Instructions: In accordance with 310 CMR 22.04(1)(a)3., all public water suppliers (PWS) must demonstrate their capacity to comply with future regulations. Compliance includes demonstrating the ability to respond to a GWR fecal contamination event. At least once all PWSs must work with their certified operators to complete this form and return copies to MassDEP Regional Office, Attn: DWP GWR. If your system serves less than 10,000 persons and you need assistance completing this form, please contact the Massachusetts Coalition for Small System Assistance at [http://www.masmallwatersystem.org](http://www.masmallwatersystem.org) or your regional MassDEP GWR contact:

- Central: Kelly Momberger – 508-849-4023
- Western: Jim Bumgardner – 413-755-2270
- Northeast: Jim Dillon – 978-694-3231
- Southeast: Mike Quink – 508-946-2766

I. PWS Information

<table>
<thead>
<tr>
<th>PWS Name</th>
<th>City/Town</th>
<th>PWS ID</th>
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<tr>
<th>PWS Address</th>
<th>COM, NTNC, or TNC (circle one)</th>
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<tr>
<th>Contact Person</th>
<th>Date Submitted:<em><strong>/</strong></em>/_____</th>
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<th>Email</th>
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1. Does your system have? ☐ Chlorination ☐ UV ☐ Filtration ☐ Other Treatment: ______________________________
   Note: If you checked “chlorination” you must complete MassDEP Form GWR A - Log Credit Determination and return it to MassDEP Regional Office. Call your MassDEP Regional GWR contact or for more information and forms, go to [http://www.mass.gov/dep/water/drinking/systems.htm#gwr](http://www.mass.gov/dep/water/drinking/systems.htm#gwr).

2. Does your PWS have 4-log treatment for viruses (as determined on Form GWR A or other supporting documentation)? ☐ Yes ☐ No

3. Does your PWS have a raw water sampling tap at each well located prior to any alteration/treatment of raw water? ☐ Yes ☐ No New regulations require all systems to install taps.

4. Does your system have an emergency chemical injection port? ☐ Yes ☐ No New regulations require ports for all community and non-transient community systems.

II. Immediate Response to Fecal Contamination

1. Do you have a template public notice for a boil order or do not drink order? ☐ Yes ☐ No

2. Do you have a certified operator? ☐ Yes ☐ No

3. Is your operator capable of overseeing installation and operation of emergency disinfection equipment? ☐ Yes ☐ No

4. Do you own any disinfection equipment that is not currently installed but could be used in the event of an emergency? ☐ Yes ☐ No

5. Does your system have access to such equipment on short notice? (i.e. through operator, or well company, or formalized agreement with other PWS) ☐ Yes ☐ No

6. Does your PWS have a contract with a certified laboratory guaranteeing availability for fecal indicator analysis on weekend and/or holidays? ☐ Yes ☐ No

7. Does your PWS have the ability to obtain alternate water from an approved bulk water hauler? (refer to bulk water page on MassDEP website) ☐ Yes ☐ No

8. Does your PWS have the ability to obtain and provide bottled water to consumers? ☐ Yes ☐ No

If you checked “No” for any of the above, and would like more information, call your MassDEP regional GWR contact or go to [http://www.mass.gov/dep/water/drinking/systems.htm#gwr](http://www.mass.gov/dep/water/drinking/systems.htm#gwr) for forms and information.
III. Long-Term Response to Fecal Contamination

If MassDEP determines that a source will require 4-log treatment for viruses due to fecal contamination identified by source water monitoring, or a documented risk of fecal contamination, which of the following compliance options will your system implement? Check all that apply.

For PWSs currently adding a chemical disinfectant:

☐ Permanently increase chlorine dose without objectionable taste and odor to increase log treatment
☐ Install tank with baffles to increase chlorine contact time
☐ Install serpentine or large diameter piping to increase chlorine contact time
☐ Utilize a second disinfectant or alternate disinfectant; indicate type: __________________________________________
☐ Install additional non-disinfection treatment; indicate type: __________________________________________

For all PWSs:

☐ Install treatment to achieve 4-log inactivation of viruses
☐ Remove source from service and utilize other existing sources
☐ Remove source from service and connect to a public water supply main near your property; PWS name/ID# ______________________________
☐ List other __________________________________________________________

If you checked any of the above, have you identified/established the following? Check all that apply.

☐ Cost to install each long-term option
☐ Cost for long-term operation and maintenance of equipment and cost of increased operator hours
☐ Cost of disinfection by-product monitoring required for all community and non-transient non-community PWSs
☐ Escrow or reserve funds to pay for future costs

For compliance information, go to http://www.epa.gov/safewater/disinfection/gwr/compliancehelp.html#states.

IV. Next Steps: Certification – Sign & Return to your MassDEP Regional Office: DWP/GWR

I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Print Name: _________________________ Title: ______________________________
Signature: ___________________________ Date: _____________________________
Phone #: (       ) ______-__________ Email: _____________________________

DWP Use Only: Date Received __/__/__  Action Taken: _________________________

Form: GWR B – Response 10-27-11