M, VARIEUR	2D/1T	12227/12228	SECONDARY DISTRIBUTION OPERATO	3/5/2014	
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

First Name	Middle Initial	Last Name	Phone Number	Fax Number
JAMES	M	SULLIVAN	508-883-9331	508-883-3796

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

Mailing Address 1	Mailing Address 2
77 FLORENCE DR	

Town/City	State	Zip Code	E-Mail Address	Re-Enter E-Mail Address
BLACKSTONE	Massachusetts	01504	jsullivan@townofblacksto	

Primary Treatment Certified Operator Contact Information

First Name	Middle Initial	Last Name	Phone Number	Fax Number
ROBERT	M	VARIEUR	508-883-9331	

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

Mailing Address 1	Mailing Address 2
4B FARNUM ST	

Town/City	State	Zip Code	E-Mail Address	Re-Enter E-Mail Address
BLACKSTONE	Massachusetts	01504	rvarieur@townofblacksto	

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

○ N/A ○ Yes ○ No

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

Name	Phone	Title
CHARLIE SAWYER		CHAIRMAN
JOHN PARMENTIER		VICE CHAIRMAN
TOM DEVLIN		MEMBER
DAN KEEFE		MEMBER
BRUCE PATERSON		MEMBER

9. Owner Type:

MUNICIPAL

Federal Employment Identification Number (FEIN):

046000109

(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):	04600190

11. Population Served(DailyAverage):

Winter Population (October March):	8985	
Summer Population (April September):	8985	
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:	21	MONTH
Summer Bacteria samples required:	21	MONTH

13. **Distribution Meter information:**

a. Number of Service Connections:	2704
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): [Conversion factor is (# of gallons)/(1,000,000)= MG]	3.15
c. Pumping Capacity (GPM):	750

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

( ) Yes (•) No

If Yes, please attach a copy of the plan. Describe the training performed during the reporting period, including the types of training, the date(s) of training, and number of staff and local officials trained on each date and their job titles.

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

( ) Yes (•) No

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

( ) Yes (•) No

e. How often does your system test the following

Alarms:	Quarterly	Other Frequency:	
Interlocks:	Annual	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

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
LOWER BLACKSTONE TANK	ANTENNAE	POLICE DEPARTMENT	6/15/2004

18. Comments or additional information regarding this section:

Treatment Plants

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	5088839331	5088833796
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:
IRON REMOVAL	SEQUESTRATION

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

Chemical Name
BLENDED PHOSPHATE

Comment:

Treatment Objective:	Treatment Process:
MANGANESE REMOVAL	SEQUESTRATION

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

Chemical Name
BLENDED PHOSPHATE

Comment:

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.

Treatment Plant

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:

A	ACTIVE	I- T	
Status:	Availability:	Class:	Capacity (MGD):

JAMES	M	SULLIVAN	5088839331	5088833796
Contact:			Phone:	Fax:

2. Related Sources Table

2032000-04G	WELL 4 ELM ST

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
IRON REMOVAL	SEQUESTRATION

Innovative:	Start Date:	End Date:
N	1/24/2002	

Chemical Name
BLENDED PHOSPHATE

Comment:
SODIUM HEXAMETAPHOSPHATE

Treatment Plant

1. Plant Information

Plant ID# :	Plant Name:
2032000-01T	GP WELL #2 TREATMENT PLANT

Street Address Line 1:	Street Address Line 2:
PARK AND SUMMER ST	

City/Town:	State(2 letter abbreviation)	Zip:
BLACKSTONE	MA	01504

Status:	Availability:	Class:	Capacity (MGD):
A	ACTIVE	I- T	

Contact:	Phone:	Fax:
JAMES M SULLIVAN	5088839331	5088833797

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:	Start Date:	End Date:
N	01/01/1994	

Chemical Name
SODIUM HYPOCHLORITE

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

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 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)

Pump

1. Pump Information

WELL # 5 & 5A SATELLITE (ELM ST) PUMP	ELM ST
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	2	Number of Emergency Pumps:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	272
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	300
Suction Size (inches):		Motor Horse Power:	
Motor Type:	ELECTRIC	Motor Control:	
Discharge Type:		Discharge Size (inches):	
Installation Date	01/01/2004	Model #:	IHC
Pump Manufacturer:	GOULDS		

2. Related Sources Table (if applicable)

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

Pump

1. Pump Information

WELL 8 PUMP	GLENSIDE DRIVE
Pump Station Name	Location

Status:	ACTIVE	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:		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

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

Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

JAMES	SULLIVAN	
Coordinator First Name	Coordinator Last Name	
53 ELM STREET		
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
BLACKSTONE	Massachusetts	01504
City/Town	State	Zip Code
508-883-9331	508-883-3796	
Phone Number	Fax Number (if available)	
JSULLIVAN@TOWNOFBLACKSTONE.OR		
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		508-883-4204	☐

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		508-883-4204

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	MILLER	TOOMEY WATER SERVIC
Contact First Name	Contact Last Name	Doing Business As (Company/Individual Name)
15 RUFUS PUTNAM ROA		
Consultant Street Address Line 1	Consultant Street Address Line 2	
NORTH BROOKFIELD	Massachusetts	01535
City/Town	State	Zip Code
508-867-5016	508-867-4380	
Phone Number	Fax Number (if available)	

Massachusetts Department of Environmental Protection
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Reporting Year 2013

PWSID#: 2032000
Name: BLACKSTONE WATER DEPARTMENT
City: BLACKSTONE
PWS Class: COM

TOOMEYWATER@AOL.COM
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

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 31603

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

3. Have you finished the first round of cross-connection surveys of all non-residential facilities within your service area?

◉ Yes ○ No

If Yes, when was the cross connection survey completed? 6/1/2005 Date (mm/dd/yyyy)

If No, when do you expect to finish the survey? Date (mm/dd/yyyy)

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

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities with first time surveys during this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
	A	B	C	= A - (B+C)	
Commercial	101	101	0	0	0
Industrial	5	5	0	0	0
Institutional	4	4	0	0	0
Municipal	18	18	0	0	0
Residential (Optional)	0	0	0	0	0

Total	128	128	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.

5. 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.

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	13	0	0	13	0
Industrial	2	0	0	2	0
Institutional	10	0	0	10	0
Municipal	12	0	0	12	0
Residential (Optional)	0	0	0	0	0
Total	37	0	0	37	0
DCVA					
Commercial	3	0	0	3	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	9	0	0	9	0

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

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

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs &Re-tests	# Not Tested
RPBP		41	3	3	
DCVA		8	1	1	

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.

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

(•) Yes ( ) No

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

PVB DEVICES	( ) Yes (•) No	SPPVB DEVICES	( ) Yes (•) No

if Yes to either please provide the following details:

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

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

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

Check one: ( ) 14 days ( ) 30 days ( ) 90 days (•) Greater than 90 days

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

( ) Yes (•) No

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

1/1/2015 Date(mm/dd/yyyy)

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

( ) Yes (•) No ( ) N/A

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

☐ Industrial ☐ Commercial ☐ Institutional ☐ Municipal ☐ Residential

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

1/1/2015 Date(mm/dd/yyyy)

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

( ) Yes (•) No

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

( ) Yes (•) No

If yes When?
If no go to question 13.

Date(mm/dd/yyyy)

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

(•) Yes ( ) No

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

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

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

Attn : Otavio DePaula-Santos

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

( ) Yes (•) No

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

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

( ) Yes (•) No

If Yes, please provide 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.

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. 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
RAILROAD TRACKS/YARDS	1	H	INACTIVE
RESIDENTIAL FUEL OIL STORAGE	10	M	
RESIDENTIAL LAWN CARE/GARDENING	10	M	
RESIDENTIAL SEPTIC/CESSPOOL	10	M	
ROAD/MAINTENANCE FACILITY	1	M	
AQUATIC WILDLIFE	3	L	
STORMWATER DRAINS / RETENTION BASINS	10	L	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
UNDERGROUND STORAGE TANKS	1	H	
LIVESTOCK OPERATIONS	1	M	
SAND & GRAVEL MINING / WASHING	1	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 inspection identify any violations of state or local land use controls?

○ Yes ◉ No

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

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

○ Yes ○ No

Zone

1. Mass DEP assigned Zone II ID # :	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
2032000-01G	WELL 1 PARK SUMMER ST	400	Y	STREAM
2032000-02G	WELL 2 PARK SUMMER ST	400	N	STREAM, ROAD, RESIDENTIAL
2032000-07G	WELL 7 PARK SUMMER ST	400	Y	STREAM

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
LIVESTOCK OPERATIONS	1	M	
SAND & GRAVEL MINING / WASHING	1	M	
RESIDENTIAL FUEL OIL STORAGE	10	M	
RESIDENTIAL LAWN CARE/GARDENING	10	M	
RESIDENTIAL SEPTIC/CESSPOOL	10	M	
AQUATIC WILDLIFE	3	L	
STORMWATER DRAINS / RETENTION BASINS	10	L	
ROAD/MAINTENANCE FACILITY	1	M	
UNDERGROUND STORAGE TANKS	1	H	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
RAILROAD TRACKS/YARDS	1	H	

4. Did your inspections of the Zone II identify any new land uses or activities that pose a threat to drinking water quality?

○ Yes ◉ No

If YES, please describe:

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

○ Yes ◉ No

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

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

○ Yes ○ No

Zone

1. Mass DEP assigned Zone II ID # :	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
2032000-04G	WELL 4 ELM ST	400	Y	LAKE
2032000-05G	WELL 5 AND 5A SATELLITE (ELM ST)	400	Y	LAKE

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
UNDERGROUND STORAGE TANKS	1	H	
RAILROAD TRACKS/YARDS	1	H	INACTIVE
RESIDENTIAL FUEL OIL STORAGE	10	M	
RESIDENTIAL LAWN CARE/GARDENING	10	M	
RESIDENTIAL SEPTIC/CESSPOOL	10	M	
ROAD/MAINTENANCE FACILITY	1	M	
AQUATIC WILDLIFE	3	L	
STORMWATER DRAINS / RETENTION BASINS	10	L	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
LIVESTOCK OPERATIONS	1	M	
SAND & GRAVEL MINING / WASHING	1	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 inspection identify any violations of state or local land use controls?

○ Yes ◉ No

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

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

○ Yes ○ No

Comments or Additional Information regarding this section:

Source Protection - IWPA

No data found

Comments or Additional Information regarding this section:

Ground Water Sources

Individual Ground Water Source Statistics

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

		Withdrawal Units:	GAL
Latitude:	42.040329	January:	2,959,437
Longitude: -	71.515713	February:	2,645,618
Source Watershed:	BLACKSTONE	March:	2,910,694
Well Type:	GRAVEL-PACKED	April:	2,508,061
Well Depth (ft.):	34	May:	2,859,672
Well Casing Height (ft.):	1	June:	1,996,689
Well Casing Depth (ft.):	24	July:	2,128,487
Screen Length (ft.):	10	August:	1,924,738
		September:	1,807,068
Pump Setting (ft):	21	October:	1,824,985
		November:	1,797,473
Approved Daily Pumping Volume (MGD):	.229	December:	1,670,679
Source Metered:	Yes	Total Amount Pumped:	27,033,601
Date of Meter Installation:		Total # of Days Pumped:	364
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	152,610
Last Meter Calibration:	12/5/2013	Date of Maximum Amount Pumped:	2/20/2013

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PWSID#: 2032000
Name: BLACKSTONE WATER DEPARTMENT
City: BLACKSTONE
PWS Class: COM

Individual Ground Water Source Statistics

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

		Withdrawal Units:	GAL
Latitude:	42.034332	January:	2,322,300
Longitude: -	71.503955	February:	2,255,500
Source Watershed:	BLACKSTONE	March:	2,538,400
Well Type:	GRAVEL-PACKED	April:	2,242,800
Well Depth (ft.):	58	May:	2,329,100
Well Casing Height (ft.):	1	June:	1,772,400
Well Casing Depth (ft.):	48	July:	1,434,600
Screen Length (ft.):	10	August:	1,252,500
		September:	1,075,400
Pump Setting (ft):	35	October:	1,065,500
		November:	1,098,800
Approved Daily Pumping Volume (MGD):	.287	December:	1,024,400
Source Metered:	Yes	Total Amount Pumped:	20,411,700
Date of Meter Installation:	9/1/2000	Total # of Days Pumped:	361
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	136,100
Last Meter Calibration:	12/5/2013	Date of Maximum Amount Pumped:	5/31/2013

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Name: BLACKSTONE WATER DEPARTMENT
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PWS Class: COM

Individual Ground Water Source Statistics

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:	GAL
Latitude:	42.035661	January:	4,327,100
Longitude: -	71.505366	February:	2,385,600
Source Watershed:	BLACKSTONE	March:	1,207,000
Well Type:	GRAVEL-PACKED	April:	4,499,200
Well Depth (ft.):	46	May:	4,581,300
Well Casing Height (ft.):	1	June:	3,414,200
Well Casing Depth (ft.):	36	July:	3,206,600
Screen Length (ft.):	10	August:	1,943,000
		September:	2,306,100
Pump Setting (ft):	0	October:	2,466,400
		November:	2,487,100
Approved Daily Pumping Volume (MGD):	.423	December:	2,730,800
Source Metered:	Yes	Total Amount Pumped:	35,554,400
Date of Meter Installation:	9/1/2000	Total # of Days Pumped:	329
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	261,800
Last Meter Calibration:	12/5/2013	Date of Maximum Amount Pumped:	5/31/2013

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Name: BLACKSTONE WATER DEPARTMENT
City: BLACKSTONE
PWS Class: COM

Individual Ground Water Source Statistics

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

		Withdrawal Units:	GAL
Latitude:	42.032042	January:	0
Longitude: -	71.504013	February:	624,700
Source Watershed:	BLACKSTONE	March:	1,853,700
Well Type:	GRAVEL-PACKED	April:	1,480,400
Well Depth (ft.):	40.25	May:	1,612,300
Well Casing Height (ft.):	2	June:	1,183,600
Well Casing Depth (ft.):	30.25	July:	1,260,700
Screen Length (ft.):	10	August:	1,036,900
		September:	566,600
Pump Setting (ft):	40	October:	653,100
		November:	14,500
Approved Daily Pumping Volume (MGD):	.403	December:	5,300
Source Metered:	Yes	Total Amount Pumped:	10,291,800
Date of Meter Installation:	9/1/2000	Total # of Days Pumped:	236
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	94,900
Last Meter Calibration:	12/5/2013	Date of Maximum Amount Pumped:	5/31/2013

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Name: BLACKSTONE WATER DEPARTMENT
City: BLACKSTONE
PWS Class: COM

Individual Ground Water Source Statistics

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

		Withdrawal Units:	GAL
Latitude:	42.039721	January:	4,916,700
Longitude: -	71.515561	February:	4,412,100
Source Watershed:	BLACKSTONE	March:	4,871,100
Well Type:	GRAVEL-PACKED	April:	3,998,500
Well Depth (ft.):	52	May:	4,543,100
Well Casing Height (ft.):	3	June:	3,120,800
Well Casing Depth (ft.):	40	July:	3,463,000
Screen Length (ft.):	12	August:	3,045,600
		September:	2,856,500
Pump Setting (ft):	38	October:	2,973,100
		November:	1,137,100
Approved Daily Pumping Volume (MGD):	.288	December:	2,604,300
Source Metered:	Yes	Total Amount Pumped:	41,941,900
Date of Meter Installation:	9/1/2000	Total # of Days Pumped:	349
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	263,200
Last Meter Calibration:	12/5/2013	Date of Maximum Amount Pumped:	2/20/2013

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PWS Class: COM

Individual Ground Water Source Statistics

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

		Withdrawal Units:	GAL
Latitude:		January:	0
Longitude: -		February:	0
Source Watershed:	BLACKSTONE	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	54	May:	1,470,300
Well Casing Height (ft.):	3	June:	6,816,700
Well Casing Depth (ft.):	40	July:	8,037,560
Screen Length (ft.):	10	August:	8,982,500
		September:	7,540,200
Pump Setting (ft):	40	October:	8,750,500
		November:	8,124,700
Approved Daily Pumping Volume (MGD):	.72	December:	7,597,200
Source Metered:	Yes	Total Amount Pumped:	57,319,660
Date of Meter Installation:	5/1/2013	Total # of Days Pumped:	217
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	446,200
Last Meter Calibration:	12/5/2013	Date of Maximum Amount Pumped:	8/29/2013

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

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PWS Class: COM

Water Production & Consumption Information

How to report in Gallons vs. Million Gallons
When Converting gallons to Million gallons, decimal point moves 6 places to the left.

	If Reporting in Gallons (Gal)	If Reporting in Million Gallons (MG)
Example 1	45,562,100	45.5621
Example 2	340,212	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	14,525,537	0	0	14,525,537
February	12,323,518	0	0	12,323,518
March	13,380,894	0	0	13,380,894
April	14,728,961	0	0	14,728,961
May	17,395,772	0	0	17,395,772
June	18,304,389	0	0	18,304,389
July	19,530,947	0	0	19,530,947
August	18,185,238	0	0	18,185,238
September	16,151,868	0	0	16,151,868
October	17,733,585	0	0	17,733,585
November	14,659,673	0	0	14,659,673
December	15,632,679	0	0	15,632,679
TOTAL	192,553,061	0	0	192,553,061

Maximum Daily Finished Water Consumption:	Volume (GAL): 907,140	Date: 8/29/2013

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PWS Class: COM

RAW Water Production and Consumption Summary for Reporting Year :

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

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

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	0	0	0	0
February	0	0	0	0
March	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
December	0	0	0	0
TOTAL	0	0	0	0

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

Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold	Water type

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

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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 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	28
2. Miles of mains surveyed this year	28
3. Number of leaks found	0
4. Number of leaks repaired	0
5. Estimated volume lost (mg) if a reliable estimate can be made	0
6. Date of last leak detection survey of entire system:	6/26/2013 (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. [x] Reason other than permit requirement
   Describe: WELLS WERE ALWAYS ON. THEY DIDN'T HAVE TIME TO RECHARGE.

3. **Please characterize the type of mandatory restrictions that were in place (Check all that apply)**

   [ ] Total outdoor ban

   [ ] Hand-held only

   [x] Hourly WATERING ALLOWED Describe: BETWEEN 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	5/1/2013	10/1/2013
	(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.

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	2440	150.648	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	15.076	Water served to businesses and other commercial entities.
Agricultural	17	0.916	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	1	9.098	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	22	3.2701	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	2706	179.0081	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	.1636
Hydrant/water main flushing/main construction	+ 2.0315
Flow testing	+
Bleeders/ Blow offs	+
Tank overflow & drainage	+
Sewer & stormwater system flushing	+
Street cleaning	+ .00306
Source meter calibration adjustments	+
Major water main breaks (not leak detection)	+ .06116
Total Confidently Estimated Municipal Use	= 2.25932

YOU MUST PROVIDE DOCUMENTATION FOR ALL OF YOUR CEMU VOLUMES.

Are you attaching electronic files to the eASR that document your CEMU volumes?

(•) Yes ( ) No

Paper copies of CEMU volumes may be mailed to:
Mass DEP
1 Winter St.
Boston MA 02108
Attn: Water Management Act Program

Table DS-5 Unaccounted for Water To calculate UAW, subtract total metered use and confidently estimated municipal use volumes from the total volume of finished water entering your distribution system.

	Million Gallons/Year (MGY)	% of Total Water Available for Distribution
Total Finished Water Available for Distribution **(Total Net Finished Water from Production Form)**	192.553	100%
Total Metered Use **(System Total Metered Use from Table DS-3)**	- 179.0081	- 93.0 %
Total Confidently Estimated Municipal Use **(Total from Table DS-4)**	- 2.25932	- 1.2 %
Unaccounted for Water (UAW)	= 11.3	= 5.9 %

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	
Water Theft	.5
Meter Malfunction/mis-registration	2.0
Other (specify):	
Other (specify):	
Total:	2.5

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) :	Partially Served
Method of Determining Population Served:	Option 1(Census)
Census Type (Federal or Local):	Local
Census year:	2013
Population Served:	7204

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)**
150.648	/ 365	/ 7204	X1,000,000	=	57

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.

Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2013

PWSID#: 2032000
Name: BLACKSTONE WATER DEPARTMENT
City: BLACKSTONE
PWS Class: COM

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
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	192.553	/ 365 =	0.53

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	-	0.53	=	0.16

*** 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.