Massachusetts Department of Environmental Protection

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Username:	**ERICC**
Transaction ID:	**1346900**
Document:	**Public Water System Annual Statistical Report**
Size of File:	**2924.04K**
Status of Transaction:	**Submitted**
Date and Time Created:	**4/19/2022:11:43:16 AM**

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2021 Public Water Supply Verification

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

PWS ID:	**2139000**
PWS Name:	**HOPKINTON WATER DEPARTMENT**
PWS Street Address Line 1:	**83 WOOD ST**
PWS Street Address Line 2:	
City/Town:	**HOPKINTON**
State:	**MA**
Zip Code:	**01748-0000**
Class:	**COM**

Legal Information

Book/Page:	
First Name	**ERIC**
Middle Initial	
Last Name	**CARTY**
Company Name	**HOPKINTON WATER**
Phone Number	**5084979765**
Street Address 1	**85 WOOD STREET**
Street Address 2	**PO BOX 171**
City/Town	**HOPKINTON**
State	**MA**
Zip Code	**01748**
Comments	

System Information (COM/NTNC)

1. PWS Street Address

HOPKINTON WATER DEPARTMENT		
PWS Name		
83 WOOD ST		
PWS Street Address Line 1	PWS Street Address Line 2	
HOPKINTON	Massachusetts	01748
City/Town	State	Zip Code
508-497-9765	508-497-9767	
Phone Number	Fax Number (if available)	
Web Site Address of PWS (if available)		

2. PWS Mailing Address ☐ Same as street address.

The mailing address is the address where all MassDEP correspondence will be sent.

HOPKINTON WATER DEPARTMENT		
Mailing Name		
P.O. BOX 171		
Mailing Address Line 1	Mailing Address Line 2	
HOPKINTON	Massachusetts	01748
City/Town	State	Zip Code

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

4. If you use a contract certified operator, does your system have a signed Certified Operator Compliance Notice (COCM) approved by MassDEP?

A signed and MassDEP-approved COCM form is required for a PWS using the services of a contract certified operator.

○ N/A ○ Yes ○ No

5. Owner Type:

MUNICIPAL

6. Federal Employment Identification Number (FEIN):

046001186

(FEIN) - Do NOT provide SSN

7. Is this system a not-for-profit organization?

◉ Yes ○ No

If yes, indicate the IRS tax exempt code (e.g., 501(c)(3), 501(c)(7), etc.): 046001186

8. Population Served(Daily Average):

Winter Population (October March):	10152	
Summer Population (April September):	10152	
By what method was the population calculated?	Census Type:	Other
	Other Description:	AVG. PER HOUSHOLD

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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:	20	3YEARS
Winter bacteria samples required:	23	MONTH
Summer bacteria samples required:	23	MONTH

10. Distribution Meter information:	
a. Number of service Connections:	4217
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	%

11. System Information	
a. Number of distribution Systems:	1
b. Finished water storage capacity in million gallons (MG): Conversion formula is: # of gallons / 1,000,000 = MG	3.69
c. Pumping Capacity (Gallons per Minute):	1900

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

Ground Water	Surface Water	Purchased Ground	Purchased Surface
65 %	0 %	35 %	0 %

13. 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:	Monthly	Other Frequency:	

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

Date of ER incident	Level	Description

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

16. Comments or additional information regarding this section:

Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

JEDIDIAH	FENNEUFF	
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 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

Surveyor First Name	Surveyor Last Name	MassDEP Certification ID Number	Expiration Date	Phone Number	Reviewer Surveyor
JEDIDIAH G	FENNEUFF	WS10-0032316		[redacted]	

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 First Name	Tester Last Name	MassDEP Certification ID Number	Expiration Date	Phone Number
JEDIDIAH G	FENNEUFF	WS10-0032316		[redacted]

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

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]		

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PWS Class: COM

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 First Name	Surveyor Last Name	MassDEP Certification ID Number	Expiration Date	Phone Number	Third Party Reviewer Surveyor
JOSEPH	HEITZ	WS10-0031866	2/3/2023	[redacted]	☑
ROBERT	HEITZ	WS10-0031278	11/2/2023	[redacted]	☑
JOHN M	LOHNES	WS10-0032577	6/15/2023	[redacted]	☐
COREY	MORRISON	WS10-0032330	8/17/2023	[redacted]	☐
ROBERT JOSEPH	HEITZ	WS10-0031952	11/12/2022	[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 First Name	Tester Last Name	MassDEP Certification ID Number	Expiration Date	Phone Number
ROBERT	HEITZ	WS10-0031278	11/2/2023	[redacted]
JOSEPH	HEITZ	WS10-0031866	2/3/2023	[redacted]
JOHN M	LOHNES	WS10-0032577	6/15/2023	[redacted]
ROBERT JOSEPH	HEITZ	WS10-0031952	11/12/2022	[redacted]
COREY	MORRISON	WS10-0032330	8/17/2023	[redacted]
JOHN	ZAKREWSKI	WS10-0033126	10/30/2023	[redacted]

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

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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	A	B	C	= A - (B+C)	
Commercial	75	73	2	0	75
Industrial	15	15	0	0	11
Institutional	5	5	0	0	5
Municipal	20	20	0	0	0
Residential (Optional)	0	0	0	0	0
Total	115	113	2	0	91

*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):	(•) 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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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	126	2	1	127	20
Industrial	53	1	0	54	5
Institutional	5	0	0	5	0
Municipal	45	0	0	45	0
Residential (Optional)	0	0	0	0	0
Total	229	3	1	231	25
DCVA					
Commercial	47	1	0	48	0
Industrial	12	5	0	17	0
Institutional	5	0	0	5	0
Municipal	14	0	0	14	0
Residential (Optional)	0	0	0	0	0
Total	78	6	0	84	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	437	16	33	0
DCVA	5	75	8	8	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 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				
SPPVB				

*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)

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 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?

( ) 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 (GAL) vs. million gallons (MG):
When convering 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 **finished** water from own sources (GAL)	(2) Amount of **finished** water purchased from other systems (GAL)	(3) Amount of **finished** water sold to other systems (GAL)	(4) Net **finished** water that entered your distribution system (1) + (2) - (3)= (4) (GAL)
January	20,206,971	9,450,000	0	29,656,971
February	18,083,593	8,650,000	0	26,733,593
March	20,718,862	9,391,000	0	30,109,862
April	18,873,740	10,125,000	0	28,998,740
May	23,877,104	13,700,000	0	37,577,104
June	23,603,768	15,431,000	0	39,034,768
July	22,920,713	12,150,000	0	35,070,713
August	23,582,904	14,920,000	0	38,502,904
September	21,596,473	11,765,000	0	33,361,473
October	20,807,328	10,649,000	0	31,456,328
November	17,366,990	9,850,000	0	27,216,990
December	18,812,369	9,500,000	0	28,312,369
TOTAL	250,450,815	135,581,000	0	386,031,815

Maximum Daily Finished Water Consumption:	Volume (GAL): 1,649,338 Date: 5/26/2021

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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 **raw** water pumped from own sources (GAL)	(2) Amount of **raw** water purchased from other systems (GAL)	(3) Amount of **raw** water sold to other systems (GAL)	(4) Net **raw** water consumption (1) + (2) - (3) = (4) (GAL)
January	0	0	0	0
February	0	0	0	0
March	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
December	0	0	0	0
TOTAL	0	0	0	0

Maximum Daily Raw Water Pumping:	Volume (GAL): 0	Date: 1/1/2021

Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold	Water type

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
	○ Yes	Day Care Center		○ Yes	Other Residential
	○ Yes	Dispenser		○ Yes	Other Transient
	○ Yes	Homeowners Association		○ Yes	Recreation Area
	○ Yes	Hotel/Motel	60	● Yes	Residential Area
	○ Yes	Highway Rest Area		○ Yes	Restaurant
12	○ 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 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:

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

Source Protection - Zone II

Zone

1. MassDEP assigned Zone II ID # :	487

2. MassDEP source IDs and names of the withdrawal points in Zone II.

Source ID	Source Name	Zone I Radius(ft)	Zone I Control	Pollution Sources
2139000-05G	GP WELL 5	400	Y	ROAD, FUEL STORAGE (PROPANE, ABOVE GROUND)
2139000-04G	GP WELL 4	400	Y	WELL ACCESS ROAD NOT A PUBLIC WAY

3. 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:

4. 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.

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

○ Yes ○ No

Zone

1. MassDEP assigned Zone II ID # :	648

2. MassDEP source IDs and names of the withdrawal points in Zone II.

Source ID	Source Name	Zone I Radius(ft)	Zone I Control	Pollution Sources
2139000-02G	GP WELL 2	400	Y	ROAD, STREAM, COMMERCIAL, CESPOOL, FUEL STORAGE (PROPANE)
2139000-06G	GP WELL 6	400	Y	FORMER S&G MINING IN ZONE1
2139000-01G	GP WELL 1	400	N	ROAD, COM.BUSINESS, CESPOOL, FUEL STORG, ATHLETIC FIELD
2139000-03G	GP WELL 3	400	Y	ROAD, STREAM, COMMERCIAL, CESPOOL, FUEL STORAGE (PROPANE)

3. 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:

4. 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.

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

○ Yes ○ No

Zone

1. MassDEP assigned Zone II ID # :	**686**

2. MassDEP source IDs and names of the withdrawal points in Zone II.

Source ID	Source Name	Zone I Radius(ft)	Zone I Control	Pollution Sources	
2139000-07G	ALPRILLA GP WELL #7	400	Y	FORMER FARM OPERATIONS	
2139000-08G	ALPRILLA GP WELL #8	400	Y	FORMER FARM OPERATIONS	

3. 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:

4. 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.

5. 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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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

Table DS-1 Summary of Leak Detection Activities During the Reporting Year	
1. Total miles of water mains	74
2. Miles of mains surveyed this year	0
3. Number of leaks found	24
4. Number of leaks repaired	24
5. Estimated volume lost (mg) if a reliable estimate can be made	1273000
6. Date of last leak detection survey of entire system:	4/1/2020 (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
   [ ] 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
   [x] Hourly Describe: BEFORE 7AM-7PM

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

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	5/1/2021	9/30/2021
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 2		
	(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.**

- [x] 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.

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	3989	236	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	116	12	Water served to businesses and other commercial entities.
Agricultural	8	.7	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	62	6	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	38	10	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*	4	8	Water used for purposes not included in above categories.
TOTALS	4217	272.7	Total number of service connections and metered volume.

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

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	
Hydrant/water main flushing/main construction	+ .8
Flow testing	+ .06
Bleeders/ Blow offs	+ 5
Tank overflow & drainage	+
Sewer & stormwater system flushing	+
Street cleaning	+
Source meter calibration adjustments	+ 14
Major water main breaks (not leak detection)	+ 1
Total Confidently Estimated Municipal Use	= 20.86

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
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

PWSID#: 2139000
Name: HOPKINTON WATER DEPARTMENT
City: HOPKINTON
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)**	372	100%
Total Metered Use **(System Total Metered Use from Table DS-3)**	- 272.7	- 73.3 %
Total Confidently Estimated Municipal Use **(Total from Table DS-4)**	- 20.86	- 5.6 %
Unaccounted for Water (UAW)	= 78.4	= 21.1 %

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) :	Partially Served
Method of Determining Population Served:	Option 2 (# of households)
Census Type (Federal or Local):	--- Choose One ---
Census year:	
Population Served:	10152

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)**
236	/ 365	/ 10152	X1,000,000	=	64

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
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

PWSID#: 2139000
Name: HOPKINTON WATER DEPARTMENT
City: HOPKINTON
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 Duane LeVangie with the WMA Program at (617) 292-5706 or email him at duane.levangie@mass.gov

Table BW-1 Permit & Registration Information

River Basin (Watershed)	Registration Number	Permit Number
14-CONCORD	21413901	9P21413901

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	252	/365 =	0.69

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	0.56	+	0.65	=	1.21	-	0.69	=	0.52

*** 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

2139000-01T	FRUIT ST STATION 1 WTP
Plant ID# :	Plant Name:
FRUIT ST	
Street Address Line 1:	Street Address Line 2:
HOPKINTON	MA 01748
City/Town:	State(2 letter abbreviation) Zip:
A ACTIVE	II-T
Status: Availability:	Class: Capacity (MGD):
Contact:	Phone: Fax:

2. Related Sources Table

2139000-01G	GP WELL 1

3. Treatment Table(s)

No Data Found

Treatment Plant

1. Plant Information

2139000-02T	FRUIT ST STATION 2 WTP
Plant ID# :	Plant Name:
FRUIT ST	
Street Address Line 1:	Street Address Line 2:
HOPKINTON	MA 01748
City/Town:	State(2 letter abbreviation) Zip:
I INACTIVE	II-T
Status: Availability:	Class: Capacity (MGD):
Contact:	Phone: Fax:

2. Related Sources Table

2139000-02G	GP WELL 2

3. Treatment Table(s)

No Data Found

Treatment Plant

1. Plant Information

2139000-03T	FRUIT ST STATION 3 WTP
Plant ID# :	Plant Name:

FRUIT ST			
Street Address Line 1:		Street Address Line 2:	
HOPKINTON		MA	01748
City/Town:		State(2 letter abbreviation)	Zip:
I	INACTIVE	II-T	
Status:	Availability:	Class:	Capacity (MGD):
Contact:		Phone:	Fax:

2. Related Sources Table

2139000-03G	GP WELL 3

3. Treatment Table(s)

No Data Found

Treatment Plant

1. Plant Information

2139000-04T		MCINTYRE STATION 4 WTP	
Plant ID# :		Plant Name:	
MCINTYRE LN			
Street Address Line 1:		Street Address Line 2:	
HOPKINTON		MA	01748
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	II-T	
Status:	Availability:	Class:	Capacity (MGD):
Contact:		Phone:	Fax:

2. Related Sources Table

2139000-04G	GP WELL 4

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
DISINFECTION	HYPOCHLORINATION, PRE

Innovative:	Start Date:	End Date:
N	01/01/1994	

Chemical Name
SODIUM HYPOCHLORITE

Comment:
STEP 2

Treatment Objective:	Treatment Process:
CORROSION CONTROL	PH ADJUSTMENT

Innovative:	Start Date:	End Date:
N	07/10/2020	

Chemical Name
SODIUM HYDROXIDE

Comment:
STEP 1

Treatment Plant

1. Plant Information

Plant ID# :	Plant Name:
2139000-05T	MCINTYRE STATION 5 WTP

Street Address Line 1:	Street Address Line 2:
MCINTYRE LN	

City/Town:	State(2 letter abbreviation)	Zip:
HOPKINTON	MA	01748

Status:	Availability:	Class:	Capacity (MGD):
A	ACTIVE	II-T	

Contact:	Phone:	Fax:

2. Related Sources Table

2139000-05G	GP WELL 5

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
DISINFECTION	HYPOCHLORINATION, PRE

Innovative:	Start Date:	End Date:
N	01/01/1994	

Chemical Name
SODIUM HYPOCHLORITE

Comment:
STEP 2

Treatment Objective:	Treatment Process:
CORROSION CONTROL	PH ADJUSTMENT

Innovative:	Start Date:	End Date:
N	10/01/2021	

Chemical Name
SODIUM HYDROXIDE

Comment:
STEP 1

Treatment Plant

1. Plant Information

2139000-08T	APRILLA FARM WELLS TREATMENT PLANT
Plant ID# :	Plant Name:
APRILLA FARM ROAD	
Street Address Line 1:	Street Address Line 2:

HOPKINTON		MA	01748
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	I-T	4
Status:	Availability:	Class:	Capacity (MGD):

Contact:	Phone:	Fax:

2. Related Sources Table

2139000-07G	ALPRILLA GP WELL #7
2139000-08G	ALPRILLA GP WELL #8

3. Treatment Table(s)

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

Innovative:	Start Date:	End Date:
N	02/11/2013	

Chemical Name
SODIUM HYPOCHLORITE

Comment:
4-LOG APPROVED 0.35 MG/L (VOLUNTARY)

Treatment Objective:	Treatment Process:
CORROSION CONTROL	PH ADJUSTMENT

Innovative:	Start Date:	End Date:
N	02/11/2013	

Chemical Name
SODIUM HYDROXIDE

Comment:

Treatment Plant

1. Plant Information

2139000-07T	FRUIT ST STATION WTP
Plant ID# :	Plant Name:
FRUIT STREET	
Street Address Line 1:	Street Address Line 2:

HOPKINTON		MA	01748
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	I-T	7
Status:	Availability:	Class:	Capacity (MGD):
Contact:		Phone:	Fax:

2. Related Sources Table

2139000-02G	GP WELL 2
2139000-01G	GP WELL 1
2139000-06G	GP WELL 6

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
CORROSION CONTROL	PH ADJUSTMENT

Innovative:	Start Date:	End Date:
N	05/18/2009	

Chemical Name
POTASSIUM HYDROXIDE

Comment:

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

Innovative:	Start Date:	End Date:
N	10/01/2020	

Chemical Name
SODIUM HYPOCHLORITE

Comment:
4-LOG CHLORINE MIN OF 1.2 PPM REQUIRED

Comments or additional information regarding this section

Pump Stations

Pump

1. Pump Information

ALPRILLA GP WELL #7 PUMP	ALPRILLA FARM
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:		Maximum Aggregate Capacity (Gallons per Minutes):	235
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	25
Motor Type:	M	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	8KC-15 VERT TUR
Pump Manufacturer:	AMERICAN-MARSH		

2. Related Sources Table (if applicable)

2139000-07G	ALPRILLA GP WELL #7	

Pump

1. Pump Information

ALPRILLA GP WELL #8 PUMP	ALPRILLA FARM
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:		Maximum Aggregate Capacity (Gallons per Minutes):	111
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	15
Motor Type:	VERTIC	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	8JS-14 VERT TUR
Pump Manufacturer:	AMER-MARSH		

2. Related Sources Table (if applicable)

2139000-08G	ALPRILLA GP WELL #8

Pump

1. Pump Information

GP WELL 6 PUMP	FRUIT STREET
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Finished	Maximum Aggregate Capacity (Gallons per Minutes):	400
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	75
Motor Type:	V.TURBINE	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date	05/18/2009	Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

2139000-06G	GP WELL 6

Pump

1. Pump Information

GP WELL 3 PUMP	FRUIT STREET
Pump Station Name	Location

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

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	25
Motor Type:	VT	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

2139000-03G	GP WELL 3

Pump

1. Pump Information

GP WELL 5 PUMP	CHARLES MCINTYRE LANE
Pump Station Name	Location

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

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	0
Motor Type:	VT	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

2139000-05G	GP WELL 5

Pump

1. Pump Information

GP WELL 1 PUMP	FRUIT STREET
Pump Station Name	Location

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

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	60
Motor Type:	VT	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

2139000-01G	GP WELL 1

Pump

1. Pump Information

GP WELL 2 PUMP	FRUIT STREET
Pump Station Name	Location

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

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	60
Motor Type:	VT	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

2139000-02G	GP WELL 2

Pump

Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2021

PWSID#: 2139000
Name: HOPKINTON WATER DEPARTMENT
City: HOPKINTON
PWS Class: COM

1. Pump Information	
GP WELL 4 PUMP	CHARLES MCINTYRE LANE
Pump Station Name	Location

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

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	0
Motor Type:		Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date		Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

2139000-04G	GP WELL 4	

Comments or additional information regarding this section

Storage Facilities

Show all storage facilities

Storage Facility

Edit Delete

GROVE ST. STORAGE TANK 2 (1.22 MG)	GRID BEE GS12 MIXER REPLACEMENT TANK
Storage Facility Name	**Location**

Status:	A	Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	1.22
Material:	GLASS FUSED	Installation Date	12/13/2017

Storage Facility

Edit Delete

WEST MAIN STORAGE TANK	WEST MAIN ST @ SCHOOL ST
Storage Facility Name	**Location**

Status:	A	Availability:	ACTIVE
Storage Type:	ELEVATED STORAGE TANK	Capacity (MG):	.89
Material:	WELDED STEEL	Installation Date	

Storage Facility

Edit Delete

GROVE ST. STORAGE TANK #1 (1.5 MG)	GROVE ST @ HIGH SCHOOL
Storage Facility Name	**Location**

Status:	A	Availability:	ACTIVE
Storage Type:	GROUND LEVEL STORAGE TANK	Capacity (MG):	1.5
Material:	WELDED STEEL	Installation Date	

Comments or additional information

Ground Water Sources

Individual Ground Water Source Statistics

CHANGE

Source ID:	2139000-01G
Source Name:	GP WELL 1
Location:	FRUIT ST
	HOPKINTON
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	GAL
Latitude:	42.247626	January:	8,731,943
Longitude: -	71.57326	February:	7,798,840
Source Watershed:	CONCORD	March:	8,357,228
Well Type:	GRAVEL-PACKED	April:	8,539,240
Well Depth (ft.):	33	May:	9,944,228
Well Casing Height (ft.):	0	June:	10,444,512
Well Casing Depth (ft.):	23	July:	10,785,600
Screen Length (ft.):	10	August:	10,161,900
		September:	10,094,700
Pump Setting (ft):	0	October:	9,689,789
		November:	8,933,749
Approved Daily Pumping Volume (MGD):	.36	December:	9,577,116
Source Metered:	Yes	Total Amount Pumped:	113,058,845
Date of Meter Installation:	1/1/2009	Total # of Days Pumped:	365
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	419,000
Last Meter Calibration:	9/1/2021	Date of Maximum Amount Pumped:	6/4/2021

Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
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PWSID#: 2139000
Name: HOPKINTON WATER DEPARTMENT
City: HOPKINTON
PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2139000-02G
Source Name:	GP WELL 2
Location:	FRUIT ST
	HOPKINTON
Status:	A
Source Availability:	INACTIVE

		Withdrawal Units:	GAL
Latitude:	42.247975	January:	0
Longitude: -	71.573914	February:	0
Source Watershed:	CONCORD	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	44	May:	0
Well Casing Height (ft.):	0	June:	0
Well Casing Depth (ft.):	34	July:	0
Screen Length (ft.):	10	August:	0
		September:	0
Pump Setting (ft):	0	October:	0
		November:	0
Approved Daily Pumping Volume (MGD):	.27	December:	0
Source Metered:	Yes	Total Amount Pumped:	0
Date of Meter Installation:	1/1/2009	Total # of Days Pumped:	0
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	
Last Meter Calibration:	9/1/2021	Date of Maximum Amount Pumped:	

Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
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Reporting Year 2021

PWSID#: 2139000
Name: HOPKINTON WATER DEPARTMENT
City: HOPKINTON
PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2139000-03G
Source Name:	GP WELL 3
Location:	FRUIT ST
	HOPKINTON
Status:	I
Source Availability:	INACTIVE

		Withdrawal Units:	GAL
Latitude:	42.248151	January:	0
Longitude: -	71.574562	February:	0
Source Watershed:	CONCORD	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	37	May:	0
Well Casing Height (ft.):	0	June:	0
Well Casing Depth (ft.):	27	July:	0
Screen Length (ft.):	10	August:	0
		September:	0
Pump Setting (ft):	0	October:	0
		November:	0
Approved Daily Pumping Volume (MGD):	.12	December:	0
Source Metered:	Yes	Total Amount Pumped:	0
Date of Meter Installation:		Total # of Days Pumped:	0
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	
Last Meter Calibration:		Date of Maximum Amount Pumped:	

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PWSID#: 2139000
Name: HOPKINTON WATER DEPARTMENT
City: HOPKINTON
PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2139000-04G
Source Name:	GP WELL 4
Location:	CHARLES MCINTYRE LN
	HOPKINTON
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	GAL
Latitude:	42.228399	January:	0
Longitude: -	71.584877	February:	0
Source Watershed:	CONCORD	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	41	May:	748,000
Well Casing Height (ft.):	0	June:	1,795,759
Well Casing Depth (ft.):	35	July:	197,000
Screen Length (ft.):	5	August:	628,000
		September:	382,000
Pump Setting (ft):	0	October:	0
		November:	0
Approved Daily Pumping Volume (MGD):	.2	December:	0
Source Metered:	Yes	Total Amount Pumped:	3,750,759
Date of Meter Installation:	1/1/2013	Total # of Days Pumped:	43
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	201,000
Last Meter Calibration:	9/1/2021	Date of Maximum Amount Pumped:	5/26/2021

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Name: HOPKINTON WATER DEPARTMENT
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PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2139000-05G
Source Name:	GP WELL 5
Location:	CHARLES MCINTYRE LN
	HOPKINTON
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	GAL
Latitude:	42.229002	January:	0
Longitude: -	71.583704	February:	0
Source Watershed:	CONCORD	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	33	May:	0
Well Casing Height (ft.):	0	June:	0
Well Casing Depth (ft.):	26	July:	0
Screen Length (ft.):	5	August:	0
		September:	0
Pump Setting (ft):	0	October:	0
		November:	0
Approved Daily Pumping Volume (MGD):	.29	December:	0
Source Metered:	Yes	Total Amount Pumped:	0
Date of Meter Installation:		Total # of Days Pumped:	0
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	
Last Meter Calibration:	9/22/2021	Date of Maximum Amount Pumped:	

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Name: HOPKINTON WATER DEPARTMENT
City: HOPKINTON
PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2139000-06G
Source Name:	GP WELL 6
Location:	FRUIT STREET TEST WELL H2
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	GAL
Latitude:	42.24935	January:	9,500,533
Longitude: -	71.567569	February:	8,503,683
Source Watershed:	CONCORD	March:	9,341,761
Well Type:	GRAVEL-PACKED	April:	8,964,065
Well Depth (ft.):	70	May:	10,182,973
Well Casing Height (ft.):	0	June:	10,206,943
Well Casing Depth (ft.):	0	July:	10,089,242
Screen Length (ft.):	0	August:	10,293,357
		September:	9,490,322
Pump Setting (ft):	0	October:	9,207,482
		November:	8,212,441
Approved Daily Pumping Volume (MGD):	.73	December:	8,823,600
Source Metered:	Yes	Total Amount Pumped:	112,816,402
Date of Meter Installation:	5/1/2009	Total # of Days Pumped:	365
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	422,032
Last Meter Calibration:	9/22/2021	Date of Maximum Amount Pumped:	2/1/2021

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City: HOPKINTON
PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2139000-07G
Source Name:	ALPRILLA GP WELL #7
Location:	OFF ALPRILLA FARM ROAD
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	GAL
Latitude:	42.226115	January:	1,223,334
Longitude: -	71.496006	February:	1,161,358
Source Watershed:	CONCORD	March:	1,590,423
Well Type:	GRAVEL-PACKED	April:	636,975
Well Depth (ft.):	55	May:	1,879,321
Well Casing Height (ft.):	2	June:	2,311,350
Well Casing Depth (ft.):	55	July:	1,771,076
Screen Length (ft.):	5	August:	1,756,165
		September:	1,721,924
Pump Setting (ft):	0	October:	1,655,224
		November:	633,798
Approved Daily Pumping Volume (MGD):	.28	December:	1,131,983
Source Metered:	Yes	Total Amount Pumped:	17,472,931
Date of Meter Installation:	5/1/2013	Total # of Days Pumped:	225
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	152,000
Last Meter Calibration:	9/22/2021	Date of Maximum Amount Pumped:	4/26/2021

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Name: HOPKINTON WATER DEPARTMENT
City: HOPKINTON
PWS Class: COM

Individual Ground Water Source Statistics

CHANGE

Source ID:	2139000-08G
Source Name:	ALPRILLA GP WELL #8
Location:	OFF ALPRILLA FARM ROAD
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	GAL
Latitude:	42.226222	January:	657,213
Longitude: -	71.495653	February:	615,438
Source Watershed:	CONCORD	March:	902,167
Well Type:	GRAVEL-PACKED	April:	267,448
Well Depth (ft.):	45	May:	846,372
Well Casing Height (ft.):	2	June:	1,045,058
Well Casing Depth (ft.):	45	July:	767,427
Screen Length (ft.):	5	August:	740,027
		September:	767,427
Pump Setting (ft):	0	October:	669,233
		November:	251,445
Approved Daily Pumping Volume (MGD):	.14	December:	607,997
Source Metered:	Yes	Total Amount Pumped:	8,137,252
Date of Meter Installation:	5/1/2013	Total # of Days Pumped:	224
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	95,551
Last Meter Calibration:	9/22/2021	Date of Maximum Amount Pumped:	3/16/2021

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City: HOPKINTON
PWS Class: COM

Comments or additional information regarding this section
FORM DOES NOT ALLOW FOR LEAP YEAR. PUMP RAN 366 DAYS BUT WOULD NOT ACCEPT IT. THIS IS TOTALING THE FLOW INCORRECTLY BY OVER 100000 GALLONS

Surface Water Sources

No Data Found

Comments or additional information regarding this section:

Purchased Water Sources

Individual Purchased Water Source Statistics

CHANGE

Source ID:	2139000-01P
Source Name:	ASHLAND INTERCONNECTION
Location:	ASHLAND MA
Seller ID# (PWS ID):	3014000
Seller Name:	ASHLAND WATER AND SEWER DEPT.
Status:	A
Source Availability:	ACTIVE

Withdrawal Units:	GAL
January:	9,450,000
February:	8,650,000
March:	9,391,000
April:	10,125,000
May:	13,700,000
June:	15,431,000
July:	12,150,000
August:	14,920,000
September:	11,765,000
October:	10,649,000
November:	9,850,000
December:	9,500,000
Source Metered:	Yes
Total Amount Pumped:	135,581,000
Date of Meter Installation:	1/1/2000
Total # of Days Pumped:	365
Type of water metered for source:	FINISHED
Maximum Single Day Pumped Volume:	600,000
Last Meter Calibration:	10/1/2021
Date of Maximum Amount Pumped:	5/26/2021

Comments or additional information regarding this section

Staffing and Contact Information

1. Owner/Responsible Person:

TOWN OF | | HOPKINTON

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

[redacted]

Phone Number

[redacted]

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
ERIC		CARTY	☑	[redacted]	[redacted]

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 immediately.

MATTHEW , GOGAW

Grade 1D — License # 11945
Phone — Email

CHANGE

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR	09/28/2020		

KYLE J, BOUCHER

Grade 1T OIT/1D OIT — License # 26709/26533

Phone Email

Role Assignments

Function	Begin Date	End Date
GENERAL OPERATOR	03/29/2021	

JED , FENNEUFF

Grade 2T OIT/3D OIT/1D License # 23321/23082/12453
Phone Email

Role Assignments

Function	Begin Date	End Date
SECONDARY DISTRIBUTION OPERATOR	04/23/2012	
SECONDARY TREATMENT OPERATOR	02/12/2014	

SHAWN A, MCDONALD

Grade 1D OIT/1T OIT License # 26051/26052
Phone Email

Role Assignments

Function	Begin Date	End Date
GENERAL OPERATOR	08/01/2019	

JEFFREY P, PYNE

Grade 1D License # 26037
Phone Email

Role Assignments

Function	Begin Date	End Date
GENERAL OPERATOR	02/03/2017	

ERIC J, CARTY

Grade 3D/2T License # 2335/3918
Phone Email

Role Assignments

Function	Begin Date	End Date
PRIMARY TREATMENT OPERATOR	02/12/2014	
PRIMARY DISTRIBUTION OPERATOR	01/01/1995	

DANIEL W. BATES

Grade 1D/1T License # 22980/22968
Phone Email

ADD

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR	01/01/2002		ADD
SECONDARY TREATMENT OPERATOR	01/01/2002		ADD

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

ERIC | J | CARTY

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

ERIC | J | CARTY

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

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
IRFAN	NASRULLHA	[redacted]	Water Commissioner	[redacted]
BRENDAN	TEDSTONE	[redacted]	Water Commissioner	[redacted]
AMY	RITTERBUSCH	[redacted]	Water Commissioner	[redacted]
MURIAL	KRAMER	[redacted]	Water Commissioner	[redacted]
MARY-JO	LAFRENNIER	[redacted]	Water Commissioner	[redacted]