



Massachusetts Department of Environmental Protection

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2021 Public Water Supply Verification

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

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

Legal Information

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



System Information (COM/NTNC)

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

2. PWS Mailing Address <input type="checkbox"/> Same as street address.		
The mailing address is the address where all MassDEP correspondence will be sent.		
TOWN OF MILLIS		
Mailing Name		
C/O MILLIS WATER DEPARTMENT	900 MAIN STREET, ROOM 201	
Mailing Address Line 1	Mailing Address Line 2	
MILLIS	Massachusetts	02054
City/Town	State	Zip Code

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

4. If you use a contract certified operator, does your system have a signed Certified Operator Compliance Notice (COCM) approved by MassDEP?	
A signed and MassDEP-approved COCM form is required for a PWS using the services of a contract certified operator.	
<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No	

5. Owner Type:
MUNICIPAL

6. Federal Employment Identification Number (FEIN):
046001226
(FEIN) - Do NOT provide SSN

7. Is this system a not-for-profit organization?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
If yes, indicate the IRS tax exempt code (e.g., 501(c)(3), 501(c)(7), etc.):	046001226

8. Population Served(Daily Average):		
Winter Population (October March):	8729	
Summer Population (April September):	8729	
By what method was the population calculated?	Census Type:	City/Town
	Other Description:	



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

9. Testing requirements for lead and copper and bacteria in your system is based on the population. .

	Number of Samples	Frequency of Samples
Lead and copper samples required:	20	3YEARS
Winter bacteria samples required:	20	MONTH
Summer bacteria samples required:	20	MONTH

10. Distribution Meter information:

a. Number of service Connections:	<input type="text" value="2820"/>
b. Percentage of service connections that are metered:	<input type="text" value="100"/> %
c. Are all publicly owned buildings metered?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
d. If No, what percent are	<input type="text"/> %

11. System Information

a. Number of distribution Systems:	<input type="text" value="1"/>
b. Finished water storage capacity in million gallons (MG):	<input type="text" value="1.5"/>
Conversion formula is: # of gallons / 1,000,000 = MG	
c. Pumping Capacity (Gallons per Minute):	<input type="text" value="1750"/>

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

Ground Water	Surface Water	Purchased Ground	Purchased Surface
<input type="text" value="100"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %

13. Emergency Response Actions:

a. Has your system completed an Emergency Response Plan (ERP).(DO NOT submit your ERP to MassDEP. MassDEP will review the ERP during your next sanitary survey.)

☒ Yes ☐ No

☐ I have made changes to the ERP (attach copies of all changes.)

☒ I have made no changes to the ERP.

b. Does your system have an Emergency Response (ER) annual training plan as required per 310 CMR 22.04(13)(b)(10)?

☒ Yes ☐ No

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

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

☒ Yes ☐ No

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

☐ Yes ☒ No

e. How often does your system test the following

Alarms:	<input type="text" value="Monthly"/>	Other Frequency:	<input type="text"/>
Interlocks:	<input type="text" value="Monthly"/>	Other Frequency:	<input type="text"/>
Back-up power sources:	<input type="text" value="Quarterly"/>	Other Frequency:	<input type="text"/>

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



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

Date of ER incident	Level	Description
---------------------	-------	-------------

15. Do you have an antenna or other appurtenance (not needed for drinking water purposes) attached to any of your storage tank(s)

☒ Yes ☐ No ☐ No storage tanks

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

Storage Tank Name	Antennae or Appurtenance	Owner Name	Date (mm/dd/yyyy) Installed
FARM ST TANK 2 (0.94 MG)	ANTENNAE	MILLIS	6/25/2001
WALNUT ST TANK (0.55 MG)	ANTENNAE	MILLIS	6/25/2001

16. Comments or additional information regarding this section:



Treatment Plants

Treatment Plant

1. Plant Information

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

2. Related Sources Table

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

3. Treatment Table(s)

Treatment Objective:		Treatment Process:	
OTHER		FLUORIDATION	
Innovative: N		Start Date: 07/14/2003	End Date: _____
<div>Chemical Name</div> <div>SODIUM FLUORIDE</div>			
Comment:			

Treatment Objective:		Treatment Process:	
DISINFECTION		HYPOCHLORINATION, POST	
Innovative: N		Start Date: 07/14/2003	End Date: _____
<div>Chemical Name</div> <div>SODIUM HYPOCHLORITE</div>			
Comment:			

Treatment Objective:		Treatment Process:	
CORROSION CONTROL		PH ADJUSTMENT, POST	
Innovative: N		Start Date: 07/14/2003	End Date: _____



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

Chemical Name

SODIUM HYDROXIDE

Comment:

Treatment Plant

1. Plant Information

2187000-01T		GEORGE DANGELIS WATER TREATMENT PLANT	
Plant ID# :		Plant Name:	
WATER ST			
Street Address Line 1:		Street Address Line 2:	
MILLIS		MA	02054
City/Town:		State(2 letter abbreviation)	Zip:
I	INACTIVE	I-T	1.22
Status:	Availability:	Class:	Capacity (MGD):
RONALD	F	MCKENNEY	
Contact:		Phone:	Fax:

2. Related Sources Table

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

3. Treatment Table(s)

No Data Found

Treatment Plant

1. Plant Information

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



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

2. Related Sources Table

2187000-03G	WELL 3	

3. Treatment Table(s)

Treatment Objective:		Treatment Process:	
CORROSION CONTROL		PH ADJUSTMENT, POST	
Innovative:	N	Start Date:	01/01/2001
		End Date:	

Chemical Name
SODIUM HYDROXIDE

Comment:

Treatment Objective:		Treatment Process:	
OTHER		FLUORIDATION	
Innovative:	N	Start Date:	01/01/1992
		End Date:	

Chemical Name
SODIUM FLUORIDE

Comment:

Treatment Objective:		Treatment Process:	
DISINFECTION		HYPOCHLORINATION, POST	
Innovative:	N	Start Date:	03/04/2013
		End Date:	

Chemical Name
SODIUM HYPOCHLORITE

Comment:

Treatment Plant

1. Plant Information

2187000-03T	WELL 4 SOUTH END POND
Plant ID# :	Plant Name:



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

ORCHARD ST			
Street Address Line 1:		Street Address Line 2:	
MILLIS		MA	02054
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	I-T	
Status:	Availability:	Class:	Capacity (MGD):
RONALD	F	MCKENNEY	
Contact:		Phone:	Fax:

2. Related Sources Table

2187000-04G	WELL 4

3. Treatment Table(s)

Treatment Objective:		Treatment Process:	
CORROSION CONTROL		PH ADJUSTMENT, POST	
Innovative: N	Start Date: 01/01/2001	End Date: _____	

Chemical Name
SODIUM HYDROXIDE

Comment:

Treatment Objective:		Treatment Process:	
OTHER		FLUORIDATION	
Innovative: N	Start Date: 01/01/1992	End Date: _____	

Chemical Name
SODIUM FLUORIDE

Comment:

Treatment Objective:		Treatment Process:	
DISINFECTION		HYPOCHLORINATION, POST	
Innovative: N	Start Date: 03/04/2013	End Date: _____	

Chemical Name
SODIUM HYPOCHLORITE



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

Comment:
CHAPTER 6 COMPLIANT.

Comments or additional information regarding this section



Pump Stations

Pump

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

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

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

2. Related Sources Table (if applicable)

2187000-05G	WELL 5	

Pump

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

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

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



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

2. Related Sources Table (if applicable)

2187000-06G	WELL 6	

Pump

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

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

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

2. Related Sources Table (if applicable)

2187000-03G	WELL 3	

Pump

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

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



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

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

2. Related Sources Table (if applicable)

2187000-04G	WELL 4	

Pump

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

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

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

2. Related Sources Table (if applicable)

No Data Found

Comments or additional information regarding this section



Storage Facilities

Show all storage facilities

Storage Facility

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

WALNUT ST TANK (0.55 MG)	PAX MIXTER 12/29/21
Storage Facility Name	Location

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

Storage Facility

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

FARM ST TANK 2 (0.94 MG)	FARM STREET
Storage Facility Name	Location

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

Comments or additional information



Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

<input type="text" value="CHARLES"/>	<input type="text" value="TOOMEY"/>	
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 Address		
<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

Tester Personnel Information :

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

MassDEP Certification ID Number

2. Did your system use the services of a third party/consultant for the implementation of your Cross Connection Control Program or portion of it?

☐ Yes ☐ No

Contact First Name

Consultant Street Address Line 1

City/Town

Phone Number

Consultant email

Contact Last Name

Consultant Street Address Line 2

State

Fax Number (if available)

Doing Business As
(Company/Individual Name)

Zip Code

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 First Name	Surveyor Last Name	MassDEP Certification ID Number	Expiration Date	Phone Number	Third Party Reviewer Surveyor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2021

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

KENNETH P	ROBIDOUX	WS10-0032158			
RYAN	TOOMEY	WS10-0031603			

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

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

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

*Use Comment field at the bottom of this form 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 system's service area protected by:

--



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2021

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

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

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

Type of Facility	Total # of devices at the beginning of this reporting period	# of devices installed in this reporting period	# of devices removed & not replaced in this reporting period	Total # of devices	# of seasonal devices in Total
	A	B	C	= A +B-C	
RPBP					
Commercial	33	0	0	33	1
Industrial	4	0	0	4	0
Institutional	16	0	0	16	1
Municipal	14	0	0	14	0
Residential (Optional)	10	6	0	16	0
Total	77	6	0	83	2
DCVA					
Commercial	18	0	0	18	0
Industrial	3	0	0	3	0
Institutional	3	0	0	3	0
Municipal	6	0	0	6	0
Residential (Optional)	0	0	0	0	0
Total	30	0	0	30	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.



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

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	6	155	5	4	4
DCVA	0	28	0	0	2

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.

RP TESTS REQUIRED: 83 RPS X 2 ROUNDS OF TESTING = 166 (-2 SEASONAL DEVICES) = 164 RPS NOT TESTED: 4 1 DEVICE VACANT 2ND ROUND, ALEXANDER'S CLEANERS, 917 MAIN STREET (1 TEST) 1 SEASONAL DEVICE AT STONEY BROOK APARTMENTS, 3 STONEY BROOK DRIVE, OFF BOTH ROUNDS (2 TESTS) 1 DEVICE INITIAL TEST DURING 2ND ROUND, TOLL BROTHERS, 59 GLEN ELLEN BLVD (1 TEST) DCS NOT TESTED: 2 ANN & HOPE, 725 MAIN STREET – 2 DEVICES NOT TESTED / VACANT

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

☐ Yes ☐ No

7. Does your PWS approve, permit, and/or test pressure vacuum breaker (PVB) and/or spill proof/resistant pressure vacuum breaker (SPPVB)* devices?

PVB DEVICES	<input type="radio"/> Yes <input type="radio"/> No	SPPVB DEVICES	<input 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	0	3	0	0
SPPVB				

*Use Comment field at the bottom of this form 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 type="radio"/> Yes <input type="radio"/> No	If No, is there a date when you plan to have an educational program implemented? NTNCs may skip this question.	Date(mm/dd/yyyy)
<input type="radio"/> Yes <input type="radio"/> No		

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

☐ Yes ☐ No ☐ N/A

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

☒ Industrial ☒ Commercial ☒ Institutional ☒ Municipal ☒ Residential

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

Date(mm/dd/yyyy)

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

<input type="radio"/> Yes <input type="radio"/> No	If no do you plan to institute one in future? If yes go to question 13.	<input type="radio"/> Yes <input type="radio"/> No	If yes when? If no go to question 13.	Date(mm/dd/yyyy)
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

12. Does your system have a local ordinance, by-law or policy statement on cross connection control?										
<input type="radio"/> Yes	<input type="radio"/> No									
If YES, and you already provided a copy to MassDEP in 2008 (2007 ASR) no further action is required.										
MassDEP										
1 Winter Street										
Drinking Water Program - 5th floor										
Attn : Otavio DePaula-Santos										
Boston, MA 02108										
13. Does your water system have a total containment policy?										
<input type="radio"/> Yes	<input type="radio"/> No									
Containment policy means ALL services connections have a device installed at the meter. Containment protects the water main by isolating each facility independently of its activity (residential, commercial, industrial, or municipal).										
14. Has there been a cross-connection incident in your water system during the reporting period?										
<input type="radio"/> Yes	<input type="radio"/> No									
If Yes, please provide information below:										
<table border="1"><thead><tr><th>Date of Incident</th><th>Location of the Incident</th><th>DESCRIPTION</th></tr></thead><tbody><tr><td colspan="3"></td></tr></tbody></table>					Date of Incident	Location of the Incident	DESCRIPTION			
Date of Incident	Location of the Incident	DESCRIPTION								
Comments or additional information regarding this section										



Source Protection - Zone II

Zone

1. MassDEP assigned Zone II ID #: 126

2. MassDEP source IDs and names of the withdrawal points in Zone II.

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

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

☐ Yes ☒ No

If YES, please describe:

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

Zone

1. MassDEP assigned Zone II ID #: 127

2. MassDEP source IDs and names of the withdrawal points in Zone II.

Source ID	Source Name	Zone I Radius(ft)	Zone I Control	Pollution Sources
2187000-04G	WELL 4	400	Y	

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

☐ Yes ☒ No

If YES, please describe:



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

Zone

1. MassDEP assigned Zone II ID # :	324
------------------------------------	-----

2. MassDEP source IDs and names of the withdrawal points in Zone II.

Source ID	Source Name	Zone I Radius(ft)	Zone I Control	Pollution Sources
2187000-01G	WELL 1	400	Y	
2187000-02G	WELL 2	400	Y	

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

☐ Yes ☒ No

If YES, please describe:

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

Zone

1. MassDEP assigned Zone II ID # :	425
------------------------------------	-----



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

2. MassDEP source IDs and names of the withdrawal points in Zone II.

Source ID	Source Name	Zone I Radius(ft)	Zone I Control	Pollution Sources
2187000-05G	WELL 5	400	Y	
2187000-06G	WELL 6	400	Y	

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

☐ Yes ☒ No

If YES, please describe:

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

Comments or Additional Information regarding this section:



Staffing and Contact Information

1. Owner/Responsible Person:

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

Phone Number

Email Address

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

2. PWS Contact Information

PWS are required to identify one primary contact person, and optionally one or more secondary contacts. The primary contact is the person who is responsible for communication with MassDEP. The primary contact should be able to respond and/or triage PWS operational inquiries. Primary contact information is published on the MassDEP website.

First Name	Middle Name	Last Name	Primary	Phone	Email
JAMES		MCKAY	<input checked="" type="checkbox"/>		

3. Operators and Affiliations

Massachusetts Drinking Water Regulations, 310 CMR 22.11B, require that every public water system (PWS) is operated by a certified drinking water operator. Operator staffing requirements can be found on the mass.gov website at <https://www.mass.gov/lists/certified-operators>.

The operators listed below are the current operators MassDEP has on file as being affiliated with your PWS. If an operator is not listed then you should enter his/her license number in the text field at the bottom of this section and then click on the 'Add New Operator' button.

Each operator **MUST** have at least one role/function (which can be end-dated). You should delete any inaccurate roles (i.e., the operator never performed the functions of the identified role) and end-date roles/functions that the operator no longer performs. You should **NOT** delete the operator records unless the operator NEVER worked at the PWS.

All PWS, regardless of class and size, must identify one operator as being the current active primary distribution operator. The end-date for the current active primary distribution operator should be left blank.

If your PWS does not have a certified drinking water operator then contact the MassDEP Drinking Water Program at program.director-dwp@mass.gov immediately.

MATTHEW J. DONOVAN

Grade 1D OIT/2T OIT/1T OIT

License # 27092/29290/27232

Phone

Email

Role Assignments

Function	Begin Date	End Date
GENERAL OPERATOR	05/09/2017	



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

DAVID B. RACHMACIEJ

Grade 2D/2T

License # 26276/26488

Phone

Email

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR	01/04/2017		

RYAN W. WAGNER

Grade 1D OIT/1T/2D OIT

License # 25763/27074/27225

Phone

Email

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR	02/23/2017		

KEVIN S. KANDOLA

Grade 1D OIT/1T OIT

License # 20006/20114

Phone

Email

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR	09/22/2008		

MICHAEL P. HILLERY

Grade 2T OIT/1T/1D/2D OIT

License # 26590/26310/26317/26232

Phone

Email

Role Assignments

Function	Begin Date	End Date	
SECONDARY DISTRIBUTION OPERATOR	02/23/2017		
GENERAL OPERATOR	01/04/2017		
SECONDARY TREATMENT OPERATOR	02/23/2017		

RONALD F. MCKENNEY

Grade 2D/2T

License # 12191/24788

Phone

Email

Role Assignments

Function	Begin Date	End Date	
PRIMARY TREATMENT OPERATOR	05/25/2010		
PRIMARY DISTRIBUTION OPERATOR	03/20/2014		



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

JAMES F, MCKAY

Grade 1D

License # 20756

Phone

Email

Role Assignments

Function	Begin Date	End Date
GENERAL OPERATOR	11/03/2007	

4. Primary Certified Operator Contact Information:

The information below is provided to MassDEP from the Division of Occupational Licensure (DOL), formerly Division of Professional Licensure (DPL). If any of the information is inaccurate you should contact DOL to update your information.

Primary Distribution Certified Operator Contact Information

RONALD F MCKENNEY

Name

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

Mailing Address 1

Mailing Address 2

Town/City

State

Zip Code

Primary Treatment Certified Operator Contact Information

RONALD F MCKENNEY

Name

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

Mailing Address 1

Mailing Address 2

Town/City

State

Zip Code

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

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

First Name	Last Name	Phone	Title	Email
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Ground Water Sources

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-01G		
Source Name:	WELL 1		
Location:	WATER ST, MILLIS, MA		
Status:	A		
Source Availability:	ACTIVE		
Latitude:	42.176676	Withdrawal Units:	GAL
Longitude:	- 71.351848	January:	0
Source Watershed:	CHARLES	February:	0
Well Type:	BEDROCK WELL	March:	0
Well Depth (ft.):	48	April:	0
Well Casing Height (ft.):	38	May:	0
Well Casing Depth (ft.):	38	June:	0
Screen Length (ft.):	10	July:	0
Pump Setting (ft):	0	August:	0
Approved Daily Pumping Volume (MGD):	.72	September:	0
Source Metered:	Yes	October:	0
Date of Meter Installation:		November:	0
Type of water metered for source:	RAW	December:	0
Last Meter Calibration:		Total Amount Pumped:	0
		Total # of Days Pumped:	0
		Maximum Single Day Pumped Volume:	0
		Date of Maximum Amount Pumped:	



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2021

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

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-03G		
Source Name:	WELL 3		
Location:	BIRCH STREET, MILLIS, MA		
Status:	A		
Source Availability:	ACTIVE		
		Withdrawal Units:	GAL
Latitude:	42.168983	January:	2,984,940
Longitude: -	71.339976	February:	2,953,398
Source Watershed:	CHARLES	March:	3,258,140
Well Type:	GRAVEL-PACKED	April:	4,440,707
Well Depth (ft.):	60	May:	7,970,598
Well Casing Height (ft.):	2	June:	5,955,396
Well Casing Depth (ft.):	40	July:	3,180,287
Screen Length (ft.):	20	August:	3,859,400
		September:	3,445,972
Pump Setting (ft):	0	October:	3,660,561
		November:	3,822,462
Approved Daily Pumping Volume (MGD):	.75	December:	4,000,080
Source Metered:	Yes	Total Amount Pumped:	49,531,941
Date of Meter Installation:		Total # of Days Pumped:	365
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	349,989
Last Meter Calibration:		Date of Maximum Amount Pumped:	5/19/2021



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2021

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

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-04G		
Source Name:	WELL 4		
Location:	NEAR ORCHARD ST, MILLIS, MA		
Status:	A		
Source Availability:	ACTIVE		
		Withdrawal Units:	GAL
Latitude:	42.193622	January:	5,905,807
Longitude: -	71.351997	February:	5,833,145
Source Watershed:	CHARLES	March:	6,394,024
Well Type:	BEDROCK WELL	April:	4,197,831
Well Depth (ft.):	60	May:	426,460
Well Casing Height (ft.):	2	June:	3,099,050
Well Casing Depth (ft.):	50	July:	6,128,156
Screen Length (ft.):	10	August:	6,926,576
		September:	5,434,402
Pump Setting (ft):	0	October:	5,916,346
		November:	6,033,423
Approved Daily Pumping Volume (MGD):	.86	December:	6,138,790
Source Metered:	Yes	Total Amount Pumped:	62,434,010
Date of Meter Installation:		Total # of Days Pumped:	363
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	379,986
Last Meter Calibration:		Date of Maximum Amount Pumped:	11/25/2021



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-02G
Source Name:	WELL 2
Location:	WATER STREET, MILLIS, MA
Status:	A
Source Availability:	ACTIVE

	Withdrawal Units:	GAL	
Latitude:	42.176315	January:	0
Longitude: -	71.351375	February:	0
Source Watershed:	CHARLES	March:	0
Well Type:	BEDROCK WELL	April:	0
Well Depth (ft.):	46	May:	6,439,078
Well Casing Height (ft.):	36	June:	1
Well Casing Depth (ft.):	36	July:	0
Screen Length (ft.):	10	August:	0
		September:	0
Pump Setting (ft):	0	October:	0
		November:	0
Approved Daily Pumping Volume (MGD):	.5	December:	0
Source Metered:	Yes	Total Amount Pumped:	6,439,079
Date of Meter Installation:		Total # of Days Pumped:	16
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	497,945
Last Meter Calibration:		Date of Maximum Amount Pumped:	5/16/2021



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2021

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

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-05G		
Source Name:	WELL 5		
Location:	NEAR NORFOLK RD		
	MILLIS		
Status:	A		
Source Availability:	ACTIVE		
		Withdrawal Units:	GAL
Latitude:	42.149872	January:	4,663,050
Longitude: -	71.340335	February:	4,515,500
Source Watershed:	CHARLES	March:	4,877,238
Well Type:	GRAVEL-PACKED	April:	27,424
Well Depth (ft.):	57	May:	0
Well Casing Height (ft.):	0	June:	0
Well Casing Depth (ft.):	49	July:	0
Screen Length (ft.):	8	August:	0
		September:	0
Pump Setting (ft):	0	October:	1,944,047
		November:	199,046
Approved Daily Pumping Volume (MGD):	1.5	December:	0
Source Metered:	Yes	Total Amount Pumped:	16,226,305
Date of Meter Installation:		Total # of Days Pumped:	106
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	264,928
Last Meter Calibration:		Date of Maximum Amount Pumped:	10/27/2021



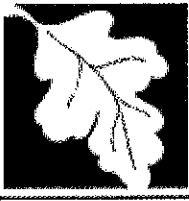
Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2021

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

Individual Ground Water Source Statistics

CHANGE

Source ID:	2187000-06G		
Source Name:	WELL 6		
Location:	NEAR NORFOLK RD		
	MILLIS		
Status:	A		
Source Availability:	ACTIVE		
		Withdrawal Units:	GAL
Latitude:	42.150174	January:	7,423
Longitude:	- 71.340142	February:	6,086
Source Watershed:	CHARLES	March:	2,115
Well Type:	GRAVEL-PACKED	April:	5,420,011
Well Depth (ft.):	62	May:	10,812,441
Well Casing Height (ft.):	0	June:	14,965,098
Well Casing Depth (ft.):	47	July:	8,504,807
Screen Length (ft.):	15	August:	9,862,860
		September:	8,669,245
Pump Setting (ft):	0	October:	5,599,768
		November:	5,494,953
Approved Daily Pumping Volume (MGD):	1.5	December:	5,873,050
Source Metered:	Yes	Total Amount Pumped:	75,217,857
Date of Meter Installation:		Total # of Days Pumped:	267
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	865,864
Last Meter Calibration:		Date of Maximum Amount Pumped:	6/21/2021



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

Comments or additional information regarding this section



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

Surface Water Sources

No Data Found

Comments or additional information regarding this section:
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Purchased Water Sources

No Data Found

Comments or additional information regarding this section



Water Production & Consumption Information

How to report in gallons (GAL) vs. million gallons (MG):

When converting gallons to million gallons, the decimal point moves six (6) places to the left.

Conversion formula: volume in gallons / 1,000,000 = volume in million gallons

	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	13,160,811	0	0	13,160,811
February	12,907,720	0	0	12,907,720
March	14,131,108	0	0	14,131,108
April	13,685,564	0	0	13,685,564
May	18,809,090	0	0	18,809,090
June	23,619,135	0	0	23,619,135
July	17,412,841	0	0	17,412,841
August	20,248,427	0	0	20,248,427
September	17,149,210	0	0	17,149,210
October	16,720,313	0	0	16,720,313
November	15,149,475	0	0	15,149,475
December	15,611,511	0	0	15,611,511
TOTAL	198,605,205	0	0	198,605,205
Maximum Daily Finished Water Consumption:				
		Volume (GAL):	1,187,144	Date: 6/21/2021



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

PWSID#: 2187000
Name: MILLIS WATER DEPT
City: MILLIS
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	13,561,220	0	0	13,561,220
February	13,308,129	0	0	13,308,129
March	14,531,517	0	0	14,531,517
April	14,085,973	0	0	14,085,973
May	25,648,577	0	0	25,648,577
June	24,019,544	0	0	24,019,544
July	17,813,250	0	0	17,813,250
August	20,648,836	0	0	20,648,836
September	17,549,619	0	0	17,549,619
October	17,120,722	0	0	17,120,722
November	15,549,884	0	0	15,549,884
December	16,011,920	0	0	16,011,920
TOTAL	209,849,191	0	0	209,849,191
Maximum Daily Raw Water Pumping: Volume (GAL): 1,398,988 Date: 5/25/2021				

Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold	Water type
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Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

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 percentages do NOT have to add up to 100%, since water use in some categories will be less than 10% and therefore not reported.

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

%	Primary Service Area	Type	%	Primary Service Area	Type
<input type="checkbox"/>	<input type="radio"/> Yes	Day Care Center	<input type="checkbox"/>	<input type="radio"/> Yes	Other Residential
<input type="checkbox"/>	<input type="radio"/> Yes	Dispenser	<input type="checkbox"/>	<input type="radio"/> Yes	Other Transient
<input type="checkbox"/>	<input type="radio"/> Yes	Homeowners Association	<input type="checkbox"/>	<input type="radio"/> Yes	Recreation Area
<input type="checkbox"/>	<input type="radio"/> Yes	Hotel/Motel	93	<input checked="" type="radio"/> Yes	Residential Area
<input type="checkbox"/>	<input type="radio"/> Yes	Highway Rest Area	<input type="checkbox"/>	<input type="radio"/> Yes	Restaurant
<input type="checkbox"/>	<input type="radio"/> Yes	Industrial/Agricultural	<input type="checkbox"/>	<input type="radio"/> Yes	Retail Employees
<input type="checkbox"/>	<input type="radio"/> Yes	Interstate Carrier	<input type="checkbox"/>	<input type="radio"/> Yes	School
<input type="checkbox"/>	<input type="radio"/> Yes	Institution	<input type="checkbox"/>	<input type="radio"/> Yes	Sanitary Improvement District
<input type="checkbox"/>	<input type="radio"/> Yes	Medical Facility	<input type="checkbox"/>	<input type="radio"/> Yes	Summer Camp
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park	<input type="checkbox"/>	<input type="radio"/> Yes	Secondary Residences
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park, Principal Residence	<input type="checkbox"/>	<input type="radio"/> Yes	Service Station
<input type="checkbox"/>	<input type="radio"/> Yes	Municipality	<input type="checkbox"/>	<input type="radio"/> Yes	Subdivision
<input type="checkbox"/>	<input type="radio"/> Yes	Other Area	<input type="checkbox"/>	<input type="radio"/> Yes	Water Bottler
<input type="checkbox"/>	<input type="radio"/> Yes	Other Non-Transient Area	<input type="checkbox"/>	<input type="radio"/> Yes	Wholesaler
<input type="checkbox"/>	<input type="radio"/> Yes	Commercial			

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

☒ No treatment plant losses (not applicable)

Treatment Plant ID:	Total raw water volume into treatment plant last year (raw pumped volume + raw purchased volume - raw sold volume):	-	Total finished water volume from treatment plant last year:	=	Total volume of 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 Duane LeVangie with the WMA Program at (617) 292-5706 or email him at duane.levangie@mass.gov

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

1. Total miles of water mains	42
2. Miles of mains surveyed this year	42
3. Number of leaks found	
4. Number of leaks repaired	
5. Estimated volume lost (mg) if a reliable estimate can be made	
6. Date of last leak detection survey of entire system:	9/8/2020 (mm/dd/yyyy)

Table DS-2 Water Conservation - Limits on Withdrawals

1. Did your PWS implement mandatory nonessential outdoor water use restrictions in the reporting year?

☒ Yes ☐ No

2. If yes, why did you institute mandatory restrictions (check all that apply)?

- a. ☒ Required by WMA permit

☒ Calendar trigger in permit

☐ Streamflow trigger in permit

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

- b. ☐ Reason other than permit requirement

Describe: _____

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

☐ Total outdoor ban

☐ Hand-held only

☒ Hourly Describe: 9:00 AM - 5:00 PM

Daily: ☒ Odd/Even ☐ Twice/Week ☐ Once/Week ☐ Other Daily If "Other Daily" then describe:



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

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	5/1/2021	9/30/2021
	(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.



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2021

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

Table DS-3 Metered Finished Water Use Complete Table DS-3 to account for all of your metered water volumes (e.g. permanent and temporary; private and municipal/government; billed and non-billed). Do not include water sold to other PWSs, which is reported on the Water Production & Consumption Information form

Use Category	No. of Service Connections	Total Volume (mg)	Category Description
Residential	2628	160,855	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	9	0.869	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	116	11.691	Water served to businesses and other commercial entities.
Agricultural	3	0.456	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	35	2.181	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	29	6.102	Water used for municipal purposes, including schools, playing fields, municipal buildings, treatment plant; non-profits such as churches; non-residential institutions such as private schools.
Other*	0	0	Water used for purposes not included in above categories.
TOTALS	2820	182.154	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. Estimated past leakage volumes from leaks found during leak detection surveys or otherwise discovered are not considered a municipal use. Optional Excel spreadsheets for calculating confidently estimated use can be found at the MADEP website at <http://www.mass.gov/eea/agencies/massdep/water/approvals/drinking-water-forms.html#16>

Confidently Estimated Municipal Use (CEMU)	Estimated million gallons per year
Fire protection & training	0.05075
Hydrant/water main flushing/main construction	+ .722
Flow testing	+
Bleeders/ Blow offs	+
Tank overflow & drainage	+ 1.66
Sewer & stormwater system flushing	+
Street cleaning	+ 0.01625
Source meter calibration adjustments	+ 0.07847
Major water main breaks (not leak detection)	+ 0.287
Total Confidently Estimated Municipal Use	= 2.81447

YOU MUST PROVIDE DOCUMENTATION FOR ALL OF YOUR CEMU VOLUMES.

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



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

<input type="checkbox"/> Yes <input type="checkbox"/> 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)	198.605	100%
Total Metered Use (System Total Metered Use from Table DS-3)	182.154	91.7 %
Total Confidently Estimated Municipal Use (Total from Table DS-4)	2.81447	1.4 %
Unaccounted for Water (UAW)	= 13.6	= 6.8 %

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	
Meter Malfunction/mis-registration	
Other (specify):	
Other (specify):	
Total:	0

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



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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

obtain a reliable census, click on the following link to open an excel spreadsheet for estimating your population. [Click Here](#). This estimate is calculated from the number of households connected to your distribution system and the average household size. Save the spreadsheet onto your computer for use in subsequent years' reporting. If you are using a spreadsheet from your assessor's office or planning board to estimate number of households served, attach the spreadsheet or mail it to DEP and report the population served on Table DS-7 below.

If mailing Population Calculations or documentation send to:

Mass DEP
1 Winter St.
Boston MA 02108
Attn: Water Management Act Program

Table DS-7 Residential Population Served	
Community(ies) served by PWS is (are) :	Fully Served
Method of Determining Population Served:	Option 1(Census)
Census Type (Federal or Local):	Local
Census year:	2017
Population Served:	8629

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)
160.855	/ 365	/ 8629	X1,000,000	=	51

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

Table BW-1 Permit & Registration Information

River Basin (Watershed)	Registration Number	Permit Number
20-CHARLES	22018702	9P422018703

Water Withdrawal by Watershed

Calculation of Daily Average Withdrawal: Use Table BW-2 to document the reporting year withdrawal volume(s) by watershed. Table BW-3 compares the reporting year actual withdrawal volume(s) to the volume(s) authorized under your WMA registration(s) and/or permit(s). The total volumes for each source and their respective watershed are reported in the Ground Water Sources and for Surface Water Sources report forms. Enter the total of all sources for each watershed in Table BW-2.

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

Table BW-2 Average Daily Withdrawal by Watershed

River Basin	Total Raw Water Pumped in the reporting year (mgd)	/365=	Watershed Average Daily Withdrawal (mgd)
20-CHARLES	233.401	/365 =	0.64

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

River Basin	Registered Volume (mgd)	+ Permitted Volume (mgd)	= WMA Authorized Withdrawal Volume (mgd)	- Daily Avg. Water Use (mgd) (from Table BW-2 above)	= Difference*
20-CHARLES	0.63	+ 0.36	= 0.99	- 0.64	= 0.35

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

Table BW-4 Permit Special Conditions

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

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

If mailing annual report, send to:

MADEP
1 Winter St.
Boston MA 02108
Attn: Water Management Act Program



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

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