

APPENDIX A

LIST OF DAMS IN THE MUMFORD RIVER BASIN

Town	Natid	Dam Name	River	Impoundment Name	Owner	Year Completed	Storage Height (ft)	Hydraulic Height (ft)	Drainage Area (sq mi)	Normal Impoundment (acre-ft)	Max Impoundment (acre-ft)	Surface Area (acres)	Dam Crest Length (ft)
Oxford	MA00671	Stumpy Pond Dam		Stump Pond	May P. Brink Estate	1900	8	6	0	43	61	18	150
Douglas	MA02770	Morse Pond Dam	Centerville Brook	Mores Pond	Unknown	0	0	0	0	0	0	19	0
Douglas	MA00889	Dudley Pond Dam	Centerville Brook	Dudley Pond	Douglas Fish & Game Club	1917	7	6	0	16	50	7	180
Douglas	MA02532	Wallis Pond Dam	Tr-Whitin Res.	Wallis Pond	Comm of Mass - D E M		16	0	2.54	20	75	10	350
Douglas	MA01172	Potter Road Dam	Mumford River	Mumford River	Guilford Industries Inc.	1900	8	6	0	38	55	9	100
Douglas	MA02762	Cedar St. Pond Dam		Cedar St. Pond	Charles L. Church Jr.	0	0	0	0	2	0	94	0
Douglas	MA02763	Lower Hunts Pond Dam		Lower Hunts Pond	Guilford Industries Inc.	0	0	0	0	0	0	-	0
Douglas	MA02764	Hunts Pond Dam		Hunts Pond	Guilford Industries Inc.	0	0	0	0	0	0	-	0
Douglas	MA00200	Whitin Reservoir Dam	Mumford River	Whitin Reservoir	Interface Fabrics Finishing	1854	33	33	8.9	3122	4132	330	473
Douglas	MA00199	Gilboa Pond Dam	Mumford River	Gilboa Pond	Interface Fabrics Finishing	1900	14	12	0	150	285	21	120
Douglas	MA01173	Old Mill Pond Dam	Mumford River	Mumford River	Guilford Industries Inc.	1900	12	6	0	35	51	-	50
Northbridge	MA02858	Whitins Pond Dam		Whitins Pond	A.T.F. Davidson Co.	0	0	0	0	0	0	135	0
Northbridge	MA00896	Linwood Pond Dam	Mumford River	Linwood Pond	Linwood Realty Co	1865	17.5	0	50	300	590	47	660
Northbridge	MA00894	Meadow Pond Dam	Tr-Mumford River	Meadow Pond	Whitinsville Water Co.	1961	17	2	12.6	1140	0	55	760
Northbridge	MA00893	Carpenter Reservoir Dam	Mumford River	Carpenter Reservoir	Whitinsville Water Co.	1915	48	40	0	1155	1155	83	150
Northbridge	MA00943	Carpenter Reservoir Dike	Mumford River	Carpenter Reservoir	Whitinsville Water Co.	1920	30	25	0	695	695	-	350
Sutton	MA00955	Manchaug Pond Dam	Tr-Mumford River	Manchaug Pond	Interface Fabrics Finishing	1836	28	28	6.7	1974	4385	353	330
Sutton	MA00659	Swans Pond Dam	Tr-Mumford River	Swans Pond	Richard C. Hare	1900	12	7	0	110	230	33	150
Sutton	MA00892	Reservoir #4 Dam	Cook Allen Brook	Reservoir #4	Whitinsville Water Co.	1935	30	24	0	69	120	10	200
Sutton	MA00957	Stevens Pond Dam	Dark Brook	Stevens Pond	Town Of Sutton	1900	30	26	7.3	1130	1450	83	300
Sutton	MA00956	Sutton Falls Dam	Dark Brook	Sutton Falls	Joseph P. Staruk	1900	22	18	80.7	57	57	9	70
Sutton	MA02897	Purgatory Chasm Pond Dam		Purgatory Chasm Pond	Comm of Mass - D E M	0	0	0	0	0	0	-	0
Sutton	MA00899	Reservoir #6 Dam	Tr-Mumford River	Reservoir #6	Whitinsville Water Co.	1905	14	12	0	55	55	15	200
Sutton	MA01171	Lackey Pond Dam	Mumford River	Lackey Pond	Comm of Mass - D E M	1999	16.1	6	0	210	925	120	130
Sutton	MA00888	Reservoir #5 Dam	Cook Allen Brook	Reservoir #5	Whitinsville Water Co.	1900	36	30	0	220	220	25	150
Uxbridge	MA02916	Rivulet Village Pond Dam		Rivulet Village Pond	Unknown	0	0	0	0	0	0	10	0
Uxbridge	MA00895	Whitin Pond Dam	Tr-Mumford River	Whiten Pond	Mclay Associates	1900	10	8	0	137	230	18	200
Uxbridge	MA00898	Rivulet Pond Dam	Spring Brook	Rivulet Pond	Nelmor Co. Inc.	1935	10	8	0	34	50	5	30
Uxbridge	MA00897	Caprons Pond Dam	Mumford River	Coprons Pond	Emile Bernat & Sons Inc.	1905	20	16	0	160	160	17	70
Sutton	MA00660	Upper Tucker Dam Pond	Tr-Mumford River	Tuckers Pond	John Zelenak	1900	0	6	0	110	170	27	120
Douglas	MA02772	Riddle Rd. Pond Dam		Riddle Rd. Pond	Unknown			2	0	0	0	4	0
Northbridge	MA02859	Stonebridge Pond Dam		Stonebridge Pond	A.T.F. Davidson Co.	0	0	0	0	0	0	7	0
Northbridge	MA02862	Riley Pond Dam		Riley Pond	Town Of Northbridge	0	0	0	0	0	0	6	0
Sutton	MA02896	Smith Pond Dam		Smith Pond	Theadore E. Amour	0	0	0	0	0	0	4	0

Total Surf. Area= 1574 acres

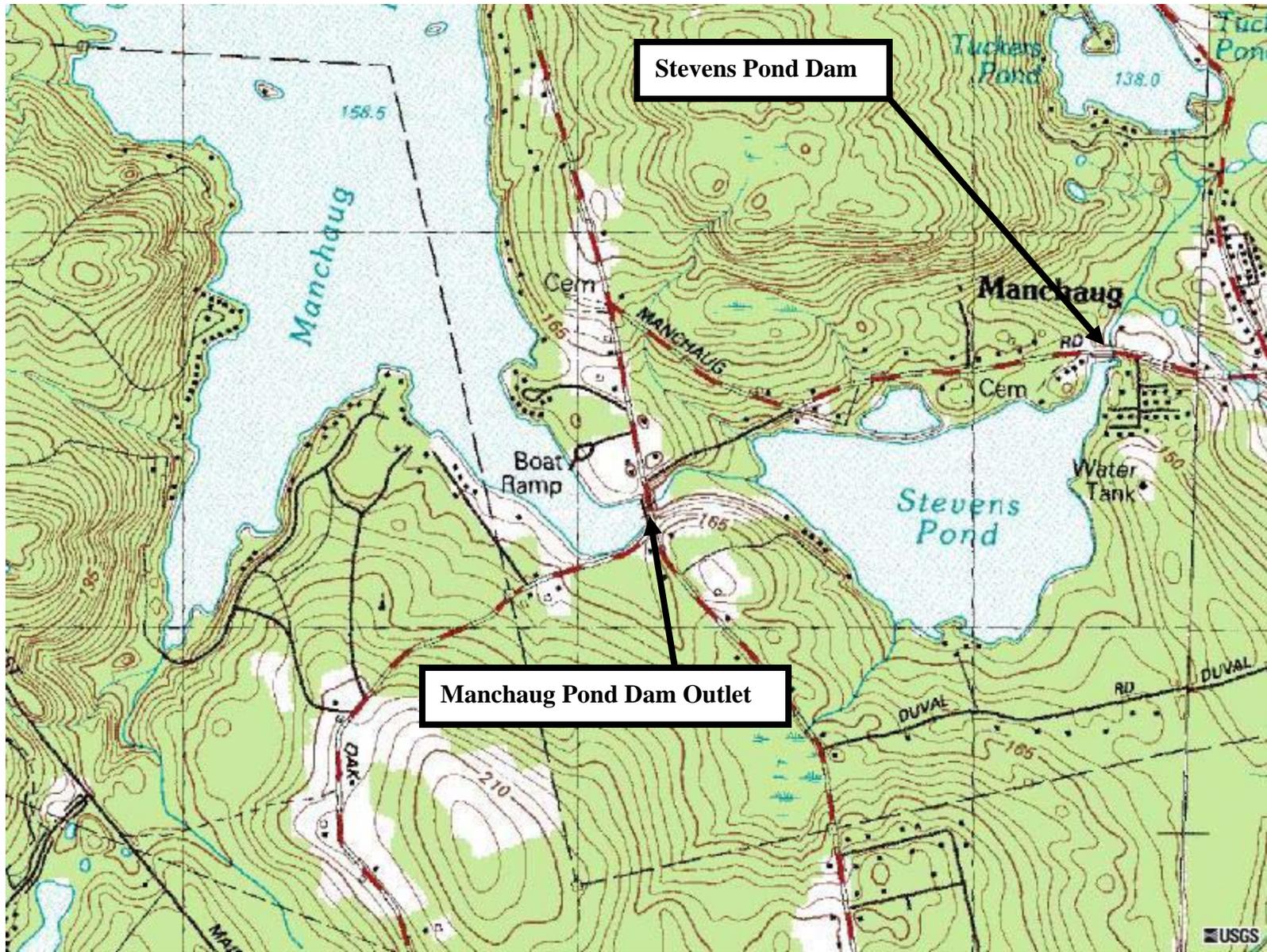
NOTE: None of the information provided in the above table has been verified or confirmed. For example dam ownership changes frequently and the table may not reflect the most up to date information. Where possible, information was obtained as part of this study.

Source: National Inventory of Dams & Massachusetts Office of Dam Safety. Normal Impoundment, Max Impoundment, Surface Area and Drainage Area for Whitin Reservoir and Manchaug Reservoir provided in Acherion Engineering Report, 1986.

**APPENDIX B: PICTURES OF THE MUMFORD
RIVER DAMS, FIGURES B-1 to B-15**

FIGURE B-1

**MANCHAUG DAM – TOPOGRAPHIC MAP
AND PHOTOGRAPHS**





Date: 5/16/03

Description: Manchaug Dam

Comments: Looking at gate that controls discharge



Date: 5/16/03

Description: Manchaug Dam

Comments: Looking at gate that controls discharge



Date: 5/16/03

Description: Manchaug Dam

Comments: Looking at gate from upstream side with flashboards



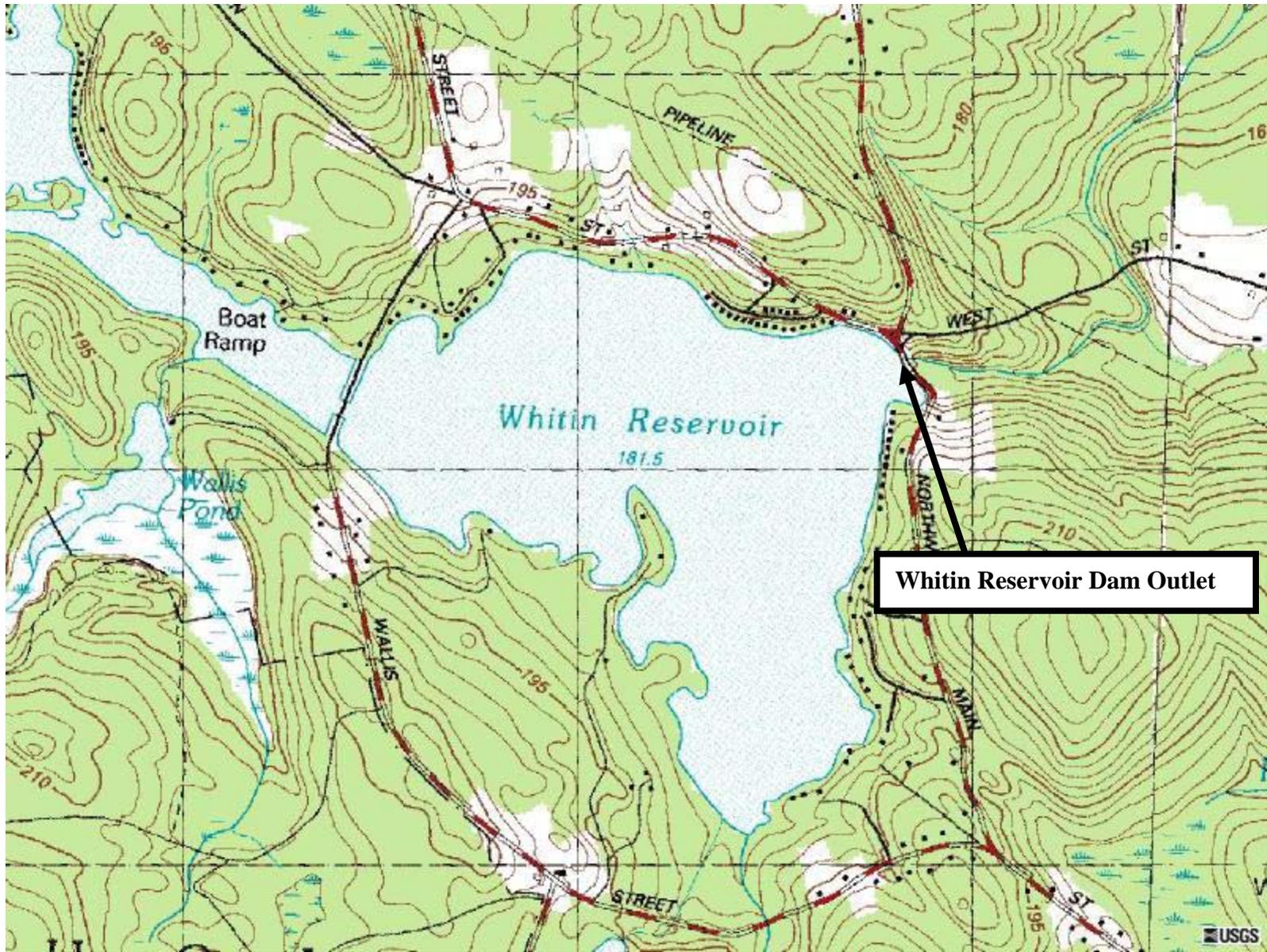
Date: 5/16/03

Description: Manchaug Dam

Comments: Looking at discharge below gate

FIGURE B-2

**WHITIN RESERVOIR DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**



Whitin Reservoir Dam Outlet



Date: 5/16/03

Description: Whitin Reservoir (aka Hydro Projects North)

Comments: Outlet gate at Whitin Reservoir



Date: 5/16/03

Description: Whitin Reservoir

Comments: Emergency spillway



Date: 5/16/03

Description: Whitin Reservoir

Comments: looking upstream at emergency spillway with flashboards



Date: 5/16/03

Description: Whitin Reservoir

Comments: Gate controlling discharge in background near truck



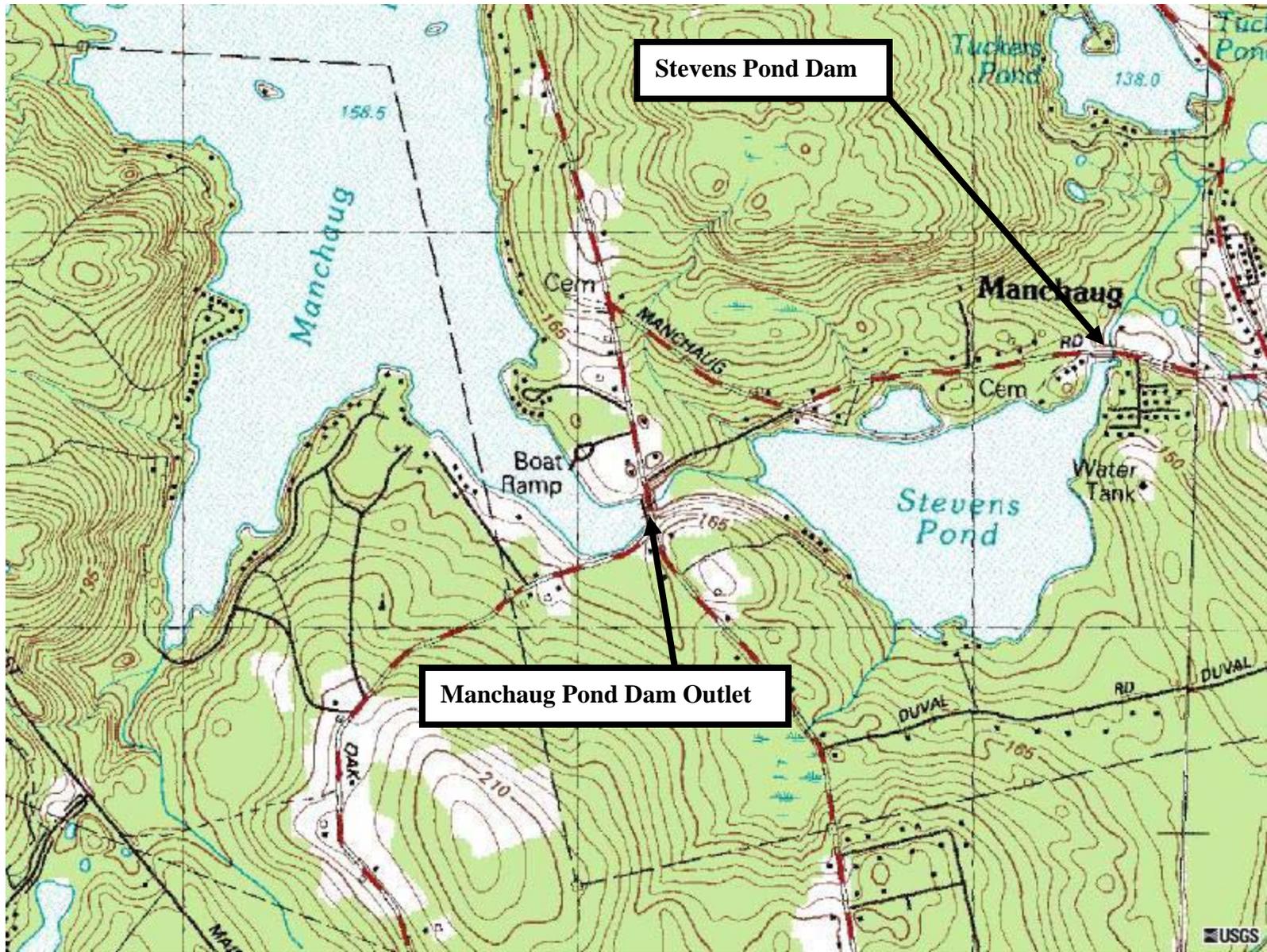
Date: 5/16/03

Description: Whitin Reservoir

Comments: Discharge located below gate

FIGURE B-3

**STEVENS POND DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/03

Description: Stevens Pond Dam

Comments: Looking at walk across Stevens Pond Dam outlet



Date: 5/16/03

Description: Stevens Pond Dam

Comments: Looking at Dam (with flashboards) from the road



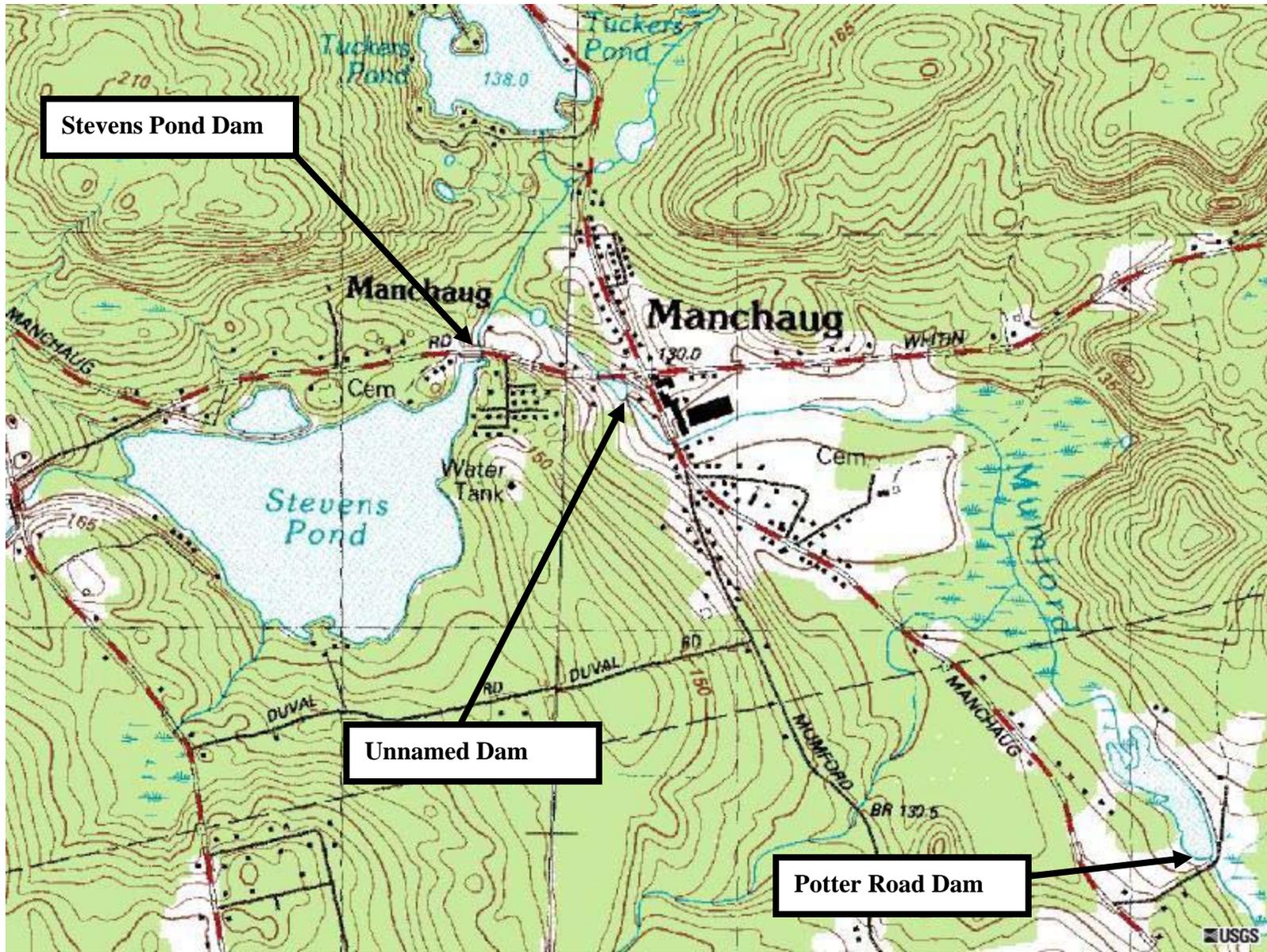
Date: 5/16/03

Description: Stevens Pond Dam

Comments: Looking down the road, dam is located on the right, discharge flows under road

FIGURE B-4

**UNNAMED DAM AT INTERSECTION OF MANCHAUG
ROAD AND WHITIN ROAD- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/03

Description: Unnamed Dam at Manchaug and Whitins RD Intersection

Comments: Looking across face of dam



Date: 5/16/03

Description: Unnamed Dam at Manchaug and Whitins RD Intersection

Comments: Looking across face of dam



Date: 5/16/03

Description: Dam at Manchaug and Whitins RD Intersection

Comments: Looking at low level outlet on left side of the dam looking upstream



Date: 5/16/03

Description: Unnamed Dam at Manchaug and Whitins RD Intersection

Comments: Looking at impoundment



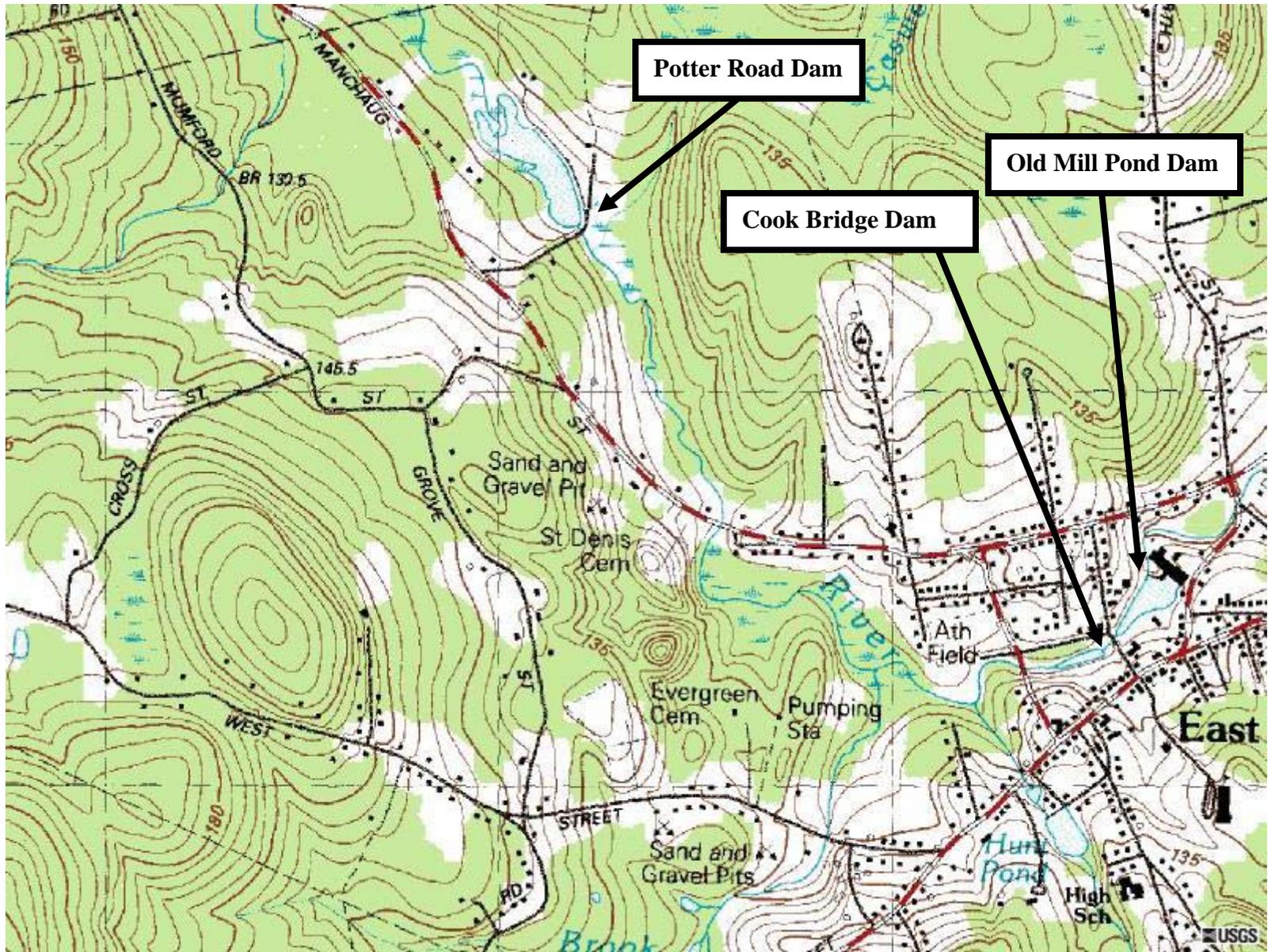
Date: 5/16/03

Description: Unnamed Dam at Manchaug and Whitins RD Intersection

Comments: Looking at intake within the impoundment

FIGURE B-5

**POTTER ROAD DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/03

Description: Potter Road Dam

Comments: Looking upstream, gate on right side of dam



Date: 5/16/03

Description: Potter Road Dam

Comments: Looking across dam.



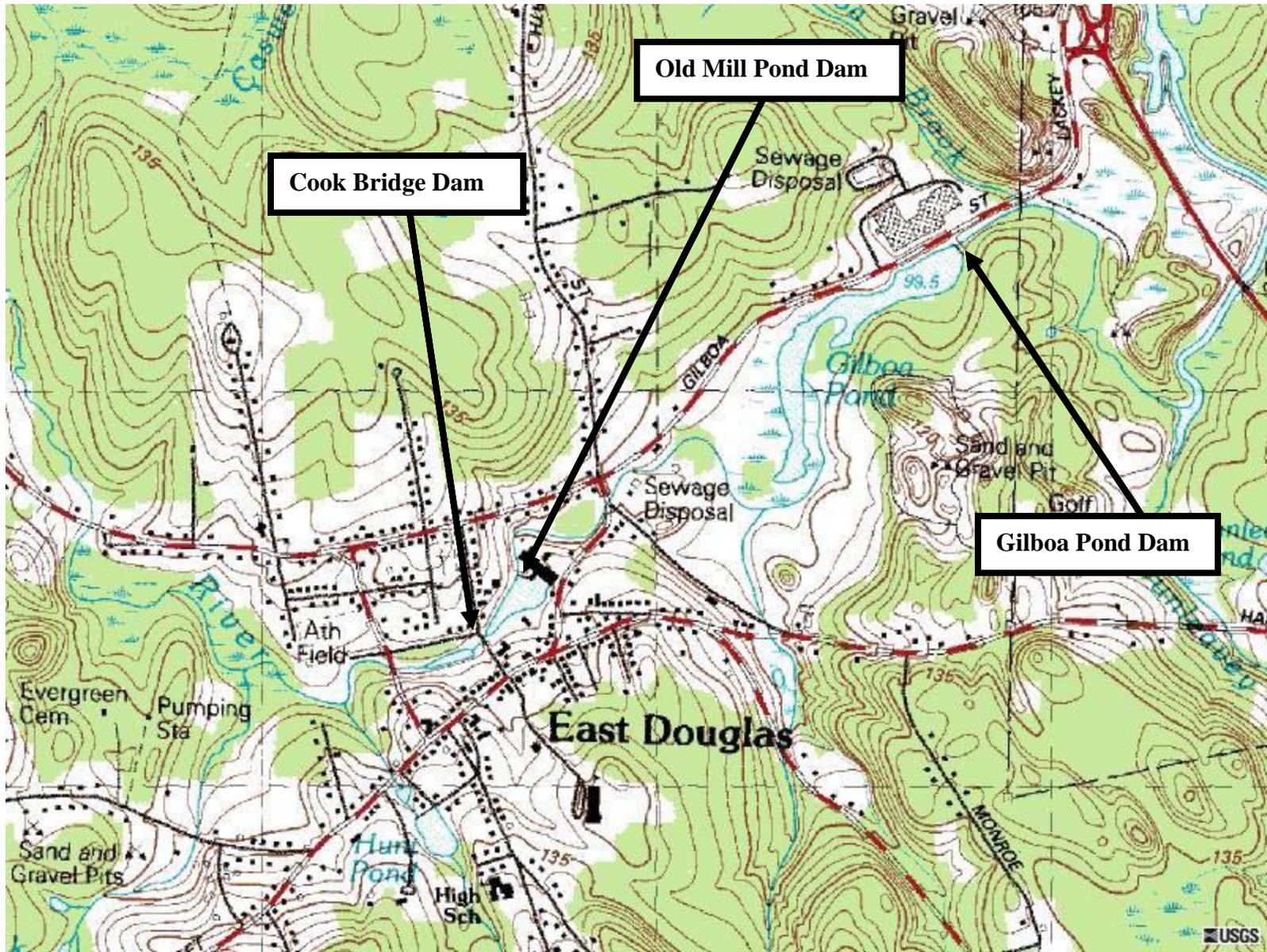
Date: 5/16/03

Description: Potter Road Dam

Comments: Bridge opening just below dam

FIGURE B-6

**COOK BRIDGE DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/03

Description: Cook Bridge Dam

Comments: Looking at Dam



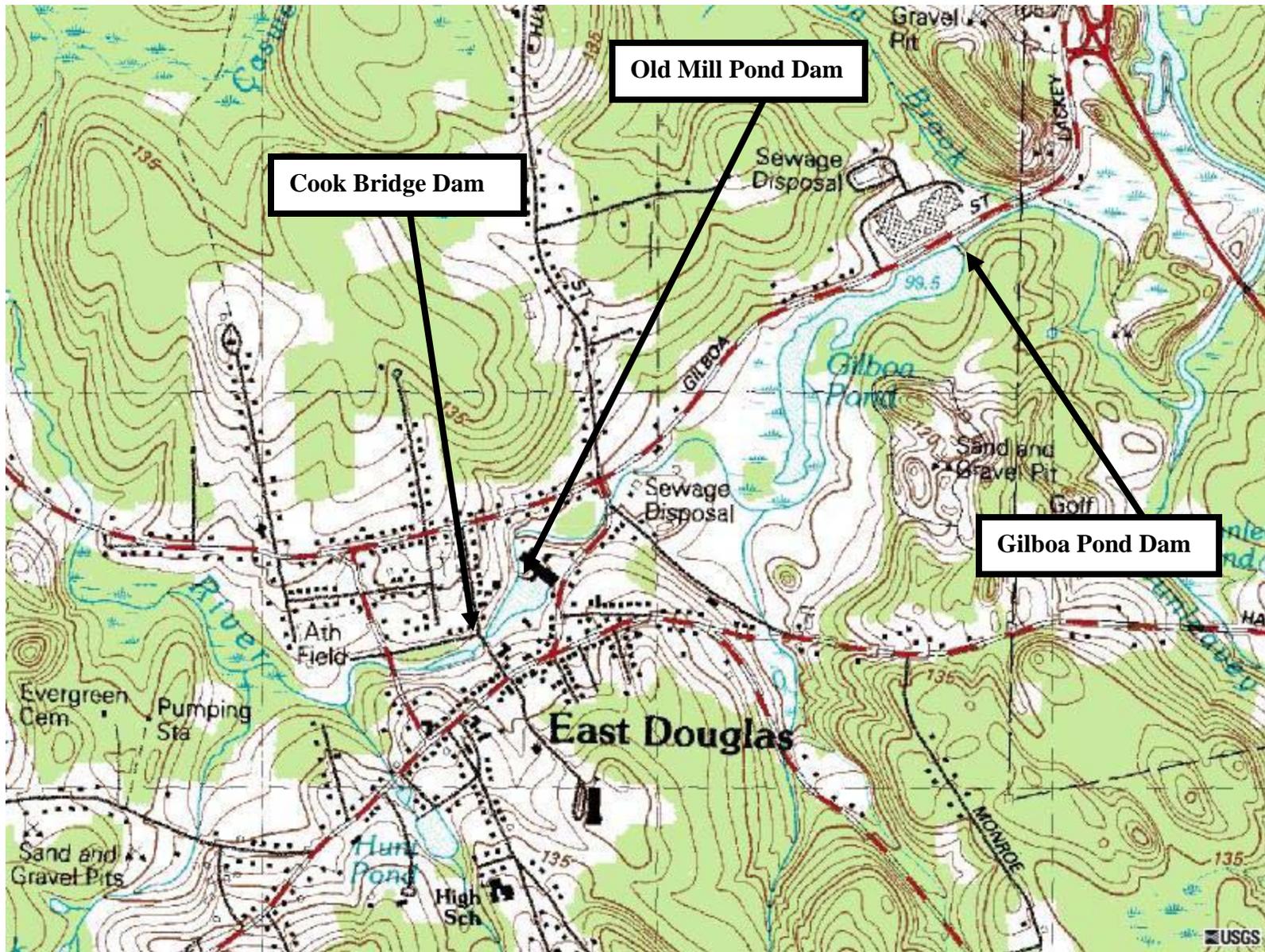
Date: 5/16/03

Description: Cook Bridge Dam

Comments: Looking at dam, gate on left side of dam looking upstream

FIGURE B-7

**OLD MILL POND DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/03

Description: Old Mill Pond Dam, just below Cooks Bridge Dam

Comments: Looking at impoundment, dam located in background



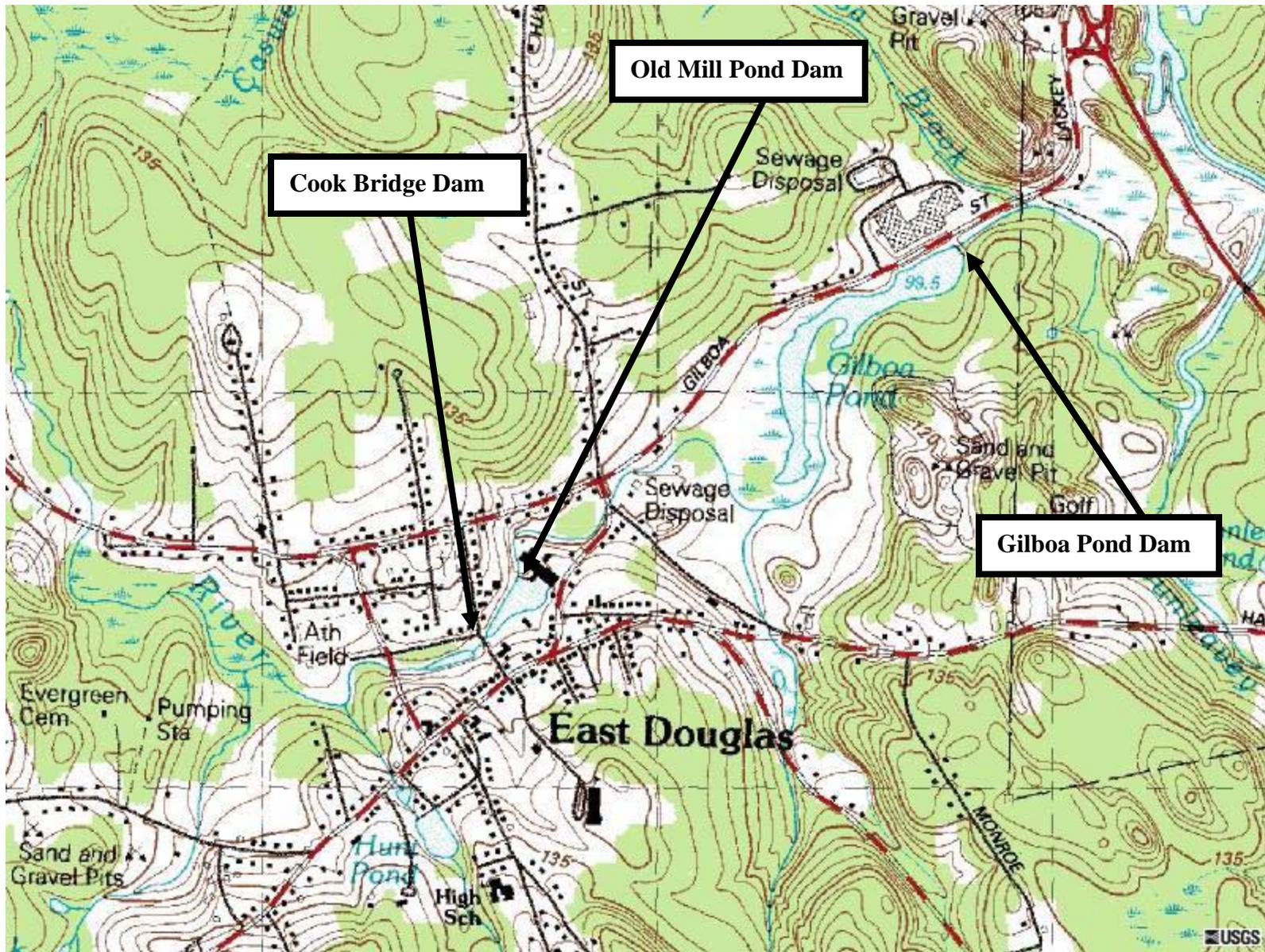
Date: 5/16/03

Description: Old Mill Pond Dam, just below Cooks Bridge Dam

Comments: Looking upstream at dam

FIGURE B-8

**GILBOA POND DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/03

Description: Gilboa Pond Dam

Comments: Looking at Dam



Date: 5/16/03

Description: Gilboa Pond Dam

Comments: Looking at Dam



Date: 5/16/03

Description: Gilboa Pond Dam

Comments: Looking at staff gage, located just below the dam



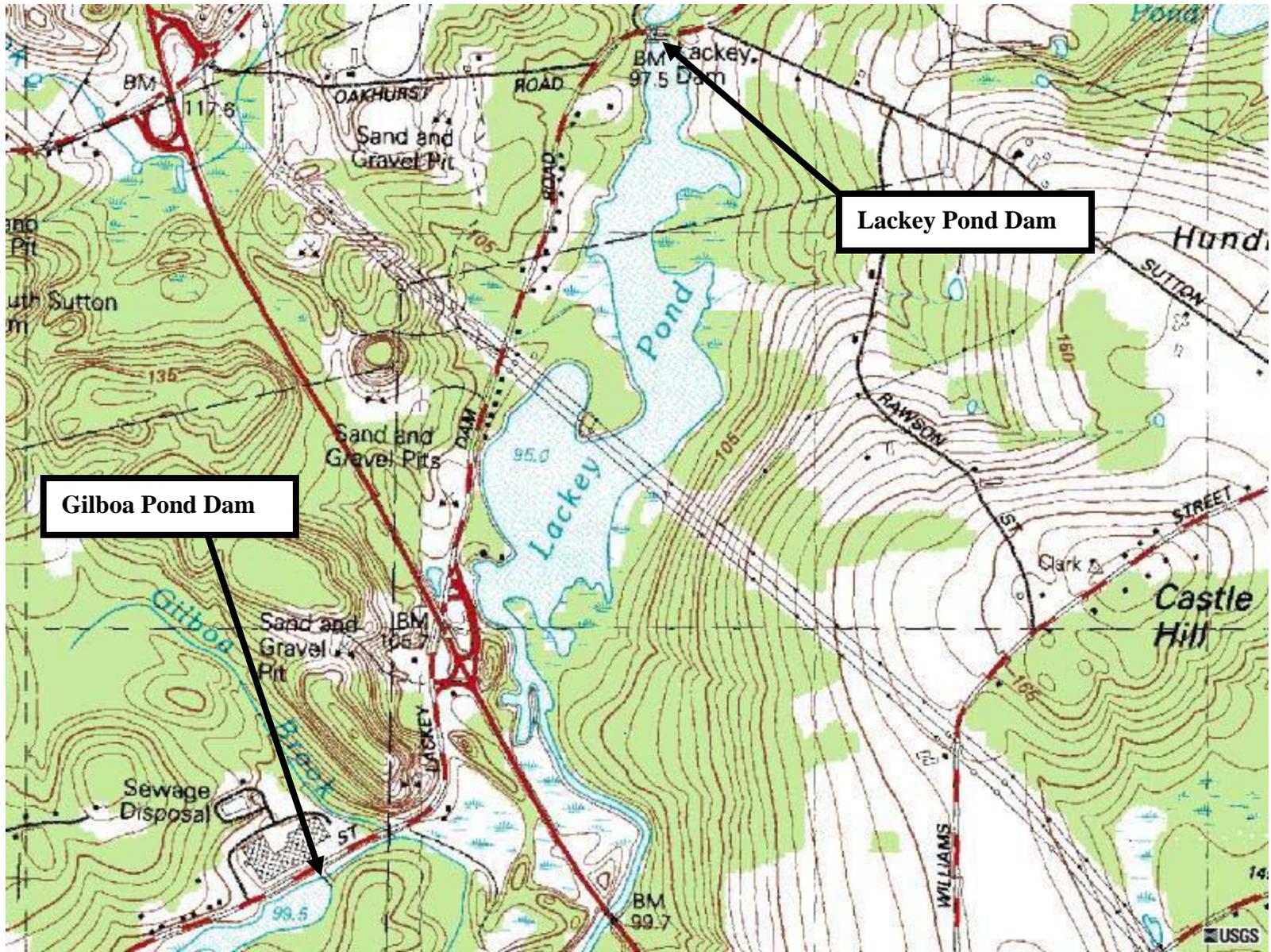
Date: 5/16/03

Description: Gilboa Pond Dam

Comments: Looking at staff gage, located just below the dam

FIGURE B-9

**LACKEY POND DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/03

Description: Lackey Pond Dam

Comments: Looking across dam with gates (gate at far end of the dam), L-shaped dam



Date: 5/16/03

Description: Lackey Pond Dam

Comments: Looking across dam



Date: 5/16/03

Description: Lackey Pond Dam

Comments: Looking at gate on left side of dam looking upstream



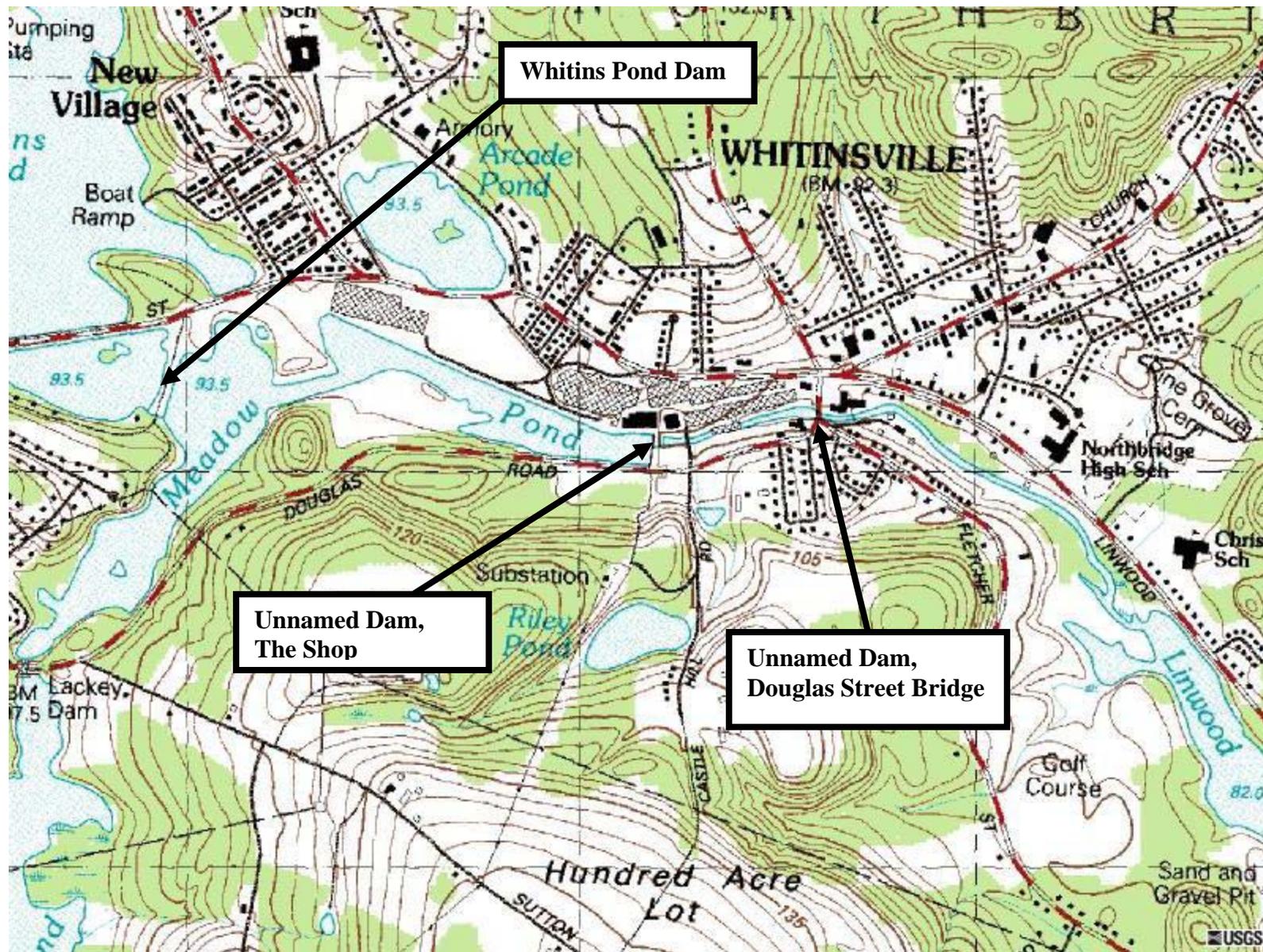
Date: 5/16/03

Description: Lackey Pond Dam

Comments: Looking at right side of dam looking upstream

FIGURE B-10

**WHITINS POND DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/03

Description: Whitins Pond Dam

Comments: Dam separates Whitins Pond and Meadow Pond, Concrete cap.



Date: 5/16/03

Description: Whitins Pond Dam

Comments: Dam separates Whitins Pond and Meadow Pond, Concrete cap



Date: 5/16/03

Description: Whitins Pond Dam

Comments: Gate access thru manhole. Gate never used.



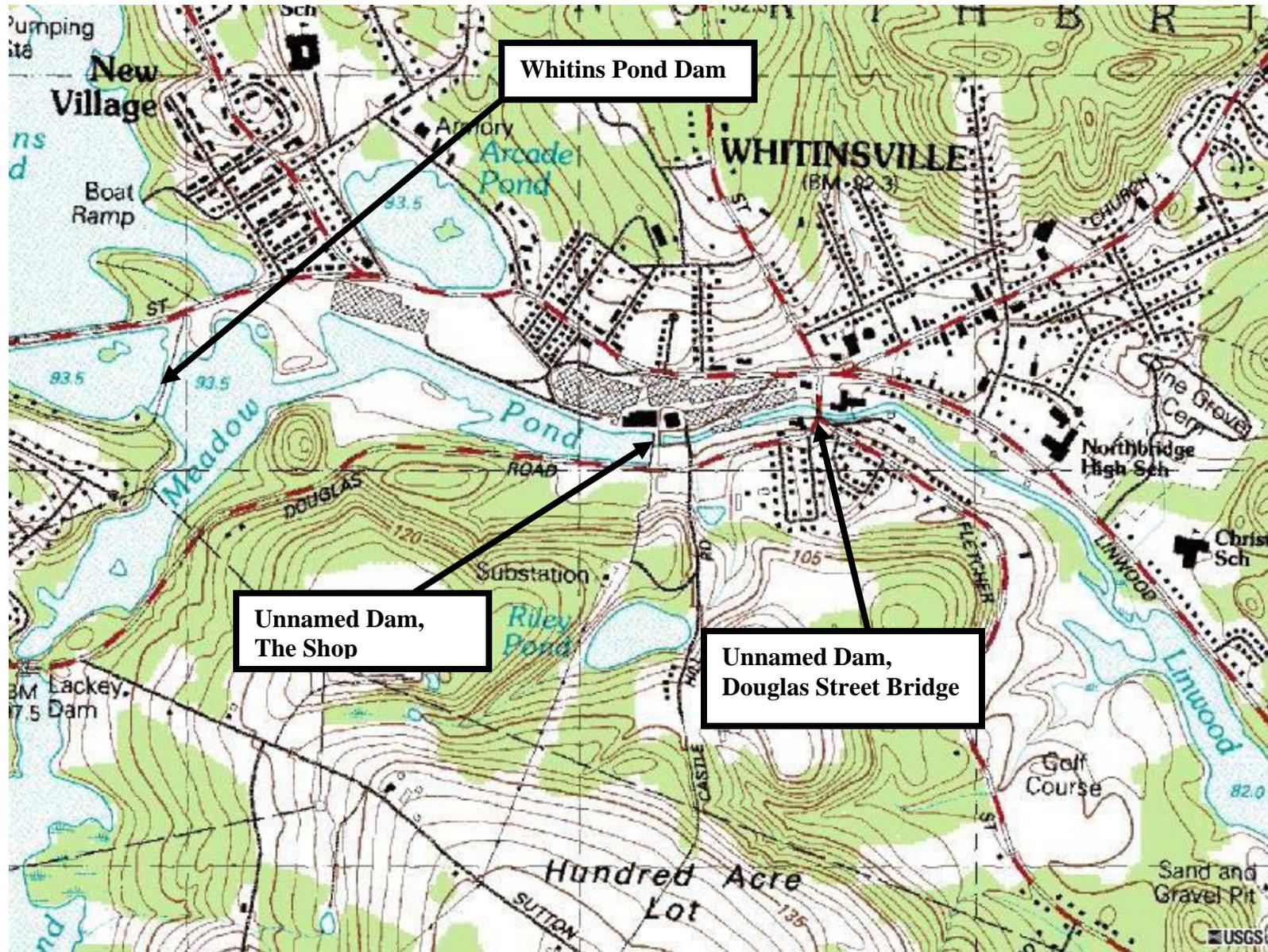
Date: 5/16/03

Description: Whitins Pond Dam

Comments: Looking across earthen dam- dam located in the distance

FIGURE B-11

**UNNAMED DAM (THE SHOP) ALONG MEADOW
POND- TOPOGRAPHIC MAP AND PHOTOGRAPHS**





Date: 5/16/03

Description: Unnamed Dam above Douglas Bridge Dam (The Shop Dam)

Comments: Sluice gate to formal canal (unused now)



Date: 5/16/03

Description: Unnamed Dam above Douglas Bridge Dam (The Shop Dam)

Comments: Looking upstream at dam



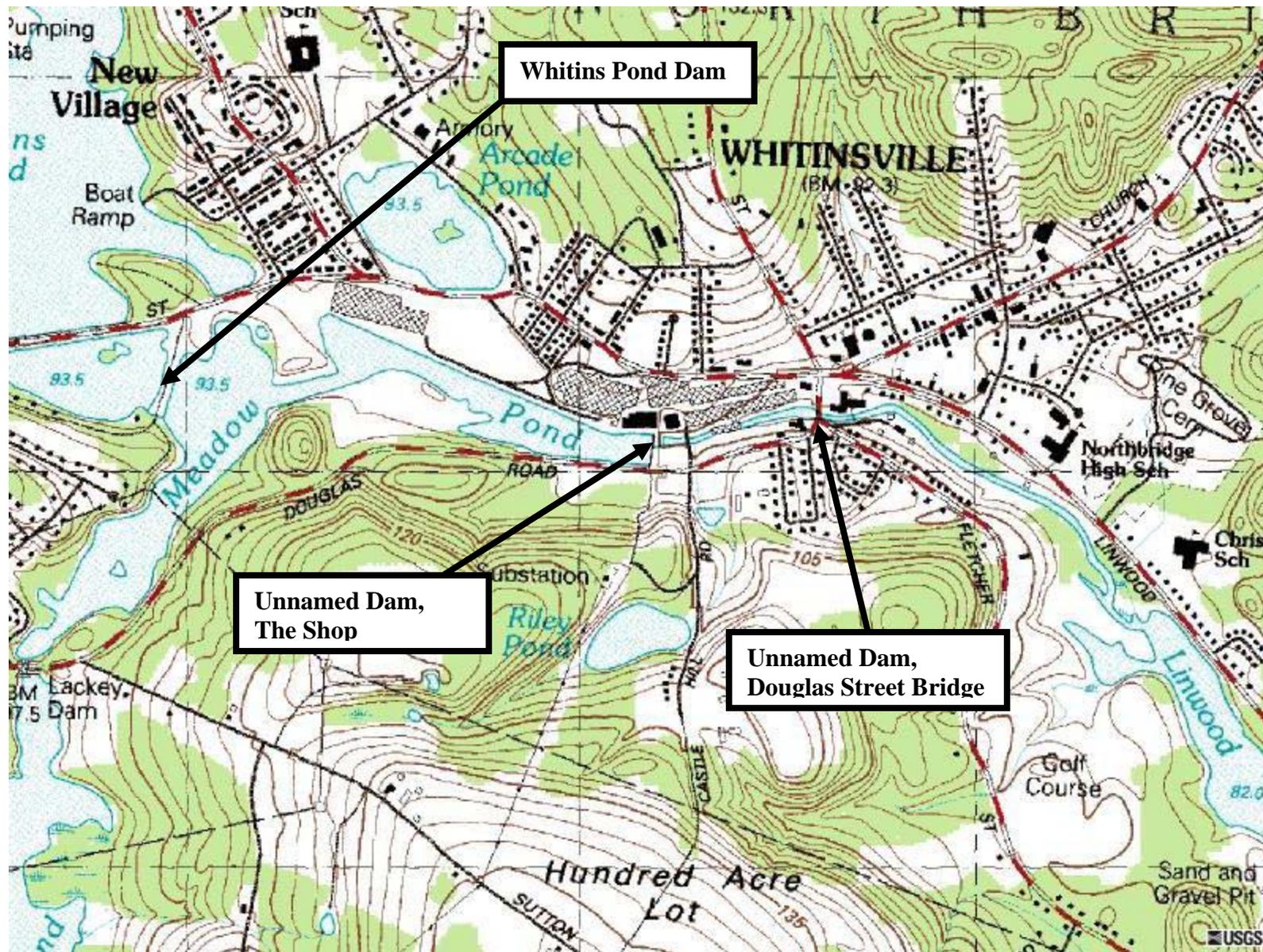
Date: 5/16/03

Description: Unnamed Dam above Douglas Bridge Dam (The Shop Dam)

Comments: Looking upstream across face of dam

FIGURE B-12

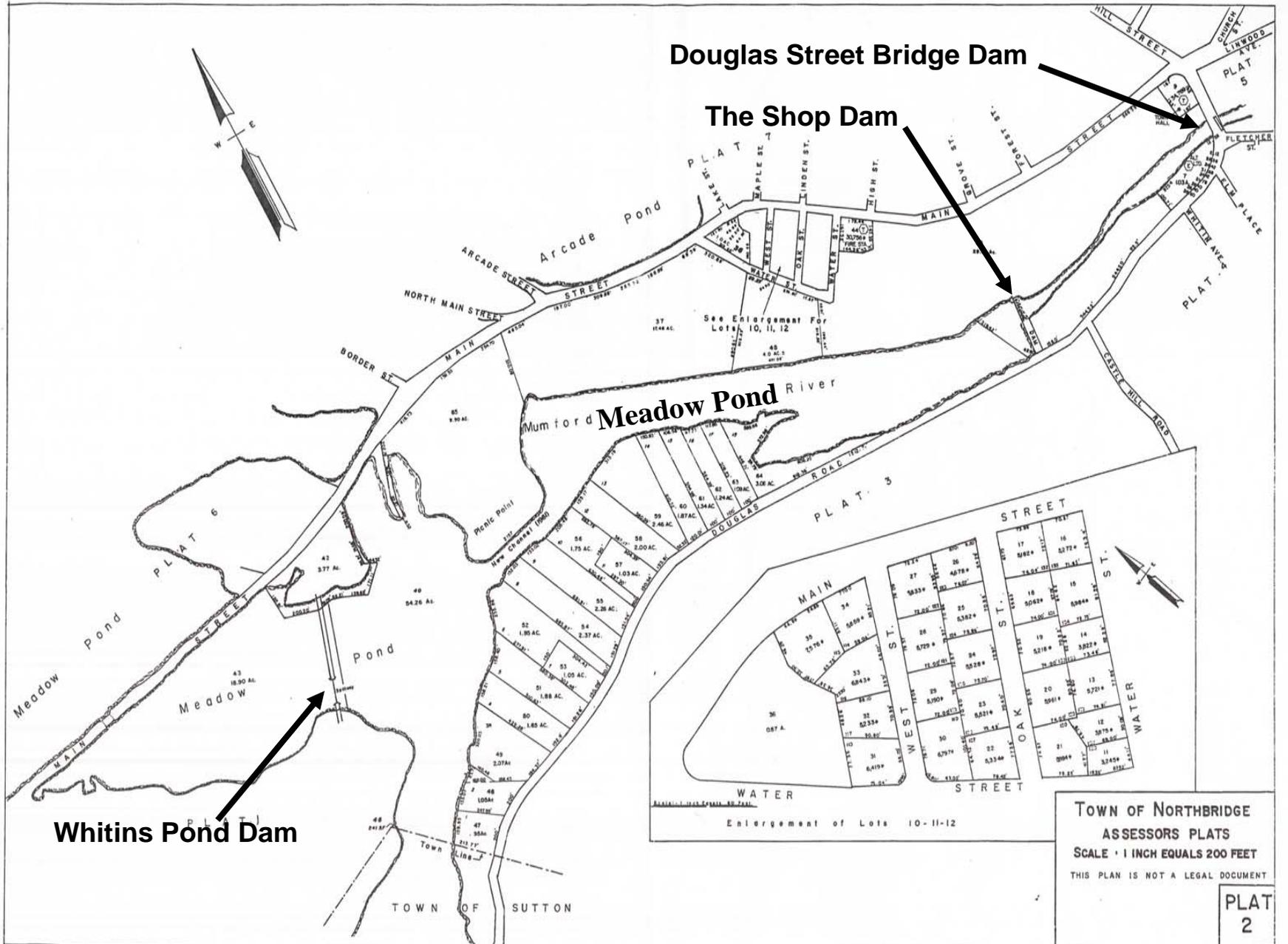
**UNNAMED DAM AT DOUGLAS STREET BRIDGE AT
THE OUTLET OF MEADOW POND- TOPOGRAPHIC
MAP AND PHOTOGRAPHS**



Douglas Street Bridge Dam

The Shop Dam

Whitins Pond Dam



TOWN OF NORTHBRIDGE
 ASSESSORS PLATS
 SCALE - 1 INCH EQUALS 200 FEET
 THIS PLAN IS NOT A LEGAL DOCUMENT

PLAT
 2



Date: 5/16/03

Description: Unnamed Dam on Douglas Road Bridge

Comments: Looking at gates on right side of dam looking upstream



Date: 5/16/03

Description: Unnamed Dam on Douglas Road Bridge

Comments: Looking at dam from Douglas Road Bridge



Date: 5/16/03

Description: Unnamed Dam on Douglas Road Bridge

Comments: Looking at dam from Douglas Road Bridge



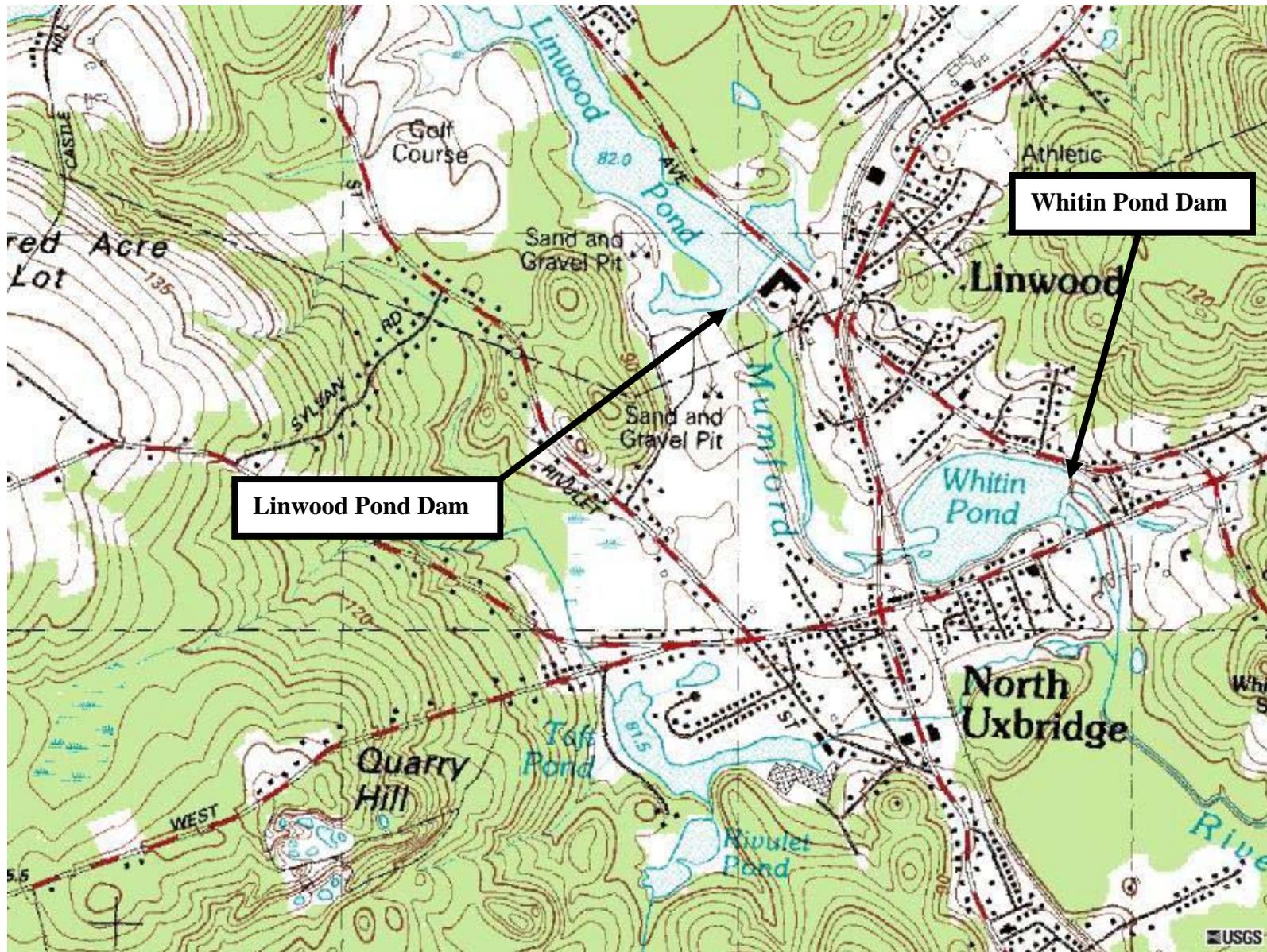
Date: 5/16/03

Description: Unnamed Dam on Douglas Road Bridge

Comments: Gate on left side of dam looking upstream

FIGURE B-13

**LINWOOD POND DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/2003

Description: Linwood Mills Dam

Comments: Looking upstream at dam



Date: 5/16/2003

Description: Linwood Mills Dam

Comments: Looking upstream at left side of dam



Date: 5/16/2003

Description: Linwood Mills Dam

Comments: Looking upstream at right side of dam



Date: 5/16/2003

Description: Linwood Mills Dam

Comments: Looking across top of dam



Date: 5/16/2003

Description: Linwood Mills Dam

Comments: Canadian Geese in the impoundment



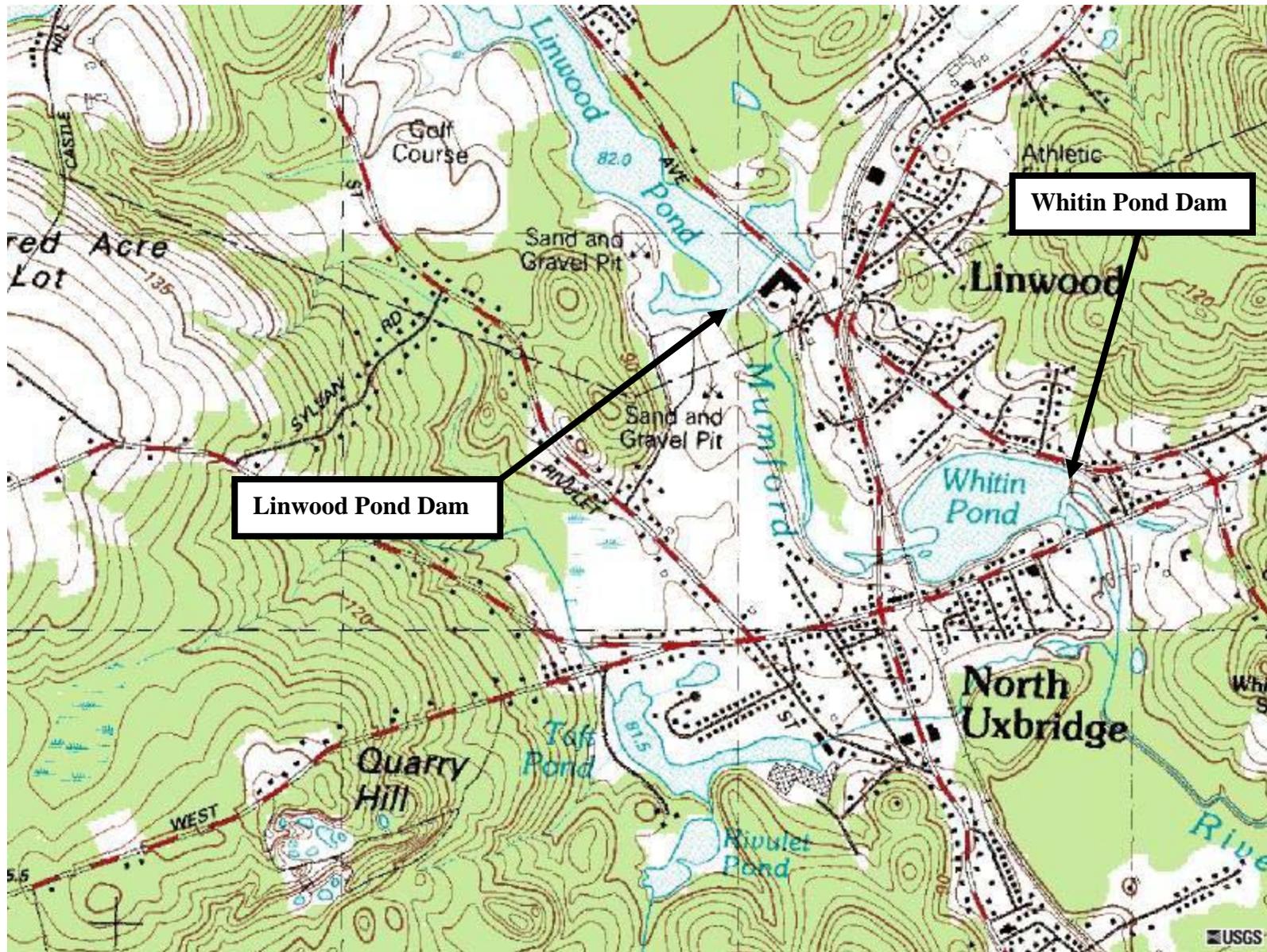
Date: 5/16/2003

Description: Linwood Mills Dam

Comments: Gate is located on right side of dam looking upstream- doesn't appear operational

FIGURE B-14

**WHITIN POND DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/03

Description: Whitin Pond Dam

Comments: Looking across dam



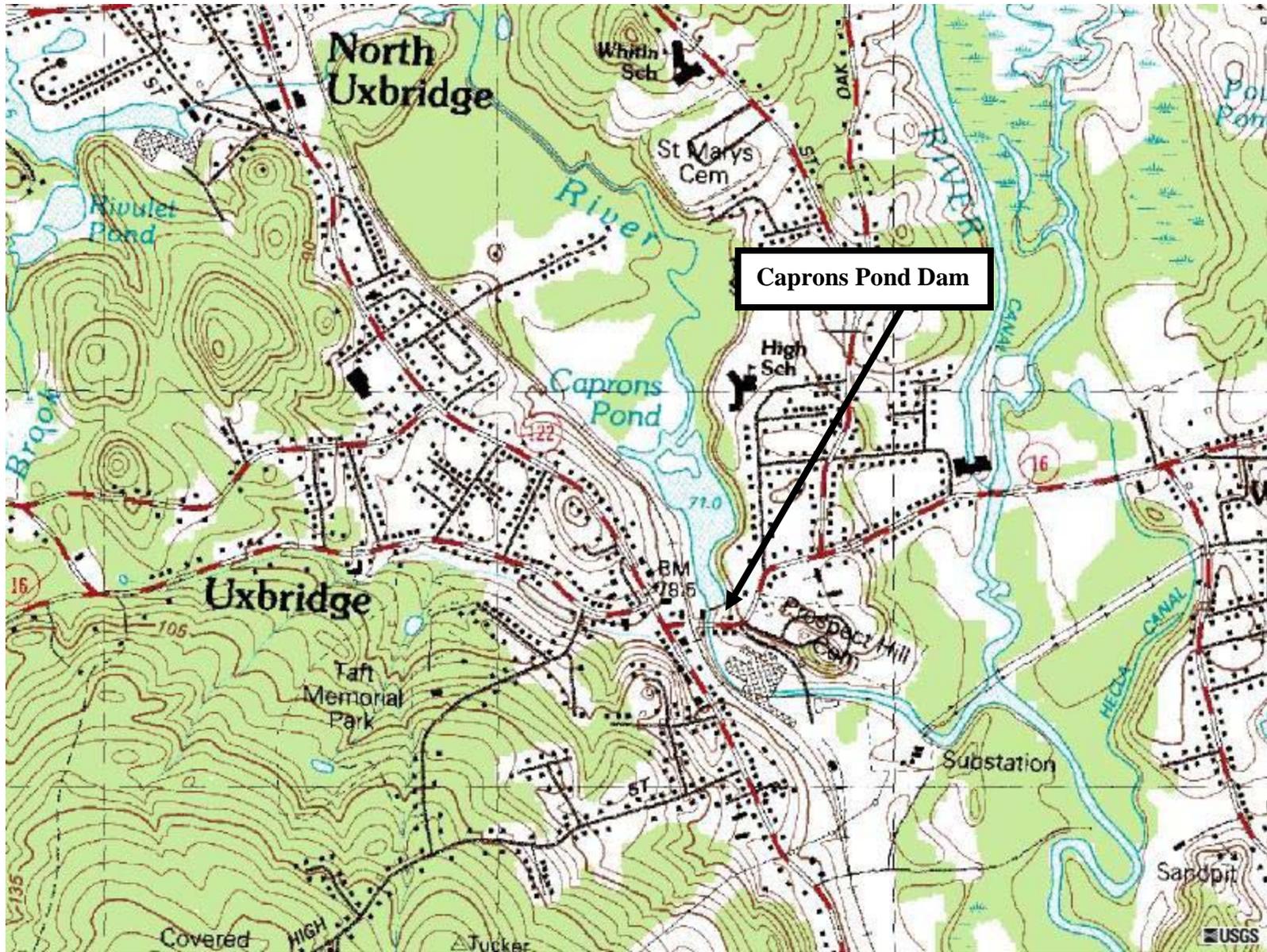
Date: 5/16/03

Description: Whitin Pond Dam

Comments: Looking at gate on the left side of dam looking upstream.

FIGURE B-15

**CAPRONS POND DAM- TOPOGRAPHIC MAP AND
PHOTOGRAPHS**





Date: 5/16/2003

Description: Caprons Dam

Comments: Looking below gate structure on right side of dam looking upstream



Date: 5/16/2003

Description: Caprons Dam

Comments: Looking closer at gate structure located on the right side of the dam



Date: 5/16/2003

Description: Caprons Dam

Comments: Looking at dam



Date: 5/16/2003

Description: Caprons Dam

Comments: Looking at gate on left side of dam looking upstream

APPENDIX C: Water Supply Reports

Reports are Organized as follows:

- 1. WHITINSVILLE WATER COMPANY**
- 2. DOUGLAS WATER DEPARTMENT**
- 3. INTERFACE FABRICS GROUP
FINISHING**
- 4. WHITINSVILLE GOLF COURSE**



The Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection

Daniel S. Greenbaum
 Commissioner

One Winter Street
Boston, Massachusetts 02108

1998 402
 1999 494
 2000 467
 2001 503

November 30, 1990

Mr. Samuel Carpenetti
 Whitinsville Water Company
 44 Lake Street
 Whitinsville, MA 01588

RE: Water Withdrawal Permit #9P-2-12-216.01

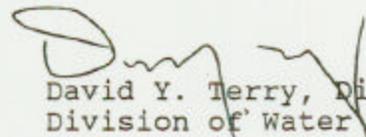
Dear Mr. Carpenetti:

In response to your application for an permit to withdraw water from sources located in the Blackstone River basin, and after having completed the regulatory notice and review, I hereby issue the attached withdrawal permit. As of the date of your receipt of this permit, any interim permit issued to you is void and has no effect.

The permitted volumes shown in Special Condition 1, Authorized Withdrawal Volume, are based on the population and water demand projections prepared by the Department of Environmental Management as part of the ongoing river basin planning project. These volumes may be different from those contained in your original permit application and will be reviewed and revised as necessary when the Blackstone Basin water management permits are reviewed in 1994.

If you have any questions regarding this permit, please contact Andrew Gottlieb, Beth McCann or Sarah Crockett at (617) 556-1077.

Sincerely,


 David Y. Terry, Director
 Division of Water Supply



The Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection

Daniel S. Greenbaum
 Commissioner

One Winter Street
Boston, Massachusetts 02108

WATER WITHDRAWAL PERMIT
MGL c 21G

This permit is issued pursuant to the Massachusetts Water Management Act for the sole purpose of authorizing the withdrawal of the volume of water stated below and subject to the following special and general conditions. This permit conveys no right in or to any property beyond the right to withdraw the volume of water for which it is issued.

PERMIT NUMBER: 9P-2-12-216.01 **RIVER BASIN:** Blackstone

PERMITTEE: Whitinsville Water Company
 44 Lake Street
 Whitinsville, MA 01588

EFFECTIVE DATE: November 30, 1990

EXPIRATION DATE: February 28, 2009

NUMBER OF WITHDRAWAL POINTS:

Groundwater: 3

Surface Water: 1

DAYS OF OPERATION: 365

LOCATION(S):

<u>Source</u>	<u>Source Code</u>	<u>Latitude</u>	<u>Longitude</u>	<u>Location</u>
Whitin Pond Wellfield	216-01G	42 07 03	71 41 13	Carr St., Northbridge
Sutton Wells	216-02G	42 07 05	71 42 46	Mendon Rd., Sutton
Gravel Packed Wellfield	216-03G	42 06 30	71 41 20	on Meadow Pond Whitinsville
Meadow Pond		42 06 40	71 41 10	Whitinsville

SPECIAL CONDITIONS

1. Authorized Withdrawal Volume

This permit authorizes the withdrawal of water, on average over a calendar year, at the rate described below. The volume reflected by this rate is in addition to the 1.09 mgd previously registered to the permittee through the Water Management Act Program.

The permitted volume is expressed in millions of gallons, both as an average daily withdrawal rate per year and as a total annual withdrawal volume for each of the four periods of the twenty-year permit term.

Withdrawals are authorized as follows:

		<u>Daily Average (MGD)</u>	<u>Total Annual (MGY)</u>
Period One Years 2-5	11/26/1990 to 2/28/1994	0.00	0.00*
Period Two Years 6-10	3/1/1994 to 2/28/1999	0.17	62.05
Period Three Years 11-15	3/1/1999 to 2/28/2004	0.25	91.25
Period Four Years 16-20	3/1/2004 to 2/28/2009	0.34	124.10

* Department of Environmental Management population projections show that demand will increase by less than 100,000 gpd over the registered volume between 1989 and 1994. Permits are required only for increases in excess of 100,000 gpd, thus, withdrawals during the first 5-year period cannot exceed 1.19 mgd.

2. Authorized Withdrawal Points

Withdrawals from individual withdrawal points are not to exceed the approved pumping rate and the resultant volume listed below without specific advance written approval from the Department.

<u>Source</u>	<u>Source Code</u>	<u>Pumping Rate (gpm)</u>	<u>Daily Rate (mgd)</u>
Whitin Pond Wells	216-01G	1000	1.44
Sutton Wells	216-02G	1000	1.44
Gravel Packed Wells	216-03G	500	0.72
Meadow Pond		2400	3.46

3. Zone of Contribution (Zone II) Delineations

Zone II delineations for the Whitin Pond wellfield, the Sutton wellfield and the gravel packed wellfield, conducted in accordance with current Division of Water Supply "Guidelines and Policies for Public Water Systems", must be submitted to the Department for approval within three (3) years of the issuance of this water withdrawal permit.

4. Safe Yield of Surface Water Supplies

By January 1, 1992, the Whitinsville Water Company must submit to the Department, for review and approval, a study which determines the safe yield of its reservoir system.

Prior to initiating the safe yield study, the Whitinsville Water Company is required to submit the proposed scope of study to the Department for review and comment.

The Department will use the study to determine the safe yield of the Whitinsville Water Company's reservoir system. If the safe yield is below any or all of the daily average volumes conditionally approved above, said authorized volumes shall be reduced to not exceed the reservoir system safe yield. Said adjustment shall be in the form of an amended permit which will supercede this permit, rendering it void. Failure by the Whitinsville Water Company to submit a final safe yield study by January 1, 1992, will result in this permit being void and having no effect.

5. Water Conservation Requirements

Based on the minimum water conservation requirements, the Department has accepted the Whitinsville Water Company's Water Conservation Plan and Plan of Action (Plan of Action attached) as a permit condition with the following modifications:

- o Leak repair reports are to be kept and to be available for inspection by the Department.
- o Educational bill stuffers with water conservation tips or water saving messages are to be included annually with customers' water bills, or as a separate mailing.
- o Set the rate structure to be either a flat rate structure or an increasing block rate structure.
- o Establish an on-going program to test all meters over 10 years old with funds included in the annual water department budget to recalibrate, repair and replace meters as necessary.

GENERAL CONDITIONS (applicable to all permittees)

1. Duty to Comply The permittee shall comply at all times with the terms and conditions of this permit, the Act and all applicable State and Federal statutes and regulations.
2. Operation and Maintenance The permittee shall at all times properly operate and maintain all facilities and equipment installed or used to withdraw up to the authorized volume so as not to impair the purposes and interests of the Act.
3. Entry and Inspections The permittee or the permittee's agent shall allow personnel or authorized agents or employees of the Department to enter and examine any property for the purpose of determining compliance with this permit, the Act or the regulations published pursuant thereto, upon presentation of proper identification and an oral statement of purpose.
4. Water Emergency Withdrawal volumes authorized by this permit are subject to restriction in any water emergency declared by the Department pursuant to MGL c 21G ss 15-17, MGL c 150 ss 111, or any other enabling authority.
5. Transfer of Permits This permit shall not be transferred in whole or in part unless and until the Department approves such transfer in writing, pursuant to a transfer application requesting such approval received by the Department at least thirty (30) days before the effective date of the proposed transfer. Transfer applications shall be filed on forms provided by the Department. No transfer application shall be deemed filed unless it is accompanied by the applicable transfer fee established by 310 CMR 36.37.
6. Duty to Report The permittee shall submit annually, on a form provided by the Department, a certified statement of the withdrawal, such report to be received by the Department by January 31st of each year. Such report must be mailed or hand delivered to:

Department of Environmental Protection
Division of Water Supply
Water Management Program
One Winter Street
Boston, MA 02108

7. Duty to Maintain Records The permittee shall be responsible for maintaining monthly withdrawal records.

NO WITHDRAWAL AUTHORIZED HEREIN SHALL EXCEED THE SAFE YIELD OF THE BASIN AS DETERMINED BY THE DEPARTMENT.

NO WITHDRAWAL IN EXCESS OF 100,000 GALLONS PER DAY OVER REGISTERED VOLUME (if any) SHALL BE MADE FOLLOWING THE EXPIRATION

OF THIS PERMIT, UNLESS BEFORE THAT DATE THE DEPARTMENT HAS RECEIVED A RENEWAL PERMIT APPLICATION PURSUANT TO 310 CMR 36.00.

Parties aggrieved by the issuance of this permit are hereby advised that they may request an adjudicatory hearing under the provisions of Chapter 30A of the Massachusetts General Laws and 310 CMR 1.00, Rules for the Conduct of Adjudicatory Proceedings, and 310 CMR 4.00. Any such request for a hearing must be addressed to Docket Clerk, Department of Environmental Protection, One Winter Street, 3rd floor, Boston, MA 02108, and must be received no later than twenty-one days after the permit issuance date.

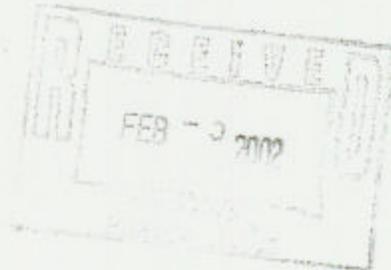
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Whitinsville Water Company

44 Lake Street, P.O. Box 188
Whitinsville, MA 01588
Email: wwcompany@aol.com

(508) 234-7358 tel.
(508) 234-5610 fax

February 1, 2002



Mr. Dwayne Lavangie
Department of Environmental Protection
Division of Water Shed Management
One Winter Street
Boston, MA 02108

RE: WATER WITHDRAWEL PERMIT #9P - 2 - 12 - 216.01

Dear Dwayne;

Enclosed please find the "Water Withdrawal" annual report with regards to the water transferred out of Meadow Pond for use at the power plant.

The volume of water indicated on the enclosed report will not appear as water withdrawn on our Annual Statistical Report for the Drinking Water Program. I only include water pumped from our well fields on the drinking water statistical report.

I will be completing the statistical report for the water we produced from our wellfields in the next few days for submittal to the drinking water program.

If you have any concerns, whatsoever, with the transfer of water out of Meadow Pond for the use at the power plants, please let me know and I will have the activity terminated immediately.

If there are any questions, please contact me.

Sincerely yours,
THE WHITINSVILLE WATER COMPANY

Jim Ouellet
Manager

Whitinsville Water Company

✓
2000/2001
permits (21)

44 Lake Street, P.O. Box 188
Whitinsville, MA 01588
Email: wwcompany@aol.com

(508) 234-7358 tel.
(508) 234-5610 fax

April 10, 2002

Ms. Paula Carron
Department of Environmental Protection
Division of Water Supply
627 Main Street
Worcester, MA 01605

both

RE: REACTIVATING THE GRAVEL PACK WELL

Dear Paula,

In our efforts to be certain to meet our responsibilities of providing an adequate, safe drinking water supply, we decided last fall to rehabilitate an old well that has not been used for approximately 10 years.

The well is know as the "Gravel Pack Well" and is located on Meadow Pond Road in Whitinsville. I have enclosed the Withdrawal Permit for the source.

We are in the process of having the well cleaned and relined. I will then be taking a full spectrum of samples which I would ask that you please review to be certain I have the water tested for everything you will request. I plan to have the well tested for the following parameters:

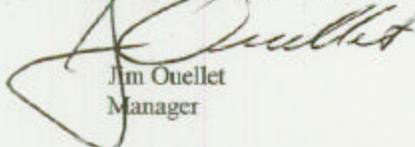
- Coliform Bacteria
- Secondary Contaminants
- Volatile Organic Compounds
- Synthetic Organic compounds
- Inorganics(metals)
- Radiation parameters

I believe this would be the samples needed for a new well. I will also discuss with the lab any additional samples required for anew well in Massachusetts. Our plan is to have the well available for operation in early June to meet any demand should it be necessary.

Please advise if there is any additional information I need to provide in addition to the water quality. I am going to size new pump for the well at 300 gpm or less.

Please contact me if there are any questions.

Sincerely yours,
THE WHITINSVILLE WATER COMPANY


Jim Ouellet
Manager

508
752
7423
505

APR 12 2002

FILE



11/28/99

11/28/99

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Drinking Water Program

COMMUNITY YEAR 1998
PWS Name: Whitinsville Water Co.
City/Town: Whitinsville, MA
PWS ID#: 2216000

1998 Public Water Supply Annual Statistical Report

For Community Public Water Systems-Reporting Period: 1/1/98 - 12/31/98

SECTION A: Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief. I also certify that the cross connections, if any, listed as part of Section C.11 comply with the Department's Regulations under 310 CMR 22.22.

Name: Jim Ouellet Title: Manager
Of certifying person

Signature: [Signature] Date: 1-26-99

Owner's Name (if not municipal): Whitinsville Water Company, Inc.

Address: PO Box 188 44 Lake Street

Phone Number: 508-234-7358 Internet Address: WWCompany@AOL.Com Fax Number: 508-234-5610

SECTION B: Public Water Supply Information

1. Mailing address of public water system if different from enclosed Comprehensive Statistical Report: _____

2. Federal Employment Identification Number (FEIN): 04 2216 258

3. Is this system a not-for-profit organization? Yes [] No [X] If yes, indicate Tax Exempt code (i.e. 501(c) _____

4. Primary Contact: Jim Ouellet Phone# 508-234-7358

5. Certified Drinking Water Operators employed by the PWS* (Attach list of all additional facility operators and corresponding license numbers)

Primary Certified Operator - Distribution: Name: Wayne Plante Grade: II Lic.#: 2208

Secondary Certified Operator - Distribution: Name: Jim Ouellet Grade: II Lic.#: 5605

Primary Certified Operator - Treatment: Name: Wayne Plante Grade: II Lic.#: 2208

Secondary Certified Operator - Treatment: Name: Jim Ouellet Grade: II Lic.#: 5605

Please use a separate sheet of paper to list additional operators if necessary

* NOTE: You must have certified operators in accordance with 310 CMR 22.11B.

If you do not have a certified drinking water supply operator, please call (617) 292-5910 for information

6. Names of Water Commissioners/Selectmen/Trustees (if applicable). Please provide an organizational chart, if available.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

7. POPULATION SERVED: Winter population (Oct. - Mar.) 15000 Summer population (Apr. - Sept.) 15000

8. DISTRIBUTION METER INFORMATION: Percentage of distribution system metered: 100 %

**Public Water Supply
Annual Statistical Report**

PWS Name: Whitinsville Water Co.
City/Town: Whitinsville, MA
PWS ID#: 2216000

SECTION B: Public Water Supply Information (continued)

9. SYSTEM INFORMATION:

- a. Number of Service Connections? 1759
- b. Percentage of water obtained from the following sources (100% Total):
 Ground Water % 100 Surface Water % _____ Purchased Ground % _____ Purchased Surface % _____
- c. Finished Water Storage Capacity (MG) 1.5

SECTION C: Cross Connection Control program

- 1. Cross Connection Control Coordinator: Jim Ouellet Phone # 508-234-7358
- 2. Cross Connection Control Surveyor: Jim Ouellet - Wayne Plante Phone # 508-234-7358
 For a list of certified surveyors, see attached list.
 Address if different from water system: _____
- 3. Does your water system review and approve design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPs), double check valve assemblies (DCAs), and air gap separations with tank and pump arrangements in accordance with 31022.22(4)(b) if yours is a delegated public water system?
 Yes No Not a delegated system in 1998
- 4. Does your water system ensure, upon completion of installation, that backflow prevention devices are installed according to the approved design data sheets and plans and are tested for proper operation in accordance with 310 CMA 22.22(4)(b) if yours is a delegated public water system?
 Yes No Not a delegated system in 1998
- 5. What percentage of the facilities in the following categories has been surveyed for cross connections?
 Industrial 100; Commercial 100; Institutional 100; Municipal 100; If not 100%, when will surveys be completed? _____/_____/_____
- 6. How many of these facilities have you surveyed this year? Industrial 1; Commercial 13; Institutional 1; Municipal 4
- 7. What number of violations have you found this year? 0
- 8. What is the total number of RPs on your water system? 51
- 9. What is the total number of DCAs on your water system? 25
- 10. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)? Yes No Number tested _____
- 11. Provide a list on an attached sheet(s) of the cross connections that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22.
 The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. If no list attached, check here.
- 12. What is the maximum time taken to protect a cross connection after the discovery of a violation or failed test? Check one.
 14 days 30 days 90 days Greater than 90 days
- 13. Do you have an active educational program directed toward residential users? Yes No
- 14. Do you have an active educational program for Industrial, Commercial, Institutional and Municipal users? Yes No
- 15. Has there been any occurrence of backflow of water into your water system this year? Yes No
 If yes provide Date, Time, and Location.

**Public Water Supply
Annual Statistical Report**

PWS Name: Whitinsville Water Co.
City/Town: Whitinsville MA
PWS ID#: 2216000

SECTION D: EMERGENCY, WATER PRODUCTION & CONSUMPTION INFORMATION

1. EMERGENCY PLAN SUBMITTAL:

Have you prepared and submitted a copy of your Emergency Contingency Plan to DEP?

YES NO

a. If YES, please list any recent changes to the plan: _____

b. If NO, please prepare your plan and submit a copy with your Annual Statistical Report.

(For the proper forms and assistance you may call: (617)348-4004 or (617)292-5770)

2. EMERGENCY DIRECTORY UPDATE:

Have you updated Attachment #1 (Local Authorities and Departments) of the Handbook for Water Supply Emergencies in last six (6) month?

YES NO

a. If NO, please update this directory list and return a completed copy with your Annual Statistical Report.

(A pink copy of attachment #1 is enclosed for your convenience)

3. WATER PRODUCTION AND CONSUMPTION SUMMARY FOR 1998:

Month	Amount of Water Pumped From Own Sources (1) GAL / (MG)	Amount of Water Purchased From Other System* (2) GAL / MG	Amount of Water Sold to Other Systems** (3) GAL / (MG)	Net Water Consumption 1 + 2 - 3 = Net GAL / MG
Withdraw Units (circle one)				
January	30.7		14.32	16.38 ✓
February	26.47		11.89	14.58 ✓
March	29.76		15.92	13.84 ✓
April	31.28		14.38	16.90 ✓
May	40.86		18.24	22.62 ✓
June	35.36		18.32	17.04 ✓
July	41.89		19.35	22.54 ✓
August	39.13		20.63	18.5 ✓
September	34.22		16.25	17.97 ✓
October	32.42		16.40	16.02 ✓
November	29.67		15.32	14.35 ✓
December	30.58		16.60	13.98 ✓
TOTAL	402.3 ✓		197.62 ✓	204.7 ✓

* If purchasing water, list the system's name(s) and PWS ID #: _____

** If selling water, list the system's name(s) and PWS ID #: Northbridge Water Division 2216006

4. CONSUMPTION DATA:

Maximum Daily Consumption: Volume: 1,736 GAL (MG) (circle one)
Date: 8 / 21 / 98

**Public Water Supply
Annual Statistical Report**

PWS Name: Whitinsville Water Co.
City/Town: Whitinsville MA
PWS ID#: 2216000

SECTION D: EMERGENCY, WATER PRODUCTION & CONSUMPTION INFORMATION (CONTINUED)

5. CONNECTIONS:

To the extent known, indicate the amount of water supplied, the percentage of the total water supplied, and the number of connections to each type of water use listed below (if applicable).

SERVICE TYPE	GALLONS	% OF TOTAL *		# OF CONNECTIONS
a. Residential	151,119,000	37.6	37.5 (28) ✓	1621
b. Agricultural	0			0
c. Commercial	17,346,000	4.3	4.3 (4) ✓	108
d. Municipal	5,262,000	1.3	1.3 *	19
e. Industrial	6,945,000	1.7	1.7 (3) ✓	10
f. Other PWS	198,000,000	49.25	4.9 (49% wholesale) ✓	1 ✓
g. Process				
- Filter Backwash				
- Flushing	4,000,000	1.00	.00 ✗	
h. Unaccounted for	19,328,000	4.8	4.8 or 9.5* ✗	
i. Other		✗ = (7) total other ✓		
TOTAL	402 mg	100		1759

* To calculate the percentage, use the following example: (Unaccounted for gallons divided by total system gallons) times 100 = Percent (%) of unaccounted for water.

*Subtracting the amount of water sold to Northbridge the unaccounted for water the WWC System is 9.5%

6. UNACCOUNTED FOR WATER:

If your system uses 100,000 gallons per day (GPD) or greater (refer to question 3) and/or has 15% or greater unaccounted for water, please indicate below possible reason(s) for your unaccounted for water and your plans to correct these problems.

CAUSE	AMOUNT OF WATER LOST	CORRECTIVE ACTIONS PLANNED*
Leaks		
Meter Calibration		
Fire Protection		
Other		
Other		

* Please note that during or before your next Sanitary Survey DEP staff will evaluate your progress with the corrective actions plans as indicated.

Public Water Supply
Annual Statistical Report

473
21
494

489.1
36.5
525.6

Year 1998

PWS Name: Whitinsville Water Co.
City/Town: Whitinsville MA
PWS ID#: 2216000

SECTION E: INDIVIDUAL SOURCE STATISTICS

PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE IF YOU HAVE MORE THAN FOUR SOURCES OR WITHDRAWAL POINTS.

PLEASE PROVIDE THE INFORMATION BELOW FOR ALL OF YOUR SOURCES (ACTIVE, EMERGENCY, INACTIVE, OR ABANDONED)*

Source Name	Whitin	Sutton	Gravel Pack	
Source ID #	216-01G	216-02G	216-03G	
Source Location (Address)	Carr St.	Mendon Rd.	Main St.	
Source Availability (i.e. Active, Emergency, or Inactive)*	Active	Active	Inactive	
Date of Meter Installation. If no meter please indicate.	/ /	/ /	/ - /	/ /
Date Last Meter Calibration For This Source	1 / 24 / 98	1 / 24 / 98	/ - /	/ /
Withdrawal Units (circle one)**	GAL (MG)	GAL (MG)	GAL / MG	GAL / MG
January	9.525	21.18		
February	5.353	21.11		
March	7.015	22.75		
April	7.51	23.77		
May	12.51	28.34		
June	8.99	26.37		
July	13.67	28.22		
August	13.23	25.89		
September	16.53	17.68		
October	13.26	19.15		
November	8.64	21.02		
December	7.8	22.77		
Total # of days pumped ***	350	365		
TOTAL AMOUNT PUMPED	✓ 124.03	✓ 278.25		
Maximum Amount Pumped in a Single Day	1.122	1.275		
Date of Maximum Amount pumped	10 / 31 / 98	8 / 21 / 98	/ /	/ /

* The SOURCE AVAILABILITY codes are the same as last year, which were different from preceding years. The following definitions still apply.

Abandoned Source (formerly: OTHER) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) can not be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.

Active Source (formerly: PERMANENT, BACKUP, SEASONAL, PROVISIONAL, INTERIM) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.

Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c. 21G § 15-17 or as a requirement of a Department administrative order.

Inactive Source (OTHER, CONTAMINATED) means an approved source(s) which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.

** Total amount pumped per month in GAL (gallons) or MG (million gallons).

*** Total number of days that a source was used during the year.

Public Water Supply Annual Statistical Report

PWS Name: Whitinsville Water Co.
 City/Town: Whitinsville MA
 PWS ID#: 2216000

SECTION F: WATERSHED/GROUND WATER INSPECTION REPORT

PLEASE FILL OUT ONE SECTION (F) FORM FOR EACH WATER SOURCE
 MAKE ADDITIONAL COPIES OF THIS FORM IF NECESSARY

Completion and filing of this report meets the requirements of the Drinking Water Regulations of Massachusetts 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20(9) and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems.

SOURCE NAME: Sutton Well field SOURCE ID #: 216-02G

1. GROUND WATER SOURCE INFORMATION: If no changes in 1a through 1e from last year's submittal check here [] and go to question 2.

- a. What is the Zone I radius in feet for this source? 900 ft.
- b. What is the percentage of land owned or controlled by your system within the Zone I radius? 100 %
 (ref.: 400 ft. radius = 11.5 acres)
- c. If the entire Zone I radius is NOT owned or controlled by your system, please explain: _____
- d. Is there an approved Zone II? YES NO [] If no, what is the IWPA radius in feet? _____
- e. Is the approved Zone II or Interim Wellhead Protection Area (IWPA) regulated by a Municipal Water Supply Protection District bylaw or ordinance? YES [] NO

2. SURFACE WATER SOURCE INFORMATION: If no change in 3a through 3c from last year's submittal, check here [] and go to question 4.

Zone A: is defined as the area within 400 ft. of the bank of a surface drinking water source and 200 ft. from its tributaries.

Zone B: is the area either 1/2 mile from the bank of a surface drinking water source or to the watershed boundary, whichever is less.

- a. What is the total area of the watershed, controlled or uncontrolled? (Specify the unit used.)
 _____ [] sq. miles [] acres
- b. What is the area owned or controlled* by your system in the watershed? (Specify the unit used.)
 _____ [] sq. miles [] acres
- c. What is the percentage of land owned or controlled* by your system within the Zone A? _____ %
 * Controlled by a conservation restriction.

3. FOR ALL SOURCES (GROUND & SURFACE) :If no change from last year's submittal, check here [] and go to question 5.

- a. Does the area within Zones I, II, IWPA or A, B extend into any other communities/state? YES [] NO
 List the communities/state: _____
- b. Do you have any formal agreement(s) or committee(s) with any of these communities/states that address water source protection issues? YES [] NO Describe: _____

Public Water Supply Annual Statistical Report

PWS Name: Whitinsville Water Co.
 City/Town: Whitinsville MA
 PWS ID#: 2216000

SECTION F: WATERSHED/GROUND WATER INSPECTION REPORT (CONTINUED)

4. LAND USE CHECKLIST:

a. Instructions: Complete the table below by listing the number of land use activities in each category. Circle all the NEW land uses developed in 1998. Discuss in item 5b below.

Wherever possible, include the total area (acres or sq. miles) or the number of facilities, even if in another city/town or state. This information is subject to verification by the Division of Water Supply staff during random inspections or sanitary surveys.

LAND USES	ACTIVITIES IN ZONES I, II, IWPA, A OR B	
	Within Zone I or A	Within IWPA, Zone II or B
Road (# of feet miles)...[circle one]...	<u>800</u>	
Stream.....	<u>yes</u>	
Surface Drain.....	<u>yes</u>	
Sanitary Sewer.....	<u>no</u>	
Residential (# of bldg./houses)	<u>0</u>	N/A
Recreation (describe <u>canoeing/fishing</u>)	<u>0</u>	
Commercial (# businesses)	<u>0</u>	
Parking Area (# vehicles)	<u>0</u>	
Septic System / Cesspool (circle one)	<u>0</u>	
Pesticide Use / Storage.....	<u>0</u>	
INDUSTRIAL / COMMERCIAL USES		
Airport.....	<u>0</u>	
Boat Yard.....	<u>0</u>	
Dry Cleaners.....	<u>0</u>	
Furniture Stripping, etc.....	<u>0</u>	
Junkyard (indicate if unlicensed)	<u>0</u>	
Jewelry/Metal Plating.....	<u>0</u>	
Industrial Lagoons and Pits.....	<u>0</u>	
Indust. Manufacturing (type _____)	<u>0</u>	
Machine Shop/Metal Working.....	<u>0</u>	
Railroad/Road Maintenance.....	<u>0</u>	
Vehicular Services (including oil, tires, and engine repair).....	<u>0</u>	
OTHER USES		
Protected Open Space (Acres).....	<u>0</u>	
Agriculture.....	<u>0</u>	
Golf Course.....	<u>0</u>	
Landfill (active/inactive).....	<u>0</u>	
Superfund and/or DDE Site.....	<u>0</u>	
Laboratory Operation.....	<u>0</u>	
Wastewater Treatment Plant.....	<u>0</u>	
Sand and Gravel Mining.....	<u>0</u>	
Salt Storage.....	<u>0</u>	
Septage Lagoons/Sludge Disp.....	<u>0</u>	
Fuel Storage Tank (type _____)	<u>0</u>	
Other Land Uses That May Threaten Ground Water (specify).....	<u>0</u>	

b. Please comment on NEW and/or PROPOSED land uses and water utility land purchases in the Zones I, II, IWPA, A and/or B.

c. Do you have an antennae or other appurtenance (not needed for drinking water purposes) attached to you storage tank(s)?
 Yes [] No [X]

Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
1999 Public Water Supply Annual Statistical Report
 For Community/NTNC Public Water Systems-Reporting Period 1/1/1999 – 12/31/1999

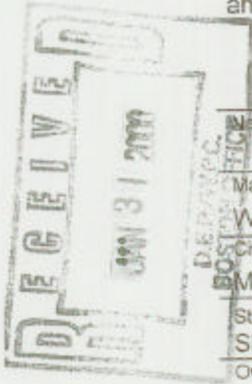
<u>COMMUNITY/NTNC</u>
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Whitinsville

A Certification

Please use the tab key to move forward.

If you press the enter key, please press the backspace key a few times.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief. I also certify that the cross connections, if any, listed as part of Section C.11 comply with the Department's Regulations under 310 CMR 22.22.



Jim Ouellet	Manager
Name of Certifying Person	Title
P.O. Box 188	
Mailing Address	
Whitinsville	
City/Town	
MA	01588
State (please use 2 letter abbreviation)	Zip Code
Shareholders	
Owner's Name (if not municipal):	
508 234 - 7358	234 5610
Phone Number	Fax Number
wwcompany@aol.com	
Email Address (if available)	
http://	
Web Site Address of PWS (if available)	
<i>Jim Ouellet</i>	01/25/2000
Signature of Certifying Person	Date (mm/dd/yyyy; please type in the slash in between month, date, and year.)

B Public Water Supply Information

FILE COPY

Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
1999 Public Water Supply Annual Statistical Report
 For Community/NTNC Public Water Systems-Reporting Period 1/1/1999 – 12/31/1999

COMMUNITY/NTNC

PWSID#: 2216000

Name: Whitinsville Water Company

City/Town: Whitinsville

Please confirm the information shown on your Comprehensive Report. The Comprehensive Report was enclosed with the mailed copy of this form.

- Check this box if there are no changes to your Comprehensive Report
 Check this box if you made changes to your Comprehensive Report

If the mailing address is different from the one shown on the Comprehensive Report (enclosed with the mailing of this form) please fill in the mailing address.

1. Public Water System:
 Whitinsville Water Company

PWS mailing address

Whitinsville

City/Town

MA

01588

State (please use 2 letter abbreviation)

Zip Code

5082347358

Phone Number

Fax Number (if available)

wwcompany@aol.com

E-Mail Address (if available)

2. Primary Contact:

Jim Ouellet

508 234 7358

Name

Phone Number

B **Public Water Supply Information (cont)**

Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
1999 Public Water Supply Annual Statistical Report
 For Community/NTNC Public Water Systems-Reporting Period 1/1/1999 – 12/31/1999

<u>COMMUNITY/NTNC</u>
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Whitinsville

Please submit a copy of your staffing plan for treatment plants.

Attach a list of all additional facility operators and corresponding license numbers.

3. Certified Drinking Water Operator employed by the PWS*:
 Jim Ouellet II 5605

Primary Certified Operator - Distribution: Name	Grade	License Number
Wayne Plante	II	2208
Secondary Certified Operator - Distribution: Name	Grade	License Number
Jim Ouellet	II	5605
Primary Certified Operator - Treatment: Name	Grade	License Number
Wayne Plante	II	2208
Secondary Certified Operator - Treatment: Name	Grade	License Number

* Note: You must have certified operators in accordance with 310 CMR 22.11B.

4. If you use a contract certified operator, does the certified operator have a signed contract approved by the DEP? Yes No

Names of Water Commissioners/Selectmen/Trustees (if applicable). Please provide an organizational chart, if available.

Leonard White, President	508 234 7358
Name	Phone Number
David White, VP	508 234 7358
Name	Phone Number
Craig Barnes	617 350 8911
Name	Phone Number
Robert Dore	508 798 8621
Name	Phone Number
Robert Maynard	800 - 922 8182
Name	Phone Number

6. Federal Employment Identification Number (FEIN): 04 2216 258

7. Is this system a not-for-profit organization? Yes No
 If yes, indicate Tax Exempt code (i.e., 501C): _____

8. Population Served (Daily Average):
 Winter Population (October – March): 14,000
 Summer Population (April - September): 14,000

9. Distribution Meter information:
 a. Percentage of distribution system metered: 100 %

Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
1999 Public Water Supply Annual Statistical Report
 For Community/NTNC Public Water Systems-Reporting Period 1/1/1999 – 12/31/1999

<u>COMMUNITY/NTNC</u>
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Whitinsville

- b. Are all publicly owned building metered? Yes No
 c. If yes, what percent? 100 %

10. System Information:

- a. Number of Service Connections: 1777
- b. Percentage of water obtained from the following sources (100% Total):
- | | | | |
|--------------|---------------|------------------|-------------------|
| <u>100 %</u> | <u>0 %</u> | <u>0 %</u> | <u>0 %</u> |
| Ground Water | Surface Water | Purchased Ground | Purchased Surface |
- c. Finished Water Storage Capacity in Million Gallons (MG): 1.5
 [Conversion factor is (# of gallons)/(1,000,000)= MG]

B Public Water Supply Information (cont)

11. Leak Detection:

- a. Did your system complete a leak detection survey last year? Yes No
 b. If yes, what percentage of your system was surveyed last 100 %
 c. If no, when was the date of your most recent survey? 08/15/1999

12. Water Conservation:

- a. Were water conservation tips or water saving messages sent out with bills or as a separate mailing to customers? Yes No
 b. Does your system or community have a bylaw ordinance to implement mandatory outside water use restrictions? Yes No
 c. If yes, did you implement these restrictions last year? Yes No

C Cross Connection Control Program *

1. Cross Connection Control Coordinator: Wayne Plante 508 - 234 - 7358
 Name Phone Number

2. Cross Connection Control Surveyor responsible for review and approval of cross connection plans: Wayne Plante 508 2324 7358
 Name Phone Number

For a list of certified surveyors, see list attached to the mailed version of this form.

* The cross connection program for the WWC (2216000) & the NWD (2216006) are grouped together for purposes of this report.

Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
1999 Public Water Supply Annual Statistical Report
 For Community/NTNC Public Water Systems-Reporting Period 1/1/1999 – 12/31/1999

COMMUNITY/NTNC

PWSID#: 2216000

Name: Whitinsville Water Company

City/Town: Whitinsville

Address if different from water system

3. Does your water system **review and approve** design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPBPs), double check valve assemblies (DCVAs), and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b)? Yes No

4. Does your water system ensure, upon completion of installation, that backflow prevention devices are **installed according to the approved design data sheets and plans and are tested** for proper operation in accordance with 310 CMR 22.22(4)(b)? Yes No

5. What percentage of the facilities in the following categories has been surveyed for cross connections?

95 %	90 %	80 %	95 %
Industrial	Commercial	Institutional	Municipal

If not 100%, when will surveys be completed? 12/31/2000
 (mm/dd/yyyy)

6. Of the facilities you surveyed last year, what percentage were...

0 %	0 %	100 %	
Industrial	Commercial	Institutional	Municipal

7. What number of violations did you find last year? 0

8. What is the total number of RPs registered within your water system? 51

9. What is the total number of RPBPs installed last year? 0

10. What is the total number of DCVAs within your water system? 25

11. What is the total number of DCVAs installed last year? 0

C Cross Connection Control Program (cont)

12. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)? Yes No 51

13. Number of RPBPs tested last year: _____

14. Number of RPBPs re-tested last year: 1

15. Number of DCVAs tested last year: 25

16. Number of DCVAs re-tested last year: 2

17. Provide a list, on attached sheet(s), of the registered cross connections that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22. The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. If no list attached, check here.

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<u>COMMUNITY/NTNC</u>
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Whitinsville

18. What is the maximum time taken to protect a cross connection after the discovery of a violation or failed test? Check one. 14 days 30 days 90 days Greater than 90 days

19. Do you have an active educational program directed toward residential users? Yes No

20. Do you have an active educational program for targeted users (ex. Industrial, Commercial, Institutional and Municipal)? Yes No

If yes, please list the types of users: _____

21. Did your system use the services of a third party/consultant to perform tests and or surveys last year? Yes No If yes, please provide:

Mike Taft 31511 12/31/1999

Attach a separate sheet if necessary.

Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date
Dave Feilds	2295	12/31/2000
Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date

22. Has there been any occurrence of backflow of water into your water system this year? Yes No
 If yes, please provide:

Date & Time (mm/dd/yyyy hh:mm am/pm)

Location and a very brief description

D Emergency, Water Production & Consumption Information

1. Emergency Plan Submittal:
 Have you prepared and submitted a copy of your Emergency Contingency Plan to DEP?

Yes No

If yes, and if any changes have been made to the plan, please submit 2 copies of the revised plan with this annual statistics report.

2. Emergency Directory Update:
 Please submit an updated Emergency Directory list and return a completed copy with this Annual Statistical Report. (Attachment 1 – Emergency Response Plan was enclosed with the mailed version of this form. It is also available on DEP's web site.)

D Emergency, Water Production & Consumption Information (cont)

3. Water Production and Consumption Summary for Last Year (1999):
 [Conversion factor is (# cubic feet)(7.481) = (# of gallons)]

Month	(1) Amount pumped from own sources <input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	(2) Amount purchased from other system*	(3) Amount sold to other systems**	Net Water Consumption (1) + (2) – (3) = Net

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COMMUNITY/NTNC

PWSID#: 2216000

Name: Whitinsville Water Company

City/Town: Whitinsville

Withdraw Units (check one)	<input type="checkbox"/> : gallons (GAL) or <input checked="" type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input checked="" type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input checked="" type="checkbox"/> MG
January	33.03	0	16.26	✓ 16.77
February	34.08	0	14.36	✓ 19.72
March	34.47	0	16.54	✓ 17.93
April	38.25	0	17.03	✓ 21.22
May	43.76	0	20.35	✓ 23.41
June	58.65	0	27.75	✓ 30.9
July	50.45	0	26.21	✓ 24.24
August	43.92	0	24.62	✓ 19.3
September	36.75	0	17.37	✓ 19.38
October	34.35	0	16.43	✓ 17.92
November	31.74	0	15.40	✓ 16.34
December	34.20	0	16.96	✓ 17.24
TOTAL	✓ 474 473.65	0	✓ 229 229.28	✓ 245 244.27

Please attach additional paper for additional systems.

* If purchasing water, list the systems you purchase from:

Name(s)	PWS ID #	Total Amount for Last Year

** If selling water, list the systems you sell to:

Northbridge Water Division	2216006	229 MG
Name(s)	PWS ID #	Total Amount for Last Year

4. Consumption Data:

a. Maximum Daily Consumption:

2.72 : GAL OR MG

06/22/1999

Volume

Date (mm/dd/yyyy)

b. If your system is registered and/or permitted with DEP's Water Management Program (ie. withdrawals of 100,000 gallons per day or more on average), what is the combined authorized withdrawal volume for your entire system on an annual average daily basis?

1.34

MGD (million gallons per day)

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Name: Whitinsville Water Company

City/Town: Whitinsville

D Emergency, Water Production & Consumption Information (cont)

5. Connections:

Service Type	Gallons Please check the units used for the volume reported below <input type="checkbox"/> GAL or <input checked="" type="checkbox"/> MG	Percent of Total *	Number of Connections
Residential			
a. Residential Area	165	35.2 34.81 34 %	1638
b. Mobile Home Park	0	0 %	0
c. Other Residential Area	0	0 %	0
Semi-residential			
a. School	6.43	1.36 1 %	19
b. Institution	0	0 %	0
c. Medical Facility	0	0 %	0
d. Industrial/Agricultural	7.54	1.59 2 %	10
e. Day Care Center	0	0 %	0
f. Other Semi-residential Area	0	0 %	0
Transient			
a. Recreational Area	0	0 %	0
b. Service Station	0	0 %	0
c. Summer Camp	0	0 %	0
d. Restaurant	0	0 %	0
e. Highway Rest Area	0	0 %	0
f. Hotel/Motel	0	0 %	0
g. Other Transient Area	0	0 %	0
Other			
a. Vending Machine	0	0 %	0
b. Bottled Water Company	0	0 %	0
c. Commercial	17.074	3.60 4 %	109
d. Interstate Carrier	0	0 %	0
e. Wholesaler (Sells Water)	229	48.01 48 %	1
f. Other Area	6	1.27 1 %	0
g. Unaccounted for	42.5	8.97 9 %	0
TOTAL	474	100 %	1777

* To calculate the percentage, use the following example: (Unaccounted for gallons divided by total system gallons) times 100 = *not correct*
 Percent (%) of unaccounted for water.

6. Unaccounted For Water:

If your system uses 100,000 gallons per day (GPD) or greater (refer to question 3 of Section D) and/or has 15% or greater unaccounted for water, please indicate in the table below the possible reason(s) for your unaccounted for water and your plans to correct these problems.

Cause	Amount Of Water Lost	Corrective Actions Planned*
Leaks	40	

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Name: Whitinsville Water Company
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Meter Calibration	-	-
Fire Protection	1	-
Other	1	-

* Please note that during or before your next Sanitary Survey DEP staff will evaluate your progress with the corrective actions plans as indicated.

E Individual Source Statistics

If you have more than four sources or withdrawal points, please open an extra Section E from the DEP web page or make photocopies of Section E.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned).

Source Name	Sutton Wells	Whitin Wells		
Source ID #	21602	21601	-	-
Source Location (Address)	Mendon Road	Carr Street	-	-
Source Availability* (check one)	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	09/01/1997 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	09/01/1997 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	01/01/1999 (mm/dd/yyyy)	01/01/1999 (mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Withdrawal Units (check one)	<input type="checkbox"/> GAL or <input checked="" type="checkbox"/> MG	<input type="checkbox"/> GAL or <input checked="" type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG
January	24.8	8.2	0	
February	28.8	5.2		
March	28.9	5.4		
April	30.6	7.4		
May	29.1	14.5	-	
June	30.6	27.9	.	

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Name: Whitinsville Water Company
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July	29.6	20.7		
August	24.6	19.3		
September	22.9	13.8		
October	24.9	9.4		
November	23.7	8.06		
December	24	10.2		
Total Amount Pumped**	323.2 <i>303.7 wrong</i>	150.06 <i>150.5 wrong</i>	← 472.76	<i>they reported 473.65</i>
Total # of days pumped ***	365	365		
Max. Amount Pumped in a Single	1.38	1.14		
Date Max.	06/27/1999 (mm/dd/yyyy)	06/11/1999 (mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Amount Pumped				

- * The source availability codes are the same as last year's. The following definitions still apply:
Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) can not be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.
Active Source (Formerly: Permanent, Backup, Seasonal, Provisional, Interim) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.
Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c. 21G § 15-17 or as a requirement of a Department administrative order.
Inactive Source (Other, contaminated) means an approved source(s), which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.
- ** If the sum total of your withdrawal volumes from the individual sources in Section E is different from the volumes reported in Section D, Question 3, column one, explain the difference between volumes in the line below.

*** Total number of days that a source was used during the year.



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COMMUNITY/NTNC
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Whitinsville, MA

B Public Water Supply Information (cont.)

Please submit a copy of your staffing plan for treatment plants.

Attach a list of all additional facility operators and corresponding license numbers.

3. Certified Drinking Water Operator employed by the PWS*:

Jim Ouellet	D2	5605
Primary Certified Operator – Distribution: Name	Grade	License Number
Wayne Plante	D2	2208
Secondary Certified Operator – Distribution: Name	Grade	License Number
Jim Ouellet	T2	5605
Primary Certified Operator – Treatment: Name	Grade	License Number
Rich Chace	T2	7018
Secondary Certified Operator – Treatment: Name	Grade	License Number

* Note: You must have certified operators in accordance with 310 CMR 22.11B.

4. Primary Certified Operator Contact Information:

Jim Ouellet	508 234 7358
Name	Phone Number
P.O. Box 188	Whitinsville MA 01588
Mailing Address	Town/City State Zip Code

5. If you use a contract certified operator, does the certified operator have a signed Public Water Supply Certified Operator Compliance Notice approved by the DEP? Yes No

6. Names of Water Commissioners/Selectmen/Trustees (if applicable). Please provide an organizational chart, if available.

Leonard White	508 234 7358
Name of Chairman	Phone Number
Jim Ouellet	508 234 7358
Name	Phone Number

7. Federal Employment Identification Number (FEIN): 04 2216 258

8. Is this system a not-for-profit organization? Yes No
 If yes, indicate Tax Exempt code (i.e., 501C): _____

9. Population Served (Daily Average):
 Winter Population (October – March): 14,000
 Summer Population (April – September): 14,000
 How was population figured? Census: Other: _____

10. Distribution Meter information:
 a. Percentage of distribution system metered: 100 %
 b. Are all publicly owned building metered? Yes No
 c. If No, what percent are? _____ %

11. System Information:
 a. Number of Service Connections: 1790
 b. Percentage of water obtained from the following sources (Total =100%):

100 %	%	%	%
Ground Water	Surface Water	Purchased Ground	Purchased Surface
c. Finished Water Storage Capacity in Million Gallons (MG):			<u>1.5 MG</u>
[Conversion factor is (# of gallons)/(1,000,000)= MG]			

Attach a list of all additional Staff to be contacted in the event of an Emergency



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COM/NTNC -2000

COMMUNITY/NTNC
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Whitinsville, MA

B Public Water Supply Information (cont.)

12. Leak Detection:
- a. Did your system complete a leak detection survey last year? Yes No
 - b. If yes, what percentage of your system was surveyed last year? _____ %
 - c. If no, when was the date of your most recent survey? 1999 _____
13. Water Conservation:
- a. Were water conservation tips or water saving messages sent out with bills or as a separate mailing to customers? Yes No
 - b. Does your system or community have a bylaw ordinance to implement mandatory outside water use restrictions? Yes No
 - c. If yes, did you implement these restrictions last year? Yes No
 If yes, list all periods _____
 Were restrictions Voluntary, Mandatory or both? _____

C Cross Connection Control Program

1. Cross Connection Control Coordinator:

Wayne Plante	508 234 7358
Name	Phone Number

2. Cross Connection Control Surveyor responsible for review and approval of cross connection plans:

Wayne Plante	508 234 7358
Name	Phone Number

Mailing Address (if different from water system) _____

A list of certified surveyors is attached to the mailed version of this form.

3. Does your water system **review and approve** design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPBPs), double check valve assemblies (DCVAs), and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b)? Yes No
4. Does your water system ensure, upon completion of installation, that backflow prevention devices are **installed according to the approved design data sheets and plans and are tested** for proper operation in accordance with 310 CMR 22.22(4)(b)? Yes No
5. What is the total number of facilities served by your PWS in the following categories?
 Industrial 13 Commercial 195 Institutional _____ Municipal 23
6. Of the total number of facilities you surveyed last year how many were
 Industrial _____ Commercial _____ Institutional _____ Municipal _____
7. Have all of the facilities in your system been surveyed? Yes No
 If No, when will the surveys be completed? 01/01/2003
(mm/dd/yyyy)
8. What number of violations did you find last year? 0
9. What is the total number of RPBPs registered within your water system? 52
9. What is the total number of RPBPs installed last year? 5
10. What is the total number of DCVAs within your water system? 26
11. What is the total number of DCVAs installed last year? 2
- For cross connection purposes - Whitinsville Water Co. Page of
 (2216000) and Northbridge Water Dept. (2216001) are the same water system.



COMMUNITY/NTNC
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Whitinsville, MA

C Cross Connection Control Program (cont.)

12. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)?
 Yes No
13. Number of RPBBs tested last year: 57
14. Number of RPBBs re-tested last year: 1
15. Number of DCVAs tested last year: 27
16. Number of DCVAs re-tested last year: 0
17. Provide a list of the registered protected cross connections that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22. The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. This Information is required.
18. What is the maximum time taken to protect a cross connection after the discovery of a violation or failed test? Check one. 14 days 30 days 90 days Greater than 90 days
19. Do you have an active educational program directed toward residential users? Yes No
20. Do you have an active educational program for targeted users (ex. Industrial, Commercial, Institutional and Municipal)? Yes No
- If yes, please list the types of users: _____
21. Did your system use the services of a third party/consultant to perform tests and or surveys last year?
 Yes No If yes, please provide:

Attach a separate sheet if necessary.

Wayne Plante	2026	2003
Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date
Rich Chace		
Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date

22. Has there been an occurrence of backflow of water into your water system this year? Yes No

If yes, please provide: _____
 Date & Time (mm/dd/yyyy hh:mm am/pm)

Location and a very brief description

D Emergency, Water Production & Consumption Information

1. Emergency Plan Submittal:
 Have you made any changes to your Emergency Contingency Plan to DEP?
 Yes No
 If yes, please submit 2 copies of the revised plan with this annual statistics report.
2. Emergency Directory Update:
 Please submit an updated Emergency Directory list and return a completed copy with this Annual Statistical Report. (Attachment 1 – Emergency Directory list was enclosed with the mailed version of this form. It is also available on DEP's web site.)



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COMMUNITY/NTNC
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Whitinsville, MA

D Emergency, Water Production & Consumption Information (cont.)

5. Connections:

Service Type	Volume Please check the units used for the volume reported below <input type="checkbox"/> GAL or <input checked="" type="checkbox"/> MG	Percent of Total *	Number of Connections
Residential			
a. Residential Area	159 33.5	33.5 34 %	1651
b. Mobile Home Park		%	
c. Other Residential Area		%	
Semi-residential			
a. School	6	1.3 2 %	19
b. Institution		%	
c. Medical Facility		%	
d. Industrial/Agricultural	7	1.5 2 %	10
e. Day Care Center		%	
f. Other Semi-residential Area		%	
Transient			
a. Recreational Area		%	
b. Service Station		%	
c. Summer Camp		%	
d. Restaurant		%	
e. Highway Rest Area		%	
f. Hotel/Motel		%	
g. Other Transient Area		%	
Other			
a. Vending Machine		%	
b. Bottled Water Company		%	
c. Commercial	16	3.4 3 %	109
d. Interstate Carrier		%	
e. Wholesaler (Sells Water)	219	46.2 47 %	1
f. Other Area	8	1.7 1.7 %	
g. Unaccounted *	59	12.4 12.4 %	
TOTAL	486 474	100 100 %	1790

* To calculate the percentage, use the following example: (Unaccounted for gallons divided by total system gallons) times 100 = Percent (%) of unaccounted for water.

Definition for unaccounted water can be found in the directions

6. Unaccounted Water:

If your system has 15% or greater unaccounted water or uses 100,000 gallons per day or greater and has any % unaccounted for water, please indicate in the table below the possible reason(s) for your unaccounted for water and your plans to correct these problems.

Cause	Amount Of Water Lost	Corrective Actions Planned*
Leaks		
Meter Calibration		
Fire Protection		
Other		

* Please note that during or before your next Sanitary Survey DEP staff will evaluate your progress with the corrective actions plans as indicated.



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COM/NTNC -2000

COMMUNITY/NTNC
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Whitinsville, MA

E Individual Source Statistics

If you have more than four sources or withdrawal points, please use an extra Section E from the DEP web page or make photocopies of this page.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned).

Source Name	Whitin wells	Sutton Wells		
Source ID #	1	2		
Source Location (Address)	Carr Street	Mendon road		
Source Availability* (check one)	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	09/01/1997 (mm/dd/yyyy) OR <input checked="" type="checkbox"/> no meter	09/01/1997 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	02/02/2000 (mm/dd/yyyy)	02/02/2000 (mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Withdrawal Units (check one)	<input checked="" type="checkbox"/> GAL or <input checked="" type="checkbox"/> MG	<input type="checkbox"/> GAL or <input checked="" type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG
January	7110500	27558500		
February	9768400	23253800		
March	3201000	33240900		
April	7612400	30744100		
May	9004540	33391400		
June	8185520	33391100		
July	17276400	33387500		
August	11054800	31284200		
September	16272300	25944700		
October	11947700	24480900		
November	11371100	21767800		
December	12275900	23161900		
Total Amount Pumped**	✓ 125080560	341606800 = 466687360 *		
Total # of days pumped ***	365	363		
Max. Amount Pumped in a Single Day	1067100	1,224,400		
Date Max Amount Pumped	07/10/2000 (mm/dd/yyyy)	07/21/2000 (mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)

* The source availability codes are the same as last year's. The following definitions still apply:
Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) can not be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.
Active Source (Formerly: Permanent, Backup, Seasonal, Provisional, Interim) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.
Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c. 21G § 15-17 or as a requirement of a Department administrative order.
Inactive Source (Other, contaminated) means an approved source(s), which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.
 ** If the sum total of your withdrawal volumes from the individual sources in Section E is different from the volumes reported in Section D, Question 3, column one, explain the difference between volumes in the line below.
 *** Total number of days that a source was used during the year.

FEB 6 2002

COPY COM/NTNC -2001



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2001 Public Water Supply Annual Statistical Report
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<u>COMMUNITY/NTNC</u>
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Northbridge, MA

A Certification

Please use the tab key to move forward.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief. I also certify that the cross connections, if any, listed as a part of Section C comply with the Department's Regulations under 310 CMR 22.22.



Jim Ouellet	Manager
Name of Certifying Person	Title
508 234 7358	508 234 5610
Phone Number	Fax Number
	02/05/2002
Signature of Certifying Person	Date (mm/dd/yyyy; please type in the slash in between month, date, and year.)

If you press the enter or return key, please press the backspace key until the form returns to normal.

B Public Water Supply Information

- Please review and correct the information shown on your Comprehensive Report. The Comprehensive Report was enclosed with the mailed copy of this form.
- Please review the Treatment Plant and the Treatment section of each source on the Comprehensive Report. Note that the physical address of the treatment plant is required. Failure to provide this address will result in this form being considered incomplete and enforcement action may be taken.
- Physical addresses on the Comprehensive Report must not contain PO Boxes.

- Check this box if there are no changes to your Comprehensive Report
- Check this box if you made changes to your Comprehensive Report

1. Public Water System: (This address must be for the party legally responsible for regulatory compliance.) No Change

If the mailing address is different from the one shown on the Comprehensive Report (enclosed with the mailing of this form) please fill in the mailing address.

PWS mailing address

City/Town	State (please use 2 letter abbreviation)	Zip Code
Phone Number	Fax Number (if available)	
http://		
Web Site Address of PWS (if available)		

2. Owner Information:

Stockholders

Owner's Name (if not municipal):

3. Primary Contact: No Change

Name	Phone Number
wwcompany@aol.com	
Email Address (For Emergency Purposes)	



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Drinking Water Program
2001 Public Water Supply Annual Statistical Report
 For Community/NTNC Public Water Systems-Reporting Period 1/1/2001 – 12/31/2001

COM/NTNC -2001

COMMUNITY/NTNC
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Northbridge, MA

B Public Water Supply Information (cont.)

4. Certified Drinking Water Operator employed by the PWS:* No Change

Attach a list of all additional facility operators and corresponding license numbers

Jim Ouellet	2	5605	✓	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Primary Certified Operator – Distribution: Name	Grade	License Number		
Wayne Plante	C 2	2208	✓	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Distribution: Name	Grade	License Number		
Steve Lavin	1	7215	✓	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Distribution: Name	Grade	License Number		
Dave Belanger	1	6508	✓	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Distribution: Name	Grade	License Number		
Jim Ouellet	2	5605	✓	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Primary Certified Operator – Treatment: Name	Grade	License Number		
Rich Chace	2	7018	✓	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Treatment: Name	Grade	License Number		
Roland Roy	2	7159	✓	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Treatment: Name	Grade	License Number		
Jon Dawe	1		✓	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Treatment: Name	Grade	License Number		

* Note: you must have certified operators in accordance with 310 CMR 22.11B

5. Primary Certified Operator Contact Information:

Jim Ouellet	508 234 7358		
Name	Phone Number		
P.O. Box 188	Whitinsville	MA	01588
Mailing Address	Town/City	State	Zip Code

6. If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the DEP? Yes No

7. Names of Water Commissioners/Selectmen/Trustees/Association Board Members (if applicable). Please attach an organizational chart, if available.

Attach a list of all additional staff to be contacted in the event of an emergency

Leonard White	508 234 7358	President
Name of Chairman	Phone Number	Title
Dave White	1 800 922 8182	VP
Name	Phone Number	Title
Name	Phone Number	Title

8. Federal Employment Identification Number (FEIN): 042216258

9. Is this system a not-for-profit organization? Yes No
 If yes, indicate Tax Exempt code (e.g., 501C):

10. Population Served (Daily Average): No Change

Winter Population (October – March): 14,100

Summer Population (April – September): 14,100

How was population figured? Census: Other: based on service con



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COMMUNITY/NTNC
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Name: Whitinsville Water Company
City/Town: Northbridge, MA

B Public Water Supply Information (cont.)

11. Distribution Meter information:

- a. Percentage of distribution system metered: 100 %
- b. Are all publicly owned buildings metered? Yes No
- c. If No, what percent are? _____ %

12. System Information: No Change

- a. Number of Service Connections: 1814
- b. Percentage of water obtained from the following sources (Total =100%):
- | 100 % | % | % | % |
|--------------|---------------|------------------|-------------------|
| Ground Water | Surface Water | Purchased Ground | Purchased Surface |
- c. Finished Water Storage Capacity in Million Gallons (MG): 1.5 MG
 [Conversion factor is (# of gallons)/(1,000,000)= MG]

13. Leak Detection:

- a. Did your system complete a leak detection survey last year? Yes No
- b. If Yes, what percentage of your system was surveyed last year? _____ %
- c. If No, when was the date of your most recent survey? _____

14. Water Conservation:

- a. Were water conservation tips or water saving messages sent out with bills or as a separate mailing to customers? Yes No
- b. Does your system or community have a bylaw ordinance to implement mandatory outside water use restrictions? Yes No
- c. If Yes, did you implement these restrictions last year? Yes No
 If Yes, list all periods _____
 Were restrictions Voluntary, Mandatory or both? _____

15. Emergency Plan Submittal:

Have you made any changes to your Emergency Contingency Plan to DEP?

Yes No

If Yes, please submit 2 copies of the revised plan with this Annual Statistics Report.

16. Emergency Directory Update:

Please submit an updated Emergency Directory list with this Annual Statistical Report. (Attachment 1 – Emergency Directory list was enclosed with the mailed version of this form.)



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COMMUNITY/NTNC
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Northbridge, MA

C Cross Connection Control Program

A list of certified surveyors is attached to the mailed version of this form.

1. Cross Connection Control Coordinator:
 Jim Ouellet 508 234 7358
 Name Phone Number

2. Cross Connection Control Surveyor responsible for review and approval of cross connection plans:
 Wayne Plante 2026 234 7358
 Name MA Cert. # Phone Number

Mailing Address (if different from water system)

3. Are there any cross connections in your service area protected by RPBPs or DCVAs? Yes No

If Yes, provide a list of the RPBPs or DCVAs that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22. The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. This Information is required.

4. Does your water system review and approve design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPBPs), double check valve assemblies (DCVAs), and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b)? Yes No

5. Does your water system ensure, upon completion of installation, that backflow prevention devices are installed according to the approved design data sheets and plans and are tested for proper operation in accordance with 310 CMR 22.22(4)(b)? Yes No

6. What is the total number of facilities served by your PWS in the following categories?
 Industrial 10 Commercial 195 Institutional _____ Municipal 24

7. Of the total number of facilities you surveyed last year how many were:
 Industrial _____ Commercial _____ Institutional _____ Municipal _____

8. Have all of the facilities in your system been surveyed? Yes No
 If No, when will the surveys be completed? 2002
(mm/dd/yyyy)

9. How many violations did you find last year? _____

10. What is the total number of RPBPs registered within your water system? 56

11. What is the total number of RPBPs installed last year? 4

12. What is the total number of DCVAs registered within your water system? 28

13. What is the total number of DCVAs installed last year? 2

14. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)? Yes No

15. Number of RPBPs tested last year: 56



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COMMUNITY/NTNC
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Northbridge, MA

C Cross Connection Control Program (cont.)

16. Number of RPBPs re-tested last year: 2

17. Number of DCVAs tested last year: 28

18. Number of DCVAs re-tested last year: 0

19. What is the maximum time taken to protect a cross connection after the discovery of a violation or failed test? Check one. 14 days 30 days 90 days Greater than 90 days

20. Do you have an active educational program directed toward residential users? Yes No

21. Do you have an active educational program for targeted users (ex. Industrial, Commercial, Institutional and Municipal)? Yes No

If Yes, please list the types of users: _____

22. Did your system use the services of a third party/consultant to perform tests and or surveys last year?
 Yes No If Yes, please provide:

Attach a separate sheet if necessary.

_____	DEP Certification ID # _____	Expiration Date _____
Name of the MA Certified Surveyor &/or Tester		

_____	DEP Certification ID # _____	Expiration Date _____
Name of the MA Certified Surveyor &/or Tester		

Attach a separate sheet if necessary.

23. Has there been an occurrence of backflow of water into your water system this year? Yes No
 If Yes, please provide information below:

_____	Location _____
Date & Time (mm/dd/yyyy hh:mm am/pm)	

Brief description _____

_____	Location _____
Date & Time (mm/dd/yyyy hh:mm am/pm)	

Brief description _____

24. Does your system have a hose bib program for your customers? Yes No

If No, do you plan in institute one in the future? Yes No

For cross connection purposes - Whitinsville Water Company (2216000) and Northbridge Water Dept. (2216001) are the same water system.



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COMMUNITY/NTNC
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Northbridge, MA

D Water Production & Consumption Information

1. Water Production and Consumption Summary for Last Year (2001):
 [Conversion factor is (# cubic feet)(7.481) = (# of gallons)]

As of 12/31/2001 all systems must comply with new regulation 310 CMR 22.04(6). Which requires all PWSs to be metered.

Month	(1) Amount pumped from own sources <input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	(2) Amount purchased from other systems*	(3) Amount sold to other systems**	Net Water Consumption (1) + (2) - (3) = Net
Withdraw Units (check one)	<input checked="" type="checkbox"/> : gallons (GAL) or <input type="checkbox"/> MG	<input type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> : GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> : GAL or <input type="checkbox"/> MG
January	35550000	0	15786300	19763700
February	31538700	0	15702300	15836400
March	36010500	0	18540400	17470100
April	36744500	0	18540900	18203600
May	51167800	0	26907000	24260800
June	47393200	0	20153300	27239900
July	46730600	0	20277200	26453400
August	45639500	0	20159864	25479636
September	41902600	0	17733700	24168900
October	40042700	0	17982200	22061500
November	35715100	0	17926400	17788700
December	36394700	0	16910500	19484200
TOTAL	484830900 ✓	0	226620064 ✓	258210800 ✓

Please attach additional sheets if necessary.

* If purchasing water, list the systems you purchase from, please use the same withdrawal units as above:

Name(s)	PWS ID #	Total Amount for Last Year
Name(s)	PWS ID #	Total Amount for Last Year
Name(s)	PWS ID #	Total Amount for Last Year
Name(s)	PWS ID #	Total Amount for Last Year
Name(s)	PWS ID #	Total Amount for Last Year

** If selling water, list the systems you sell to, please use the same withdrawal units as above:

Northbridge Water Division	2216006	226620064
Name(s)	PWS ID #	Total Amount for Last Year
Name(s)	PWS ID #	Total Amount for Last Year
Name(s)	PWS ID #	Total Amount for Last Year

a. Maximum Daily Consumption:

2,226,000 : GAL OR MG 06/19/2001
 Volume Date (mm/dd/yyyy)

b. If your system is registered and/or permitted with DEP's Water Management Program (ie. withdrawals of 100,000 gallons per day or more on average), what is the combined authorized withdrawal volume for your entire system on an annual average daily basis?

1.34
 MGD (million gallons per day)



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COM/NTNC -2001

COMMUNITY/NTNC
PWSID#: 2216000
Name: Whitinsville Water Company
City/Town: Northbridge, MA

D Water Production & Consumption Information (cont.)

2. Connections:

Service Type	Volume Please check the units used for the volume reported below <input type="checkbox"/> GAL or <input checked="" type="checkbox"/> MG	Percent of Total *	Number of Connections
Residential			
a. Residential Area	✓ 165	34 %	1675
b. Mobile Home Park		%	
c. Other Residential Area		%	
Semi-residential			
a. School	8	2 %	20
b. Institution		%	
c. Medical Facility		%	
d. Industrial/Agricultural	7	2 %	10
e. Day Care Center		%	
f. Other Semi-residential Area		%	
Transient			
a. Recreational Area		%	
b. Service Station		%	
c. Summer Camp		%	
d. Restaurant		%	
e. Highway Rest Area		%	
f. Hotel/Motel		%	
g. Other Transient Area		%	
Other			
a. Vending Machine		%	
b. Bottled Water Company		%	
c. Commercial	16	3 %	109
d. Interstate Carrier		%	
e. Wholesaler (Sells Water)	226	47 %	1
f. Other Area	12	2 %	
g. Unaccounted	50	10 %	
TOTAL	484	100 %	1814

* To calculate the percentage, use the following example: (Unaccounted for gallons divided by total system gallons) times 100 = Percent (%) of unaccounted for water.

3. Unaccounted Water:

If your system has 15% or greater unaccounted for water or uses 100,000 gallons per day or greater (with any % unaccounted for water), please indicate in the table below the possible reason(s) for your unaccounted for water and the estimated amount of water lost. Systems with a total unaccounted for water 15% or greater should list planned corrective actions.

Cause	Amount Of Water Lost	Corrective Actions Planned**
Leaks		
Meter Calibration		
Fire Protection		
Other		we flush 25,000 gpd back to the source at the whitin well field due to iron

Definition for unaccounted water can be found in the directions



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COM/NTNC -2001

COMMUNITY/NTNC
 PWSID#: 2216000
 Name: Whitinsville Water Company
 City/Town: Northbridge, MA

** Please note that during or before your next Sanitary Survey DEP staff will evaluate your progress with the corrective actions plans as indicated.

E Individual Source Statistics

If you have more than four sources or withdrawal points, please use an extra Section E from the DEP web page or make photocopies of this page.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned).

Source Name	Whitin	Sutton	Gravel Pack	
Source ID #	01G	02G		
Source Location (Address)	Carr Street	Mendon Road		
Source Availability* (check one)	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	09/01/1997 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	09/01/1997 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	05/15/2001 (mm/dd/yyyy)	05/15/2001 (mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Withdrawal Units (check one)	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG
January	12,971,000	22579000		
February	11506400	20032300		
March	9723900	26286600		
April	11055300	25689200		
May	22000000	29167800		
June	19798800	27594400		
July	16897800	29832800		
August	17671200	27874000		
September	14028600	27874000		
October	11225800	28817900		
November	8911700	26803400		
December	10220900	26173800		
Total Amount Pumped**	166011400	318819500		
Total # of days pumped***	365	318725200 365		
Max. Amount Pumped in a Single	1161600	1112000		
Date Max. Amount Pumped	05/19/2001 (mm/dd/yyyy)	05/30/2001 (mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)

* The source availability codes are the same as last year's. The following definitions still apply:

Active Source (Formerly: Permanent, Backup, Seasonal, Provisional, Interim) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.

Inactive Source (Other, contaminated) means an approved source(s), which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.

Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c.

Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) can not be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.

** If the sum total of your withdrawal volumes from the individual sources in Section E is different from the volumes reported in Section D, Question 3, column one, explain the difference between the volumes on an attached sheet.

*** Total number of days that a source was used during the year.



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Watershed Management – Water Management Act
Registered & Permitted Withdrawals Annual Report
 Annual Report of Registered and Permitted Water Withdrawals – 2001

Note: complete table for the year January 1, 2001 through December 31, 2001

Section A (cont.)

Month	Total water withdrawn from withdrawal points in gallons
January	
February	
March	
April	
May	
June	
July	
August	1,139,000
September	2,320,500
October	
November	5,797,000
December	6,468,500
Total	15,725,000

Number of days in operation: 365 Other:

Number of Days 66

Average day demand in millions of gallons: .238 gallons

Note:
 Average Day Demand = Total MGY divided by the number of days

When calculating Average Day Demand be sure to use the number of "Days of Operation" shown on your registration statement or permit.

Handwritten calculation:

$$\begin{array}{r} 1 \\ 485 \\ 15 \\ \hline 500 \end{array}$$



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Watershed Management – Water Management Act
Registered & Permitted Withdrawals Annual Report
 Annual Report of Registered and Permitted Water Withdrawals – 2001

Make additional copies of this section if you have more than four withdrawal points.

Please use separate annual report forms if you are reporting on withdrawals from more than one river basin.

Section B

Withdrawal Point	<u>Meadow Pond</u>	Name	Name	Name
Location	<u>Whitinsville</u>	City/Town	City/Town	City/Town
If metered, date of last calibration	Date	Date	Date	Date
Metered or estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated
Meter type	<u>N/A</u>			
Meter capacity	<u>N/A</u>			
Maximum daily withdrawal volume	<u>.527</u> Millions of Gallons	Millions of Gallons	Millions of Gallons	Millions of Gallons
Date of maximum withdrawal volume	<u>9-11-01</u> Date	Date	Date	Date
January				
February				
March				
April				
May				
June				
July				
August	<u>1,139,000</u>			
September	<u>2,320,500</u>			
October				
November	<u>5,797,000</u>			
December	<u>6,468,500</u>			
Total	<u>15,725,000</u> Millions of Gallons	Millions of Gallons	Millions of Gallons	Millions of Gallons

If you are estimating volume, describe method used to estimate: each Tank Truck has a volume of 8,500 gallons.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Management – Water Management Act
Registered & Permitted Withdrawals Annual Report
Annual Report of Registered and Permitted Water Withdrawals – 2001

Section C

ATTENTION:

If you have added any new withdrawal points, you may need a Water Management Permit. Contact Water Management Program staff immediately at (617) 292-5706 to discuss.

1. Name and location of any new withdrawal points from which you withdrew water in 2001:

_____	_____
Name	Location
_____	_____
Name	Location
_____	_____
Name	Location

2. As a condition of your registration or permit, DEP may require that you provide certain information in your annual report. These conditions would be listed on your registration statement or permit. Please provide the required information if you did not supply it in your initial registration statement or in an earlier annual report.

Section D Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete."

Print Name *Jim Ouellet*

Title *Manager*

Signature *J Ouellet*

Date *2-1-02*



Glenn Haas

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON MA 02108 (617)292-5500

ARGEO PAUL CELLUCCI
Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

OCT 24 1987

Dear Registrant:

Enclosed please find your renewed Registration Statement for water withdrawal under the Water Management Act, Massachusetts General Laws Chapter 21G. This renewed Registration Statement entitles you to continue to make your registered withdrawal for an additional 10 years and will expire on January 1, 2008.

This renewed Verified Registration Statement supersedes the Registration Statement for Estimated Water Withdrawal previously issued to you. Your authorized water use is now based on your actual water use as reported on metered withdrawal information provided by you. The Department has calculated the actual average annual usage based on the years of metered data provided. The new authorized volume may differ from that on your original Registration Statement. However, this should not adversely affect your use of water as the authorized volume is now based on actual usage. Please be reminded that your usage may exceed the registered volume by up to 100,000 gallons per day. Withdrawals in excess of 100,000 gallons per day above your registered volume, or the addition of a withdrawal point that withdraws in excess of the 100,000 gallon per day threshold volume, requires filing for and obtaining a Water Management Act permit.

Compliance with, and continuation of, your registration is dependent upon your adherence to the terms of your Registration and the contents of your original application and supporting documentation. Please keep this Registration Statement for your records.

Very truly yours,

Glenn Haas, Director
Division of Watershed Management



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON MA 02108 (617)292-5500

ARGEO PAUL CELLUCCI
Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

REGISTRATION STATEMENT FOR VERIFIED WATER WITHDRAWAL

Registration under MGL c. 21G for the water withdrawal identified below is accepted by the Department of Environmental Protection.

GENERAL INFORMATION

Registration Number: 2-12-077.01 River Basin: Blackstone

Registrant: Douglas Water & Sewer Department
P.O. Box 624
Douglas, MA 01516

Number of withdrawal points 2

Groundwater: 2

Surface water: 0

Location(s): West Street (01G & 02G), Douglas

Use: Public Water Supplier

Average Volume per Day (MGD): 0.20

Days of Operation: 365

Total Annual Volume (MGY): 73.00

CONDITIONS AND REQUIREMENTS

Compliance with registration conditions is required by 310 CMR 36.08. Those applicable are described below.

Metering

Install source meters for all these points: Completed

Calibrate each meter: Annually

Records

Withdrawal records are required to be kept as follows:

Monthly: Yes

Other: Annual reporting.

Other information required:

Other Conditions and Requirements:

REPORTING

The Registrant is required by 310 CMR 36.11 to file an annual statement of withdrawal by January 31 of each year that this registration is in force, on forms specified by the Department. The Registrant shall include withdrawal records from the previous calendar year with the annual report filing. At the request of the Department, the registrant may be required to report withdrawal volumes monthly, in accordance with 310 CMR 36.08.

REGISTRATION RENEWAL

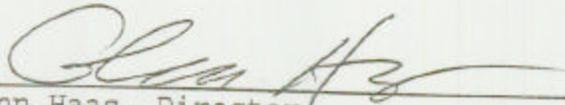
This registration statement expires on January 1, 2008, unless a renewal registration request is filed with the Department prior to that date, in accordance with 310 CMR 36.10.

REGISTRATION TRANSFER

This statement shall be surrendered to the Department upon transfer of any withdrawal authorized by this document.

Transfer of this registration is governed by the provisions of 310 CMR 36.09.

NOTE: Regulations are subject to change. The applicant is responsible to use the most current regulations.



Glenn Haas, Director
Division of Watershed Management

18/04/97
Date

Request for Renewal of Registered Withdrawal Rights
Water Management Act, Massachusetts General Laws, Chapter 21G

I certify that the information contained on my Registration Statement is correct or that I have noted any inaccuracies on the enclosed questionnaire. I certify that the registered withdrawal is metered, and that I have submitted annual reports as required by the registration statement. I hereby request renewal of the registration statement identified below.

Registrant: Douglas Water Department
Registration #: 21207701
Registered Volume in Million Gallons per day: 0.20 mgd
Print Name: ANTHONY J. GRESSAK Title: SYSTEMS MANAGER
Signature: Anthony J. Gressak
Date: 6-30-97
Mailing Address: DOUGLAS WATER/SEWER DEPT. P.O. BOX 624
City/Town DOUGLAS, MA Zip Code 01516
Phone number (including area code) (508) 476-2400

Complete this form and return by August 1, 1997 to:

Department of Environmental Protection
One Winter Street, 5th Floor
Boston, MA 02108
Attention: Water Management Program

Failure to file a Registration Renewal Request will result in the expiration of your registered rights, and the requirement to file a Water Management Permit Application if you wish to continue to make a withdrawal above the threshold volume.





COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Central Regional Office, 627 Main Street, Worcester, MA 01608

JANE SWIFT
Governor

BOB DURAND
Secretary

LAUREN A. LISS
Commissioner

**WATER WITHDRAWAL PERMIT
MGL c 21G**

This permit is issued pursuant to the Massachusetts Water Management Act for the sole purpose of authorizing the withdrawal of the volume of water stated below and subject to the following special and general conditions. This permit conveys no right in or to any property beyond the right to withdraw the volume of water for which it is issued.

PERMIT NUMBER: 9P-2-12-077.01 **RIVER BASIN:** Blackstone

PERMITTEE: Douglas Water and Sewer Department
PO Box 624
West Street
Douglas, MA 01516

EFFECTIVE DATE: November 30, 1990

AMENDMENT DATE: June 20, 2001

EXPIRATION DATE: February 28, 2009

NUMBER OF WITHDRAWAL POINTS:

Groundwater: 4

DAYS OF OPERATIONS: 365

LOCATION (S):

<u>Source</u>	<u>Source Code</u>	<u>Latitude</u>	<u>Longitude</u>	<u>Location</u>
Vacuum Tubular Wells	077-01G	42° 04' 09"	71° 43' 19"	West St.
Gravel Packed Well	077-02G	42° 04' 19"	71° 43' 22"	West St.
Glenn St. Well #1	077-03G	43° 3' 16"	71° 42' 51"	Glenn St.
Glenn St. Well #2	077-04G	42° 3' 16"	71° 42' 51"	Glenn St.

SPECIAL CONDITONS

1. Authorized Withdrawal Volume

This permit authorizes the withdrawal of water, on average over a calendar year, at the rate described below. The volume reflected by this rate is in addition to the 0.2 MGD previously registered to the permittee through the Water Management Act program.

The permitted volume is expressed in millions of gallons, both as an average daily withdrawal rate per year and as a total annual withdrawal volume for each of the four periods of the 20-year permit term.

Withdrawals are authorized as follows:

		<u>Daily Average (MGD)</u>	<u>Total Annual (MGY)</u>
Period One Years 1-5 (EXPIRED)	11/26/1990 to 2/28/1994	0.00	0.00
Period Two Years 6-10 (EXPIRED)	3/1/1994 to 2/28/1999	0.11	40.15
Period Three Years 11-15	3/1/1999 to 2/29/2004	0.14	51.10
Period Four Years 16-20	3/1/2004 to 2/28/2009	0.17	62.05

$$\begin{array}{r} + 0.2 \\ \hline .34 \checkmark \end{array}$$

2. Authorized Withdrawal Points

Withdrawals from individual withdrawal points are not to exceed the approved pumping rate and the resultant volume listed below without specific advance written approval from the Department.

<u>Source</u>	<u>Pumping Rate (gpm)</u>	<u>Daily Rate (MGD)</u>
Gravel Packed Wells	225	0.32
Vacuum Tubular Wells	150	0.22
Glenn St. Well #1	144	0.21
Glenn St. Well #2	168	0.24

3. **Zone of Contribution (Zone II) Delineations**

According to the Department's records, the gravel packed wellfield, the vacuum tubular wellfield, and the Glenn Street Wells have DEP-approved Zone II delineations. No further Zone II work is required as a condition of this permit.

4. **Floor Drain Regulations**

As a condition of this permit the Department is requiring the Town of Douglas to adopt a floor drain regulation in accordance with the wellhead protection requirements of 310 CMR 22.21(1)(d) and (2)(a)8 by **June 20, 2003**. This requirement may be fulfilled through the Douglas Board of Health with the adoption of a floor drain regulation on a Town-wide basis.

5. **Water Conservation Requirements**

The 2000 Water Conservation Plan as submitted by the Douglas Water and Sewer Department is attached as a condition of this permit. Additional requirements are as follows:

- A water audit /leak detection survey is to be undertaken within two years of receiving this permit. Provisions are to be made for bi-annual (every two years) water audits and leak detection surveys.
- Leak repair reports are to be kept and to be available for inspection by the Department.
- Ensure that the plumbing code is being actively enforced where installation of water saving devices is required.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Drinking Water Program

RECEIVED
JAN 29 1999

All #'s OK

COMMUNITY PWS Name: DOUGLAS WATER DEPT YEAR 1998
City/Town: DOUGLAS
PWS ID#: 2077000

1998 Public Water Supply Annual Statistical Report

For Community Public Water Systems-Reporting Period: 1/1/98 - 12/31/98

SECTION A: Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief. I also certify that the cross connections, if any, listed as part of Section C.11 comply with the Department's Regulations under 310 CMR 22.22.

Name: ANTHONY J. GRESSAK Title: SYSTEMS MANAGER
Of certifying person

Signature: Anthony J. Gressak Date: 1-28-1999

Owner's Name (if not municipal): _____

Address: 29 CHARLES ST. P.O. Box 624, DOUGLAS, MA 01516

Phone Number: (508) 476-2400 Internet Address: _____ Fax Number: (508) 476-4012

SECTION B: Public Water Supply Information

1. Mailing address of public water system if different from enclosed Comprehensive Statistical Report: NC

2. Federal Employment Identification Number (FEIN): 046-001-131

3. Is this system a not-for-profit organization? Yes [] No [X] If yes, indicate Tax Exempt code (i.e., 501(c)) _____

4. Primary Contact: ANTHONY J. GRESSAK Phone# (508) 476-2400

5. Certified Drinking Water Operators employed by the PWS*: (Attach list of all additional facility operators and corresponding license numbers)

Primary Certified Operator - Distribution: Name: DENNIS CROTEAU Grade: 2 Lic.#: 2341

Secondary Certified Operator - Distribution: Name: ANTHONY J. GRESSAK Grade: 2 Lic.#: 3648

Primary Certified Operator - Treatment: Name: DENNIS CROTEAU Grade: 1 Lic.#: 4247

Secondary Certified Operator - Treatment: Name: ANTHONY J. GRESSAK Grade: 1 Lic.#: 2341

Please use a separate sheet of paper to list additional operators if necessary

* NOTE: You must have certified operators in accordance with 310 CMR 22.11B.
If you do not have a certified drinking water supply operator, please call (617) 292-5910 for information

6. Names of Water Commissioners/Selectmen/Trustees (if applicable). Please provide an organizational chart, if available.

Name: ROBERT A JOSEY Phone #: (508) 476-2009

Name: JOSEPH J SASTER Phone #: (508) 476-3325

Name: EDWARD A THERRIEN Phone #: (508) 476-3386

7. POPULATION SERVED: Winter population (Oct. - Mar.) 3100 Summer population (Apr. - Sept.) 3150

8. DISTRIBUTION METER INFORMATION: Percentage of distribution system metered: 100 %

Public Water Supply Annual Statistical Report

PWS Name: DOUGLAS WATER DEPT.
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION B: Public Water Supply Information (continued)

9. SYSTEM INFORMATION:

- a. Number of Service Connections? 1,041
- b. Percentage of water obtained from the following sources (100% Total):
 Ground Water % 100 Surface Water % _____ Purchased Ground % _____ Purchased Surface % _____
- c. Finished Water Storage Capacity (MG) 1 MG

SECTION C: Cross Connection Control program

- 1. Cross Connection Control Coordinator: DENNIS PROTEAU Phone # (508) 476-2074
- 2. Cross Connection Control Surveyor: DENNIS PROTEAU Phone # (508) 476-2074
 For a list of certified surveyors, see attached list.
 Address if different from water system: _____
- 3. Does your water system review and approve design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPs), double check valve assemblies (DCAs), and air gap separations with tank and pump arrangements in accordance with 31022.22(4)(b) if yours is a delegated public water system?
 Yes No Not a delegated system in 1998
- 4. Does your water system ensure, upon completion of installation, that backflow prevention devices are installed according to the approved design data sheets and plans and are tested for proper operation in accordance with 310 CMA 22.22(4)(b) if yours is a delegated public water system?
 Yes No Not a delegated system in 1998
- 5. What percentage of the facilities in the following categories has been surveyed for cross connections?
 Industrial 60%; Commercial 75%; Institutional N/A; Municipal 80%; If not 100%, when will surveys be completed? 12 / 31 / 99
- 6. How many of these facilities have you surveyed this year? Industrial 0; Commercial 0; Institutional 0; Municipal 0
- 7. What number of violations have you found this year? 0
- 8. What is the total number of RPs on your water system? 7
- 9. What is the total number of DCAs on your water system? 5
- 10. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)? Yes No Number tested 12
- 11. Provide a list on an attached sheet(s) of the cross connections that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22.
 The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. If no list attached, check here.
- 12. What is the maximum time taken to protect a cross connection after the discovery of a violation or failed test? Check one.
 14 days 30 days 90 days Greater than 90 days
- 13. Do you have an active educational program directed toward residential users? Yes No
- 14. Do you have an active educational program for Industrial, Commercial, Institutional and Municipal users? Yes No
- 15. Has there been any occurrence of backflow of water into your water system this year? Yes No
 If yes provide Date, Time, and Location.

**Public Water Supply
Annual Statistical Report**

PWS Name: DOUGLAS WATER DEPT.
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION D: EMERGENCY, WATER PRODUCTION & CONSUMPTION INFORMATION

1. EMERGENCY PLAN SUBMITTAL:

Have you prepared and submitted a copy of your Emergency Contingency Plan to DEP?

YES NO

a. If YES, please list any recent changes to the plan: NONE

b. If NO, please prepare your plan and submit a copy with your Annual Statistical Report.

(For the proper forms and assistance you may call: (617)348-4004 or (617)292-5770)

2. EMERGENCY DIRECTORY UPDATE:

Have you updated Attachment #1 (Local Authorities and Departments) of the Handbook for Water Supply Emergencies in last six (6) months?

YES NO

a. If NO, please update this directory list and return a completed copy with your Annual Statistical Report.
 (A pink copy of attachment #1 is enclosed for your convenience)

3. WATER PRODUCTION AND CONSUMPTION SUMMARY FOR 1998:

Month	Amount of Water Pumped From Own Sources (1) GAL / MG	Amount of Water Purchased From Other System* (2) GAL / MG	Amount of Water Sold to Other Systems** (3) GAL / MG	Net Water Consumption 1 + 2 - 3 = Net GAL / MG		
January	9,213,400					
February	7,986,500					
March	8,653,500	X	X			
April	8,456,300					
May	9,619,800					
June	8,957,900					
July	10,329,700					
August	9,476,900					
September	8,295,000					
October	7,453,600					
November	7,339,700					
December	7,493,400					
TOTAL	✓ 103,269,700					

* If purchasing water, list the system's name(s) and PWS ID #: _____

** If selling water, list the system's name(s) and PWS ID #: _____

4. CONSUMPTION DATA:

Maximum Daily Consumption: Volume: 495,700 (GAL) MG (circle one)
 Date: 5 1 28 1 98

**Public Water Supply
Annual Statistical Report**

PWS Name: DOUGLAS WATER DEPT.
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION D: EMERGENCY, WATER PRODUCTION & CONSUMPTION INFORMATION (CONTINUED)

5. CONNECTIONS:

To the extent known, indicate the amount of water supplied, the percentage of the total water supplied, and the number of connections to each type of water use listed below (if applicable).

SERVICE TYPE	GALLONS	% OF TOTAL *	# OF CONNECTIONS
a. Residential	73,856,055	71% ✓	990
b. Agricultural			—
c. Commercial	4,849,500	5% ✓	30
d. Municipal	5,961,210	6% ✓	12
e. Industrial	2,192,250	2% ✓	1
f. Other PWS			
g. Process			
- Filter Backwash			
- Flushing			
h. Unaccounted for	12,562,545	12% ✓	
i. Other	3,845,140	4% ✓ = (22% other = 100)	8
TOTAL	103,269,700		

* To calculate the percentage, use the following example: (Unaccounted for gallons divided by total system gallons) times 100 = Percent (%) of unaccounted for water.

6. UNACCOUNTED FOR WATER:

If your system uses 100,000 gallons per day (GPD) or greater (refer to question 3) and/or has 15% or greater unaccounted for water, please indicate below possible reason(s) for your unaccounted for water and your plans to correct these problems.

CAUSE	AMOUNT OF WATER LOST	CORRECTIVE ACTIONS PLANNED*
Leaks		
Meter Calibration		
Fire Protection		
Other		
Other		

* Please note that during or before your next Sanitary Survey DEP staff will evaluate your progress with the corrective actions plans as indicated.

**Public Water Supply
Annual Statistical Report**

PWS Name: DOUGLAS WATER DEPT.
City/Town: DOUGLAS
PWS ID#: 2077000

SECTION E: INDIVIDUAL SOURCE STATISTICS

PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE IF YOU HAVE MORE THAN FOUR SOURCES OR WITHDRAWAL POINTS.

PLEASE PROVIDE THE INFORMATION BELOW FOR ALL OF YOUR SOURCES (ACTIVE, EMERGENCY, INACTIVE, OR ABANDONED)*

Source Name	WELL #1		WELL #2	
	TURBINE WELL FIELD	TURBINE STATION	GLENN ST. STATION	GLENN ST. STATION
Source ID #	2077000-01G	2077000-02G	2077000-03G	2077000-04G
Source Location (Address)	WEST ST.	WEST ST.	GLENN ST.	GLENN ST.
Source Availability (i.e. Active, Emergency, or Inactive)*	ACTIVE	ACTIVE	ACTIVE	ACTIVE
Date of Meter Installation. If no meter please indicate.	8/9/96	12/8/97	1/12/96	1/12/96
Date Last Meter Calibration For This Source	9/23/98	11/10/98	9/23/98	9/23/98
Withdrawal Units (circle one)**	(GAL) / MG	(GAL) / MG	(GAL) / MG	(GAL) / MG
January	1,653,700	2,645,000	2,317,100	2,597,600
February	1,601,700	2,272,400	1,957,400	2,155,000
March	1,757,500	2,640,100	1,934,300	2,321,600
April	1,701,500	2,253,900	2,149,900	2,357,200
May	1,906,800	2,660,100	2,267,300	2,725,600
June	1,688,600	2,591,800	2,199,900	2,471,600
July	2,075,500	2,993,300	2,547,800	2,713,100
August	1,806,500	2,735,300	2,382,500	2,552,600
September	1,729,000	2,356,200	2,089,300	2,200,500
October	1,777,900	2,019,400	1,746,300	1,910,000
November	1,636,700	2,021,800	1,764,100	1,917,100
December	1,697,300	2,107,200	1,771,000	1,917,900
Total # of days pumped ***	357	364	364	364
TOTAL AMOUNT PUMPED	21,092,700	29,396,500	25,046,700	27,833,800
Maximum Amount Pumped in a Single Day	158,000	197,700	134,200	145,200
Date of Maximum Amount pumped	7/14/98	5/26/98	5/28/98	5/28/98

* The SOURCE AVAILABILITY codes are the same as last year, which were different from preceding years. The following definitions still apply.

Abandoned Source (formerly: OTHER) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) can not be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.

Active Source (formerly: PERMANENT, BACKUP, SEASONAL, PROVISIONAL, INTERIM) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.

Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c. 21G § 15-17 or as a requirement of a Department administrative order.

Inactive Source (OTHER, CONTAMINATED) means an approved source(s) which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.

** Total amount pumped per month in GAL (gallons) or MG (million gallons).

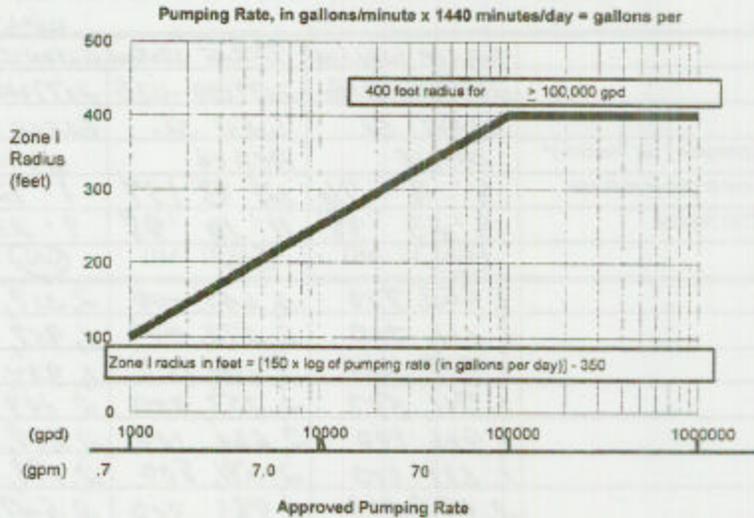
*** Total number of days that a source was used during the year.

INSTRUCTIONS FOR LAND USE INVENTORY

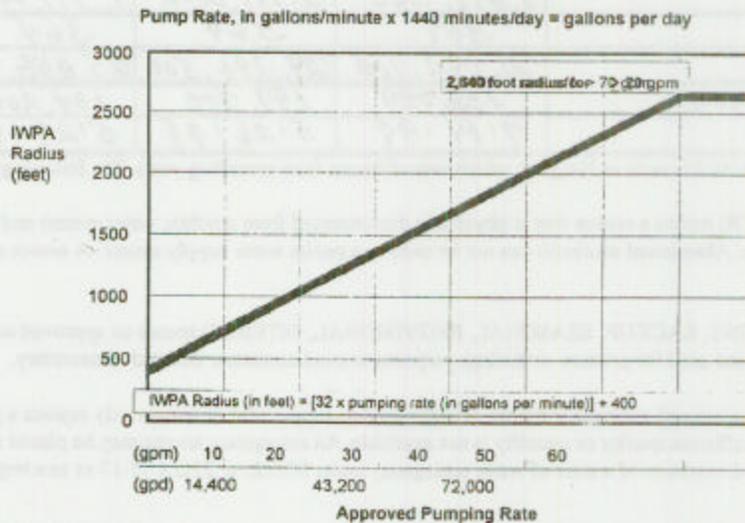
(for use with Section F)

PROTECT THE RECHARGE AREA OF YOUR WATER SOURCE: The public water supplier must take an active role in ensuring that each water source is protected and the threat of contamination is minimized. An annual inspection of land uses in the Zone I, II, or Interim Wellhead Protection Area (IWPA) for groundwater sources and Zones A and B for surface water sources is an important part of source protection. **IDENTIFY EACH LAND USE ACTIVITY** that might threaten water quality. Do this by driving or walking through Zones A, B, I, II or IWPA and by contacting the local Board of Health, Fire Dept. or the state DEP for information. Use the list of land uses in Section F as a guide. You may also call DEP/DWS at (617) 348-4004 or (617) 292-5770 for advice on water supply protection.

Zone I Radius vs. Pumping Rate



IWPA Radius vs. Pumping Rate



NOTE: PUMPING RATE IN GALLONS PER MINUTE (GPM) X 1440 MINUTES/DAY = GALLONS PER DAY (GPD)

**Public Water Supply
Annual Statistical Report**

PWS Name: DOUGLAS WATER DIST.
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION F: WATERSHED/GROUND WATER INSPECTION REPORT

PLEASE FILL OUT ONE SECTION (F) FORM FOR EACH WATER SOURCE
 MAKE ADDITIONAL COPIES OF THIS FORM IF NECESSARY

Completion and filing of this report meets the requirements of the Drinking Water Regulations of Massachusetts 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20(9) and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems.

SOURCE NAME: TUBULAR WELLFIELD SOURCE ID #: 2077000-016

1. GROUND WATER SOURCE INFORMATION: If no changes in 1a through 1e from last year's submittal check here [] and go to question 2.

- a. What is the Zone I radius in feet for this source? 400'
- b. What is the percentage of land owned or controlled by your system within the Zone I radius? APPROX. 50%
(ref.: 400 ft. radius = 11.5 acres)
- c. If the entire Zone I radius is NOT owned or controlled by your system, please explain: LAND EAST OF WELL FIELD OWNED BY CONTRACTOR, LAND NORTH OWNED BY RESIDENT.
- d. Is there an approved Zone II? YES NO [] If no, what is the IWPA radius in feet? _____
- e. Is the approved Zone II or Interim Wellhead Protection Area (IWPA) regulated by a Municipal Water Supply Protection District bylaw or ordinance? YES NO []

2. SURFACE WATER SOURCE INFORMATION: If no change in 3a through 3c from last year's submittal, check here [] and go to question 4.

Zone A: is defined as the area within 400 ft. of the bank of a surface drinking water source and 200 ft. from its tributaries.

Zone B: is the area either 1/2 mile from the bank of a surface drinking water source or to the watershed boundary, whichever is less.

- a. What is the total area of the watershed, controlled or uncontrolled? (Specify the unit used.)
 _____ [] sq. miles [] acres
- b. What is the area owned or controlled* by your system in the watershed? (Specify the unit used.)
 _____ [] sq. miles [] acres
- c. What is the percentage of land owned or controlled* by your system within the Zone A? _____ %
 * Controlled by a conservation restriction.

3. FOR ALL SOURCES (GROUND & SURFACE) :If no change from last year's submittal, check here [] and go to question 5.

- a. Does the area within Zones I, II, IWPA or A, B extend into any other communities/state? YES [] NO
 List the communities/state: _____
- b. Do you have any formal agreement(s) or committee(s) with any of these communities/states that address water source protection issues? YES [] NO Describe: _____

Public Water Supply Annual Statistical Report

PWS Name: DOUGLAS WATER DEPT
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION F: WATERSHED/GROUND WATER INSPECTION REPORT (CONTINUED)

4. LAND USE CHECKLIST:

- a. **Instructions :** Complete the table below by listing the number of land use activities in each category. Circle all the NEW land uses developed in 1998. Discuss in item 5b below.

Wherever possible, include the total area (acres or sq. miles) or the number of facilities, even if in another city/town or state. This information is subject to verification by the Division of Water Supply staff during random inspections or sanitary surveys.

LAND USES	ACTIVITIES IN ZONES I, II, IWPA, A OR B	
	Within Zone I or A	Within IWPA, Zone II or B
Road (# of feet) miles...[circle one]...	<u>3.50</u>	
Stream.....	<u>1</u>	
Surface Drain.....	<u>0</u>	
Sanitary Sewer.....	<u>0</u>	
Residential (# of bldg./houses)	<u>0</u>	N/A
Recreation (describe)	<u>0</u>	
Commercial (# businesses).....	<u>0</u>	
Parking Area (# vehicles).....	<u>0</u>	
Septic System / Cesspool [circle one]..	<u>0</u>	
Pesticide Use / Storage.....	<u>0</u>	
INDUSTRIAL / COMMERCIAL USES		
Airport.....	<u>0</u>	<u>0</u>
Boat Yard.....	<u>0</u>	<u>0</u>
Dry Cleaners.....	<u>0</u>	<u>0</u>
Furniture Stripping, etc.....	<u>0</u>	<u>0</u>
Junkyard (indicate if unlicensed).....	<u>0</u>	<u>0</u>
Jewelry/Metal Plating.....	<u>0</u>	<u>0</u>
Industrial Lagoons and Pits.....	<u>0</u>	<u>0</u>
Indust./Manufacturing(type)	<u>0</u>	<u>0</u>
Machine Shop/Metal Working.....	<u>0</u>	<u>0</u>
Railroad/Road Maintenance.....	<u>0</u>	<u>0</u>
Vehicular Services (including auto-body and engine repair).....	<u>0</u>	<u>0</u>
OTHER USES		
Protected Open Space (Acres).....	<u>5.25 ACRES</u>	
Agriculture.....	<u>0</u>	<u>0</u>
Golf Course.....	<u>0</u>	<u>0</u>
Landfill (active/inactive).....	<u>0</u>	<u>1 (INACTIVE)</u>
Superfund and/or 21E Site.....	<u>0</u>	<u>0</u>
Laboratory Operation.....	<u>0</u>	<u>0</u>
Wastewater Treatment Plant.....	<u>0</u>	<u>0</u>
Sand and Gravel Mining.....	<u>0</u>	<u>0</u>
Salt Storage.....	<u>0</u>	<u>0</u>
Septage Lagoons/Sludge Disp.	<u>0</u>	<u>0</u>
Fuel Storage Tank(type <u>REPAIR</u>)	<u>1</u>	<u>1 (GASOLINE)</u>
Other Land Uses That May Threaten Ground Water (specify).....		

b. Please comment on NEW and/or PROPOSED land uses and water utility land purchases in the Zones I, II, IWPA, A and/or B.

c. Do you have an antennae or other appurtenance (not needed for drinking water purposes) attached to you storage tank(s)?

Yes [] No []

Public Water Supply Annual Statistical Report

PWS Name: DOUGLAS WATER DIST.
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION F: WATERSHED/GROUND WATER INSPECTION REPORT

PLEASE FILL OUT ONE SECTION (F) FORM FOR EACH WATER SOURCE
 MAKE ADDITIONAL COPIES OF THIS FORM IF NECESSARY

Completion and filing of this report meets the requirements of the Drinking Water Regulations of Massachusetts 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20(9) and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems.

SOURCE NAME: GRAVEL PACKED WELL SOURCE ID #: 2077000-026

1. GROUND WATER SOURCE INFORMATION: If no changes in 1a through 1e from last year's submittal check here [] and go to question 2.

- a. What is the Zone I radius in feet for this source? 400'
- b. What is the percentage of land owned or controlled by your system within the Zone I radius? 100%
(ref.: 400 ft. radius = 11.5 acres)
- c. If the entire Zone I radius is NOT owned or controlled by your system, please explain: _____
- d. Is there an approved Zone II? YES NO [] If no, what is the IWPA radius in feet? _____
- e. Is the approved Zone II or Interim Wellhead Protection Area (IWPA) regulated by a Municipal Water Supply Protection District bylaw or ordinance? YES NO []

2. SURFACE WATER SOURCE INFORMATION: If no change in 3a through 3c from last year's submittal, check here [] and go to question 4.

Zone A: is defined as the area within 400 ft. of the bank of a surface drinking water source and 200 ft. from its tributaries.

Zone B: is the area either 1/2 mile from the bank of a surface drinking water source or to the watershed boundary, whichever is less.

- a. What is the total area of the watershed, controlled or uncontrolled? (Specify the unit used.)
 _____ [] sq. miles [] acres
- b. What is the area owned or controlled* by your system in the watershed? (Specify the unit used.)
 _____ [] sq. miles [] acres
- c. What is the percentage of land owned or controlled* by your system within the Zone A? _____ %
* Controlled by a conservation restriction.

3. FOR ALL SOURCES (GROUND & SURFACE) :If no change from last year's submittal, check here [] and go to question 5.

- a. Does the area within Zones I, II, IWPA or A, B extend into any other communities/state? YES [] NO
 List the communities/state: _____
- b. Do you have any formal agreement(s) or committee(s) with any of these communities/states that address water source protection issues? YES [] NO Describe: _____

Public Water Supply Annual Statistical Report

PWS Name: DOUGLAS WATER DEPT
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION F: WATERSHED/GROUND WATER INSPECTION REPORT (CONTINUED)

4. LAND USE CHECKLIST:

a. **Instructions** : Complete the table below by listing the number of land use activities in each category. Circle all the **NEW** land uses developed in 1998. Discuss in item 5b below.

Wherever possible, include the total area (acres or sq. miles) or the number of facilities, even if in another city/town or state. This information is subject to verification by the Division of Water Supply staff during random inspections or sanitary surveys.

LAND USES	ACTIVITIES IN ZONES I, II, IWPA, A OR B	
	Within Zone I or A	Within IWPA, Zone II or B
Road (# of feet / miles)...[circle one]...	<u>400'</u>	
Stream.....	<u>0</u>	
Surface Drain.....	<u>0</u>	
Sanitary Sewer.....	<u>0</u>	
Residential (# of bldg./houses _____)	<u>0</u>	N/A
Recreation (describe _____)	<u>0</u>	
Commercial (# businesses).....	<u>0</u>	
Parking Area (# vehicles).....	<u>0</u>	
Septic System / Cesspool [circle one]..	<u>0</u>	
Pesticide Use / Storage.....	<u>0</u>	
INDUSTRIAL / COMMERCIAL USES		
Airport.....	<u>0</u>	<u>0</u>
Boat Yard.....	<u>0</u>	<u>0</u>
Dry Cleaners.....	<u>0</u>	<u>0</u>
Furniture Stripping, etc.....	<u>0</u>	<u>0</u>
Junkyard (indicate if unlicensed).....	<u>0</u>	<u>0</u>
Jewelry/Metal Plating.....	<u>0</u>	<u>0</u>
Industrial Lagoons and Pits.....	<u>0</u>	<u>0</u>
Indust./Manufacturing(type _____)	<u>0</u>	<u>0</u>
Machine Shop/Metal Working.....	<u>0</u>	<u>0</u>
Railroad/Road Maintenance.....	<u>0</u>	<u>0</u>
Vehicular Services (including auto-body and engine repair).....	<u>0</u>	<u>0</u>
OTHER USES		
Protected Open Space (Acres).....	<u>11.5 ACRES</u>	<u>0</u>
Agriculture.....	<u>0</u>	<u>0</u>
Golf Course.....	<u>0</u>	<u>0</u>
Landfill (active/inactive).....	<u>0</u>	<u>(1) INACTIVE</u>
Superfund and/or 21E Site.....	<u>0</u>	<u>0</u>
Laboratory Operation.....	<u>0</u>	<u>0</u>
Wastewater Treatment Plant.....	<u>0</u>	<u>0</u>
Sand and Gravel Mining.....	<u>0</u>	<u>0</u>
Salt Storage.....	<u>0</u>	<u>0</u>
Septage Lagoons/Sludge Disp.	<u>0</u>	<u>0</u>
Fuel Storage Tank(type <u>PROPANE</u>)	<u>1</u>	<u>(1) GASOLINE</u>
Other Land Uses That May Threaten Ground Water (specify) _____		

b. Please comment on NEW and/or PROPOSED land uses and water utility land purchases in the Zones I, II, IWPA, A and/or B.

c. Do you have an antennae or other appurtenance (not needed for drinking water purposes) attached to you storage tank(s)?
 Yes [] No [X]

**Public Water Supply
Annual Statistical Report**

PWS Name: DOUGLAS WATER DEPT.
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION F: WATERSHED/GROUND WATER INSPECTION REPORT

PLEASE FILL OUT ONE SECTION (F) FORM FOR EACH WATER SOURCE
 MAKE ADDITIONAL COPIES OF THIS FORM IF NECESSARY

Completion and filing of this report meets the requirements of the Drinking Water Regulations of Massachusetts 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20(9) and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems.

SOURCE NAME: GLENN ST. STATION WELL #1 SOURCE ID #: 2077000-036

1. GROUND WATER SOURCE INFORMATION: If no changes in 1a through 1e from last year's submittal check here [] and go to question 2.

- a. What is the Zone I radius in feet for this source? 400'
- b. What is the percentage of land owned or controlled by your system within the Zone I radius? 100%
 (ref.: 400 ft. radius = 11.5 acres)
- c. If the entire Zone I radius is NOT owned or controlled by your system, please explain: _____
- d. Is there an approved Zone II? YES NO [] If no, what is the IWPA radius in feet? _____
- e. Is the approved Zone II or Interim Wellhead Protection Area (IWPA) regulated by a Municipal Water Supply Protection District bylaw or ordinance? YES NO []

2. SURFACE WATER SOURCE INFORMATION: If no change in 3a through 3c from last year's submittal, check here [] and go to question 4.

Zone A: is defined as the area within 400 ft. of the bank of a surface drinking water source and 200 ft. from its tributaries.

Zone B: is the area either 1/2 mile from the bank of a surface drinking water source or to the watershed boundary, whichever is less.

- a. What is the total area of the watershed, controlled or uncontrolled? (Specify the unit used.)
 _____ [] sq. miles [] acres
- b. What is the area owned or controlled* by your system in the watershed? (Specify the unit used.)
 _____ [] sq. miles [] acres
- c. What is the percentage of land owned or controlled* by your system within the Zone A? _____ %
 * Controlled by a conservation restriction.

3. FOR ALL SOURCES (GROUND & SURFACE) :If no change from last year's submittal, check here [] and go to question 5.

- a. Does the area within Zones I, II, IWPA or A, B extend into any other communities/state? YES [] NO
 List the communities/state: _____
- b. Do you have any formal agreement(s) or committee(s) with any of these communities/states that address water source protection issues? YES [] NO Describe: _____

Public Water Supply Annual Statistical Report

PWS Name: DOUGLAS WATER DEPT.
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION F: WATERSHED/GROUND WATER INSPECTION REPORT (CONTINUED)

4. LAND USE CHECKLIST:

a. Instructions : Complete the table below by listing the number of land use activities in each category. Circle all the NEW land uses developed in 1998. Discuss in item 5b below.

Wherever possible, include the total area (acres or sq. miles) or the number of facilities, even if in another city/town or state. This information is subject to verification by the Division of Water Supply staff during random inspections or sanitary surveys.

LAND USES	ACTIVITIES IN ZONES I, II, IWPA, A OR B	
	Within Zone I or A	Within IWPA, Zone II or B
Road (# of feet / miles)...[circle one]...	<u>400'</u>	
Stream.....	<u>0</u>	
Surface Drain.....	<u>0</u>	
Sanitary Sewer.....	<u>0</u>	
Residential (# of bldg./houses _____)	<u>0</u>	N/A
Recreation (describe _____)	<u>0</u>	
Commercial (# businesses).....	<u>0</u>	
Parking Area (# vehicles).....	<u>0</u>	
Septic System / Cesspool [circle one]..	<u>0</u>	
Pesticide Use / Storage.....	<u>0</u>	
INDUSTRIAL / COMMERCIAL USES		
Airport.....	<u>0</u>	<u>0</u>
Boat Yard.....	<u>0</u>	<u>0</u>
Dry Cleaners.....	<u>0</u>	<u>0</u>
Furniture Stripping, etc.....	<u>0</u>	<u>0</u>
Junkyard (indicate if unlicensed).....	<u>0</u>	<u>0</u>
Jewelry/Metal Plating.....	<u>0</u>	<u>0</u>
Industrial Lagoons and Pits.....	<u>0</u>	<u>0</u>
Indust./Manufacturing(type _____)	<u>0</u>	<u>0</u>
Machine Shop/Metal Working.....	<u>0</u>	<u>0</u>
Railroad/Road Maintenance.....	<u>0</u>	<u>0</u>
Vehicular Services (including auto-body and engine repair).....	<u>0</u>	<u>2</u>
OTHER USES		
Protected Open Space (Acres).....	<u>11.5 ACRES</u>	
Agriculture.....	<u>0</u>	<u>0</u>
Golf Course.....	<u>0</u>	<u>0</u>
Landfill (active/inactive).....	<u>0</u>	<u>(1) INACTIVE</u>
Superfund and/or 21E Site.....	<u>0</u>	<u>0</u>
Laboratory Operation.....	<u>0</u>	<u>0</u>
Wastewater Treatment Plant.....	<u>0</u>	<u>0</u>
Sand and Gravel Mining.....	<u>0</u>	<u>0</u>
Salt Storage.....	<u>0</u>	<u>2</u>
Septage Lagoons/Sludge Disp.	<u>0</u>	<u>1</u>
Fuel Storage Tank(type <u>PROPANE</u>)	<u>2</u>	<u>(3) FUEL OIL (4) GASOLINE TANKS</u>
Other Land Uses That May Threaten Ground Water (specify) _____		<u>CEMETERY</u>

b. Please comment on NEW and/or PROPOSED land uses and water utility land purchases in the Zones I, II, IWPA, A and/or B.

c. Do you have an antennae or other appurtenance (not needed for drinking water purposes) attached to you storage tank(s)?
 Yes [] No [X]

**Public Water Supply
Annual Statistical Report**

PWS Name: DOUGLAS WATER DEPT.
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION F: WATERSHED/GROUND WATER INSPECTION REPORT

PLEASE FILL OUT ONE SECTION (F) FORM FOR EACH WATER SOURCE
 MAKE ADDITIONAL COPIES OF THIS FORM IF NECESSARY

Completion and filing of this report meets the requirements of the Drinking Water Regulations of Massachusetts 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20(9) and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems.

SOURCE NAME: GLENN ST STATION WELL #2 SOURCE ID#: 2077000-046

1. GROUND WATER SOURCE INFORMATION: If no changes in 1a through 1e from last year's submittal check here [] and go to question 2.

- a. What is the Zone I radius in feet for this source? 400'
- b. What is the percentage of land owned or controlled by your system within the Zone I radius? 100%
(ref.: 400 ft. radius = 11.5 acres)
- c. If the entire Zone I radius is NOT owned or controlled by your system, please explain: _____
- d. Is there an approved Zone II? YES NO If no, what is the IWPA radius in feet? _____
- e. Is the approved Zone II or Interim Wellhead Protection Area (IWPA) regulated by a Municipal Water Supply Protection District bylaw or ordinance? YES NO

2. SURFACE WATER SOURCE INFORMATION: If no change in 3a through 3c from last year's submittal, check here [] and go to question 4.

Zone A: is defined as the area within 400 ft. of the bank of a surface drinking water source and 200 ft. from its tributaries.

Zone B: is the area either 1/2 mile from the bank of a surface drinking water source or to the watershed boundary, whichever is less.

- a. What is the total area of the watershed, controlled or uncontrolled? (Specify the unit used.)
 _____ [] sq. miles [] acres
- b. What is the area owned or controlled* by your system in the watershed? (Specify the unit used.)
 _____ [] sq. miles [] acres
- c. What is the percentage of land owned or controlled* by your system within the Zone A? _____ %
 * Controlled by a conservation restriction.

3. FOR ALL SOURCES (GROUND & SURFACE): If no change from last year's submittal, check here [] and go to question 5.

- a. Does the area within Zones I, II, IWPA or A, B extend into any other communities/state? YES [] NO
 List the communities/state: _____
- b. Do you have any formal agreement(s) or committee(s) with any of these communities/states that address water source protection issues? YES [] NO Describe: _____

Public Water Supply Annual Statistical Report

PWS Name: DOUGLAS WATER DEPT
 City/Town: DOUGLAS
 PWS ID#: 2077000

SECTION F: WATERSHED/GROUND WATER INSPECTION REPORT (CONTINUED)

4. LAND USE CHECKLIST:

a. Instructions: Complete the table below by listing the number of land use activities in each category. Circle all the NEW land uses developed in 1998. Discuss in item 5b below.

Wherever possible, include the total area (acres or sq. miles) or the number of facilities, even if in another city/town or state. This information is subject to verification by the Division of Water Supply staff during random inspections or sanitary surveys.

LAND USES	ACTIVITIES IN ZONES I, II, IWPA, A OR B	
	Within Zone I or A	Within IWPA, Zone II or B
Road (# of feet / miles)...[circle one]...	<u>4001</u>	
Stream.....	<u>0</u>	
Surface Drain.....	<u>0</u>	
Sanitary Sewer.....	<u>0</u>	
Residential (# of bldg./houses _____)	<u>0</u>	
Recreation (describe _____)	<u>0</u>	N/A
Commercial (# businesses).....	<u>0</u>	
Parking Area (# vehicles).....	<u>0</u>	
Septic System / Cesspool [circle one]...	<u>0</u>	
Pesticide Use / Storage.....	<u>0</u>	
INDUSTRIAL / COMMERCIAL USES		
Airport.....	<u>0</u>	<u>0</u>
Boat Yard.....	<u>0</u>	<u>0</u>
Dry Cleaners.....	<u>0</u>	<u>0</u>
Furniture Stripping, etc.....	<u>0</u>	<u>0</u>
Junkyard (indicate if unlicensed).....	<u>0</u>	<u>0</u>
Jewelry/Metal Plating.....	<u>0</u>	<u>0</u>
Industrial Lagoons and Pits.....	<u>0</u>	<u>0</u>
Indust./Manufacturing(type _____)	<u>0</u>	<u>0</u>
Machine Shop/Metal Working.....	<u>0</u>	<u>0</u>
Railroad/Road Maintenance.....	<u>0</u>	<u>0</u>
Vehicular Services (including auto-body and engine repair).....	<u>0</u>	<u>2</u>
OTHER USES		
Protected Open Space (Acres).....	<u>11.5 acres</u>	
Agriculture.....	<u>0</u>	<u>0</u>
Golf Course.....	<u>0</u>	<u>0</u>
Landfill (active/inactive).....	<u>0</u>	<u>(1) INACTIVE</u>
Superfund and/or 21E Site.....	<u>0</u>	<u>0</u>
Laboratory Operation.....	<u>0</u>	<u>0</u>
Wastewater Treatment Plant.....	<u>0</u>	<u>0</u>
Sand and Gravel Mining.....	<u>0</u>	<u>2</u>
Salt Storage.....	<u>0</u>	<u>1</u>
Septage Lagoons/Sludge Disp.	<u>0</u>	<u>0</u>
Fuel Storage Tank(type <u>PROPANE</u>)	<u>2</u>	<u>(3) #2 FUEL OIL (4) gasoline TANKS</u>
Other Land Uses That May Threaten Ground Water (specify) _____	<u>0</u>	<u>CEMETERY</u>

b. Please comment on NEW and/or PROPOSED land uses and water utility land purchases in the Zones I, II, IWPA, A and/or B.

c. Do you have an antennae or other appurtenance (not needed for drinking water purposes) attached to you storage tank(s)?
 Yes [] No [X]



Massachusetts Department of Environmental Protection
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<u>COMMUNITY/NTNC</u>	
PWSID#:	<u>2077000</u>
Name:	<u>DOUGLAS WATER DEPT.</u>
City/Town:	<u>DOUGLAS, MA 01516</u>

A Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief. I also certify that the cross connections, if any, listed as part of Section C.11 comply with the Department's Regulations under 310 CMR 22.22.

ANTHONY J. GRESSAK SYSTEMS MANAGER
 Name of Certifying Person Title

P.O. Box 624, 29 CHARLES ST.
 Mailing Address

DOUGLAS,
 City/Town

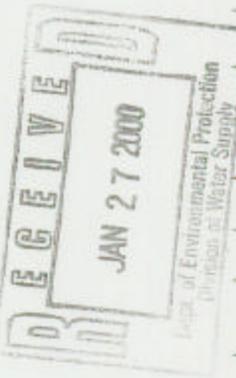
MA 01516
 State (please use 2 letter abbreviation) Zip Code

Owner's Name (if not municipal):
508-476-2400 508-476-4012
 Phone Number Fax Number

Email Address (if available)

http://
 Web Site Address of PWS (if available)

Anthony J. Gressak 1-24-2000
 Signature of Certifying Person Date (mm/dd/yyyy: please type in the slash in between month, date, and year.)



B Public Water Supply Information

Please confirm the information shown on your Comprehensive Report. The Comprehensive Report was enclosed with the mailed copy of this form.

- Check this box if there are no changes to your Comprehensive Report
- Check this box if you made changes to your Comprehensive Report

If the mailing address is different from the one shown on the Comprehensive Report (enclosed with the mailing of this form) please fill in the mailing address.

1. Public Water System:

PWS mailing address N/C

City/Town

State (please use 2 letter abbreviation) Zip Code

Phone Number Fax Number (if available)

E-Mail Address (if available)

2. Primary Contact:
ANTHONY J. GRESSAK 508-476-2400
 Name Phone Number

COPY



Massachusetts Department of Environmental Protection
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COM/NTNC -1999

COMMUNITY/NTNC	
PWSID#:	2077000
Name:	DOUGLAS WATER DEPT.
City/Town:	DOUGLAS, MA 01516

B Public Water Supply Information (cont)

Please submit a copy of your staffing plan for treatment plants.

Attach a list of all additional facility operators and corresponding license numbers.

3. Certified Drinking Water Operator employed by the PWS*:

DENNIS PROTEAU	2	2341
Primary Certified Operator - Distribution: Name	Grade	License Number
ANTHONY J. GRESSAK	2	3648
Secondary Certified Operator - Distribution: Name	Grade	License Number
DENNIS PROTEAU	1	2341
Primary Certified Operator - Treatment: Name	Grade	License Number
ANTHONY J. GRESSAK	1	4247
Secondary Certified Operator - Treatment: Name	Grade	License Number

* Note: You must have certified operators in accordance with 310 CMR 22.11B.

4. If you use a contract certified operator, does the certified operator have a signed contract approved by the DEP? Yes No

Names of Water Commissioners/Selectmen/Trustees (if applicable). Please provide an organizational chart, if available.

ROBERT A. JOSLEY	508-476-2007	Comm.
Name	Phone Number	
JOSEPH J. SASTER	508-476-3328	Comm.
Name	Phone Number	
EDWARD A. THERRIEN	508-476-3386	Comm.
Name	Phone Number	
Name	Phone Number	
Name	Phone Number	

6. Federal Employment Identification Number (FEIN): 046-001-131

7. Is this system a not-for-profit organization? Yes No
 If yes, indicate Tax Exempt code (i.e., 501C):

8. Population Served (Daily Average):
 Winter Population (October – March): 3100
 Summer Population (April - September): 3150

9. Distribution Meter information:
 a. Percentage of distribution system metered: 100 %
 b. Are all publicly owned building metered? Yes No
 c. If yes, what percent? 100 %

10. System Information:
 a. Number of Service Connections: 1,041
 b. Percentage of water obtained from the following sources (100% Total):
 100 % 0 % 0 % 0 %
 Ground Water Surface Water Purchased Ground Purchased Surface
 c. Finished Water Storage Capacity in Million Gallons (MG): 1 MG
 [Conversion factor is (# of gallons)/(1,000,000)= _MG]



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COMMUNITY/NTNC	
PWSID#:	2077000
Name:	DOUGLAS WATER DEPT.
City/Town:	DOUGLAS, MA 01516

B Public Water Supply Information (cont)

11. Leak Detection:
- a. Did your system complete a leak detection survey last year? Yes No
 - b. If yes, what percentage of your system was surveyed last year? _____ %
 - c. If no, when was the date of your most recent survey? 9-96
12. Water Conservation:
- a. Were water conservation tips or water saving messages sent out with bills or as a separate mailing to customers? Yes No
 - b. Does your system or community have a bylaw ordinance to implement mandatory outside water use restrictions? Yes No
 - c. If yes, did you implement these restrictions last year? Yes No

C Cross Connection Control Program

For a list of certified surveyors, see list attached to the mailed version of this form.

1. Cross Connection Control Coordinator:
 Name DENNIS CRATEAU Phone Number 508-476-2074

2. Cross Connection Control Surveyor responsible for review and approval of cross connection plans:
 Name DENNIS CRATEAU Phone Number 508-476-2074

Address if different from water system _____

3. Does your water system **review and approve** design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPBPs), double check valve assemblies (DCVAs), and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b)? Yes No
4. Does your water system ensure, upon completion of installation, that backflow prevention devices are **installed according to the approved design data sheets and plans and are tested** for proper operation in accordance with 310 CMR 22.22(4)(b)? Yes No
5. What percentage of the facilities in the following categories has been surveyed for cross connections?
95% Industrial 100% Commercial 100% Institutional 100% Municipal
 If not 100%; when will surveys be completed? 6-2000
 (mm/dd/yyyy)
6. Of the facilities you surveyed last year, what percentage were...
45% Industrial 20% Commercial 20% Institutional 15% Municipal
7. What number of violations did you find last year? 0
8. What is the total number of RPs registered within your water system? 6
9. What is the total number of RPBPs installed last year? 1
10. What is the total number of DCVAs within your water system? 7
11. What is the total number of DCVAs installed last year? 0



COMMUNITY/NTNC		
PWSID#:	2077000	
Name:	DOUGLAS WATER DEPT.	
City/Town:	DOUGLAS, MA 01516	

C Cross Connection Control Program (cont)

12. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)?
 Yes No
13. Number of RPBPs tested last year: 12
14. Number of RPBPs re-tested last year: 0
15. Number of DCVAs tested last year: 7
16. Number of DCVAs re-tested last year: 0
17. Provide a list, on attached sheet(s), of the registered cross connections that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22. The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. If no list attached, check here.
18. What is the maximum time taken to protect a cross connection after the discovery of a violation or failed test? Check one. 14 days 30 days 90 days Greater than 90 days
19. Do you have an active educational program directed toward residential users? Yes No
20. Do you have an active educational program for targeted users (ex. Industrial, Commercial, Institutional and Municipal)? Yes No
- If yes, please list the types of users: _____
21. Did your system use the services of a third party/consultant to perform tests and or surveys last year?
 Yes No If yes, please provide:

Attach a separate sheet if necessary.

Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date

22. Has there been any occurrence of backflow of water into your water system this year? Yes No
 If yes, please provide: _____
 Date & Time (mm/dd/yyyy hh:mm am/pm)

Location and a very brief description _____

D Emergency, Water Production & Consumption Information

1. Emergency Plan Submittal.
 Have you prepared and submitted a copy of your Emergency Contingency Plan to DEP?
 Yes No
 If yes, and if any changes have been made to the plan, please submit 2 copies of the revised plan with this annual statistics report.
2. Emergency Directory Update:
 Please submit an updated Emergency Directory list and return a completed copy with this Annual Statistical Report. (Attachment 1 - Emergency Response Plan was enclosed with the mailed version of this form. It is also available on DEP's web site.)



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COMMUNITY/NTNC
 PWSID#: 2077080
 Name: DOUGLAS WATER DEPT.
 City/Town: DOUGLAS, MA 01516

D Emergency, Water Production & Consumption Information (cont)

3. Water Production and Consumption Summary for Last Year (1999):
 [Conversion factor is (# cubic feet)(7.481) = (# of gallons)]

Month	(1) Amount pumped from own sources <input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	(2) Amount purchased from other system*	(3) Amount sold to other systems**	Net Water Consumption (1)+(2)-(3)=Net
Withdraw Units (check one)	<input checked="" type="checkbox"/> gallons (GAL) or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG
January	7,636,400			
February	6,766,200			
March	7,399,300			
April	7,561,300			
May	9,306,900			
June	11,136,700	N/A	N/A	
July	8,412,100			
August	7,816,600			
September	7,328,700			
October	7,356,000			
November	7,062,600			
December	7,317,300			
TOTAL	95,100,100 ✓			

Please attach additional paper for additional systems.

* If purchasing water, list the systems you purchase from:

Name(s)	PWS ID #	Total Amount for Last Year
N/A		

** If selling water, list the systems you sell to:

Name(s)	PWS ID #	Total Amount for Last Year
N/A		

4. Consumption Data:

a. Maximum Daily Consumption:

Volume GAL OR MG 570,600 Date (mm/dd/yyyy) JUNE - 13 - 1999

b. If your system is registered and/or permitted with DEP's Water Management Program (ie. withdrawals of 100,000 gallons per day or more on average), what is the combined authorized withdrawal volume for your entire system on an annual average daily basis?

MGD (million gallons per day)

0.34 GPD



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COM/NTNC -1999

COMMUNITY/NTNC	
PWSID#:	2077100
Name:	DOUGLAS WATER DEPT.
City/Town:	DOUGLAS, MA 01516

D Emergency, Water Production & Consumption Information (cont)

5. Connections:

Service Type	Gallons Please check the units used for the volume reported below <input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	Percent of Total *	Number of Connections
Residential			
a. Residential Area	79,552,500 ✓	84 %	998
b. Mobile Home Park		%	
c. Other Residential Area		%	
Semi-residential			
a. School	1,902,750 ✓	2 %	2
b. Institution		%	
c. Medical Facility		%	
d. Industrial/Agricultural	1,998,000 ✓	2 %	1
e. Day Care Center		%	
f. Other Semi-residential Area		%	
Transient			
a. Recreational Area	87,750 ✓	0 %	2
b. Service Station		%	
c. Summer Camp		%	
d. Restaurant	524,250 ✓	.5 %	5
e. Highway Rest Area		%	
f. Hotel/Motel		%	
g. Other Transient Area	133,500 ✓	0 %	7
Other			
a. Vending Machine		%	
b. Bottled Water Company		%	
c. Commercial	3,060,750	3 %	20
d. Interstate Carrier		%	
e. Wholesaler (Sells Water)		%	
f. Other Area MUNICIPAL BLDGS.	774,750	0.8 %	6
g. Unaccounted for	7,055,850	7.4 %	
TOTAL	95,100,100-95090100	100 %	1041

* To calculate the percentage, use the following example: (Unaccounted for gallons divided by total system gallons) times 100 = Percent (%) of unaccounted for water.

6. Unaccounted For Water:

If your system uses 100,000 gallons per day (GPD) or greater (refer to question 3 of Section D) and/or has 15% or greater unaccounted for water, please indicate in the table below the possible reason(s) for your unaccounted for water and your plans to correct these problems.

Cause	Amount Of Water Lost	Corrective Actions Planned*
Leaks		
Meter Calibration		
Fire Protection		
Other		

* Please note that during or before your next Sanitary Survey DEP staff will evaluate your progress with the corrective actions plans as indicated.



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Drinking Water Program
 1999 Public Water Supply Annual Statistical Report
 For Community/NTNC Public Water Systems-Reporting Period 1/1/1999 - 12/31/1999

COM/NTNC -1999

COMMUNITY/NTNC
 PWSID#: 2077000
 Name: DOUGLAS WATER DEPT.
 City/Town: DOUGLAS, MA 01516

E Individual Source Statistics

If you have more than four sources or withdrawal points, please open an extra Section E from the DEP web page or make photocopies of Section E.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned).

Source Name	TUBULAR WELFIELD	TURBINE STATION	WELL #1 GLENN ST. STATION	WELL #2 GLENN ST. STATION
Source ID #	2077000-016	2077000-026	2077000-036	2077000-046
Source Location (Address)	WEST ST.	WEST ST.	GLENN ST.	GLENN ST.
Source Availability* (check one)	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	8-9-96 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	11-10-98 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	1-12-96 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	1-12-96 (mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	10-5-99 (mm/dd/yyyy)	12-14-99 (mm/dd/yyyy)	10-5-99 (mm/dd/yyyy)	10-5-99 (mm/dd/yyyy)
Withdrawal Units (check one)	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG
January	1,704,700	2,222,700	1,930,500	1,978,500
February	1,311,200	1,945,100	1,689,300	1,825,600
March	2,288,100	2,141,400	1,428,900	1,330,900
April	2,466,700	2,057,800	1,455,400	1,584,400
May	2,830,300	2,249,600	2,035,400	2,191,600
June	3,426,400	2,762,800	2,399,900	2,547,600
July	2,637,000	1,856,600	1,858,100	2,046,400
August	2,490,000	1,776,600	1,704,100	1,845,900
September	2,389,400	1,711,100	1,559,700	1,668,500
October	2,501,100	1,727,700	1,416,500	1,640,700
November	2,411,600	1,827,700	1,350,100	1,467,200
December	2,399,300	1,432,500	1,583,100	1,882,400
Total Amount Pumped**	28,861,800	23,623,600	20,395,000	22,219,700
Total # of days pumped***	359	358	352	354
Max. Amount Pumped in a Single Day	184,600	140,800	154,900	164,900
Date Max. Amount Pumped	10-10-99 (mm/dd/yyyy)	4-1-99 (mm/dd/yyyy)	5-31-99 (mm/dd/yyyy)	5-31-99 (mm/dd/yyyy)

- * The source availability codes are the same as last year's. The following definitions still apply:
Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) can not be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.
Active Source (Formerly: Permanent, Backup, Seasonal, Provisional, Interim) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.
Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c. 21G § 15-17 or as a requirement of a Department administrative order.
Inactive Source (Other, contaminated) means an approved source(s), which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.
- ** If the sum total of your withdrawal volumes from the individual sources in Section E is different from the volumes reported in Section D, Question 3, column one, explain the difference between volumes in the line below.

*** Total number of days that a source was used during the year.

FEB 5

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MASSACHUSETTS
DEPARTMENT OF
ENVIRONMENTAL
PROTECTION

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Drinking Water Program
2000 Public Water Supply Annual Statistical Report
For Community/NTNC Public Water Systems-Reporting Period 1/1/2000 - 12/31/2000

COMMUNITY/NTNC
PWSID#: 2077000
Name: Douglas Water Dept.
City/Town: Douglas, MA 01516

A Certification

Please use the tab key to move forward.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief. I also certify that the cross connections, if any, listed as a part of Section C. complies with the Department's Regulations under 310 CMR 22.22.



Anthony J. Gressak Systems Manager
Name of Certifying Person Title



P.O. Box 624, 29 Charles St.
Mailing Address

Douglas
City/Town

MA 01516
State (please use 2 letter abbreviation) Zip Code

If you press the enter or return key, please press the backspace key until the form returns to normal.

508-476-2400 508-476-4012
Owner's Name (if not municipal): Phone Number

508-476-2400 508-476-4012
Phone Number Fax Number

B Public Water Supply Information

Please confirm the information shown on your Comprehensive Report. The Comprehensive Report was enclosed with the mailed copy of this form. Please review the Treatment Plant and the Treatment section of each source on the Comprehensive Report. Note that new information is being requested please fill out all relevant information that is not listed.

If the mailing address is different from the one shown on the Comprehensive Report (enclosed with the mailing of this form) please fill in the mailing address.

- Check this box if there are no changes to your Comprehensive Report
- Check this box if you made changes to your Comprehensive Report

1. Public Water System:

PWS mailing address

City/Town

State (please use 2 letter abbreviation) Zip Code

Phone Number Fax Number (if available)

E-Mail Address (if available)

2. Primary Contact:

Anthony J. Gressak 508-476-2400
Name Phone Number



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B Public Water Supply Information (cont.)

Please submit a copy of your staffing plan for treatment plants.

Attach a list of all additional facility operators and corresponding license numbers.

Attach a list of all additional Staff to be contacted in the event of an Emergency

3. Certified Drinking Water Operator employed by the PWS*:		
Dennis Croteau	2	2341
Primary Certified Operator - Distribution: Name	Grade	License Number
Anthony J. Gressak	2	3648
Secondary Certified Operator - Distribution: Name	Grade	License Number
Dennis Croteau	1	2341
Primary Certified Operator - Treatment: Name	Grade	License Number
Anthony J. Gressak	1	4247
Secondary Certified Operator - Treatment: Name	Grade	License Number

* Note: You must have certified operators in accordance with 310 CMR 22.11B.

4. Primary Certified Operator Contact Information:

Dennis Croteau	508-476-2400
Name	Phone Number
P.O. Box 624	Douglas MA 01516
Mailing Address	Town/City State Zip Code

5. If you use a contract certified operator, does the certified operator have a signed Public Water Supply Certified Operator Compliance Notice approved by the DEP? Yes No

6. Names of Water Commissioners/Selectmen/Trustees (if applicable). Please provide an organizational chart, if available.

Robert A. Josey	508-476-2007	Water/Sewer Comm.
Name of Chairman	Phone Number	
Joseph J. Saster	508-476-3328	Water/Sewer Comm.
Name	Phone Number	

7. Federal Employment Identification Number (FEIN): 046-001-131

8. Is this system a not-for-profit organization? Yes No
 If yes, indicate Tax Exempt code (i.e., 501C):

9. Population Served (Daily Average):
 Winter Population (October - March): 3100
 Summer Population (April - September): 3150
 How was population figured? Census: Other: Connections x 3

10. Distribution Meter information:
 a. Percentage of distribution system metered: 100%
 b. Are all publicly owned building metered? Yes No
 c. If No, what percent are? %

11. System Information:
 a. Number of Service Connections: 1041
 b. Percentage of water obtained from the following sources (Total =100%):

100%	%	%	%
Ground Water	Surface Water	Purchased Ground	Purchased Surface
c. Finished Water Storage Capacity in Million Gallons (MG):			1 MG
[Conversion factor is (# of gallons)/(1,000,000)= MG]			



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B Public Water Supply Information (cont.)

12. Leak Detection:
- a. Did your system complete a leak detection survey last year? Yes No
 - b. If yes, what percentage of your system was surveyed last year? _____ %
 - c. If no, when was the date of your most recent survey? Sept. 1995
13. Water Conservation:
- a. Were water conservation tips or water saving messages sent out with bills or as a separate mailing to customers? Yes No
 - b. Does your system or community have a bylaw ordinance to implement mandatory outside water use restrictions? Yes No
 - c. If yes, did you implement these restrictions last year? Yes No
 If yes, list all periods _____
 Were restrictions Voluntary, Mandatory or both? _____

C Cross Connection Control Program

1. Cross Connection Control Coordinator:
Dennis P. Croteau (508) 476-2400
 Name Phone Number

2. Cross Connection Control Surveyor responsible for review and approval of cross connection plans:
Dennis P. Croteau (508) 476-2400
 Name Phone Number

A list of certified surveyors is attached to the mailed version of this form.

- Mailing Address (if different from water system) _____
3. Does your water system **review and approve** design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPBPs), double check valve assemblies (DCVAs), and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b)? Yes No
4. Does your water system ensure, upon completion of installation, that backflow prevention devices are **installed according to the approved design data sheets and plans and are tested** for proper operation in accordance with 310 CMR 22.22(4)(b)? Yes No
5. What is the total number of facilities served by your PWS in the following categories?
 Industrial 1 Commercial 25 Institutional 0 Municipal 6
6. Of the total number of facilities you surveyed last year how many were
 Industrial 1 Commercial 0 Institutional 0 Municipal 0
7. Have all of the facilities in your system been surveyed? Yes No
 If No, when will the surveys be completed? _____
 (mm/dd/yyyy)
8. What number of violations did you find last year? 1
9. What is the total number of RPBPs registered within your water system? 8
9. What is the total number of RPBPs installed last year? 1
10. What is the total number of DCVAs within your water system? 3
11. What is the total number of DCVAs installed last year? 0



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C Cross Connection Control Program (cont.)

12. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)?
 Yes No
13. Number of RPBPs tested last year: 14
14. Number of RPBPs re-tested last year: 0
15. Number of DCVAs tested last year: 5
16. Number of DCVAs re-tested last year: 0
17. Provide a list of the registered protected cross connections that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22. The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. This Information is required.
18. What is the maximum time taken to protect a cross connection after the discovery of a violation or failed test? Check one. 14 days 30 days 90 days Greater than 90 days
19. Do you have an active educational program directed toward residential users? Yes No
20. Do you have an active educational program for targeted users (ex. Industrial, Commercial, Institutional and Municipal)? Yes No
- If yes, please list the types of users: _____
21. Did your system use the services of a third party/consultant to perform tests and or surveys last year?
 Yes No If yes, please provide: _____

Attach a separate sheet if necessary.

Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date
---	------------------------	-----------------

Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date
---	------------------------	-----------------

22. Has there been an occurrence of backflow of water into your water system this year? Yes No
- If yes, please provide:

Date & Time (mm/dd/yyyy hh:mm am/pm) _____

Location and a very brief description _____

D Emergency, Water Production & Consumption Information

1. Emergency Plan Submittal:
 Have you made any changes to your Emergency Contingency Plan to DEP?
 Yes No
 If yes, please submit 2 copies of the revised plan with this annual statistics report.
2. Emergency Directory Update:
 Please submit an updated Emergency Directory list and return a completed copy with this Annual Statistical Report. (Attachment 1 – Emergency Directory list was enclosed with the mailed version of this form. It is also available on DEP's web site.)



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 Name: Douglas Water Dept.
 City/Town: Douglas, MA 01516

D Emergency, Water Production & Consumption Information (cont.)

3. Water Production and Consumption Summary for Last Year (2000):
 [Conversion factor is (# cubic feet)(7.481) = (# of gallons)]

Month	(1) Amount pumped from own sources <input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	(2) Amount purchased from other system*	(3) Amount sold to other systems**	Net Water Consumption (1)+(2)-(3)=Net
Withdraw Units (check one)	<input checked="" type="checkbox"/> gallons (GAL) or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG
January	7,860,900			
February	7,565,600			
March	8,010,300			
April	7,470,900			
May	8,453,600			
June	8,508,400	N/A	N/A	
July	10,101,700			
August	8,298,200			
September	7,932,700			
October	7,142,600			
November	7,376,800			
December	8,046,000			
TOTAL	96,767,700			

Please attach additional sheets if necessary.

* If purchasing water, list the systems you purchase from, please use the same withdraw units as above:

Name(s)	PWS ID #	Total Amount for Last Year

** If selling water, list the systems you sell to please use the same withdraw units as above:

Name(s)	PWS ID #	Total Amount for Last Year

4. Consumption Data:

a. Maximum Daily Consumption:

447,400 GAL OR MG

7-13-2000

Date (mm/dd/yyyy)

b. If your system is registered and/or permitted with DEP's Water Management Program (ie. withdrawals of 100,000 gallons per day or more on average), what is the combined authorized withdrawal volume for your entire system on an annual average daily basis?

0.314
 MGD (million gallons per day)



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D Emergency, Water Production & Consumption Information (cont.)

5. Connections:

Service Type	Volume Please check the units used for the volume reported below <input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	Percent of Total *	Number of Connections
Residential			
a. Residential Area	74,396,100	✓ 77 %	1014
b. Mobile Home Park		%	
c. Other Residential Area		%	
Semi-residential			
a. School	1,416,000	1.5%	2
b. Institution		%	
c. Medical Facility		%	
d. Industrial/Agricultural	1,344,000	1%	1
e. Day Care Center		%	
f. Other Semi-residential Area		%	
Transient			
a. Recreational Area	201,000	.002%	2
b. Service Station	99,000	.001%	2
c. Summer Camp	124,000	.001%	4
d. Restaurant	638,250	1%	5
e. Highway Rest Area		%	
f. Hotel/Motel		%	
g. Other Transient Area	113,250	.001%	7
Other			
a. Vending Machine		%	
b. Bottled Water Company		%	
c. Commercial	2,207,250	2%	20
d. Interstate Carrier		%	
e. Wholesaler (Sells Water)		%	
f. Other Area Municipal Bldgs	723,000	1%	6
g. Unaccounted	15,715,750	✓ 16%	
TOTAL	96,767,700 96,922,600	100 %	1063

* To calculate the percentage, use the following example: (Unaccounted for gallons divided by total system gallons) times 100 = Percent (%) of unaccounted for water.

Definition for unaccounted water can be found in the directions

6. Unaccounted Water:

If your system has 15% or greater unaccounted water or uses 100,000 gallons per day or greater and has any % unaccounted for water, please indicate in the table below the possible reason(s) for your unaccounted for water and your plans to correct these problems.

Cause	Amount Of Water Lost	Corrective Actions Planned*
Leaks	see attached	
Meter Calibration		
Fire Protection		
Other		

* Please note that during or before your next Sanitary Survey DEP staff will evaluate your progress with the corrective actions plans as indicated.

LEAKS IN YEAR 2000

328 Main St.	Fire Hydrant	7-8 GPM	Replaced Hydrant
35 North St.	Fire Hydrant	4-5 GPM	Replaced Hydrant
30 Main St.	Fire Hydrant	2-3 GPM	Replaced Hydrant
102 Main St.	Fire Hydrant	2-3 GPM	Replaced Valve
40 Main St.	Fire Hydrant	.5-1 GPM	Tighten Head
14 N.W. Main St.	Fire Hydrant	1 GPM	Replaced Hydrant

Service Leaks

296 Main St.	Renewed Service
54 Depot St.	Renewed Service
14 N.W. Main St.	Repaired service at main
14 West St.	Repaired Service
72 Maple St.	Replaced Corporation
Wixtead Court	Water Main Break Repaired on 6" line.



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COM/NTNC -2000

COMMUNITY/NTNC
 PWSID#: 2077000
 Name: Douglas Water Dept.
 City/Town: Douglas

E Individual Source Statistics

If you have more than four sources or withdrawal points, please use an extra Section E from the DEP web page or make photocopies of this page.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned).

Source Name	Well# 1		Well# 2	
	Tubular Wellfield	Turbine Station	Glenn St. Sta.	Glenn St. Sta.
Source ID #	2077000-01G	2077000-02G	2077000-03G	2077000-04G
Source Location (Address)	16 West St.	31 West St.	Glenn St.	Glenn St.
Source Availability* (check one)	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	8-9-96 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	12-14-99 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	11-20-2000 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	11-20-2000 (mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)
Withdrawal Units (check one)	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG
January	2,296,700	1,735,900	1,821,400	2,006,900
February	2,311,300	1,675,800	1,596,800	1,981,700
March	2,375,600	1,786,700	1,789,000	2,059,000
April	2,408,000	1,637,300	1,605,800	1,819,800
May	2,371,100	1,902,700	1,940,600	2,239,200
June	2,769,500	1,855,700	1,826,100	2,057,100
July	3,585,000	2,032,400	2,119,900	2,364,400
August	2,771,100	1,865,200	1,739,500	1,922,400
September	2,622,200	1,702,700	1,746,500	1,861,300
October	2,356,700	1,557,200	1,520,000	1,708,700
November	2,645,700	1,602,700	1,444,100	1,684,300
December	2,961,700	1,666,600	1,577,300	1,840,400
Total Amount Pumped**	31,474,600 ✓	21,020,900 ✓	20,727,000 ✓	23,545,200 ✓
Total # of days pumped ***	357	366	363	363
Max. Amount Pumped in a Single Day	175,900	122,100	123,000	138,500
Date Max. Amount Pumped	7-13-00 (mm/dd/yyyy)	2-28-00 (mm/dd/yyyy)	9-13-00 (mm/dd/yyyy)	2-28-00 (mm/dd/yyyy)

- * The source availability codes are the same as last year's. The following definitions still apply:
Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) can not be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.
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- ** If the sum total of your withdrawal volumes from the individual sources in Section E is different from the volumes reported in Section D, Question 3, column one, explain the difference between volumes in the line below.
- *** Total number of days that a source was used during the year.

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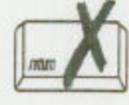


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Name: Douglas Water Dept.
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A Certification

Please use the tab key to move forward.



If you press the enter or return key, please press the backspace key until the form returns to normal.

If the mailing address is different from the one shown on the Comprehensive Report (enclosed with the mailing of this form) please fill in the mailing address.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief. I also certify that the cross connections, if any, listed as a part of Section C comply with the Department's Regulations under 310 CMR 22.22.

Anthony J. Gressak Systems Manager
Name of Certifying Person Title
(508) 476-2400 (508) 476-4012
Phone Number Fax Number
Anthony J. Gressak 1-31-02
Signature of Certifying Person Date (mm/dd/yyyy: please type in the slash in between month, date, and year.)

B Public Water Supply Information

- Please review and correct the information shown on your Comprehensive Report. The Comprehensive Report was enclosed with the mailed copy of this form.
- Please review the Treatment Plant and the Treatment section of each source on the Comprehensive Report. Note that the physical address of the treatment plant is required. Failure to provide this address will result in this form being considered incomplete and enforcement action may be taken.
- Physical addresses on the Comprehensive Report must not contain PO Boxes.

- Check this box if there are no changes to your Comprehensive Report
- Check this box if you made changes to your Comprehensive Report

1. Public Water System: (This address must be for the party legally responsible for regulatory compliance.) No Change

PWS mailing address
City/Town State (please use 2 letter abbreviation) Zip Code
Phone Number Fax Number (if available)
http://
Web Site Address of PWS (if available)

2. Owner Information:

Owner's Name (if not municipal):

3. Primary Contact: No Change

Name Phone Number
Email Address (For Emergency Purposes)

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COMMUNITY/NTNC
 PWSID#: 2077000
 Name: Douglas Water Dept.
 City/Town: Douglas, MA 01516

B Public Water Supply Information (cont.)

Attach a list of all additional facility operators and corresponding license numbers

4. Certified Drinking Water Operator employed by the PWS:* No Change

Dennis Croteau	2	2341	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Primary Certified Operator – Distribution: Name	Grade	License Number	
Anthony J. Gressak	2	3648	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Distribution: Name	Grade	License Number	
Secondary Certified Operator – Distribution: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Secondary Certified Operator – Distribution: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Dennis Croteau	1	2341	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Primary Certified Operator – Treatment: Name	Grade	License Number	
Anthony J. Gressak	1	4247	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Treatment: Name	Grade	License Number	
Secondary Certified Operator – Treatment: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Secondary Certified Operator – Treatment: Name	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>

* Note: you must have certified operators in accordance with 310 CMR 22.11B

5. Primary Certified Operator Contact Information:

Dennis Croteau	508-476-2400
Name	Phone Number
P.O. Box 624	Douglas MA 01516
Mailing Address	Town/City State Zip Code

6. If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the DEP? Yes No

7. Names of Water Commissioners/Selectmen/Trustees/Association Board Members (if applicable). Please attach an organizational chart, if available.

Attach a list of all additional staff to be contacted in the event of an emergency

Robert A. Josey	508-476-2007	Water/Sewer Commissioner
Name of Chairman	Phone Number	Title
Joseph J. Saster	508-476-3328	Water/Sewer Commissioner
Name	Phone Number	Title
Edward A. Therrien	508-476-3378	Water/Sewer Commissioner
Name	Phone Number	Title

8. Federal Employment Identification Number (FEIN): 046-001-131

9. Is this system a not-for-profit organization? Yes No
 If yes, indicate Tax Exempt code (e.g., 501C):

10. Population Served (Daily Average): No Change

Winter Population (October – March): 3110

Summer Population (April – September): 3170

How was population figured? Census: Other: Connections x 3



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2001 Public Water Supply Annual Statistical Report
For Community/NTNC Public Water Systems-Reporting Period 1/1/2001 – 12/31/2001

COM/NTNC -2001

COMMUNITY/NTNC
PWSID#: 2077000
Name: Douglas Water Dept.
City/Town: Douglas

B Public Water Supply Information (cont.)

11. Distribution Meter information:
- a. Percentage of distribution system metered: 100 %
 - b. Are all publicly owned buildings metered? Yes No
 - c. If No, what percent are? _____ %
12. System Information: No Change
- a. Number of Service Connections: 1059
 - b. Percentage of water obtained from the following sources (Total =100%):

100%	%	%	%
Ground Water	Surface Water	Purchased Ground	Purchased Surface
 - c. Finished Water Storage Capacity in Million Gallons (MG): 1 MG
[Conversion factor is (# of gallons)/(1,000,000)= MG]
13. Leak Detection:
- a. Did your system complete a leak detection survey last year? Yes No
 - b. If Yes, what percentage of your system was surveyed last year? 100 %
 - c. If No, when was the date of your most recent survey? _____
14. Water Conservation:
- a. Were water conservation tips or water saving messages sent out with bills or as a separate mailing to customers? Yes No
 - b. Does your system or community have a bylaw ordinance to implement mandatory outside water use restrictions? Yes No
 - c. If Yes, did you implement these restrictions last year? Yes No
If Yes, list all periods _____
Were restrictions Voluntary, Mandatory or both? _____
15. Emergency Plan Submittal:
Have you made any changes to your Emergency Contingency Plan to DEP?
 Yes No
If Yes, please submit 2 copies of the revised plan with this Annual Statistics Report.
16. Emergency Directory Update:
Please submit an updated Emergency Directory list with this Annual Statistical Report. (Attachment 1 – Emergency Directory list was enclosed with the mailed version of this form.)



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COMMUNITY/NTNC
PWSID#: 2077000
Name: Douglas Water Dept.
City/Town: Douglas

C Cross Connection Control Program

A list of certified surveyors is attached to the mailed version of this form.

1. Cross Connection Control Coordinator:

Dennis Croteau (508) 476-2400
 Name Phone Number

2. Cross Connection Control Surveyor responsible for review and approval of cross connection plans:

Dennis Croteau 320 (508) 476-2400
 Name MA Cert. # Phone Number

Mailing Address (if different from water system)

3. Are there any cross connections in your service area protected by RPBPs or DCVAs? Yes No

If Yes, provide a list of the RPBPs or DCVAs that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22. The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. This information is required.

4. Does your water system **review and approve** design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPBPs), double check valve assemblies (DCVAs), and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b)? Yes No

5. Does your water system ensure, upon completion of installation, that backflow prevention devices are **installed according to the approved design data sheets and plans and are tested** for proper operation in accordance with 310 CMR 22.22(4)(b)?

Yes No

6. What is the total number of facilities served by your PWS in the following categories?

Industrial 1 Commercial 25 Institutional 0 Municipal 6

7. Of the total number of facilities you surveyed last year how many were:

Industrial 0 Commercial 0 Institutional 0 Municipal 0

8. Have all of the facilities in your system been surveyed? Yes No

If No, when will the surveys be completed?

(mm/dd/yyyy)

9. How many violations did you find last year? 0

10. What is the total number of RPBPs registered within your water system? 8

11. What is the total number of RPBPs installed last year? 0

12. What is the total number of DCVAs registered within your water system? 3

13. What is the total number of DCVAs installed last year? 0

14. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)?

Yes No

15. Number of RPBPs tested last year: 14



Massachusetts Department of Environmental Protection
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COM/NTNC -2001

COMMUNITY/NTNC	
PWSID#:	2077000
Name:	Douglas Water Dept.
City/Town:	Douglas

C Cross Connection Control Program (cont.)

16. Number of RPBP's re-tested last year: 0
17. Number of DCVAs tested last year: 5
18. Number of DCVAs re-tested last year: 0
19. What is the maximum time taken to protect a cross connection after the discovery of a violation or failed test? Check one. 14 days 30 days 90 days Greater than 90 days
20. Do you have an active educational program directed toward residential users? Yes No
21. Do you have an active educational program for targeted users (ex. Industrial, Commercial, Institutional and Municipal)? Yes No
- If Yes, please list the types of users: _____

22. Did your system use the services of a third party/consultant to perform tests and or surveys last year? Yes No If Yes, please provide:

Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date
Name of the MA Certified Surveyor &/or Tester	DEP Certification ID #	Expiration Date

23. Has there been an occurrence of backflow of water into your water system this year? Yes No
 If Yes, please provide information below:

Date & Time (mm/dd/yyyy hh:mm am/pm) _____ Location _____

Brief description _____

Date & Time (mm/dd/yyyy hh:mm am/pm) _____ Location _____

Brief description _____

24. Does your system have a hose bib program for your customers? Yes No
 If No, do you plan in institute one in the future? Yes No

Attach a separate sheet if necessary.

Attach a separate sheet if necessary.



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COM/NTNC -2001

COMMUNITY/NTNC
 PWSID#: 2077000
 Name: Douglas Water Dept.
 City/Town: Douglas

D Water Production & Consumption Information

1. Water Production and Consumption Summary for Last Year (2001):
 [Conversion factor is (# cubic feet)(7.481) = (# of gallons)]

As of 12/31/2001 all systems must comply with new regulation 310 CMR 22.04(6). Which requires all PWSs to be metered.

Month	(1) Amount pumped from own sources <input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	(2) Amount purchased from other systems*	(3) Amount sold to other systems**	Net Water Consumption (1)+(2)-(3)=Net
Withdraw Units (check one)	<input checked="" type="checkbox"/> gallons (GAL) or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG
January	8,445,600			
February	7,381,700			
March	8,500,200			
April	8,763,600			
May	11,618,200			
June	10,195,300	N/A	N/A	
July	10,182,400			
August	9,969,900			
September	8,808,500			
October	8,217,200			
November	7,804,200			
December	7,804,200			
TOTAL	107,691,000 ✓			

Please attach additional sheets if necessary.

- * If purchasing water, list the systems you purchase from, please use the same withdrawal units as above:

Name(s)	PWS ID #	Total Amount for Last Year

- ** If selling water, list the systems you sell to, please use the same withdrawal units as above:

Name(s)	PWS ID #	Total Amount for Last Year

- a. Maximum Daily Consumption:

555,900 GAL OR MG

Volume

6-27-01

Date (mm/dd/yyyy)

- b. If your system is registered and/or permitted with DEP's Water Management Program (ie. withdrawals of 100,000 gallons per day or more on average), what is the combined withdrawal volume for your entire system on an annual average daily basis?

.314 MGD

MGD (million gallons per day)



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COMMUNITY/NTNC
 PWSID#: 2077000
 Name: Douglas Water Dept.
 City/Town: Douglas

D Water Production & Consumption Information (cont.)

2. Connections:

Service Type	Volume Please check the units used for the volume reported below <input type="checkbox"/> GAL or <input type="checkbox"/> MG	Percent of Total *	Number of Connections
Residential			
a. Residential Area	82,347,400	76 %	1010
b. Mobile Home Park		%	
c. Other Residential Area	267,750	> 1 %	6
Semi-residential			
a. School	1,765,500	2 %	2
b. Institution		%	
c. Medical Facility		%	
d. Industrial/Agricultural	958,600	1 %	1
e. Day Care Center		%	
f. Other Semi-residential Area		%	
Transient			
a. Recreational Area	248,500	> 1 %	4
b. Service Station	106,500	> 1 %	2
c. Summer Camp	66,000	> 1 %	4
d. Restaurant	859,500	1 %	6
e. Highway Rest Area		%	
f. Hotel/Motel		%	
g. Other Transient Area	33,000	> 1 %	3
Other			
a. Vending Machine Flushing	1,088,400	1 %	
b. Bottled Water Company		%	
c. Commercial	987,515	1 %	15
d. Interstate Carrier		%	
e. Wholesaler (Sells Water)		%	
f. Other Area Municipal	876,750	1 %	6
g. Unaccounted	18,085,000	17 %	
TOTAL	107,691,800 <i>107,690,415</i>	100 %	1059

* To calculate the percentage, use the following example: (Unaccounted for gallons divided by total system gallons) times 100 = Percent (%) of unaccounted for water.

Definition for unaccounted water can be found in the directions

3. Unaccounted Water:

If your system has 15% or greater unaccounted for water or uses 100,000 gallons per day or greater (with any % unaccounted for water), please indicate in the table below the possible reason(s) for your unaccounted for water and the estimated amount of water lost. Systems with a total unaccounted for water 15% or greater should list planned corrective actions.

Cause	Amount Of Water Lost	Corrective Actions Planned**
Leaks	see attached	leak detection survey done in late August - repairs made.
Meter Calibration		
Fire Protection		
Other		

** Please note that during or before your next Sanitary Survey DEP staff will evaluate your progress with the corrective actions plans as indicated.



TOWN OF DOUGLAS
WATER/SEWER DEPARTMENT
DOUGLAS, MASSACHUSETTS 01516

PWSID# 2077000
DOUGLAS WATER DEPT.
DOUGLAS, MA 01516

Water Leaks Year 2001

10 Pleasant St.	Fire Hydrant	Repaired
382 N.E. Main St.	Fire Hydrant	Repaired
23 Manchaug Rd.	Fire Hydrant	Replaced
42 Gilboa St.	Fire Hydrant	Repaired
20 Gilboa St.	Fire Hydrant	Replaced
106 Gilboa St.	Fire Hydrant	Replaced
7 'C' St.	Fire hydrant	Repaired
57 Manchaug Rd.	Fire Hydrant	Repaired
29 Depot St.	Fire Hydrant	Repaired
73 Riedell Rd.	Fire Hydrant	Repaired
26 Devis St.	Fire Hydrant	Repaired

Water Main Leaks

16 West St.	6" Main Break	Repaired
21 Davis St.	8" Main Break	Repaired

Service Leaks

28 North St.	1" service	Replaced
26 "A" St.	3/4" service	Replaced
16 "C" St.	1" service	Replaced
54 Martin Rd.	1" service	Replaced
56 Main St.	1 1/4" service	Replaced
73 Depot St.	1" service	Replaced
11 Gilboa St.	3/4" service	Replaced



Massachusetts Department of Environmental Protection
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COMMUNITY/NTNC
 PWSID#: 2077000
 Name: Douglas Water Dept.
 City/Town: Douglas

E Individual Source Statistics

If you have more than four sources or withdrawal points, please use an extra Section E from the DEP web page or make photocopies of this page.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned).

Source Name	Well# 1		Well# 2	
	Tubular Wellfield	Turbine Sta.	Glenn St. Sta.	Glenn St. Sta.
Source ID #	2077000-01G	2077000-02G	2077000-03G	2077000-04G
Source Location (Address)	16 West St.	31 West St.	Glenn St.	Glenn St.
Source Availability* (check one)	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	8-9-96 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	12-14-99 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	11-20-2000 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	11-20-2000 (mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	10-31-2001 (mm/dd/yyyy)	9-10-2001 (mm/dd/yyyy)	10-31-2001 (mm/dd/yyyy)	10-31-2001 (mm/dd/yyyy)
Withdrawal Units (check one)	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG
January	3,270,500	1,711,800	1,615,500	1,847,800
February	2,832,500	1,617,700	1,353,700	1,577,800
March	3,375,200	1,902,500	1,490,700	1,731,800
April	3,100,000	1,945,800	1,718,900	1,998,900
May	4,356,100	2,302,200	2,292,200	2,667,700
June	3,854,200	2,100,200	1,953,800	2,287,100
July	3,987,200	1,668,900	2,089,600	2,436,700
August	3,729,200	1,912,000	1,998,600	2,330,100
September	3,529,600	2,036,600	1,497,300	1,745,000
October	3,070,700	1,980,200	1,500,600	1,665,700
November	2,852,000	1,470,800	1,609,100	1,872,300
December	3,152,200	1,149,400	1,662,600	1,830,000
Total Amount Pumped**	41,119,400 *	21,798,100 ✓	20,782,600 ✓	23,990,900 ✓
Total # of days pumped ***	362	336	354	354
Max. Amount Pumped in a Single	216,700	128,200	128,200	148,000
Date Max. Amount Pumped	5-20-01 (mm/dd/yyyy)	12-26-01 (mm/dd/yyyy)	6-8-01 (mm/dd/yyyy)	6-8-01 (mm/dd/yyyy)

* The source availability codes are the same as last year's. The following definitions still apply:

Active Source (Formerly: Permanent, Backup, Seasonal, Provisional, Interim) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.

Inactive Source (Other, contaminated) means an approved source(s), which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.

Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c.

Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) can not be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.

** If the sum total of your withdrawal volumes from the individual sources in Section E is different from the volumes reported in Section D, Question 3, column one, explain the difference between the volumes on an attached sheet.

*** Total number of days that a source was used during the year.



COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

WILLIAM F. WELD
 Governor

ARGEO PAUL CELLUCCI
 Lt. Governor

TRUDY COXE
 Secretary

DAVID B. STRUHS
 Commissioner

December 3, 1996

Paul Paydos, V.P. Technical Services
 Guilford of Maine Finishing Services, Inc.
 P.O. Box 179
 Guilford, ME 04443-0179

RE: Water Withdrawal Permit #9P3-2-12-077.02

Dear Mr. Paydos:

The Department hereby issues the attached water withdrawal permit to Guilford of Maine Finishing Services, Inc. This permit results from the transfer application request filed with the Department on December 22, 1995. The Department's approval of your permit transfer recognizes that a corporate reorganization is occurring at the facility and that withdrawal conditions are not changing. Therefore, the modified permit's terms and conditions are consistent with those issued to the original permit holder except where noted.

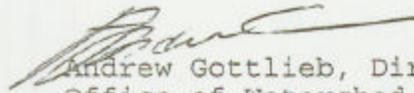
The permitted volumes shown in Special Condition 1, Authorized Withdrawal Volume, have been revised slightly to reflect Guilford's actual water-use. Because actual withdrawal volumes have been significantly below your permitted volumes and are projected to continue to remain below the 1.18 mgd authorized through Period One (11/1/1991 to 2/28/1994), the Department held your allocation amount at this volume through Period Two (3/1/96 to 2/28/1999). The decision to hold the permitted volumes at the original allocation amount was based on a February 17, 1995 letter (attached) submitted by Sandra J. Perry, Environmental Division Manager with Acheron, Inc., as part of the Department's 5 Year Review of your permit. This letter documents Guilford of Maine's water use and efforts to control use despite continued production increases and process expansion at the facility. The Department commends your efforts to date and will evaluate future measures when Blackstone Permits are reviewed again in 1999.

The Department encourages you to contact the Office of Technical Assistance to assist you with development and implementation of water conservation measures.

578
 REC'D
 ADDRESS TO A
 THE GENERAL
 RECEIPT
 OF THE RETURN
 ADDRESS
 SHOW OR HAND IT TO
 POSTAGE
 PAID
 2000, 1999
 Permit
 2000
 1999
 1998
 1997
 1996
 1995

If you have any questions regarding this permit, please contact
Duane LeVangie at (617) 292-5706.

Sincerely,



Andrew Gottlieb, Director
Office of Watershed Management

cc: Frederick S. Paulsen, Burns & Levinson LLP, 125 Summer
Street, Boston MA 02110-1624

Barbara Kelley, Office of Technical Assistance, 100
Cambridge Street, Boston, MA 02202



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

WILLIAM F. WELD
Governor

ARGEO PAUL CELLUCCI
Lt. Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

WATER WITHDRAWAL PERMIT
MGL c 21G

This permit is issued pursuant to the Massachusetts Water Management Act for the sole purpose of authorizing the withdrawal of a volume of water as stated below and subject to the following special and general conditions. This permit conveys no right in or to any property beyond the right to withdraw the volume of water for which it is issued.

PERMIT NUMBER: 9P3-2-12-077.02 RIVER BASIN: Blackstone

PERMITTEE: Guilford of Maine Finishing Services, Inc.
P.O. Box 179
Gilford, ME 04443-0179

EFFECTIVE DATE: December 3, 1996

EXPIRATION DATE: February 28, 2009

NUMBER OF WITHDRAWAL POINTS: 1

Groundwater: 0
Surface Water: 1

USE: Industrial process and cooling water

DAYS OF OPERATION: 365

LOCATION(S):

<u>Source</u>	<u>Latitude</u>	<u>Longitude</u>	<u>Location</u>
Gilboa Pond, Mumford River	42 05 00	71 41 57	Gilboa Street

SPECIAL CONDITIONS

1. Authorized Withdrawal Volume

This permit authorizes the withdrawal of water, on average over a calendar year, at the rate described below. The permitted volume is expressed in millions of gallons, both as an average daily withdrawal rate per year and as a total annual withdrawal volume for each five-year period of the twenty-year permit term.

Withdrawals are authorized as follows:

		<u>Daily Average (MGD)</u>	<u>Total Annual (MGY)</u>
Period One Years 2-5	11/1/1991 to 2/28/1994	1.18	430.7
Period Two Years 6-10	3/1/1994 to 2/28/1999	1.18	430.7
Period Three Years 11-15	3/1/1999 to 2/28/2004	1.50	547.5
Period Four Years 16-20	3/1/2004 to 2/28/2009	1.50	547.5

2. Authorized Withdrawal Points

Withdrawals from individual withdrawal points are not to exceed the approved daily volume listed below without specific advance written approval from the Department.

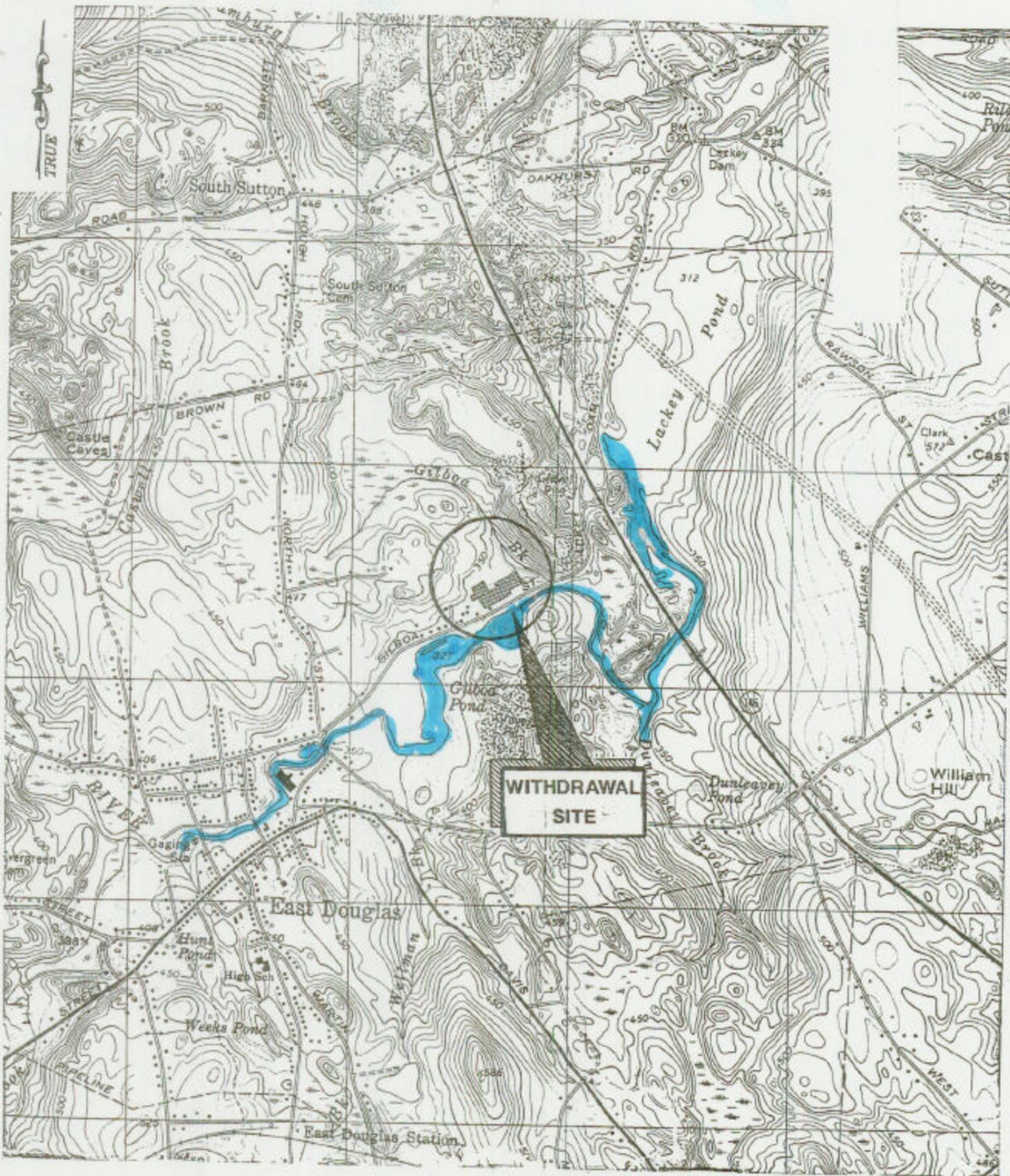
<u>Source</u>	<u>Daily Rate (mgd)</u>
Gilboa Pond, Mumford River	2.0

3. Water Conservation Requirements

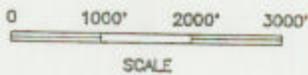
Based on the minimum water conservation requirements, the Department has accepted Guilford's Water Conservation efforts to date and continues to require that the program (attached) continue as a permit condition with the following modification:

- o A company audit of water use practices is to be conducted prior to each five-year review of this permit. The water audit should examine recent advances

in industrial water reuse and alternative cooling processes, and how those advances might be implemented at Guilford of Maine Finishing Services, Inc. A written report outlining the audit procedures and findings and a description and timetable outlining which measures will be implemented as well as a discussion of why any of the recommendations will not be implemented is to be submitted to the Department prior to each five-year review of this permit.



ATTACHMENT NO. 2



SOURCE: U.S.G.S. 7.5 MINUTE
QUADRANGLE OF UXBRIDGE, MA.- R.I.



GUILFORD OF MAINE	
SITE LOCATION MAP Guilford Facility East Douglas, MA.	
ACHERON ENGINEERING SERVICES 40 Main Street Newport, Maine 04853	
Job No. 2739	Dwg. No. A-673



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals - 1998

Instructions

This form for annual reporting of water withdrawals under the Water Management Act (MGL c. 21G) is for industrial, agricultural (excluding cranberry growers), and golf course registrants and permittees. Cranberry growers should file a separate report form.

1. Complete the forms by **February 1, 1999** and return to:

**Department of Environmental Protection
One Winter Street, 6th floor
Boston, MA 02108
Attention: Water Management Program**

2. If you have withdrawals from more than one river basin, complete a separate Annual Report for each basin. If you have both a registration and permit in the same river basin, your registered and permitted withdrawals can be reported together on this form. Please note that most water withdrawers are either registered or permitted with the Water Management Act. Only a few water withdrawers hold both a registration and a permit. NOTE: If you have added an unregistered/unpermitted source you may need

to file for a Water Management Permit or Permit Amendment. If you have added a source that is not currently registered or permitted with the Water Management program, contact the staff at (617) 292-5706

3. For TOTAL withdrawal from all points in one river basin, fill out Section A for monthly withdrawals.

4. For EACH ground or surface water withdrawal point please fill out a SEPARATE column on Section B for monthly withdrawals in 1998.

Enter actual recorded or metered data. If metered data does not exist, give the best estimate based on the method used in your registration statement. Document your estimate and identify the method used.

If a meter was installed on a registered withdrawal point during 1998, give the type and measurement capacity of the meter, and the date of installation.

5. The Water Management staff can be reached at (617) 292-5706.

Section A

GUILFORD OF MAINE, INC. EAST DOUGLAS
Name of Withdrawer

120 Gilboa St., EAST DOUGLAS, MA 01516
City/Town Zip Code

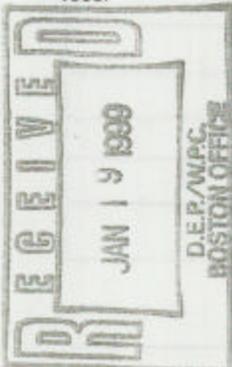
PERMIT # 9P3-2-12-077.07
Registration Number Permit Number (if applicable)

BLACKSTONE RIVER BASIN / MANCHAUG & WHITEN RESERVOIRS
River Basin

Note: Your registration and/or permit numbers appear on your mailing label.

Note: Complete table for the year January 1, 1998 through December 31, 1998.

Month	Total water withdrawn from withdrawal points in gallons
January	7.3
February	6.8
March	9.3
April	7.8
May	7.0
June	8.5
July	8.7
August	12.1
September	8.6
October	8.5
November	7.4
December	7.4
Total	99.4 MGY





Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals - 1998

Section A (cont.)

Note:
Average Day Demand = Total MGY divided by the number of days

Number of days/year in operation: 365 other

Average Day Demand in Million Gallons: .296

When calculating Average Day Demand be sure to use the number of "Days of Operation" shown on your registration statement or permit.

Section B

Make additional copies of this section if you have more than four withdrawal points.

Please use separate annual report forms if you are reporting on withdrawals from more than one river basin.

Name of Withdrawal Point	GILSON POND & MUMFORD RIVER			
River Basin	BLACKSTONE			
Metered or Estimate	METERED			
If Metered, Date of Last Calibration or Installation	11/95			
Meter Type and Capacity	FOXBORO 7-DAY IMT 20SA 15 FCZ			
Withdrawal Data in Millions of Gallons				
January	7.3			
February	6.8			
March	9.3			
April	7.8			
May	7.0			
June	8.5			
July	8.7			
August	12.1			
September	8.6			
October	8.5			
November	7.4			
December	7.4			
Total	99.4 MGY			

If you are estimating volume, describe the method used to estimate:



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals – 1998

Section C



If you have added any new withdrawal points, you may need a Water Management Permit. Contact Water Management Program staff immediately at (617) 292-5706 to discuss.

1. Name and location of any new withdrawal points from which you withdrew water in 1998:

NONE

2. As a condition of your registration, DEP may require that you provide certain information in your annual report. These conditions would be listed on your registration statement. Please provide the required information if you did not supply it in your initial registration statement or in an earlier annual report.

Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete."

VINCENT J. STAKUTIS, REM
Print Name

DIR., ENVIRONMENTAL AFFAIRS
Title

V. Stakutis
Signature

1-14-99
Date
GUILFORD OF MAINE FINISHING, SUS.
d/b/a GUILFORD OF MAINE, INC.
Mailing Address
120 GILBON ST.
EAST DOUGLAS, MA 01516
City/Town Zip Code

508/476-3881
Phone Number (including Area Code)



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals - 1999

Instructions

This form for annual reporting of water withdrawals under the Water Management Act (MGL c. 21G) is for industrial, agricultural (excluding cranberry growers), and golf course registrants and permittees. Cranberry growers should file a separate report form.

1. Complete the forms by **February 1, 2000** and return to:

Department of Environmental Protection
One Winter Street, 6th floor
Boston, MA 02108
Attention: Water Management Program

2. If you have withdrawals from more than one river basin, complete a separate Annual Report for each basin. If you have both a registration and permit in the same river basin, your registered and permitted withdrawals can be reported together on this form. Please note that most water withdrawers are either registered or permitted with the Water Management Act. Only a few water withdrawers hold both a registration and a permit. NOTE: If you have added an unregistered/unpermitted source you may need

to file for a Water Management Permit or Permit Amendment. If you have added a source that is not currently registered or permitted with the Water Management program, contact the staff at (617) 292-5706

3. For TOTAL withdrawal from all points in one river basin, fill out Section A for monthly withdrawals.
4. For EACH ground or surface water withdrawal point please fill out a SEPARATE column on Section B for monthly withdrawals in 1999.

Enter actual recorded or metered data. If metered data does not exist give the best estimate based on the method used in your registration statement. Document your estimate and identify the method used.

If a meter was installed on a registered withdrawal point during 1999, give the type and measurement capacity of the meter, and the date of installation.

5. The Water Management staff can be reached at (617) 292-5706.

Section A

Gulf Food of MAINE INC EAST DOUGLAS
Name of Withdrawer
120 Gilboa ST., EAST DOUGLAS MA 01516
City/Town Zip Code
Permit # 9P3-2-12-077.02
Registration Number Permit Number (if applicable)
Blackstone Basin / Whittem + Manchaug Reservoirs
River Basin

Note: Your registration and/or permit numbers appear on your mailing label.

Note: Complete table for the year January 1, 1999 through December 31, 1999.

Month	Total water withdrawn from withdrawal points in gallons	
January	7,076,300	7.1
February	6,854,000	6.9
March	6,532,100	6.5
April	7,321,400	7.3
May	6,449,200	6.4
June	8,052,000	8.1
July	7,585,200	7.6
August	7,036,200	7.0
September	6,843,020	6.8
October	7,431,977	7.4
November	5,901,800	5.9
December	8,578,500	8.6
Total	85,666,697 MG	85.6 MG



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals - 1999

Section A (cont.)

Note:

Average Day Demand = Total MGY divided by the number of days

Number of days/year in operation: 365 other

Average Day Demand in Million Gallons: 304

When calculating Average Day Demand be sure to use the number of "Days of Operation" shown on your registration statement or permit.

Section B

Make additional copies of this section if you have more than four withdrawal points.

Please use separate annual report forms if you are reporting on withdrawals from more than one river basin.

Name of Withdrawal Point	Gibson Pond Mumford River			
River Basin	Blackstone			
Metered or Estimate	metered			
If Metered, Date of Last Calibration or Installation				
Meter Type and Capacity	Foxboro 7 DAY DnT205A 15 RZ			
Withdrawal Data in Millions of Gallons				
January	7,076,300			7.1
February	6,859,000			6.9
March	6,532,100			6.5
April	7,321,400			7.3
May	6,449,200			6.4
June	8,052,000			8.1
July	7,585,200			7.6
August	7,036,200			7.0
September	6,843,020			6.8
October	7,431,977			7.4
November	5,901,800			5.9
December	8,578,500			8.6
Total	85,666,697	MGY		85.6 MGY

If you are estimating volume, describe the method used to estimate:



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals – 1999

Section C



If you have added any new withdrawal points, you may need a Water Management Permit. Contact Water Management Program staff immediately at (617) 292-5706 to discuss.

1. Name and location of any new withdrawal points from which you withdrew water in 1999:

NONE

2. As a condition of your registration, DEP may require that you provide certain information in your annual report. These conditions would be listed on your registration statement. Please provide the required information if you did not supply it in your initial registration statement or in an earlier annual report.

Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete."

VINCENT J. STAKUTIS, REM, CEA
Print Name

DIR. ENVIRONMENTAL AFFAIRS
Title

[Signature]
Signature

1-19-00
Date

GUILFORD OF MAINE
FINISHING SVS.
Mailing Address

DBA GUILFORD OF MAINE
120 GILBOA ST.
City/Town

EAST DOUGLAS MA 01516
Zip Code

508-476-3881
Phone Number (including Area Code)



Handwritten initials and a checkmark.

Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals - 2000

Instructions

This form is also available on DEP's website at www.state.ma.us/dep/brp/wtrm/wtrmpubs.htm

This form for annual reporting of water withdrawals under the Water Management Act (MGL c. 21G) is for industrial, agricultural (excluding cranberry growers), and golf course registrants and permittees. Cranberry growers should file a separate report form.

to file for a Water Management Permit or Permit Amendment. If you have added a source that is not currently registered or permitted with the Water Management program, contact the staff at (617) 292-5706

1. Complete the forms by **February 1, 2001** and return to:

Department of Environmental Protection
One Winter Street, 6th floor
Boston, MA 02108
Attention: Water Management Program

3. For TOTAL withdrawal from all points in one river basin, fill out Section A for monthly withdrawals.

4. For EACH ground or surface water withdrawal point please fill out a SEPARATE column on Section B for monthly withdrawals in 2000.

2. If you have withdrawals from more than one river basin, complete a separate Annual Report for each basin. If you have both a registration and permit in the same river basin, your registered and permitted withdrawals can be reported together on this form. Please note that most water withdrawers are either registered or permitted with the Water Management Act. Only a few water withdrawers hold both a registration and a permit. NOTE: If you have added an unregistered/unpermitted source you may need

Enter actual recorded or metered data. If metered data does not exist, give the best estimate based on the method used in your registration statement. Document your estimate and identify the method used.

If a meter was installed on a registered withdrawal point during 2000, give the type and measurement capacity of the meter, and the date of installation.

5. The Water Management staff can be reached at (617) 292-5706.

Section A

Guilford of Maine Finishing Services

Name of Withdrawer

East Douglas

City/Town

01516

Zip Code

Permit #

9P3-2-12-077.02

Registration Number

Blackstone River Basin

River Basin

Permit Number (if applicable)

MANCHAUG AND WHITEN RESERVOIRS

JAN 23 2001

Note: Your registration and/or permit numbers appear on your mailing label.

Note: Complete table for the year January 1, 2000 through December 31, 2000.

Month	Total water withdrawn from withdrawal points in gallons
January	5,786,900
February	5,023,900
March	6,211,877
April	6,106,900
May	6,809,700
June	8,588,006
July	8,844,200
August	7,858,300
September	8,361,800
October	7,913,400
November	8,675,600
December	7,359,400
Total	88,039,983



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals - 2000

Section A (cont.)

Note:
Average Day
Demand = Total
MGY divided by
the number of
days

Number of days/year in operation: 365 other

Average Day Demand in Million Gallons: 24.12

When calculating Average Day Demand be sure to use the number of "Days of Operation" shown on your registration statement or permit.

Section B

Make additional
copies of this
section if you
have more than
four withdrawal
points.

Please use
separate annual
report forms if
you are reporting
on withdrawals
from more than
one river basin.

Name of Withdrawal Point	Gilboa Pond and Mumford River			
River Basin	Blackstone			
Metered or Estimate	Metered			
If Metered, Date of Last Calibration or Installation	11/2000			
Meter Type and Capacity	Foxboro 7-Day IMT 205A/15FEZ			
Withdrawal Data in Millions of Gallons				
January	5.7869			
February	5.0239			
March	6.2119			
April	6.1069			
May	6.8097			
June	8.5880			
July	8.8442			
August	7.8583			
September	8.8618			
October	7.9134			
November	8.6756			
December	7.3594			
Total	88.04			

If you are estimating volume, describe the method used to estimate:



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals – 2000

Section C

ATTENTION!

If you have added any new withdrawal points, you may need a Water Management Permit. Contact Water Management Program staff immediately at (617) 292-5706 to discuss.

1. Name and location of any new withdrawal points from which you withdrew water in 2000:

— None —

2. As a condition of your registration or permit, DEP may require that you provide certain information in your annual report. These conditions would be listed on your registration statement or permit. Please provide the required information if you did not supply it in your initial registration statement or in an earlier annual report.

Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete."

Paul F Lyons

Print Name

Facilities Engineer

Title

[Handwritten Signature]

Signature

01-18-2001

Date

Guilford of Maine Finishing Services

120 Gilboa St

Mailing Address

East Douglas 01516

City/Town

Zip Code

508-476-3881

Phone Number (including Area Code)

LT

✓
RB
12
Y/G



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Management – Water Management Act
Registered & Permitted Withdrawals Annual Report
Annual Report of Registered and Permitted Water Withdrawals – 2001

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Instructions

This form for annual reporting of water withdrawals under the Water Management Act (MGL c. 21G) is for industrial, agricultural (excluding cranberry growers), and golf course registrants and permittees. Cranberry growers should file a separate report form.

to file for a Water Management Permit or Permit Amendment. If you have added a source that is not currently registered or permitted with the Water Management program, contact the staff at (617) 292-5706

1. Complete the forms by **February 15, 2002** and return to:

Department of Environmental Protection
One Winter Street, 6th floor
Boston, MA 02108
Attention: Water Management Program

3. For **TOTAL** withdrawal from all points in one river basin, fill out Section A for monthly withdrawals.

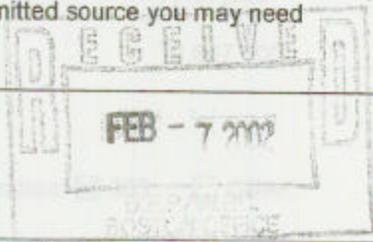
4. For **EACH** ground or surface water withdrawal point please fill out a **SEPARATE** column on Section B for monthly withdrawals in 2001.

Enter actual recorded or metered data. If metered data does not exist, give the best estimate based on the method used in your registration statement. Document your estimate and identify the method used.

2. If you have withdrawals from more than one river basin, complete a separate Annual Report for each basin. If you have both a registration and permit in the same river basin, your registered and permitted withdrawals can be reported together on this form. Please note that most water withdrawers are either registered or permitted with the Water Management Act. Only a few water withdrawers hold both a registration and a permit. **NOTE:** If you have added an unregistered/unpermitted source you may need

5. The Water Management staff can be reached at (617) 292-5706.

6. Annual Reports must be submitted even if no withdrawals were made during the previous year.



Section A

1. Facility information:

Guilford of Maine
Registrant/Permittee Name

2. Responsible Party Information:

Paul Lyons
Primary Contact
120 Gilboa Street
Mailing Address

Facilities Engineer
Title
East Douglas
City/town
508-476-3881 ext.645
Phone number
01516
Zip Code

Registration Number
9P321207702
Permit Number (if applicable)
Blackstone River Basin / Manchaug and Whiten Reservoirs
River Basin

Note: your registration number and/or permit number appear on your mailing label



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Watershed Management – Water Management Act
Registered & Permitted Withdrawals Annual Report
 Annual Report of Registered and Permitted Water Withdrawals – 2001

Make additional copies of this section if you have more than four withdrawal points.

Please use separate annual report forms if you are reporting on withdrawals from more than one river basin.

Section B

Withdrawal Point	<u>Gilboa Pond / Mumford River</u>	Name	Name	Name
Location	<u>East Douglas</u> City/Town	City/Town	City/Town	City/Town
If metered, date of last calibration	<u>11/30/2001</u> Date	Date	Date	Date
Metered or estimated	<input checked="" type="checkbox"/> metered <input type="checkbox"/> estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated
Meter type	<u>Foxboro IMT20</u>			
Meter capacity	<u>2000 GPM</u>			
Maximum daily withdrawal volume	<u>.4968</u> Millions of Gallons	Millions of Gallons	Millions of Gallons	Millions of Gallons
Date of maximum withdrawal volume	<u>03/09/2001</u> Date	Date	Date	Date
January	<u>4.8233</u>			
February	<u>4.0446</u>			
March	<u>6.1389</u>			
April	<u>6.1756</u>			
May	<u>7.9780</u>			
June	<u>5.9935</u>			
July	<u>5.7051</u>			
August	<u>5.9654</u>			
September	<u>5.9066</u>			
October	<u>6.9186</u>			
November	<u>5.7602</u>			
December	<u>7.4478</u>			
Total	<u>72.6576</u> Millions of Gallons	Millions of Gallons	Millions of Gallons	Millions of Gallons

If you are estimating volume, describe method used to estimate:



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Management – Water Management Act
Registered & Permitted Withdrawals Annual Report
Annual Report of Registered and Permitted Water Withdrawals – 2001

Section C

ATTENTION:

If you have added any new withdrawal points, you may need a Water Management Permit. Contact Water Management Program staff immediately at (617) 292-5706 to discuss.

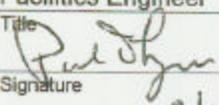
1. Name and location of any new withdrawal points from which you withdrew water in 2001:

Name	Location
Name	Location
Name	Location

2. As a condition of your registration or permit, DEP may require that you provide certain information in your annual report. These conditions would be listed on your registration statement or permit. Please provide the required information if you did not supply it in your initial registration statement or in an earlier annual report.

Section D Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete."

Paul Lyons
Print Name
Facilities Engineer
Title

Signature
2/6/02
Date



COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 CENTRAL REGIONAL OFFICE

Golf Course
 In Mumford Basin ✓
 last 2 years
 permit

ARGEO PAUL CELLUCCI
 Governor

1997 1998 1999

TRUDY COXE
 Secretary

DAVID B. STRUHS
 Commissioner

20 1397

Dear Registrant:

Enclosed please find your renewed Registration Statement for water withdrawal under the Water Management Act, Massachusetts General Laws Chapter 21G. This renewed Registration Statement entitles you to continue to make your registered withdrawal for an additional 10 years and will expire on January 1, 2008.

This renewed Verified Registration Statement supersedes the Registration Statement for Estimated Water Withdrawal previously issued to you. Your authorized water use is now based on your actual water use as reported on metered withdrawal information provided by you. The Department has calculated the actual average annual usage based on the years of metered data provided. The new authorized volume may differ from that on your original Registration Statement. However, this should not adversely affect your use of water as the authorized volume is now based on actual usage. Please be reminded that your usage may exceed the registered volume by up to 100,000 gallons per day. Withdrawals in excess of 100,000 gallons per day above your registered volume, or the addition of a withdrawal point that withdraws in excess of the 100,000 gallon per day threshold volume, requires filing for and obtaining a Water Management Act permit.

The water use information that you submitted to the Department of Environmental Protection under the Water Management Act indicates your actual use to be below the 100,000 gallon per day threshold for Water Management Registration. Although your withdrawal is too small for mandatory registration you are eligible for the Department's voluntary registration program. The Water Management Act (MGL c 21G) was amended to allow anyone who withdrew between 10,000 and 99,000 gallons per day between 1981 and 1985 to voluntarily register their withdrawal with the Department if they so choose. The advantage to voluntary registration is that if a new large water withdrawer wishes to begin operations in your vicinity, he/she will be required to document that the proposed withdrawal will not interfere with your ability to continue to withdraw your registered volume of water. The Department also attempts to provide this protection to unregistered water users when we are aware of their location near a proposed new withdrawal. The disadvantage to voluntary registration is that you will be required to keep daily water use logs and submit an annual report to the Department documenting

627 Main Street • Worcester, Massachusetts 01608 • Telephone (508) 792-7650

Fax (508)792-7621

Printed on Recycled Paper

TTD #(508)767-2788

your water use, and you will continue to be assessed the \$100.00 annual fee for registering your withdrawal with the Department.

Although the Department has renewed your registration, continuation of your registration program is entirely voluntary. Each small water withdrawer must weigh the advantages and disadvantages of voluntary registration and decide whether the benefits registration offers are worth the expense in their situation. If you wish to discontinue your registration please write to:

Duane LeVangie
DEP
One Winter Street-5th Floor
Boston, MA 02108

Compliance with, and continuation of, your registration is dependent upon your adherence to the terms of your Registration and the contents of your original application and supporting documentation. Please keep this Registration Statement for your records.

Very truly yours,


Robert A. Kimball P.E.
Watershed Chief

cc: Duane LeVangie
WMP-5th Floor
DEP-Boston



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
CENTRAL REGIONAL OFFICE

ARGEO PAUL CELLUCCI
Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

REGISTRATION STATEMENT FOR VERIFIED WATER WITHDRAWAL

Registration under MGL c. 21G for the water withdrawal identified below is accepted by the Department of Environmental Protection.

GENERAL INFORMATION

Registration Number: 2-12-216.03 River Basin: Blackstone

Registrant: Whitinsville Golf Club
Fletcher Street
Whitinsville, MA 01588

Number of withdrawal points 1

Groundwater: 0

Surface water: 1

Location(s): Fletcher Street, Whitinsville, MA

Use: Golf Course Irrigation

Average Volume per Day (MGD): 0.047

Days of Operation: 180

Total Annual Volume (MGY): 8.54

CONDITIONS AND REQUIREMENTS

Compliance with registration conditions is required by 310 CMR 36.08. Those applicable are described below.

Metering

Install source meter(s) for all these points: Already completed.

Calibrate all meter(s): Annually

Records

627 Main Street • Worcester, Massachusetts 01608 • Telephone (508) 792-7650

Fax (508)792-7621

Printed on Recycled Paper

TTD #(508)767-2788

withdrawal records are required to be kept as follows:

Monthly: Yes

Other:

Other information required:

Other Conditions and Requirements:

REPORTING

The Registrant is required by 310 CMR 36.11 to file an annual statement of withdrawal by January 31 of each year that this registration is in force, on forms specified by the Department. The Registrant shall include withdrawal records from the previous calendar year with the annual report filing. At the request of the Department, the registrant may be required to report withdrawal volumes monthly, in accordance with 310 CMR 36.08.

REGISTRATION RENEWAL

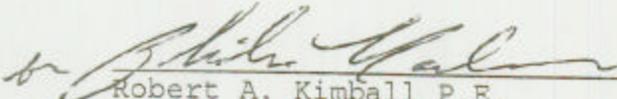
This registration statement expires on January 1, 2008, unless a renewal registration request is filed with the Department prior to that date, in accordance with 310 CMR 36.10.

REGISTRATION TRANSFER

This statement shall be surrendered to the Department upon transfer of any withdrawal authorized by this document.

Transfer of this registration is governed by the provisions of 310 CMR 36.09.

NOTE: Regulations are subject to change. The applicant is responsible to use the most current regulations.



Robert A. Kimball P.E.
Environmental Engineer
Bureau of Resource Protection

11/20/97

Date



599 ✓

Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals - 1998

Instructions

This form for annual reporting of water withdrawals under the Water Management Act (MGL c. 21G) is for industrial, agricultural (excluding cranberry growers), and golf course registrants and permittees. Cranberry growers should file a separate report form.

to file for a Water Management Permit or Permit Amendment. If you have added a source that is not currently registered or permitted with the Water Management program, contact the staff at (617) 292-5706

1. Complete the forms by **February 1, 1999** and return to:

Department of Environmental Protection
One Winter Street, 6th floor
Boston, MA 02108
Attention: Water Management Program

3. For **TOTAL** withdrawal from all points in one river basin, fill out Section A for monthly withdrawals.

4. For **EACH** ground or surface water withdrawal point please fill out a **SEPARATE** column on Section B for monthly withdrawals in 1998.

2. If you have withdrawals from more than one river basin, complete a separate Annual Report for each basin. If you have both a registration and permit in the same river basin, your registered and permitted withdrawals can be reported together on this form. Please note that most water withdrawers are either registered or permitted with the Water Management Act. Only a few water withdrawers hold both a registration and a permit. **NOTE:** If you have added an unregistered/unpermitted source you may need

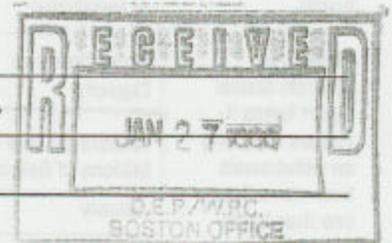
Enter actual recorded or metered data. If metered data does not exist, give the best estimate based on the method used in your registration statement. Document your estimate and identify the method used.

If a meter was installed on a registered withdrawal point during 1998, give the type and measurement capacity of the meter, and the date of installation.

5. The Water Management staff can be reached at (617) 292-5706.

Section A

Whitinsville Golf Club
Name of Withdrawer
Whitinsville MA 01588
City/Town Zip Code
21221603
Registration Number Permit Number (if applicable)
BLACKSTONE
River Basin



Note: Your registration and/or permit numbers appear on your mailing label.

Note: Complete table for the year January 1, 1998 through December 31, 1998.

Month	Total water withdrawn from withdrawal points in gallons	
January	0	
February	0	
March	0	
April	0.12 MG	120,500 GAL
May	0.50 MG	492,640 GAL
June	0.98 MG	980,600 GAL
July	3.28 MG	3,276,420 GAL
August	3.93 MG	3,931,100 GAL
September	2.1 MG	2,110,640 GAL
October	0.40 MG	400,200 GAL
November	0.04 MG	42,500 GAL
December	0	0
Total	11.35 MG	



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals - 1998

Section A (cont.)

Note:

Average Day Demand = Total MGY divided by the number of days

Number of days/year in operation: 365 other 180

Average Day Demand in Million Gallons: 0.063 mg

When calculating Average Day Demand be sure to use the number of "Days of Operation" shown on your registration statement or permit.

Section B

Make additional copies of this section if you have more than four withdrawal points.

Please use separate annual report forms if you are reporting on withdrawals from more than one river basin.

Name of Withdrawal Point	Whitinsville Golf Club			
River Basin	Blackstone			
Metered or Estimate	Metered			
If Metered, Date of Last Calibration or Installation	1-5-97			
Meter Type and Capacity	Badger Model # 4" Turbo 500gpm			
Withdrawal Data in Millions of Gallons				
January	0			
February	0			
March	0			
April	.12			
May	.50			
June	.98			
July	3.28			
August	3.93			
September	2.01			
October	.40			
November	.04			
December	0			
Total	<u>11.035 mg</u>			

If you are estimating volume, describe the method used to estimate:



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals – 1998

Section C



If you have added any new withdrawal points, you may need a Water Management Permit. Contact Water Management Program staff immediately at (617) 292-5706 to discuss.

1. Name and location of any new withdrawal points from which you withdrew water in 1998:

NONE

2. As a condition of your registration, DEP may require that you provide certain information in your annual report. These conditions would be listed on your registration statement. Please provide the required information if you did not supply it in your initial registration statement or in an earlier annual report.

NONE

Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete."

PAUL WILSON

Print Name

SUPERINTENDENT

Title

Paul Wilson

Signature

1-17-98

Date

179 Fletcher St PO Box 128

Mailing Address

Whitinsville 01582

City/Town

Zip Code

508 234-2503

Phone Number (including Area Code)



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals – 1999

Instructions

This form for annual reporting of water withdrawals under the Water Management Act (MGL c. 21G) is for industrial, agricultural (excluding cranberry growers), and golf course registrants and permittees. Cranberry growers should file a separate report form.

to file for a Water Management Permit or Permit Amendment. If you have added a source that is not currently registered or permitted with the Water Management program, contact the staff at (617) 292-5706

1. Complete the forms by **February 1, 2000** and return to:

Department of Environmental Protection
One Winter Street, 6th floor
Boston, MA 02108
Attention: Water Management Program

3. For TOTAL withdrawal from all points in one river basin, fill out Section A for monthly withdrawals.

4. For EACH ground or surface water withdrawal point please fill out a SEPARATE column on Section B for monthly withdrawals in 1999.

2. If you have withdrawals from more than one river basin, complete a separate Annual Report for each basin. If you have both a registration and permit in the same river basin, your registered and permitted withdrawals can be reported together on this form. Please note that most water withdrawers are either registered or permitted with the Water Management Act. Only a few water withdrawers hold both a registration and a permit. NOTE: If you have added an unregistered/unpermitted source you may need

Enter actual recorded or metered data. If metered data does not exist, give the best estimate based on the method used in your registration statement. Document your estimate and identify the method used.

If a meter was installed on a registered withdrawal point during 1999, give the type and measurement capacity of the meter, and the date of installation.

5. The Water Management staff can be reached at (617) 292-5706.

Section A

Whitinsville GOLF CLUB

Name of Withdrawer

Whitinsville MA

City/Town

01588

Zip Code

21221603

Registration Number

Permit Number (if applicable)

Blackstone

River Basin

Note: Your registration and/or permit numbers appear on your mailing label.

Note: Complete table for the year January 1, 1999 through December 31, 1999.

Month	Total water withdrawn from withdrawal points in gallons	
January	0	
February	0	
March	0	
April	0.356 mg	356,600
May	1.22 mg	1,216,800
June	4.36 mg	4,360,200
July	3.17 mg	3,170,450
August	3.5 mg	3,495,195
September	1.2 mg	1,209,220
October	0.30 mg	301,508
November	0	
December	0	
Total	14.1 mg	



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals – 1999

Section A (cont.)

Note:
Average Day Demand = Total MGY divided by the number of days

Number of days/year in operation: 365 other 180

Average Day Demand in Million Gallons: 0.078 mg

When calculating Average Day Demand be sure to use the number of "Days of Operation" shown on your registration statement or permit.

Section B

Make additional copies of this section if you have more than four withdrawal points.

Please use separate annual report forms if you are reporting on withdrawals from more than one river basin.

Name of Withdrawal Point	Whitinsville GOLF CLUB			
River Basin	BLACKSTONE			
Metered or Estimate	Metered			
If Metered, Date of Last Calibration or Installation	4/12/99			
Meter Type and Capacity	4" flow meter SPECI WITH DATA INDUSTRIAL FLOW SENSOR			
Withdrawal Data in Millions of Gallons				
January	0			
February	0			
March	0			
April	.356 mg			
May	1.22 mg			
June	4.36 mg			
July	3.17 mg			
August	3.5 mg			
September	1.2 mg			
October	.30 mg			
November	0			
December	0			
Total	14.1 mg			

If you are estimating volume, describe the method used to estimate:



Registered & Permitted Withdrawals Annual Report

Industrial, Agricultural, and Golf Course Withdrawals – 1999

Section C



If you have added any new withdrawal points, you may need a Water Management Permit. Contact Water Management Program staff immediately at (617) 292-5706 to discuss.

1. Name and location of any new withdrawal points from which you withdrew water in 1999:

None

2. As a condition of your registration, DEP may require that you provide certain information in your annual report. These conditions would be listed on your registration statement. Please provide the required information if you did not supply it in your initial registration statement or in an earlier annual report.

None

Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete."

PAUL WILSON

Print Name

SUPT.

Title

Paul Wilson

Signature

1-5-2000

Date

PO Box 128 179 Fletcher St

Mailing Address

Whitinsville, MA 01584

City/Town

Zip Code

508 234-2533

Phone Number (including Area Code)

APPENDIX D

HISTORICAL DOCUMENTS ON THE MUMFORD RIVER, MANCHAUG RESERVOIR AND WHITIN RESERVOIR

**Provided by Paul Lyons of Interface Fabrics
Group Finishing**

Whitinsville, Mass., Oct. 11, 1933

Mr. Winfield A. Schuster,
East Douglas, Mass.

Dear Mr. Schuster:

Someone from your office called me yesterday in relation to the water in the Mumford River Reservoir. I gathered from the conversation that the water was low and you were afraid it would interfere with the shooting at your Duck Blind on the Reservoir.

The drawing of the water from the reservoir is controlled by a certain indenture passed in March 1854 which states that one-sixth of the water collected and reserved in the reservoir shall be drawn off in the month of July, two-sixths thereof in the month of August, two-sixths in the month of September and one-sixth in the month of October. The mode of drawing the water from said Reservoir may be changed upon the written request or agreement of three-fourths in interest of the Stockholders.

In view of the above mentioned indenture you will realize it is impossible for any individual to do other than the clause in the indenture gives him authority to do.

At the present time the following concerns divide the expense of maintenance in the following proportions:

Est. W. S. Schuster - - - -	4/20
W. E. Hayward & Co. - - - -	2/20
Schuster Woolen Company - - -	2/20
Whitin Machine Works -- - - -	7/20
James Whitin, Inc. - - - - -	3/20
Uxbridge Worsted Co. - - - -	1/20
David & Brown Woolen Co. - - -	1/20

You will appreciate that this reservoir is maintained for the purpose of furnishing power to the various concerns interested and under these circumstances, while it might be inconvenient to you, I hardly think the other concerns would agree to hold the water back at a period when the water is needed for developing power.

I understand there is more water in the reservoir now than a year ago and with the general flow from the brooks I feel there will be more water in the reservoir during the hunting season than last year.

Yours respectfully,

MUMFORD RIVER RESERVOIR COMPANY.

January 27, 1949

Mr. Raymond I. Jacoby
The Young Men's Christian Assoc.,
766 Main Street
Worcester 8, Massachusetts

Dear Mr. Jacoby:

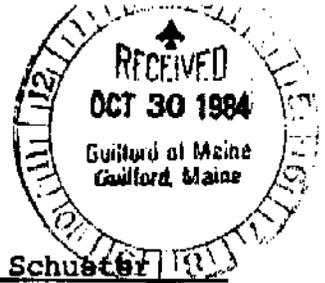
The flowage of the Mumford River is controlled by the Mumford River Reservoir Association which is an organization of all the mill owners who use the water of the Mumford River for manufacturing purposes.

The control of the amount of water to which each member is entitled is left with the Whitin Machine Works. A record is kept in my office showing the ten year average of the height of the water in the Manchaug Reservoir. An honest endeavor is made to keep the water at this average height. It is humanly impossible to foresee weather conditions so that we try to drop the water in the fall and winter, trusting to melting snow and spring rains to fill up the reservoir. Also, if the summer is excessively dry the water in the reservoir has to be used with a consequent lowering of the water level. The original grant limits the minimum amount of water which must be kept in the reservoir, but in the last twenty years this minimum has never been reached.

If you wish to come to Whitinsville and talk this over with me any further, I would be glad to have you do so. If you do decide to come, please make an appointment in advance so that I will not keep you waiting when you arrive from Worcester.

Very truly yours,

ACHERON ENGINEERING SERVICES
TELEPHONE DISCUSSION MEMO



Date: 10/26/84
Time: 8:30 AM
Placed: X Received
By: W.B. Ball *WB*

Project: Guilford - Schuster
Talked with: Delwin K. Barnes
From: Whitinsville Water Co.
Distribution: Dan Johnson
Andy Baca III

I called Mr. Barnes to obtain information about the operation of reservoirs and dams on the Mumford River. Mr. Barnes is 72 yrs old, he operates a total of 23 dams on the Mumford system and has been with the Whitinsville Water Company since 1936. He is a walking encyclopedia on the history of the Mumford River..

Whitins

He operates the Mumford Reservoir Dam for the Mumford River Corp. and the Manchaug Reservoir Dam for ATF Davidson. He thinks Schuster lost their rights to the Mumford Reservoir when they didn't pay the dues. He thinks ATF Davidson owned 5/6 of the water rights and Schuster owned 1/6.

He has a rule curve, prepared in 1936, that he uses to set water levels in the reservoirs. Starting after labor day each year he draws down the Mumford Reservoir approximately 10 ft. and the Manchaug 6 ft. by December 15th. If flow in the Mumford gets too low during the summer, he draws water from the Mumford Reservoir to maintain minimum flows in the river. Since he has no gauge on the river flow, he judges the flow rate by eye based on his years of experience.

Mr. Barnes offered to meet with us at any time to explain how he operates all the dams.

cc: Rudy Guilmet

Whitins Reservoir

10 year average

Depth water in feet and inches

Jan. 1	17-6	Jan. 15	18-10
Feb. 1	20-2	Feb. 15	20- 8
Mar. 1	22-9	Mar. 15	23-11
Apr. 1	25-2	Apr. 15	26- 6
May 1	26-9	May 15	27- 0
June 1	27-0	June 15	26-11
July 1	26-3	July 15	25- 8
Aug. 1	24-6	Aug. 15	23- 4
Sept. 1	22-0	Sept. 15	20- 8
Oct. 1	19-9	Oct. 15	18-11
Nov. 1	18-3	Nov. 15	17- 5
Dec. 1	17-3	Dec. 15	16-10

Manchaug

10 year average

Inches above and below stone

Jan. 1	Below	34	Jan. 15	Below	25
Feb. 1	"	20	Feb. 15	"	16
Mar. 1	"	6	Mar. 15	Above	4
Apr. 1	Above	14	Apr. 15	"	25
May 1	"	28	May 15	"	31
June 1	"	30	June 15	"	28
July 1	"	23	July 15	"	18
Aug. 1	"	12	Aug. 15	"	5
Sept. 1	Below	2	Sept. 15	Below	8
Oct. 1	"	16	Oct. 15	"	23
Nov. 1	"	28	Nov. 15	"	35
Dec. 1	"	38	Dec. 15	"	40