



**Massachusetts Department of Environmental Protection - Drinking Water Program**  
**Ground Water Rule**  
**Immediate & Long-Term Response to Fecal Contamination**

**Form:**  
**GWR B- Response**

**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> or your regional MassDEP GWR contact:

Central: Kelly Momberger – 508-849-4023  
 Northeast: Jim Dillon – 978-694-3231

Western: Jim Bumgardner – 413-755-2270  
 Southeast: Mike Quink – 508-946-2766

I. PWS Information		
PWS Name:	City/Town:	PWS ID:
PWS Address:		COM, NTNC, or TNC (circle one)
Contact Person:		Date Submitted: ___/___/___
Phone Number:	Email:	
1. Does your system have? <input type="checkbox"/> Chlorination <input type="checkbox"/> UV <input type="checkbox"/> Filtration <input type="checkbox"/> 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 <a href="http://www.mass.gov/dep/water/drinking/systems.htm#gwr">http://www.mass.gov/dep/water/drinking/systems.htm#gwr</a> .		
2. Does your PWS have 4-log treatment for viruses (as determined on Form GWR A or other supporting documentation)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Does your PWS have a raw water sampling tap at each well located prior to any alteration/treatment of raw water? <input type="checkbox"/> Yes <input type="checkbox"/> No New regulations require all systems to install taps.		
4. Does your system have an emergency chemical injection port? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Do you have a certified operator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Is your operator capable of overseeing installation and operation of emergency disinfection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Do you own any disinfection equipment that is not currently installed but could be used in the event of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Does your PWS have a contract with a certified laboratory guaranteeing availability for fecal indicator analysis on weekend and/or holidays? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Does your PWS have the ability to obtain and provide bottled water to consumers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you checked "No" for any of the above, and would like more information, call your MassDEP regional GWR contact or go to <a href="http://www.mass.gov/dep/water/drinking/systems.htm#gwr">http://www.mass.gov/dep/water/drinking/systems.htm#gwr</a> 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