



Massachusetts Department of Environmental Protection

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Username: **JIMMYSULLIVAN**

Transaction ID: **806150**

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

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2015 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



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 <input checked="" type="checkbox"/> 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:		
		<input checked="" type="checkbox"/> This is a new owner.
Owners Name- First, Middle Int, Last - one name only(if not municipal):		Phone Number

5. Primary Contact:		
JAMES	M	<input checked="" type="checkbox"/> This is a new contact.
SULLIVAN		
Name (First, Middle Int, Last) • one name only•		Phone Number
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
ROBERT M, VARIEUR	1T/2D	12228/12227	PRIMARY TREATMENT OPERATOR	5/25/2006	
ROBERT M, VARIEUR	1T/2D	12228/12227	SECONDARY DISTRIBUTION OPERATO	3/5/2014	
JAMES M, SULLIVAN	1T/2D	7424/20175	PRIMARY DISTRIBUTION OPERATOR	9/27/2007	
JAMES M, SULLIVAN	1T/2D	7424/20175	SECONDARY TREATMENT OPERATOR	3/5/2014	
THOMAS A, MARCHAND	1D/1T	12222/20366	GENERAL OPERATOR	7/12/2004	

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

JAMES M SULLIVAN

Name Phone Number Fax Number

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

Mailing Address 1 Mailing Address 2

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

Primary Treatment Certified Operator Contact Information

ROBERT M VARIEUR

Name Phone Number Fax Number

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

Mailing Address 1 Mailing Address 2

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

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

N/A Yes No

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
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Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
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PWSID#: 2032000
 Name: BLACKSTONE WATER DEPARTMENT
 City: BLACKSTONE
 PWS Class: COM

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):

8599

Summer Population (April September):

8599

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:

2727

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:	<input type="text" value="Quarterly"/>	Other Frequency:	<input type="text"/>
Interlocks:	<input type="text" value="Annual"/>	Other Frequency:	<input type="text"/>
Back-up power sources:	<input type="text" value="Other"/>	Other Frequency:	<input type="text" value="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
<input type="text" value="LOWER BLACKSTONE TANK"/>	<input type="text" value="ANTENNA"/>	<input type="text" value="POLICE DEPARTMENT"/>	<input type="text" value="6/15/2004"/>

18. Comments or additional information regarding this section:



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:				
<table border="1"> <tr> <td>Chemical Name</td> </tr> <tr> <td>SODIUM HYPOCHLORITE</td> </tr> <tr> <td></td> </tr> </table>				Chemical Name	SODIUM HYPOCHLORITE	
Chemical Name						
SODIUM HYPOCHLORITE						
Comment:						
PRE-CHLORINATION, PRIOR TO WTF 0.2 PPM REQUIRED.						

Treatment Plant

1. Plant Information

2032000-03T		CORROSION CONTROL FACILITY	
Plant ID# :		Plant Name:	



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

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

2032000-08G	WELL 8 GLENSIDE DRIVE
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)

3. Treatment Table(s)

Treatment Objective: DISINFECTION		Treatment Process: HYPOCHLORINATION, PRE	
Innovative: N	Start Date: 10/15/2009	End Date:	
Chemical Name SODIUM HYPOCHLORITE			
Comment: PERMIT WS29 ISSUED 6/27/2011.			
Treatment Objective: MANGANESE REMOVAL		Treatment Process: SEQUESTRATION	
Innovative: N	Start Date: 02/09/2001	End Date:	
Chemical Name BLENDED PHOSPHATE			
Comment:			
Treatment Objective: CORROSION CONTROL		Treatment Process: PH ADJUSTMENT	
Innovative: N	Start Date: 02/09/2001	End Date:	



Chemical Name

SODIUM HYDROXIDE

Comment:

Treatment Objective:

IRON REMOVAL

Treatment Process:

SEQUESTRATION

Innovative: N

Start Date: 02/09/2001

End Date:

Chemical Name

BLENDED PHOSPHATE

Comment:

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		
Contact:		Phone:	Fax:

2. Related Sources Table

2032000-04G	WELL 4 ELM ST
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3. Treatment Table(s)

Treatment Objective:		Treatment Process:	
IRON REMOVAL		SEQUESTRATION	
Innovative: N	Start Date: 01/24/2002	End Date:	



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

Chemical Name

SODIUM POLYPHOSPHATES, GLASSY

Comment:

SODIUM HEXAMETAPHOSPHATE

Comments or additional information regarding this section



Pump Stations

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 #:	HC
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)

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



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PWS Class: COM

Status:	A	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](#)

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

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

Comments or additional information



Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

<input type="text" value="JAMES"/>	<input type="text" value="SULLIVAN"/>	
Coordinator First Name	Coordinator Last Name	
<input type="text"/>	<input type="text"/>	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	State	Zip Code
<input type="text"/>	<input type="text"/>	
Phone Number	Fax Number (if available)	
<input type="text"/>		
Coordinator email		
<input type="text"/>		

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
<input type="text" value="ROBERT M"/>	<input type="text" value="VARIEUR"/>	<input type="text" value="31884"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="e"/>

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
<input type="text" value="ROBERT M"/>	<input type="text" value="VARIEUR"/>	<input type="text" value="31884"/>	<input type="text"/>	<input type="text"/>

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

Contact First Name

Consultant Street Address Line 1

City/Town

Contact Last Name

Consultant Street Address Line 2

State

Doing Business As
(Company/Individual Name)

Zip Code



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Phone Number

Fax Number (if available)

Consultant email

Third Party Consultant Surveyor Personnel Information:

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

MassDEP Certification ID Number

Surveyor's FirstName	Surveyor's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number	Third Party Reviewer Surveyor
<input type="text" value="RYAN F"/>	<input type="text" value="TOOMEY"/>	<input type="text" value="31603"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="e"/>

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	
<input type="checkbox"/> Facilities Survey	<input type="checkbox"/> Testing of Devices
<input type="checkbox"/> Device Installation Plan Approval	<input type="checkbox"/> Program Management
<input type="checkbox"/> Other(explain)	<input type="text"/>

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

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities with first time surveys during this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
	A	B	C	= A - (B+C)	
Commercial	<input type="text" value="101"/>	<input type="text" value="101"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Industrial	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Institutional	<input type="text" value="6"/>	<input type="text" value="4"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
Municipal	<input type="text" value="18"/>	<input type="text" value="18"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Residential (Optional)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



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Total || 130 || 128 || 0 || 2 || 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):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Double Check Valve Assembly (DCVA):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	16	3	0	19	0
Industrial	2	0	0	2	0
Institutional	10	0	0	10	0
Municipal	11	0	0	11	0
Residential (Optional)	0	0	0	0	0
Total	39	3	0	42	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	3	79	1	1	2
DCVA	0	12	0	0	0



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.

9 MILL ST/MAIN SEWER LIFT STATION - WATER OFF BOTH ROUNDS (2 TESTS)

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

Yes No

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

PVB DEVICES	<input checked="" type="radio"/> Yes <input type="radio"/> No	SPPVB DEVICES	<input checked="" type="radio"/> Yes <input type="radio"/> 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPPVB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*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?

<input checked="" type="radio"/> Yes <input type="radio"/> No	If No, is there a date when you plan to have an educational program implemented? NTNCs may skip this question.	<input type="text" value="1/1/2017"/> Date(mm/dd/yyyy)
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10. Do you have a fully implemented educational program for specific users (ex. Industrial, Commercial, Institutional, Municipal and Residential)?

<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	"NA" should be selected only if your system does not have any Industrial, Commercial, Institutional, Municipal or Residential users. If Yes, please list the types of users targeted through your education program. (Check all that apply):		
<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Institutional	<input checked="" type="checkbox"/> Municipal
	<input checked="" type="checkbox"/> Residential		
If No, when do you plan to have the educational program implemented?			<input type="text" value="1/1/2017"/> Date(mm/dd/yyyy)

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

<input checked="" type="radio"/> Yes <input type="radio"/> No	If no do you plan to institute one in furure? If yes go to question13	<input checked="" type="radio"/> Yes <input type="radio"/> No	If yes When? If no go to question 13.	<input type="text"/> 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, commercial, 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 information 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 A THREAT 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
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	
UNDERGROUND STORAGE TANKS	1	H	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	1	M	
LIVESTOCK OPERATIONS	1	M	
RAILROAD TRACKS/YARDS	1	H	INACTIVE
SAND & GRAVEL MINING / WASHING	1	M	
RESIDENTIAL FUEL OIL STORAGE	10	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
2032000-07G	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. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC), please update with current water supply protection area inventory information.

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



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

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:



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

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:	MG
Latitude:	42.040329	January:	1.641000
Longitude:	71.515713	February:	1.480000
Source Watershed:	BLACKSTONE	March:	1.637000
Well Type:	GRAVEL-PACKED	April:	2.395000
Well Depth (ft.):	34	May:	2.927000
Well Casing Height (ft.):	1	June:	2.375000
Well Casing Depth (ft.):	24	July:	2.364000
Screen Length (ft.):	10	August:	2.403000
		September:	2.189000
Pump Setting (ft):	21	October:	1.997000
		November:	1.620000
Approved Daily Pumping Volume (MGD):	.229	December:	1.344000
Source Metered:	Yes	Total Amount Pumped:	24.372000
Date of Meter Installation:	1/1/1989	Total # of Days Pumped:	364
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.135000
Last Meter Calibration:	11/30/2015	Date of Maximum Amount Pumped:	5/13/2015



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:	MG
Latitude:	42.034332	January:	1.216000
Longitude: -	71.503955	February:	1.238000
Source Watershed:	BLACKSTONE	March:	1.392000
Well Type:	GRAVEL-PACKED	April:	2.064000
Well Depth (ft.):	58	May:	2.606000
Well Casing Height (ft.):	1	June:	1.970000
Well Casing Depth (ft.):	48	July:	1.999000
Screen Length (ft.):	10	August:	2.078000
		September:	1.946000
Pump Setting (ft):	35	October:	1.092000
		November:	0.991000
Approved Daily Pumping Volume (MGD):	.287	December:	1.307000
Source Metered:	Yes	Total Amount Pumped:	19.899000
Date of Meter Installation:	9/1/2000	Total # of Days Pumped:	344
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.117000
Last Meter Calibration:	11/30/2015	Date of Maximum Amount Pumped:	5/13/2015



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:	MG
Latitude:	42.035661	January:	2.813000
Longitude: -	71.505366	February:	2.400000
Source Watershed:	BLACKSTONE	March:	2.695000
Well Type:	GRAVEL-PACKED	April:	4.079000
Well Depth (ft.):	46	May:	4.946000
Well Casing Height (ft.):	1	June:	3.532000
Well Casing Depth (ft.):	36	July:	3.552000
Screen Length (ft.):	10	August:	3.657000
		September:	3.376000
Pump Setting (ft):	0	October:	1.332000
		November:	2.260000
Approved Daily Pumping Volume (MGD):	.423	December:	2.986000
Source Metered:	Yes	Total Amount Pumped:	37.628000
Date of Meter Installation:	9/1/2000	Total # of Days Pumped:	337
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.230000
Last Meter Calibration:	11/30/2015	Date of Maximum Amount Pumped:	5/13/2015



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:	MG
Latitude:	42.031974	January:	0.009000
Longitude: -	71.504204	February:	0.021000
Source Watershed:	BLACKSTONE	March:	0.020000
Well Type:	GRAVEL-PACKED	April:	0.020000
Well Depth (ft.):	40.25	May:	1.870000
Well Casing Height (ft.):	2	June:	0.438000
Well Casing Depth (ft.):	30.25	July:	0.000000
Screen Length (ft.):	10	August:	0.000000
		September:	0.000000
Pump Setting (ft):	40	October:	0.000000
		November:	0.000000
Approved Daily Pumping Volume (MGD):	.403	December:	0.000000
Source Metered:	Yes	Total Amount Pumped:	2.378000
Date of Meter Installation:	9/1/2000	Total # of Days Pumped:	42
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.107000
Last Meter Calibration:	11/30/2015	Date of Maximum Amount Pumped:	5/9/2015



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:	MG
Latitude:	42.039721	January:	2.655000
Longitude: -	71.515561	February:	2.430000
Source Watershed:	BLACKSTONE	March:	2.731000
Well Type:	GRAVEL-PACKED	April:	4.217000
Well Depth (ft.):	52	May:	5.053000
Well Casing Height (ft.):	3	June:	3.587000
Well Casing Depth (ft.):	40	July:	3.695000
Screen Length (ft.):	12	August:	3.903000
		September:	3.666000
Pump Setting (ft):	38	October:	3.602000
		November:	2.787000
Approved Daily Pumping Volume (MGD):	.288	December:	2.402000
Source Metered:	Yes	Total Amount Pumped:	40.728000
Date of Meter Installation:	9/1/2000	Total # of Days Pumped:	364
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.231000
Last Meter Calibration:	11/30/2015	Date of Maximum Amount Pumped:	5/13/2015



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:	MG
Latitude:		January:	14.634000
Longitude: -		February:	13.356000
Source Watershed:	BLACKSTONE	March:	14.919000
Well Type:	GRAVEL-PACKED	April:	14.577000
Well Depth (ft.):	54	May:	22.002000
Well Casing Height (ft.):	3	June:	21.515000
Well Casing Depth (ft.):	40	July:	21.396000
Screen Length (ft.):	10	August:	22.099000
		September:	20.637000
Pump Setting (ft):	40	October:	16.857000
		November:	14.701000
Approved Daily Pumping Volume (MGD):	.72	December:	14.010000
Source Metered:	Yes	Total Amount Pumped:	210.703000
Date of Meter Installation:	5/1/2013	Total # of Days Pumped:	365
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1.052000
Last Meter Calibration:	11/30/2015	Date of Maximum Amount Pumped:	5/24/2015



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Name: BLACKSTONE WATER

DEPARTMENT

City: BLACKSTONE

PWS Class: COM

Comments or additional information regarding this section



Massachusetts Department of Environmental Protection
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PWSID#: 2032000
Name: BLACKSTONE WATER DEPARTMENT
City: BLACKSTONE
PWS Class: COM

Surface Water Sources

No Data Found

Comments or additional information regarding this section:



Massachusetts Department of Environmental Protection
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PWSID#: 2032000
Name: BLACKSTONE WATER DEPARTMENT
City: BLACKSTONE
PWS Class: COM

Purchased Water Sources

No Data Found

Comments or additional information regarding this section



Water Production & Consumption Information

How to report in Gallons vs. Million Gallons

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

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

Volume Units

Gallons (GAL)
 Million Gallons (MG)
 No Meter

FINISHED Water Production and Consumption Summary for Reporting Year :

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

Month	(1) Amount of finished water from own sources (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	14.634	0.000	0.000	14.634
February	13.356	0.000	0.000	13.356
March	14.919	0.000	0.000	14.919
April	14.577	0.000	0.000	14.577
May	22.002	0.000	0.000	22.002
June	21.515	0.000	0.000	21.515
July	21.396	0.000	0.000	21.396
August	22.099	0.000	0.000	22.099
September	20.637	0.000	0.000	20.637
October	16.857	0.000	0.000	16.857
November	14.701	0.000	0.000	14.701
December	14.010	0.000	0.000	14.010
TOTAL	210.703	0.000	0.000	210.703

Maximum Daily Finished Water Consumption:

Volume (MG): 1.052

Date: 5/24/2015



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
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PWSID#: 2032000
 Name: BLACKSTONE WATER DEPARTMENT
 City: BLACKSTONE
 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.

b 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): <input type="text"/>	Date: <input type="text"/>
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Summary of Water Sold

Sold Water

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

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

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

%	Primary Service Area	Type	%	Primary Service Area	Type
<input type="checkbox"/>	<input type="checkbox"/> Yes	Day Care Center	<input type="checkbox"/>	<input type="checkbox"/> Yes	Other Residential
<input type="checkbox"/>	<input type="checkbox"/> Yes	Dispenser	<input type="checkbox"/>	<input type="checkbox"/> Yes	Other Transient
<input type="checkbox"/>	<input type="checkbox"/> Yes	Homeowners Association	<input type="checkbox"/>	<input type="checkbox"/> Yes	Recreation Area
<input type="checkbox"/>	<input type="checkbox"/> Yes	Hotel/Motel	85	<input type="checkbox"/> Yes	Residential Area
<input type="checkbox"/>	<input type="checkbox"/> Yes	Highway Rest Area	<input type="checkbox"/>	<input type="checkbox"/> Yes	Restaurant
<input type="checkbox"/>	<input type="checkbox"/> Yes	Industrial/Agricultural	<input type="checkbox"/>	<input type="checkbox"/> Yes	Retail Employees
<input type="checkbox"/>	<input type="checkbox"/> Yes	Interstate Carrier	<input type="checkbox"/>	<input type="checkbox"/> Yes	School
<input type="checkbox"/>	<input type="checkbox"/> Yes	Institution	<input type="checkbox"/>	<input type="checkbox"/> Yes	Sanitary Improvement District
<input type="checkbox"/>	<input type="checkbox"/> Yes	Medical Facility	<input type="checkbox"/>	<input type="checkbox"/> Yes	Summer Camp
<input type="checkbox"/>	<input type="checkbox"/> Yes	Mobile Home Park	<input type="checkbox"/>	<input type="checkbox"/> Yes	Secondary Residences
<input type="checkbox"/>	<input type="checkbox"/> Yes	Mobile Home Park, Principal Residence	<input type="checkbox"/>	<input type="checkbox"/> Yes	Service Station
<input type="checkbox"/>	<input type="checkbox"/> Yes	Municipality	<input type="checkbox"/>	<input type="checkbox"/> Yes	Subdivision
10	<input type="checkbox"/> Yes	Other Area	<input type="checkbox"/>	<input type="checkbox"/> Yes	Water Bottler
<input type="checkbox"/>	<input type="checkbox"/> Yes	Other Non-Transient Area	<input type="checkbox"/>	<input type="checkbox"/> Yes	Wholesaler
<input type="checkbox"/>	<input type="checkbox"/> 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:
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Briefly describe the fate of the waste product (slurry or sludge) produced by your treatment process (discharge to sewer, groundwater discharge, settling lagoons, re-circulate back into treatment plant, etc.):

X. Comments or additional information regarding this section



Water Management Act Annual Report - Distribution

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

Table DS-1 Summary of Leak Detection Activities During the Reporting Year

1. Total miles of water mains	28
2. Miles of mains surveyed this year	28
3. Number of leaks found	3
4. Number of leaks repaired	3
5. Estimated volume lost (mg) if a reliable estimate can be made	0.05
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. Required by WMA permit

Calendar trigger in permit

Streamflow trigger in permit

Other trigger in permit If "Other Trigger" then describe:

b. Reason other than permit requirement

Describe:

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

Total outdoor ban

Hand-held only

Hourly Describe: 5:00AM TO 8:00AM ONLY.

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	5/1/2015	6/1/2015
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 2	6/1/2015	9/30/2015
	(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	<input type="text" value="2461"/>	<input type="text" value="148.132"/>	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	<input type="text"/>	<input type="text"/>	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	<input type="text" value="226"/>	<input type="text" value="7.424"/>	Water served to businesses and other commercial entities.
Agricultural	<input type="text" value="17"/>	<input type="text" value="1.072"/>	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	<input type="text" value="1"/>	<input type="text" value="16.079"/>	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	<input type="text" value="22"/>	<input type="text" value="5.916"/>	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*	<input type="text"/>	<input type="text"/>	Water used for purposes not included in above categories.
TOTALS	<input type="text" value="2727"/>	<input type="text" value="178.623"/>	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	<input type="text" value="0.035"/>
Hydrant/water main flushing/main construction	+ <input type="text" value="0.322"/>
Flow testing	+ <input type="text"/>
Bleeders/ Blow offs	+ <input type="text"/>
Tank overflow & drainage	+ <input type="text"/>
Sewer & stormwater system flushing	+ <input type="text"/>
Street cleaning	+ <input type="text" value="0.006"/>
Source meter calibration adjustments	+ <input type="text" value="0.027"/>
Major water main breaks (not leak detection)	+ <input type="text" value="2.227"/>
Total Confidently Estimated Municipal Use	= <input type="text" value="2.617"/>

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)	210.703	100%
Total Metered Use (System Total Metered Use from Table DS-3)	- 178.623	- 84.8 %
Total Confidently Estimated Municipal Use (Total from Table DS-4)	- 2.617	- 1.2 %
Unaccounted for Water (UAW)	= 29.5	= 14.0 %

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	0.05
Water Theft	0.5
Meter Malfunction/mis-registration	0.75
Other (specify):	
Other (specify):	
Total:	1.3

RESIDENTIAL GALLONS PER CAPITA DAY (RGPCD)

RGPCD is a performance standard for public water suppliers serving municipalities and is a measure of the average amount of water a resident uses each day during the reporting period. High RGPCD values are associated with unrestricted outdoor water use, especially lawn watering. See ASR Instructions for further explanation and examples. There are two steps to determine your RGPCD number: Step 1: Determine the residential population served by your system (2 options to choose from). Step 2: Calculate RGPCD from population served and residential metered water volume.

RGPCD Step 1 - Choose one of two options to determine Population Served

Population Option 1: Accurate Count (census data): If your PWS serves an entire municipality, then use the most recent local or Federal census number for the total residential population. [Click Here](#) for 2010 U.S. census populations for MA cities and towns. Partially served communities can use the most recent local or Federal census if private well users and/or those served by other PWS systems are subtracted out (attach documentation to this ASR). Communities with high seasonal fluctuations can pro-rate the population for the duration of the influx. See ASR Instructions for further detail and examples.

Population Option 2: Estimate from Households Served If your PWS serves a portion of one or more communities and you cannot obtain a reliable census, click on the following link to open an excel spreadsheet for estimating your population. [Click Here](#). This estimate is calculated from the number of households connected to your distribution system and the average household size. Save the spreadsheet onto your computer for use in subsequent years' reporting. If you are using a spreadsheet from your assessor's



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 City: BLACKSTONE
 PWS Class: COM

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:	2015
Population Served:	7225

RGPCD Step 2 – Calculate RGPCD

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

Residential Water Use (million gallons)	/ 365	/ Population Served	X 1,000,000	=	Residential Gallons per Capita Day (gallons/person/day)
148.132	/ 365	/ 7225	X1,000,000	=	56

Table DS-9: Use this table to provide comments or additional information regarding this section of the ASR. You may explain discrepancies, provide supplemental information, or provide any other information to assist MassDEP in processing the data in your ASR.



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

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

Table BW-2 Average Daily Withdrawal by Watershed

River Basin	Total Raw Water Pumped in the reporting year (mgd)	/ 365 =	Watershed Average Daily Withdrawal (mgd)
12-BLACKSTONE	210.703	/ 365 =	0.58

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	- 0.58	= 0.11

* A positive difference indicates that the volume withdrawn is less than the authorized volume. A negative value indicates that more water was pumped than is authorized and that your PWS may be out of compliance.

Table BW-4 Permit Special Conditions

Review your WMA permit and list any Special Conditions of your WMA permit that require submission of an annual report to MassDEP. If the required report is being submitted with this ASR, please note in Table BW-4. If a required report was submitted earlier in the year, please provide the date submitted.

WMA Permit Special Condition Requiring Annual Report to MassDEP	Report Attached to ASR	If not attached, date submitted to MassDEP
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text"/> (mm\dd\yyyy)

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



Massachusetts Department of Environmental Protection

Bureau of Water Resources (BWR) – Drinking Water Program

Public Water Supply Annual Statistical Report
Reporting Year 2015

PWSID#: 2032000

Name: BLACKSTONE WATER

DEPARTMENT

City: BLACKSTONE

PWS Class: COM

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.