Massachusetts Department of Environmental Protection

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Transaction ID:	**989401**
Document:	**Public Water System Annual Statistical Report**
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2017 Public Water Supply Verification

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

PWS ID:	**3014000**
PWS Name:	**ASHLAND WATER AND SEWER DEPT.**
PWS Street Address Line 1:	**299 HOWE ST**
PWS Street Address Line 2:	
City/Town:	**ASHLAND**
State:	**MA**
Zip Code:	**01721-0000**
Class:	**COM**

Legally Responsible Party Contact Information

The Legally Responsible Party is that individual who has the ultimate authority to ensure that your system is in compliance with the federal and state drinking water regulations. This may be the owner of a private facility, a town or school official or other similarly authorized person.

Book/Page:	
First Name	**JOHN**
Middle Initial	**D**
Last Name	**SMALL**
Company Name	**TOWN OF ASHLAND WATER DEPARTMENT**
Phone Number	**5088810100**
Street Address 1	**101 MAIN STREET**
Street Address 2	
City/Town	**ASHLAND**
State	**MA**
Zip Code	**01721**
Comments	

System Information (COM/NTNC)

1. PWS Street Address		
ASHLAND WATER AND SEWER DEPT.		
PWS Name		
299 HOWE ST		
PWS Street Address Line 1	PWS Street Address Line 2	
ASHLAND	Massachusetts	01721
City/Town	State	Zip Code
508-881-0120	508-881-0112	
Phone Number	Fax Number (if available)	
HTTP://ASHLANDMASS.COM/166/WATER-SEWER		
Web Site Address of PWS (if available)		

2. PWS Mailing Address ☐ Same as street address.		
ASHLAND WATER AND SEWER DEPT.		
Mailing Name		
20 PONDEROSA RD.		
Mailing address Line 1	Mailing address Line 2	
ASHLAND	Massachusetts	01721
City/Town	State	Zip Code

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

4. Owner/Responsible Person:			
TOWN	O	ASHLAND	[redacted] ☐ This is a new owner.
Owners Name- First, Middle Int, Last - one name only(if not municipal):			Phone Number

5. Primary Contact:	
JOHN D SMALL	[redacted] ☐ This is a new contact.
Name (First, Middle Int, Last) ▪ one name only▪	Phone Number
[redacted]	[redacted]
Email Address (For Emergency Purposes)	Re-enter Email Address

Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

6. Certified Drinking Water Operators employed by the PWS:

Name	Grade	License Number	Function	Begin-Date	End-Date
PAUL-MICHAEL , MCGUINESS	1D	22277	GENERAL OPERATOR	7/20/2009	
JASON R, CADIMA	2D	24656	SECONDARY DISTRIBUTION OPERATO	10/5/2010	
JASON R, CADIMA	2D	24656	GENERAL OPERATOR	10/5/2010	
ROY M, CORREIA	3D	22563	GENERAL OPERATOR	5/8/2006	
STEPHEN A, TURNER	4T	7898	GENERAL OPERATOR	11/14/2016	
WAYNE R, PYRON	1D/3T	12157/12334	SECONDARY TREATMENT OPERATOR	3/25/2012	
STEPHEN A, BELLOLI	2D	24867	GENERAL OPERATOR	1/13/2015	
JEFFREY , FOURNIER	4D OIT/4T	7981/11740	PRIMARY TREATMENT OPERATOR	7/20/2009	

Name	Grade	License Number	Function	Begin-Date	End-Date
DANIEL E, MAURER	4D/1T OIT	24650/25342	PRIMARY DISTRIBUTION OPERATOR	9/27/2016	
To Add an operator, begin typing a license # in the field below. Pick the license number from the list and then click the "Add Operator" button. License Number:					

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

7. Primary Certified Operator Contact Information:

Primary Distribution Certified Operator Contact Information

DANIEL	E	MAURER	[redacted]	[redacted]
Name			Phone Number	Fax Number

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

[redacted]	[redacted]
Mailing Address 1	Mailing Address 2

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

Primary Treatment Certified Operator Contact Information

JEFFREY		FOURNIER	[redacted]	[redacted]
Name			Phone Number	Fax Number

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

[redacted]	[redacted]
Mailing Address 1	Mailing Address 2

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

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

○ N/A ◉ Yes ○ No

8. Names of Water Commissioners/Selectmen/Trustees/Association Board Members (if applicable). Please attach an organizational chart, if available. ☐ Check here to upload

Name	Phone	Title

9. Owner Type:

MUNICIPAL

Federal Employment Identification Number (FEIN):

046001074

(FEIN) - Do NOT provide SSN

10. Is this system a not-for-profit organization

◉ Yes ○ No

If yes, indicate Tax Exempt code (e.g., 501C):	046001074

11. Population Served(DailyAverage):

Winter Population (October March):	16593
Summer Population (April September):	16593

By what method was the population figured	Census Type:	Federal (10 year)
	Other Description:	

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

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

	Number of Samples	Frequency of Samples
Lead and copper samples required:	30	YEAR
Winter Bacteria samples required:	15	MONTH
Summer Bacteria samples required:	15	MONTH

13. **Distribution Meter information:**	
a. Number of Service Connections:	6933
b. Percentage of service connections that are metered:	100 %
c. Are all publicly owned buildings metered?	(•) Yes ( ) No ( ) N/A
d. If No, what percent are	%

14. System Information	
a. Number of Distribution Systems:	1
b. Finished Water Storage Capacity in Million Gallons (MG): [Conversion factor is (# of gallons)/(1,000,000)= MG]	6.9
c. Pumping Capacity (GPM):	4000

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

Ground Water	Surface Water	Purchased Ground	Purchased Surface
100 %	0 %	0 %	0 %

16. Emergency Response Actions:

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

(•) Yes ( ) No

( ) I have made changes to the ERP (attach copies of all changes.)
(•) I have made no changes to the ERP.

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

( ) Yes (•) No

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

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

( ) Yes (•) No

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

(•) Yes ( ) No

e. How often does your system test the following

	Alarms:	Quarterly	Other Frequency:	
	Interlocks:	Quarterly	Other Frequency:	
	Back-up power sources:	Other	Other Frequency:	WEEKLY

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

Date of ER incident	Level	Description

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

○ Yes ◉ No ○ No storage tanks

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

Storage Tank Name	Antennae or Appurtenance	Owner Name	Date (mm/dd/yyyy) Installed

18. Comments or additional information regarding this section:

Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

ROY	CORREIA	
Coordinator First Name	Coordinator Last Name	
[redacted]	[redacted]	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
[redacted]	[redacted]	[redacted]
City/Town	State	Zip Code
[redacted]	[redacted]	
Phone Number	Fax Number (if available)	
[redacted]		
Coordinator email		

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

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

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

(•) Yes ( ) No

ROBERT	HEITZ	WATER SAFETY SERVIC
Contact First Name	Contact Last Name	Doing Business As (Company/Individual Name)
[redacted]	[redacted]	
Consultant Street Address Line 1	Consultant Street Address Line 2	
[redacted]	[redacted]	[redacted]
City/Town	State	Zip Code
[redacted]	[redacted]	
Phone Number	Fax Number (if available)	
[redacted]		
Consultant email		

Third Party Consultant Surveyor Personnel Information:
To add a surveyor, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Surveyor" button.
MassDEP Certification ID Number

Surveyor's FirstName	Surveyor's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number	Third Party Reviewer Surveyor

ROBERT G	HEITZ JR	31278		[redacted]	☑
MATTHEW J	QUILITZSCH	32360		[redacted]	☐
STEPHEN D	HEITZ	32576		[redacted]	☐
JOSEPH R	HEITZ	31866		[redacted]	☑

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

MassDEP Certification ID Number

Tester's FirstName	Tester's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number
MATTHEWJ	QUILITZSCH	WS10-0032360	12/1/2020	[redacted]
STEPHEND	HEITZ	WS10-0032576	6/15/2020	[redacted]
MICHAEL R	CRONIN	WS10-0032530	12/1/2019	[redacted]
ROBERTA	STARK	WS10-0032606	12/5/2020	[redacted]

What services does the consultant perform for the town	
☑ Facilities Survey	☑ Testing of Devices
☑ Device Installation Plan Approval	☐ Program Management
☑ Other(explain)	CONSULTING

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

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities with first time surveys during this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
	A	B	C	= A - (B+C)	
Commercial	152	150	2	0	119
Industrial	2	2	0	0	1
Institutional	3	3	0	0	3

Municipal	26	26	0	0	9
Residential (Optional)	0	0	0	0	0
Total	183	181	2	0	132

*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

4. Are there any cross-connection(s) within your systems service area protected by:

Reduced Pressure Backflow Preventer (RPBP):	(•) Yes ( ) No	
Double Check Valve Assembly (DCVA):	(•) Yes ( ) No	

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

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Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

Type of Facility	Total # of devices at the beginning of this reporting period	# of devices installed in this reporting period	# of devices removed & not replaced in this reporting period	Total # of devices	# of seasonal devices in Total
	A	B	C	= A +B-C	
RPBP					
Commercial	199	7	2	204	12
Industrial	10	1	0	11	0
Institutional	3	0	0	3	0
Municipal	30	0	0	30	2
Residential (Optional)	0	0	0	0	0
Total	242	8	2	248	14
DCVA					
Commercial	50	0	0	50	1
Industrial	1	0	0	1	0
Institutional	3	0	0	3	0
Municipal	8	0	0	8	0
Residential (Optional)	0	0	0	0	0
Total	62	0	0	62	1

*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data.
Please reference the question number and table field in your description.
*PWSs must maintain a list of ALL registered cross connections that are being protected by a RPBP or DCVA. The list must contain at a minimum the following information: owner/business name, Cross Connection ID#, types of protection (RPBP or DCVA), brand, model, serial # and exact location within the facility.

5. Provide information on the testing performed in this reporting period by the type of device/assembly.

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs &Re-tests	# Not Tested
RPBP	8	482	8	8	0
DCVA	0	62	5	5	0

Describe any discrepancies between the expected number of tests, based on the total number of devices reported in question #5, and the actual number of tests reported in question #6. If you reported a value greater than 0 for "# Not Tested" in question #6 provide an explanation for why the devices were not tested.

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

○ Yes ○ No

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

PVB DEVICES	○ Yes ○ No	SPPVB DEVICES	○ Yes ○ No

if Yes to either please provide the following details:

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs &Re-tests
PVB				
SPPVB				

*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

8. What is the maximum time allowed to protect a cross connection after the discovery of a violation?

Check one: ○ 14 days ○ 30 days ○ 90 days ○ Greater than 90 days

9. Do you have a fully implemented active cross-connection educational program directed toward residential customers?

○ Yes ○ No

If No, is there a date when you plan to have an educational program implemented?
NTNCs may skip this question.

Date(mm/dd/yyyy)

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

○ Yes ○ No ○ N/A

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

☑ Industrial ☑ Commercial ☑ Institutional ☑ Municipal ☑ Residential

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

Date(mm/dd/yyyy)

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

○ Yes ○ No

If no do you plan to institute one in furure?
If yes go to question13

○ Yes ○ No

If yes When?
If no go to question 13.

Date(mm/dd/yyyy)

12. Does your system have a local ordinance, by-law or policy statement on cross-connection control?

○ Yes ○ No

If YES,and you already provided copy to MassDEP in 2008 (2007 ASR) no further action is required.

If YES,and you did not provide a copy to MassDEP please forward a copy to:

MassDEP Boston office, 1 Winter Street, 5th floor, Boston, MA 02108

Attn : Otavio DePaula-Santos

13. Does your water system have a total containment policy?

○ Yes ○ No

Containment policy means ALL services connections have a device installed at the meter. Containment protects the water main by isolating each facility independently of its activity (residential, commertial, industrial, or municipal).

14. Has there been a cross-connection incident in your water system during the reporting period?

○ Yes ○ No

If Yes, please provide infomation below:

Date of Incident	Location of the Incident	DESCRIPTION

Comments or additional information regarding this section

Water Production & Consumption Information

How to report in Gallons vs. Million Gallons
When Converting gallons to Million gallons, decimal point moves 6 places to the left.

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

Volume Units ○ Gallons (GAL) ◉ Million Gallons (MG) ○ No Meter

FINISHED Water Production and Consumption Summary for Reporting Year :

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

Month	(1) Amount of **finished** water from own sources (MG)	(2) Amount of **finished** water purchased from other systems (MG)	(3) Amount of **finished** water sold to other systems (MG)	(4) Net **finished** Water that entered your distribution system (1) + (2) - (3)= (4) (MG)
January	41.451	0.000	09.302	32.149
February	36.427	0.000	8.400	28.027
March	41.320	0.000	09.301	32.019
April	41.150	0.000	09.503	31.647
May	48.023	0.000	10.836	37.187
June	56.283	0.000	15.092	41.191
July	58.081	0.000	16.773	41.308
August	61.149	0.000	17.288	43.861
September	52.252	0.000	14.605	37.647
October	45.926	0.000	09.983	35.943
November	42.778	0.000	09.095	33.683
December	44.388	0.000	09.969	34.419
TOTAL	569.228	0.000	140.147	429.081

Maximum Daily Finished Water Consumption:	Volume (MG): 2.754	Date: 9/5/2017

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PWS Class: COM

RAW Water Production and Consumption Summary for Reporting Year :

Raw Water means water in its natural state, prior to treatment and is usually the water entering the first treatment process of a water treatment plant.

☐ Same as finished water (it is not necessary to complete Table if same volume as above)

Month	(1) Amount of **raw** water pumped from own sources (MG)	(2) Amount of **raw** water purchased from other systems (MG)	(3) Amount of **raw** water sold to other systems (MG)	(4) Net **raw** Water Consumption (1) + (2) - (3) = (4) (MG)
January	43.914	0.000	0.000	43.914
February	38.462	0.000	0.000	38.462
March	43.985	0.000	0.000	43.985
April	42.962	0.000	0.000	42.962
May	48.981	0.000	0.000	48.981
June	57.651	0.000	0.000	57.651
July	61.391	0.000	0.000	61.391
August	65.319	0.000	0.000	65.319
September	55.447	0.000	0.000	55.447
October	48.154	0.000	0.000	48.154
November	44.827	0.000	0.000	44.827
December	45.709	0.000	0.000	45.709
TOTAL	596.802	0.000	0.000	596.802

Maximum Daily Raw Water Pumping:	Volume (MG): 2.837	Date: 8/16/2017

Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold (MG)	Water type
HOPKINTON WATER DEPARTMENT	2139000	140.147	Finished

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City: ASHLAND
PWS Class: COM

Metered Finished Water Consumption by Service Type

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

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

%	Primary Service Area	Type	%	Primary Service Area	Type
	○ Yes	Day Care Center		○ Yes	Other Residential
	○ Yes	Dispenser		○ Yes	Other Transient
	○ Yes	Homeowners Association		○ Yes	Recreation Area
	○ Yes	Hotel/Motel	91	● Yes	Residential Area
	○ Yes	Highway Rest Area		○ Yes	Restaurant
	○ Yes	Industrial/Agricultural		○ Yes	Retail Employees
	○ Yes	Interstate Carrier		○ Yes	School
	○ Yes	Institution		○ Yes	Sanitary Improvement District
	○ Yes	Medical Facility		○ Yes	Summer Camp
	○ Yes	Mobile Home Park		○ Yes	Secondary Residences
	○ Yes	Mobile Home Park, Principal Residence		○ Yes	Service Station
	○ Yes	Municipality		○ Yes	Subdivision
	○ Yes	Other Area		○ Yes	Water Bottler
	○ Yes	Other Non-Transient Area		○ Yes	Wholesaler
	○ Yes	Commercial			

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

☐ No treatment plant losses (not applicable)

Treatment PlantID:	Total Raw Water into treatment plant last year (raw pumped + raw purchased - raw sold):	-	Total Finished Water from treatment plant last year:	=	Total Water Lost to Treatment Process last year:
3014000-03T	596.802		569.228		27.570

Briefly describe the fate of the waste product (slurry or sludge) produced by your treatment process (discharge to sewer, groundwater discharge, settling lagoons, re-circulate back into treatment plant, etc.):

WASTE PRODUCT IS PUMPED INTO SETTLING LAGOONS

X. Comments or additional information regarding this section

Source Protection - IWPA

No data found

Comments or Additional Information regarding this section:

Source Protection - Zone II

Zone

1. Mass DEP assigned Zone II ID # :	192

2. DEP Source IDs and Names of the withdrawal points in Zone II.

No data found

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC), please update with current water supply protection area inventory information.

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

○ Yes ◉ No

If YES, please describe:

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

○ Yes ◉ No

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

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

○ Yes ○ No

Zone

1. Mass DEP assigned Zone II ID # :	451

2. DEP Source IDs and Names of the withdrawal points in Zone II.

SourceID	Source Name	Zone I Radius(ft)	Zone I Control	Pollution Sources
3014000-05G	HOWE ST. GP WELL 5	400	Y	
3014000-09G	HOWE ST. GP WELL 8	400		
3014000-08G	HOWE ST. GP WELL 7	400	Y	
3014000-04G	HOWE ST. GP WELL 4	400	Y	
3014000-07G	HOWE ST. GP WELL 6	400	Y	

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC), please update with current water supply protection area inventory information.

PSC Description	Quantity	Ground Threat	Comments
TRANSPORTATION CORRIDOR	1	M	

HAZARDOUS MATERIALS STORAGE	1	H	SHOULD BE M THREAT- WATER TREATMENT PLANT
NURSERIES	1	M	

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

○ Yes ◉ No

If YES, please describe:

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

○ Yes ◉ No

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

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

○ Yes ○ No

Comments or Additional Information regarding this section:

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Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

Water Management Act Annual Report - Distribution

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

Table DS-1 Summary of Leak Detection Activities During the Reporting Year	
1. Total miles of water mains	80
2. Miles of mains surveyed this year	
3. Number of leaks found	
4. Number of leaks repaired	
5. Estimated volume lost (mg) if a reliable estimate can be made	
6. Date of last leak detection survey of entire system:	10/1/2016 (mm/dd/yyyy)

Table DS-2 Water Conservation - Limits on Withdrawals

1. **Did your PWS implement mandatory nonessential outdoor water use restrictions in the reporting year?**
   (•) Yes ( ) No

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

a. [x] Required by WMA permit

   [x] Calendar trigger in permit
   [ ] Streamflow trigger in permit
   [x] Other trigger in permit

   If "Other Trigger" then describe: RESERVOIR LEVEL

b. [ ] Reason other than permit requirement
   Describe: _____

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

   [x] Total outdoor ban

   [x] Hand-held only
   [ ] Hourly Describe:

   Daily: ( ) Odd/Even ( ) Twice/Week ( ) Once/Week (•) Other Daily

   If "Other Daily" then describe: TOTAL NO OUTDOOR WATERING

4. **If you instituted mandatory restrictions, on what dates were restrictions in place? (you may have had only one period of restriction)**

	Start Date	End Date
Period 1	8/25/2017	8/31/2017
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 2	9/1/2017	11/25/2017
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 3		
	(mm/dd/yyyy)	(mm/dd/yyyy)

5. **Indicate if you plan or expect to institute nonessential outdoor water use restrictions in the upcoming summer. If you hold a WMA permit with Seasonal Limits on Nonessential Outdoor Water Use conditions, indicate whether you plan on instituting calendar-based or streamflow trigger-based outdoor water use restrictions. Remember that if you plan on instituting calendar restrictions, they must be in place by May 1. Streamflow-based restrictions must be in place once the trigger specified in your WMA permit has been reached for three consecutive days. Refer to your permit for specific nonessential outdoor water use requirements. Indicate if you plan on instituting restrictions even though you do not hold a WMA permit with outdoor water use restriction or do not hold a permit at all.**

- [ ] Planning to institute calendar-based nonessential outdoor water use restrictions per WMA permit.
- [ ] Planning to institute streamflow-based nonessential outdoor water use restrictions per WMA permit.
- [x] Planning to institute nonessential outdoor water use restrictions for reasons other than WMA permit requirements.
- [ ] Do not intend on instituting nonessential outdoor water use restrictions.

Please Note: Enter volumes in Tables DS-3, DS-4, DS-5 and DS-6 in million gallons per year (mgy).
Example 1: if a volume is 654,120,152 gallons, enter 645.120152 mgy.
Example 2: if a volume is 580,123 gallons, enter 0.580123 mgy.
Example 3: if a volume is 86,000 gallons, enter 0.086 mgy.

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

Use Category	No. of Service Connections	Total Volume (mgy)	Category Description
Residential	6960	323.383393	Water provided to residences in your distribution system, including for-profit apartments, condos, and seasonal homes. All water used for lawn watering at residential buildings belongs in this category.
Residential Institutions			Water provided to institutions with residential population such as colleges. It is optional to account institutions volumes separately (may be included in Residential above - see instructions).
Commercial/Business	189	21.424021	Water served to businesses and other commercial entities.
Agricultural			Water used mainly to grow food, raise animals, or run a garden center.
Industrial	7	20.325538	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	29	15.062725	Water used for municipal purposes, including schools, playing fields, municipal buildings, treatment plant; non-profits such as churches; non-residential institutions such as private schools.
Other*	1	5.271380	Water used for purposes not included in above categories.
TOTALS	7186	385.467057	Total number of service connections and metered volume.

WATER TREATMENT PLANT

* If you include a volume under "Other", list the use(s): PROCESSES AND SENSORS

UNACCOUNTED FOR WATER (UAW)

Table DS-4 Confidently Estimated Municipal Use volume To qualify as confidently estimated municipal use calculations/documentation for each estimated use must be attached to this ASR or mailed to MassDEP. If no documentation is provided, DEP will count the volumes as unaccounted for water. See ASR Instructions for more detail. Leak detection volumes are not counted as a confidently estimated municipal use. Optional Excel spreadsheets for calculating confidently estimated use can be found at the MADEP website at http://www.mass.gov/eea/agencies/massdep/water/approvals/drinking-water-forms.html#16

Confidently Estimated Municipal Use (CEMU)	Estimated million gallons per year
Fire protection & training	1.620
Hydrant/water main flushing/main construction	+ 2.693355
Flow testing	+
Bleeders/ Blow offs	+ .315000
Tank overflow & drainage	+
Sewer & stormwater system flushing	+ 1.21060
Street cleaning	+ .156000
Source meter calibration adjustments	+
Major water main breaks (not leak detection)	+ 2.566500
Total Confidently Estimated Municipal Use	= 8.561455

YOU MUST PROVIDE DOCUMENTATION FOR ALL OF YOUR CEMU VOLUMES.

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

Massachusetts Department of Environmental Protection
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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

(•) Yes ( ) No

Paper copies of CEMU volumes may be mailed to:
Mass DEP
1 Winter St.
Boston MA 02108
Attn: Water Management Act Program

Table DS-5 Unaccounted for Water To calculate UAW, subtract total metered use and confidently estimated municipal use volumes from the total volume of finished water entering your distribution system.

	Million Gallons/Year (MGY)	**% of Total Water Available for Distribution**
Total Finished Water Available for Distribution **(Total Net Finished Water from Production Form)**	429.081	100%
Total Metered Use **(System Total Metered Use from Table DS-3)**	- 385.467057	- 89.8 %
Total Confidently Estimated Municipal Use **(Total from Table DS-4)**	- 8.561455	- 2.0 %
Unaccounted for Water (UAW)	= 35.1	= 8.2 %

Table DS-6 Sources of Unaccounted for Water (Optional) Use this table to provide estimated volumes of your unaccounted for water.

Known or Suspected Source of Unaccounted for Water	**Estimated Volume (MGY)**
Leak Detection	
Water Theft	
Meter Malfunction/mis-registration	
Other (specify):	
Other (specify):	
Total:	0

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

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

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

Population Option 2: Estimate from Households Served If your PWS serves a portion of one or more communities and you cannot

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

If mailing Population Calculations or documentation send to:
Mass DEP
1 Winter St.
Boston MA 02108
Attn: Water Management Act Program

Table DS-7 Residential Population Served	
Community(ies) served by PWS is (are) :	Fully Served
Method of Determining Population Served:	Option 1(Census)
Census Type (Federal or Local):	Federal
Census year:	2010
Population Served:	16593

RGPCD Step 2 – Calculate RGPCD

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

Residential Water Use (million gallons)	**/ 365**	**/ Population Served**	**X 1,000,000**	**=**	**Residential Gallons per Capita Day (gallons/person/day)**
323.383393	/ 365	/ 16593	X1,000,000	=	53

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

Massachusetts Department of Environmental Protection
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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

Water Management Act Annual Report - Basin Withdrawal

Instructions for completing Tables BW-1 through BW-4 are included in the ASR Instructions available at MassDEP's website. If you have any questions concerning completion of the Water Management Act Annual Report, please contact Richard Friend with the WMA Program at (617) 654-6522 or email him at richard.friend@state.ma.us

Table BW-1 Permit & Registration Information

River Basin (Watershed)	Registration Number	Permit Number
14-CONCORD	31401401	9P231401402

Water Withdrawal by Watershed

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

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

Table BW-2 Average Daily Withdrawal by Watershed

River Basin	Total Raw Water Pumped in the reporting year (mgy)	/365=	Watershed Average Daily Withdrawal (mgd)
14-CONCORD	596.802	/365 =	1.64

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

River Basin	Registered Volume (mgd)	+	Permitted Volume (mgd)	=	WMA Authorized Withdrawal Volume (mgd)	-	Daily Avg. Water Use (mgd) (from Table BW-2 above)	=	Difference*
14-CONCORD	1.23	+	0.95	=	2.18	-	1.64	=	0.54

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

Table BW-4 Permit Special Conditions

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

WMA Permit Special Condition Requiring Annual Report to MassDEP	Report Attached to ASR	If not attached, date submitted to MassDEP
	○ Yes ○ No	(mm\dd\yyyy)

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

Table BW-5 Use this table to provide comments or additional information regarding this section of the ASR. You may explain discrepancies, provide supplemental information, or provide any other information to assist MassDEP in processing the data in your ASR.

Treatment Plants

Treatment Plant

1. Plant Information

3014000-01T	HOWE STREET CHEM. ADDN. FACILITY
Plant ID# :	Plant Name:
HOWE ST	
Street Address Line 1:	Street Address Line 2:
ASHLAND	MA 01721
City/Town:	State(2 letter abbreviation) Zip:
I INACTIVE	II-T
Status: Availability:	Class: Capacity (MGD):
RON FESTER	
Contact:	Phone: Fax:

2. Related Sources Table

3014000-04G	HOWE ST. GP WELL 4
3014000-05G	HOWE ST. GP WELL 5
3014000-07G	HOWE ST. GP WELL 6

3. Treatment Table(s)

No Data Found

Treatment Plant

1. Plant Information

3014000-02T	HOWE ST. WATER TREATMENT FACILITY
Plant ID# :	Plant Name:
HOWE ST	229 HOWE STREET
Street Address Line 1:	Street Address Line 2:
ASHLAND	MA 01721
City/Town:	State(2 letter abbreviation) Zip:
A ACTIVE	III-T 5.9
Status: Availability:	Class: Capacity (MGD):
DOUG J SMALL	[redacted]
Contact:	Phone: Fax:

2. Related Sources Table

3014000-04G	HOWE ST. GP WELL 4
3014000-05G	HOWE ST. GP WELL 5
3014000-07G	HOWE ST. GP WELL 6
3014000-08G	HOWE ST. GP WELL 7
3014000-09G	HOWE ST. GP WELL 8

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
DISINFECTION	4-LOG TREATMENT OF VIRUSES

Innovative:	Start Date:	End Date:
N	09/25/2008	

No Data Found

Comment:

Treatment Objective:	Treatment Process:
MANGANESE REMOVAL	PERMANGANATE

Innovative:	Start Date:	End Date:
Y	07/10/2002	

Chemical Name
POTASSIUM PERMANGANATE

Comment:
BACKUP FOR OZONATION SYSTEM

Treatment Objective:	Treatment Process:
PARTICULATE REMOVAL	COAGULATION

Innovative:	Start Date:	End Date:
N	07/10/2002	

Chemical Name
FERRIC CHLORIDE
SODIUM CARBONATE

Comment:
UPFLOW CLARIFIER

Treatment Objective:	Treatment Process:
PARTICULATE REMOVAL	FILTERED

Innovative:	Start Date:	End Date:
N	07/10/2002	

No Data Found

Comment:

Treatment Objective:	Treatment Process:
DISINFECTION BY-PRODUCTS CONTROL	ACTIVATED CARBON, GRANULAR

Innovative:	Start Date:	End Date:
N	07/10/2002	

No Data Found

Comment:

Treatment Objective:	Treatment Process:
CORROSION CONTROL	PH ADJUSTMENT

Innovative:	Start Date:	End Date:
N	07/10/2002	

Chemical Name
SODIUM HYDROXIDE
POTASSIUM HYDROXIDE

Comment:

Treatment Objective:	Treatment Process:
CORROSION CONTROL	INHIBITOR, ORTHOPHOSPHATE

Innovative:	Start Date:	End Date:
N	07/10/2002	

Chemical Name
ZINC ORTHOPHOSPHATE

Comment:
SUPPLIED TO ASHLAND ONLY

Treatment Objective:	Treatment Process:
DISINFECTION	GASEOUS CHLORINATION, POST

Innovative:	Start Date:	End Date:
N	07/10/2002	

No Data Found

Comment:
SUPPLIED TO HOPKINTON ONLY

Treatment Objective:	Treatment Process:
DISINFECTION	CHLORAMINES

Innovative:	Start Date:	End Date:
N	07/10/2002	

Chemical Name
CHLORINE
AMMONIUM SULFATE

Comment:
SUPPLIED TO ASHLAND ONLY

Treatment Objective:	Treatment Process:
DISINFECTION	4-LOG TREATMENT OF VIRUSES

Innovative: N	Start Date: 09/23/2008	End Date:

No Data Found

Comment:

Treatment Objective:	Treatment Process:
MANGANESE REMOVAL	OZONATION, PRE

Innovative: N	Start Date: 7/10/2002	End Date:

Chemical Name
OZONE

Comment:
OZONE PRODUCED ONSITE

Comments or additional information regarding this section

Pump Stations

Pump

1. Pump Information	
HOWE ST. GP WELL 4 PUMP	229 HOWE ST.
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	1500
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	70
Suction Size (inches):	10	Motor Horse Power:	40
Motor Type:	VHS	Motor Control:	A
Discharge Type:	S	Discharge Size (inches):	10
Installation Date	07/10/2002	Model #:	12D165-2STG
Pump Manufacturer:	WDM		

2. Related Sources Table (if applicable)

No Data Found

Pump

1. Pump Information	
HOWE ST. GP WELL 5 PUMP	229 HOWE ST.
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	1500
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	70
Suction Size (inches):	10	Motor Horse Power:	40
Motor Type:	VHS	Motor Control:	A
Discharge Type:	S	Discharge Size (inches):	10
Installation Date	07/10/2002	Model #:	12D165-2STG
Pump Manufacturer:	WDM		

2. Related Sources Table (if applicable)

No Data Found

Pump

1. Pump Information

RUSSETT HILL BOOSTER STATION	3 RUSSETT HILL
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	6	Number of Emergency Pumps:	4
Raw or Finished Water:	Finished	Maximum Aggregate Capacity (Gallons per Minutes):	300
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	0
Suction Size (inches):	2	Motor Horse Power:	15
Motor Type:	VERT TURB	Motor Control:	A
Discharge Type:	C	Discharge Size (inches):	4
Installation Date	12/01/1990	Model #:	SA5
Pump Manufacturer:	SYCRO FLOW		

2. Related Sources Table (if applicable)

No Data Found

Pump

1. Pump Information

HOWE ST. GP WELL 6 PUMP	229 HOWE ST.
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	695
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	70
Suction Size (inches):	8	Motor Horse Power:	25
Motor Type:	VHS	Motor Control:	A
Discharge Type:	S	Discharge Size (inches):	8
Installation Date	07/10/2002	Model #:	10C75-2STG
Pump Manufacturer:	WDM		

2. Related Sources Table (if applicable)

No Data Found

Pump

1. Pump Information	
HOWE ST. GP WELL 7 PUMP	229 HOWE ST.
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	1500
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	70
Suction Size (inches):	10	Motor Horse Power:	40
Motor Type:	VHS	Motor Control:	A
Discharge Type:	S	Discharge Size (inches):	10
Installation Date	07/10/2002	Model #:	12D165-2STG.
Pump Manufacturer:	WDM		

2. Related Sources Table (if applicable)

No Data Found

Pump

1. Pump Information	
HOWE ST. GP WELL 8 PUMP	229 HOWE ST.
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	1500
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	70
Suction Size (inches):	10	Motor Horse Power:	40
Motor Type:	VHS	Motor Control:	A
Discharge Type:	S	Discharge Size (inches):	10
Installation Date	07/10/2002	Model #:	12D165-2STG.
Pump Manufacturer:	WDM		

2. Related Sources Table (if applicable)

No Data Found

Comments or additional information regarding this section

Storage Facilities

Show all storage facilities

Storage Facility

Edit Delete

CEDAR ST	HOLLISTON TOWN UNIT A
Storage Facility Name	**Location**

Status:	A	Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	2.6
Material:	STEEL	Installation Date	01/01/1970

Storage Facility

Edit Delete

WOODRIDGE	ASHLAND TOWN FOREST
Storage Facility Name	**Location**

Status:	A	Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	4.3
Material:	CONCRETE	Installation Date	01/01/1989

Comments or additional information

Ground Water Sources

Individual Ground Water Source Statistics

Source ID:	3014000-04G
Source Name:	HOWE ST. GP WELL 4
Location:	229 HOWE ST
	ASHLAND
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.2544	January:	15.717000
Longitude: -	71.515197	February:	14.699000
Source Watershed:	CONCORD	March:	16.645000
Well Type:	GRAVEL-PACKED	April:	14.180000
Well Depth (ft.):	39.7	May:	14.391000
Well Casing Height (ft.):	0	June:	14.077000
Well Casing Depth (ft.):	0	July:	14.784000
Screen Length (ft.):	10	August:	13.870000
		September:	11.818000
Pump Setting (ft):	0	October:	9.899000
		November:	11.640000
Approved Daily Pumping Volume (MGD):	0	December:	12.022000
Source Metered:	Yes	Total Amount Pumped:	163.742000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	361
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1.083000
Last Meter Calibration:	10/24/2017	Date of Maximum Amount Pumped:	6/12/2017

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

Individual Ground Water Source Statistics

Source ID:	3014000-05G
Source Name:	HOWE ST. GP WELL 5
Location:	HOWE ST
	ASHLAND
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.25443	January:	1.086000
Longitude: -	71.515475	February:	0.000000
Source Watershed:	CONCORD	March:	0.000000
Well Type:	GRAVEL-PACKED	April:	0.000000
Well Depth (ft.):	34.5	May:	0.000000
Well Casing Height (ft.):	0	June:	0.000000
Well Casing Depth (ft.):	0	July:	6.277000
Screen Length (ft.):	10	August:	23.419000
		September:	21.922000
Pump Setting (ft):	0	October:	18.430000
		November:	16.877000
Approved Daily Pumping Volume (MGD):	0	December:	16.700000
Source Metered:	Yes	Total Amount Pumped:	104.711000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	169
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1.276000
Last Meter Calibration:	10/24/2017	Date of Maximum Amount Pumped:	8/26/2017

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

Individual Ground Water Source Statistics

Source ID:	3014000-07G
Source Name:	HOWE ST. GP WELL 6
Location:	HOWE ST
	ASHLAND
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.254209	January:	0.000000
Longitude: -	71.515958	February:	0.000000
Source Watershed:	CONCORD	March:	0.000000
Well Type:	GRAVEL-PACKED	April:	0.000000
Well Depth (ft.):	40	May:	0.000000
Well Casing Height (ft.):	0	June:	0.000000
Well Casing Depth (ft.):	0	July:	0.000000
Screen Length (ft.):	10	August:	0.000000
		September:	0.000000
Pump Setting (ft):	0	October:	0.002000
		November:	0.000000
Approved Daily Pumping Volume (MGD):	.86	December:	0.000000
Source Metered:	Yes	Total Amount Pumped:	0.002000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	1
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.002000
Last Meter Calibration:	10/24/2017	Date of Maximum Amount Pumped:	10/24/2017

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PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

Individual Ground Water Source Statistics

Source ID:	3014000-08G
Source Name:	HOWE ST. GP WELL 7
Location:	HOWE ST
	ASHLAND
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.254247	January:	6.554000
Longitude: -	71.515046	February:	5.447000
Source Watershed:	CONCORD	March:	6.243000
Well Type:	GRAVEL-PACKED	April:	11.551000
Well Depth (ft.):	36	May:	12.364000
Well Casing Height (ft.):	27	June:	15.543000
Well Casing Depth (ft.):	26	July:	8.531000
Screen Length (ft.):	10	August:	0.000000
		September:	0.000000
Pump Setting (ft):	0	October:	0.004000
		November:	0.000000
Approved Daily Pumping Volume (MGD):	2.16	December:	0.000000
Source Metered:	Yes	Total Amount Pumped:	66.237000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	196
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	0.697000
Last Meter Calibration:	10/24/2017	Date of Maximum Amount Pumped:	6/7/2017

Massachusetts Department of Environmental Protection
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Reporting Year 2017

PWSID#: 3014000
Name: ASHLAND WATER AND SEWER DEPT.
City: ASHLAND
PWS Class: COM

Individual Ground Water Source Statistics

Source ID:	3014000-09G
Source Name:	HOWE ST. GP WELL 8
Location:	HOWE ST
	ASHLAND
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.254549	January:	20.557000
Longitude: -	71.515365	February:	18.316000
Source Watershed:	CONCORD	March:	21.097000
Well Type:	GRAVEL-PACKED	April:	17.231000
Well Depth (ft.):	35	May:	22.226000
Well Casing Height (ft.):	26	June:	28.031000
Well Casing Depth (ft.):	25	July:	31.799000
Screen Length (ft.):	10	August:	28.030000
		September:	21.707000
Pump Setting (ft):	0	October:	19.819000
		November:	16.310000
Approved Daily Pumping Volume (MGD):	2.16	December:	16.987000
Source Metered:	Yes	Total Amount Pumped:	262.110000
Date of Meter Installation:	7/10/2002	Total # of Days Pumped:	365
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1.752000
Last Meter Calibration:	10/24/2017	Date of Maximum Amount Pumped:	8/9/2017

Comments or additional information regarding this section

Surface Water Sources

No Data Found

Comments or additional information regarding this section:

Purchased Water Sources

No Data Found

Comments or additional information regarding this section