



Massachusetts Department of Environmental Protection

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Username: **KGALLIGAN**

Transaction ID: **1357549**

Document: **Public Water System Annual Statistical Report**

Size of File: **2368.30K**

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## 2021 Public Water Supply Verification

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

PWS ID: **2277000**  
PWS Name: **SOUTHBOROUGH DPW WATER DIVISION (MWRA)**  
PWS Street Address Line 1: **147 CORDAVILLE RD**  
PWS Street Address Line 2:  
City/Town: **SOUTHBOROUGH**  
State: **MA**  
Zip Code: **01772-0000**  
Class: **COM**

### Legal Information

Book/Page:	<input type="text"/>
First Name	<input type="text" value="KAREN"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text" value="GALLIGAN"/>
Company Name	<input type="text" value="SOUTHBOROUGH DPW WATER DIVISION"/>
Phone Number	<input type="text" value="5084851210"/>
Street Address 1	<input type="text" value="147 CORDAVILLE ROAD"/>
Street Address 2	<input type="text"/>
City/Town	<input type="text" value="SOUTHBOROUGH"/>
State	<input type="text" value="MA"/>
Zip Code	<input type="text" value="01772"/>
Comments	<input type="text"/>



## System Information (COM/NTNC)

<b>1. PWS Street Address</b>		
SOUTHBOROUGH DPW WATER DIVISION (MWRA)		
PWS Name		
147 CORDAVILLE RD		
PWS Street Address Line 1		PWS Street Address Line 2
SOUTHBOROUGH	Massachusetts	01772
City/Town	State	Zip Code
508-485-1210	508-229-4444	
Phone Number	Fax Number (if available)	
Web Site Address of PWS (if available)		

<b>2. PWS Mailing Address</b> <input type="checkbox"/> Same as street address.		
The mailing address is the address where all MassDEP correspondence will be sent.		
SOUTHBOROUGH DPW WATER DIVISION (MWRA)		
Mailing Name		
147 CORDAVILLE RD		
Mailing Address Line 1		Mailing Address Line 2
SOUTHBOROUGH	Massachusetts	01772
City/Town	State	Zip Code

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

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

<b>5. Owner Type:</b>
MUNICIPAL

<b>6. Federal Employment Identification Number (FEIN):</b>
046001305
(FEIN) - Do NOT provide SSN

<b>7. Is this system a not-for-profit organization?</b>		
<input checked="" type="radio"/> Yes <input type="radio"/> No		
If yes, indicate the IRS tax exempt code (e.g., 501(c)(3), 501(c)(7), etc.):		501C
<b>8. Population Served(Daily Average):</b>		
Winter Population (October March):	10242	
Summer Population (April September):	10242	
By what method was the population calculated?	Census Type:	Other
	Other Description:	TABLE DS-OPTION 2

9. Testing requirements for lead and copper and bacteria in your system is based on the population. .		
	Number of Samples	Frequency of Samples
Lead and copper samples required:	15	YEAR
Winter bacteria samples required:	12	MONTH
Summer bacteria samples required:	12	MONTH

<b>10. Distribution Meter information:</b>	
a. Number of service Connections:	3307
b. Percentage of service connections that are metered:	100 %
c. Are all publicly owned buildings metered?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
d. If No, what percent are	%

<b>11. System Information</b>	
a. Number of distribution Systems:	1
b. Finished water storage capacity in million gallons (MG): Conversion formula is: # of gallons / 1,000,000 = MG	2.035
c. Pumping Capacity (Gallons per Minute):	5250

<b>12. Percentage of Source Types (must add up to 100%)</b>			
<b>Ground Water</b>	<b>Surface Water</b>	<b>Purchased Ground</b>	<b>Purchased Surface</b>
0 %	0 %	0 %	100 %

<b>13. Emergency Response Actions:</b>			
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.)			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
		<input type="radio"/> I have made changes to the ERP (attach copies of all changes.) <input checked="" type="radio"/> 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)?			
<input type="radio"/> Yes <input checked="" type="radio"/> 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)			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
d. Has your system signed the agreement and joined the Massachusetts Water and Wastewater Agency Response Network			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
e. How often does your system test the following			
	Alarms:	Monthly	Other Frequency: <input type="text"/>
	Interlocks:		Other Frequency: <input type="text"/>
	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
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15. Do you have an antenna or other appurtenance (not needed for drinking water purposes) attached to any of your storage tank(s)

☐ Yes ☒ No ☐ No storage tanks

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

Storage Tank Name	Antennae or Appurtenance	Owner Name	Date (mm/dd/yyyy) Installed
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16. Comments or additional information regarding this section:



## Cross Connection Control Program (CCCP)

### 1. Cross Connection Program Coordinator

<input type="text" value="KENNETH"/>	<input type="text" value="GREEN"/>	
Coordinator First Name	Coordinator Last Name	
<input type="text"/>	<input type="text"/>	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	State	Zip Code
<input type="text"/>	<input type="text"/>	
Phone Number	Fax Number (if available)	
<input type="text"/>		
Coordinator Email Address		

### 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



**Massachusetts Department of  
Environmental Protection**

Bureau of Water Resources (BWR) – Drinking  
Water Program

*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

PWSID#: 2277000

Name: SOUTHBOROUGH DPW WATER

DIVISION (MWRA)

City: SOUTHBOROUGH

PWS Class: COM

**Tester Personnel Information :**

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

MassDEP Certification ID Number

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

☒ Yes ☐ No

KENNETH

Contact First Name

GREEN

Contact Last Name

KENNETH GREEN

Doing Business As  
(Company/Individual Name)

Consultant Street Address Line 1

Consultant Street Address Line 2

City/Town

State

Zip Code

Phone Number

Fax Number (if available)

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

**Third Party Consultant Tester Personnel Information:**

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

MassDEP Certification ID Number

What services does the consultant perform for the town?	
<input checked="" type="checkbox"/> Facilities Survey	<input checked="" type="checkbox"/> Testing of Devices
<input checked="" type="checkbox"/> Device Installation Plan Approval	<input checked="" type="checkbox"/> Program Management
<input type="checkbox"/> Other(explain)	<input type="text"/>

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

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities with first time surveys during this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
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PWS Class: COM

	A	B	C	= A - (B+C)	
Commercial	128	128	0	0	0
Industrial	0	0	0	0	0
Institutional	90	90	0	0	0
Municipal	19	19	0	0	0
Residential (Optional)	0	0	0	0	0
Total	237	237	0	0	0

\*Use Comment field at the bottom of this form to provide, clarifications, descriptions, or explanations regarding the above data.  
Please reference the question number and table field in your description.

**4. Are there any cross connection(s) within your system's service area protected by:**

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

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





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City: SOUTHBOROUGH

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 = A +B-C	# of seasonal devices in Total
	A	B	C	= A +B-C	
RPBP					
Commercial	126	0	2	124	16
Industrial	0	0	0	0	0
Institutional	75	2	1	76	15
Municipal	26	1	0	27	12
Residential (Optional)	0	0	0	0	0
Total	227	3	3	227	43
DCVA					
Commercial	71	0	0	71	0
Industrial	0	0	0	0	0
Institutional	28	0	0	28	0
Municipal	4	0	0	4	0
Residential (Optional)	0	0	0	0	0
Total	103	0	0	103	0

\*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data.

Please reference the question number and table field in your description.

\*PWSs must maintain a list of ALL registered cross connections that are being protected by a RPBP or DCVA. The list must contain at a minimum the following information: owner/business name, Cross Connection ID#, types of protection (RPBP or DCVA), brand, model, serial # and exact location within the facility.

**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	3	146	7	5	1
DCVA	0	95	0	0	0



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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 RBPB and DCVA within 2 hours?

☒ Yes ☐ No

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

PVB DEVICES

☒ 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPPVB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Use Comment field at the bottom of this form to provide clarifications, descriptions, or explanations regarding the above data. Please reference the question number and table field in your description.

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

Check one:

☒ 14 days

☐ 30 days

☐ 90 days

☐ Greater than 90 days

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

☒ 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 future?  
If yes go to question 13.

☐ Yes ☒ No

If yes when?  
If no go to question 13.

Date(mm/dd/yyyy)



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

<input checked="" type="radio"/> Yes <input type="radio"/> No				
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If YES, and you already provided a copy to MassDEP in 2008 (2007 ASR) no further action is required.

MassDEP

1 Winter Street

Drinking Water Program - 5th floor

Attn : Otavio DePaula-Santos

Boston, MA 02108

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

<input type="radio"/> Yes <input checked="" type="radio"/> No	
---	--

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

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

<input type="radio"/> Yes <input checked="" type="radio"/> No	
---	--

If Yes, please provide information 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 (GAL) vs. million gallons (MG):

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

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

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

### Volume Units

☐ Gallons (GAL) ☒ Million Gallons (MG) ☐ No Meter

### FINISHED Water Production and Consumption Summary for Reporting Year :

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

Month	(1) Amount of <b>finished</b> water from own sources (MG)	(2) Amount of <b>finished</b> water purchased from other systems (MG)	(3) Amount of <b>finished</b> water sold to other systems (MG)	(4) Net <b>finished</b> water that entered your distribution system (1) + (2) - (3)= (4) (MG)
January	0.000	21.800	0.000	21.800
February	0.000	19.200	0.000	19.200
March	0.000	20.800	0.000	20.800
April	0.000	22.200	0.000	22.200
May	0.000	31.400	0.000	31.400
June	0.000	44.400	0.000	44.400
July	0.000	33.100	0.000	33.100
August	0.000	37.000	0.000	37.000
September	0.000	28.900	0.000	28.900
October	0.000	23.400	0.000	23.400
November	0.000	19.400	0.000	19.400
December	0.000	20.400	0.000	20.400
TOTAL	0.000	322.000	0.000	322.000

Maximum Daily Finished Water Consumption:

Volume (MG): 1.870

Date: 6/21/2021



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**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 <b>raw</b> water pumped from own sources (MG)	(2) Amount of <b>raw</b> water purchased from other systems (MG)	(3) Amount of <b>raw</b> water sold to other systems (MG)	(4) Net <b>raw</b> water consumption (1) + (2) - (3) = (4) (MG)
January	0.000	0.000	0.000	0.000
February	0.000	0.000	0.000	0.000
March	0.000	0.000	0.000	0.000
April	0.000	0.000	0.000	0.000
May	0.000	0.000	0.000	0.000
June	0.000	0.000	0.000	0.000
July	0.000	0.000	0.000	0.000
August	0.000	0.000	0.000	0.000
September	0.000	0.000	0.000	0.000
October	0.000	0.000	0.000	0.000
November	0.000	0.000	0.000	0.000
December	0.000	0.000	0.000	0.000
TOTAL	0.000	0.000	0.000	0.000
Maximum Daily Raw Water Pumping: Volume (MG): Date:				

**Summary of Water Sold**

Sold Water

System Name	PWS ID#	Total Volume Sold (MG)	Water type
WESTBOROUGH WATER DEPARTMENT	2328000	0	Finished



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**Metered Finished Water Consumption by Service Type**

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

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

%	Primary Service Area	Type	%	Primary Service Area	Type
<input type="checkbox"/>	<input type="radio"/> Yes	Day Care Center	<input type="checkbox"/>	<input type="radio"/> Yes	Other Residential
<input type="checkbox"/>	<input type="radio"/> Yes	Dispenser	<input type="checkbox"/>	<input type="radio"/> Yes	Other Transient
<input type="checkbox"/>	<input type="radio"/> Yes	Homeowners Association	<input type="checkbox"/>	<input type="radio"/> Yes	Recreation Area
<input type="checkbox"/>	<input type="radio"/> Yes	Hotel/Motel	82	<input checked="" type="radio"/> Yes	Residential Area
<input type="checkbox"/>	<input type="radio"/> Yes	Highway Rest Area	<input type="checkbox"/>	<input type="radio"/> Yes	Restaurant
<input type="checkbox"/>	<input type="radio"/> Yes	Industrial/Agricultural	<input type="checkbox"/>	<input type="radio"/> Yes	Retail Employees
<input type="checkbox"/>	<input type="radio"/> Yes	Interstate Carrier	<input type="checkbox"/>	<input type="radio"/> Yes	School
<input type="checkbox"/>	<input type="radio"/> Yes	Institution	<input type="checkbox"/>	<input type="radio"/> Yes	Sanitary Improvement District
<input type="checkbox"/>	<input type="radio"/> Yes	Medical Facility	<input type="checkbox"/>	<input type="radio"/> Yes	Summer Camp
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park	<input type="checkbox"/>	<input type="radio"/> Yes	Secondary Residences
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park, Principal Residence	<input type="checkbox"/>	<input type="radio"/> Yes	Service Station
<input type="checkbox"/>	<input type="radio"/> Yes	Municipality	<input type="checkbox"/>	<input type="radio"/> Yes	Subdivision
<input type="checkbox"/>	<input type="radio"/> Yes	Other Area	<input type="checkbox"/>	<input type="radio"/> Yes	Water Bottler
<input type="checkbox"/>	<input type="radio"/> Yes	Other Non-Transient Area	<input type="checkbox"/>	<input type="radio"/> Yes	Wholesaler
<input type="checkbox"/>	<input type="radio"/> Yes	Commercial			

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

☒ No treatment plant losses (not applicable)

Treatment Plant ID:	Total raw water volume into treatment plant last year (raw pumped volume + raw purchased volume - raw sold volume):	-	Total finished water volume from treatment plant last year:	=	Total volume of water lost to treatment process last year:
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Briefly describe the fate of the waste product (slurry or sludge) produced by your treatment process (discharge to sewer, groundwater discharge, settling lagoons, re-circulate back into treatment plant, etc.):

**X. Comments or additional information regarding this section**



## Water Management Act Annual Report - Distribution

All public water suppliers distributing 100,000 gallons per day or more must complete Tables DS-1 through DS-5 and Tables DS-7 and DS-8. Tables DS-6 and DS-9 are optional. Instructions for completing Tables DS-1 through DS-8 are included in the ASR Instructions available at MassDEP's website. If you have any questions concerning completion of the Distribution System Report, please contact Duane LeVangie with the WMA Program at (617) 292-5706 or email him at [duane.levangie@mass.gov](mailto:duane.levangie@mass.gov)

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

1. Total miles of water mains	87
2. Miles of mains surveyed this year	87
3. Number of leaks found	6
4. Number of leaks repaired	6
5. Estimated volume lost (mg) if a reliable estimate can be made	23
6. Date of last leak detection survey of entire system:	2/9/2022 (mm/dd/yyyy)

**Table DS-2 Water Conservation - Limits on Withdrawals**

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

☐ Yes ☒ No

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

- a. ☐ Required by WMA permit

☐ Calendar trigger in permit

☐ Streamflow trigger in permit

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

- b. ☐ Reason other than permit requirement

Describe: \_\_\_\_\_

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

☐ Total outdoor ban

☐ Hand-held only

☐ Hourly Describe:

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



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City: SOUTHBOROUGH

PWS Class: COM

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

	Start Date	End Date
Period 1	<input type="text"/>	<input type="text"/>
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 2	<input type="text"/>	<input type="text"/>
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 3	<input type="text"/>	<input type="text"/>
	(mm/dd/yyyy)	(mm/dd/yyyy)

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

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

**Please Note: Enter volumes in Tables DS-3, DS-4, DS-5 and DS-6 in million gallons per year (mgy).**

Example 1: if a volume is 654,120,152 gallons, enter 645.120152 mgy.

Example 2: if a volume is 580,123 gallons, enter 0.580123 mgy.

Example 3: if a volume is 86,000 gallons, enter 0.086 mgy.





**Massachusetts Department of  
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**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	3071	222.2	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	54	11.72	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	125	24.6	Water served to businesses and other commercial entities.
Agricultural	4	3.58	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	0		Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	51	8.1	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*			Water used for purposes not included in above categories.
<b>TOTALS</b>	3305	270.2	Total number of service connections and metered volume.

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

**UNACCOUNTED FOR WATER (UAW)**

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

Confidently Estimated Municipal Use (CEMU)	Estimated million gallons per year
Fire protection & training	3.61
Hydrant/water main flushing/main construction	+ 1.43
Flow testing	+ 0
Bleeders/ Blow offs	+ 0
Tank overflow & drainage	+ 0
Sewer & stormwater system flushing	+ 0
Street cleaning	+ .029
Source meter calibration adjustments	+ 0
Major water main breaks (not leak detection)	+ .86
Total Confidently Estimated Municipal Use	= 5.929

**YOU MUST PROVIDE DOCUMENTATION FOR ALL OF YOUR CEMU VOLUMES.**

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



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☒ 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)	322	100%
Total Metered Use (System Total Metered Use from Table DS-3)	270.2	83.9 %
Total Confidently Estimated Municipal Use (Total from Table DS-4)	5.929	1.8 %
Unaccounted for Water (UAW)	= 45.9	= 14.3 %

**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	20
Water Theft	5
Meter Malfunction/mis-registration	2
Other (specify):	
Other (specify):	
Total:	27

**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



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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**

<b>Community(ies) served by PWS is (are) :</b>	Partially Served
<b>Method of Determining Population Served:</b>	Option 2 (# of households)
<b>Census Type (Federal or Local):</b>	--- Choose One ---
<b>Census year:</b>	
<b>Population Served:</b>	10242

**RGPCD Step 2 – Calculate RGPCD**

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

Residential Water Use (million gallons)	/ 365	/ Population Served	X 1,000,000	=	Residential Gallons per Capita Day (gallons/person/day)
222.2	/ 365	10242	X1,000,000	=	59

**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.

----------------------



## Treatment Plants

### Treatment Plant

#### 1. Plant Information

2277000-02T		HOSMER STATION (MWRA) INTERCONNECTION	
Plant ID# :		Plant Name:	
BOSTON RD			
Street Address Line 1:		Street Address Line 2:	
SOUTHBOROUGH		MA	01772
City/Town:		State(2 letter abbreviation)	Zip:
I	ACTIVE	I-T	1.44
Status:	Availability:	Class:	Capacity (MGD):
Contact:		Phone:	Fax:

#### 2. Related Sources Table

2277000-02P	MWRA HOSMER STATION	

#### 3. Treatment Table(s)

No Data Found

### Treatment Plant

#### 1. Plant Information

2277000-01T		BOLAND STATION (MWRA) INTERCONNECTION	
Plant ID# :		Plant Name:	
NORTHBORO ROAD			
Street Address Line 1:		Street Address Line 2:	
SOUTHBOROUGH		MA	01772
City/Town:		State(2 letter abbreviation)	Zip:
I	ACTIVE	I-T	1.584
Status:	Availability:	Class:	Capacity (MGD):
Contact:		Phone:	Fax:

#### 2. Related Sources Table

2277000-01P	MWRA BOLAND STATION	

#### 3. Treatment Table(s)

No Data Found

Comments or additional information regarding this section



## Pump Stations

### Pump

#### 1. Pump Information

BOLAND STATION	NORTHBORO RD
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	2	Number of Emergency Pumps:	1
Raw or Finished Water:	Finished	Maximum Aggregate Capacity (Gallons per Minutes):	2250
Standby/Emergency Power:	Y		

#### Primary Pump Details

Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	75
Motor Type:	ELECTRIC	Motor Control:	A
Discharge Type:		Discharge Size (inches):	0
Installation Date	09/01/2014	Model #:	3801
Pump Manufacturer:	AURORA		

#### 2. Related Sources Table (if applicable)

No Data Found

### Pump

#### 1. Pump Information

HOSMER STATION	BOSTON RD
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	1
Raw or Finished Water:	Finished	Maximum Aggregate Capacity (Gallons per Minutes):	3000
Standby/Emergency Power:	Y		

#### Primary Pump Details

Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	40
Motor Type:	ELECTRIC	Motor Control:	A
Discharge Type:		Discharge Size (inches):	0
Installation Date	02/05/2021	Model #:	3801
Pump Manufacturer:	AURORA		



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**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](#)

FIDDLERS GREEN STORAGE TANK	TARA RD, SOUTHBORO
Storage Facility Name	Location

Status:	A	Availability:	ACTIVE
Storage Type:	ELEVATED STORAGE TANK	Capacity (MG):	1.3
Material:	WELDED STEEL	Installation Date	01/01/1961

### Storage Facility

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

OAK HILL STANDPIPE	OAK HILL RD, SOUTHBORO
Storage Facility Name	Location

Status:	A	Availability:	ACTIVE
Storage Type:	ELEVATED STORAGE TANK	Capacity (MG):	.275
Material:	RIVETED STEEL	Installation Date	01/01/1931

### Storage Facility

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

CLEAR HILL STANDPIPE	OVERLOOK DRIVE, SOUTHBORO
Storage Facility Name	Location

Status:	A	Availability:	ACTIVE
Storage Type:	ELEVATED STORAGE TANK	Capacity (MG):	.46
Material:	RIVETED STEEL	Installation Date	01/01/1931

Comments or additional information



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## Ground Water Sources

No Data Found

Comments or additional information regarding this section
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## Surface Water Sources

No Data Found

<b>Comments or additional information regarding this section:</b>
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## Purchased Water Sources

Individual Purchased Water Source Statistics			CHANGE
Source ID:	2277000-01P		
Source Name:	MWRA BOLAND STATION		
Location:	NORTHBORO RD		
	SOUTHBORO		
Seller ID# (PWS ID):	6000000		
Seller Name:	MWRA		
Status:	A		
Source Availability:	ACTIVE		
	Withdrawal Units:	MG	
	January:	13.390000	
	February:	17.830000	
	March:	17.850000	
	April:	12.110000	
	May:	14.830000	
	June:	22.020000	
	July:	15.180000	
	August:	17.650000	
	September:	14.680000	
	October:	12.120000	
	November:	9.910000	
	December:	10.520000	
Source Metered:	Yes	Total Amount Pumped:	178.090000
Date of Meter Installation:		Total # of Days Pumped:	365
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	0.989000
Last Meter Calibration:		Date of Maximum Amount Pumped:	6/27/2021



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**Individual Purchased Water Source Statistics**

CHANGE

Source ID:	2277000-02P		
Source Name:	MWRA HOSMER STATION		
Location:	BOSTON RD		
	SOUTHBORO		
Seller ID# (PWS ID):	6000000		
Seller Name:	MWRA		
Status:	A		
Source Availability:	ACTIVE		
	Withdrawal Units:	MG	
	January:	8.410000	
	February:	1.370000	
	March:	9.370000	
	April:	10.090000	
	May:	16.570000	
	June:	22.380000	
	July:	17.920000	
	August:	19.350000	
	September:	14.220000	
	October:	11.280000	
	November:	9.490000	
	December:	9.880000	
Source Metered:	Yes	Total Amount Pumped:	150.330000
Date of Meter Installation:		Total # of Days Pumped:	341
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	0.943000
Last Meter Calibration:		Date of Maximum Amount Pumped:	6/27/2021



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**Individual Purchased Water Source Statistics**

CHANGE

Source ID:	<input type="text" value="2277000-03P"/>		
Source Name:	<input type="text" value="MDC SUDBURY RESERVOIR"/>		
Location:	<input type="text" value="SOUTHBOROUGH"/>		
	<input type="text" value="SOUTHBORO"/>		
Seller ID# (PWS ID):	<input type="text" value="6000000"/>		
Seller Name:	<input type="text" value="MWRA"/>		
Status:	<input type="text" value="A"/>		
Source Availability:	<input type="text"/>		
		Withdrawal Units:	<input type="text" value="GAL"/>
		January:	<input type="text"/>
		February:	<input type="text"/>
		March:	<input type="text"/>
		April:	<input type="text"/>
		May:	<input type="text"/>
		June:	<input type="text"/>
		July:	<input type="text"/>
		August:	<input type="text"/>
		September:	<input type="text"/>
		October:	<input type="text"/>
		November:	<input type="text"/>
		December:	<input type="text"/>
Source Metered:	<input type="text" value="No"/>	Total Amount Pumped:	<input type="text" value="0"/>
Date of Meter Installation:	<input type="text"/>	Total # of Days Pumped:	<input type="text" value="0"/>
Type of water metered for source:	<input type="text"/>	Maximum Single Day Pumped Volume:	<input type="text"/>
Last Meter Calibration:	<input type="text"/>	Date of Maximum Amount Pumped:	<input type="text"/>



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<b>Comments or additional information regarding this section</b>
PUMP STATION WAS SHUT DOWN FOR 24 DAYS FOR UPGRADES.



## Staffing and Contact Information

### 1. Owner/Responsible Person:

KAREN M GALLIGAN

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

Phone Number

Email Address

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

### 2. PWS Contact Information

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

First Name	Middle Name	Last Name	Primary	Phone	Email
KAREN	M	GALLIGAN	<input checked="" type="checkbox"/>		

### 3. Operators and Affiliations

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

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

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

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

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

PAUL , HARDING

Grade 2D

License # 22307

Phone

Email

#### Role Assignments

Function	Begin Date	End Date
PRIMARY DISTRIBUTION OPERATOR	09/14/2013	
SECONDARY TREATMENT OPERATOR	11/06/2008	

KAREN M, GALLIGAN



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Grade 2D  
Phone

License # 11741  
Email

**Role Assignments**

Function	Begin Date	End Date
PRIMARY TREATMENT OPERATOR	05/31/2006	
SECONDARY DISTRIBUTION OPERATOR	05/31/2006	

GEORGE A, MOONEY III

Grade 1D  
Phone

License # 25174  
Email

**Role Assignments**

Function	Begin Date	End Date
GENERAL OPERATOR	03/14/2016	

STEPHEN P, ASPESI

Grade 2D  
Phone

License # 27745  
Email

**Role Assignments**

Function	Begin Date	End Date
GENERAL OPERATOR	03/12/2013	

**4. Primary Certified Operator Contact Information:**

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

**Primary Distribution Certified Operator Contact Information**

PAUL [redacted] HARDING

Name

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

[redacted] [redacted]

Mailing Address 1

Mailing Address 2

[redacted]

[redacted]

[redacted]

Town/City

State

Zip Code

**Primary Treatment Certified Operator Contact Information**

KAREN [redacted] M [redacted] GALLIGAN

Name

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

[redacted] [redacted]

Mailing Address 1

Mailing Address 2

[redacted]

[redacted]

[redacted]

Town/City

State

Zip Code



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

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

First Name	Last Name	Phone	Title	Email
LISA	BRACCIO		Selectmen	
CHELSEA	MALINOWSKI		Selectmen	
MARTY	HEALEY		Selectmen	
ANDREW	DENNINGTON		Selectmen	
SAM	STIVERS		Selectmen	