



Massachusetts Department of Environmental Protection

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Username: **LANES**

Transaction ID: **1688831**

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

Size of File: **2803.90K**

Status of Transaction: **In Process**

Date and Time Created: **3/28/2024:12:32:42 PM**

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2023 Public Water Supply Verification

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

PWS ID: **1148000**
PWS Name: **LANESBOROUGH FIRE AND WATER DISTRICT**
PWS Street Address Line 1: **20 BRIDGE STREET**
PWS Street Address Line 2:
City/Town: **LANESBOROUGH**
State: **MA**
Zip Code: **01237-0000**
Class: **COM**

Legal Information

Book/Page:	<input type="text"/>
First Name	<input type="text" value="KEVIN"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text" value="SWAIL"/>
Company Name	<input type="text" value="LANESBORO FIRE AND WATER DISTRICT"/>
Phone Number	<input type="text" value="4134425916"/>
Street Address 1	<input type="text" value="20 BRIDGE ST"/>
Street Address 2	<input type="text" value="P.O. BOX 1504"/>
City/Town	<input type="text" value="LANESBORO"/>
State	<input type="text" value="MA"/>
Zip Code	<input type="text" value="01237"/>
Comments	<input type="text"/>



System Information (COM/NTNC)

1. PWS Street Address		
LANESBOROUGH FIRE AND WATER DISTRICT		
PWS Name		
20 BRIDGE STREET		
PWS Street Address Line 1		PWS Street Address Line 2
LANESBOROUGH	Massachusetts	01237
City/Town	State	Zip Code
413-442-5916	413-395-9721	
Phone Number	Fax Number (if available)	
Web Site Address of PWS (if available)		

2. PWS Mailing Address <input type="checkbox"/> Same as street address.		
The mailing address is the address where all MassDEP correspondence will be sent.		
LANESBOROUGH FIRE DISTRICT		
Mailing Name		
PO BOX 1504		
Mailing Address Line 1		Mailing Address Line 2
LANESBOROUGH	Massachusetts	01237
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.
<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No

5. Owner Type:
MUNICIPAL

6. Federal Employment Identification Number (FEIN):
046003098
(FEIN) - Do NOT provide SSN

7. Is this system a not-for-profit organization?
<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.):
046-003-09

8. Population Served(Daily Average):		
Winter Population (October March):	2324	
Summer Population (April September):	2324	
By what method was the population calculated?	Census Type:	Other
	Other Description:	NUMBER OF SERVICE SAVER



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PWS Class: COM

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:	10	3YEARS
Winter bacteria samples required:	3	MONTH
Summer bacteria samples required:	3	MONTH

10. Distribution Meter information:	
a. Number of service connections:	<input type="text" value="930"/>
b. Percentage of service connections that are metered:	<input type="text" value="2"/> %
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	<input type="text"/> %

11. System Information	
a. Number of distribution systems:	<input type="text" value="1"/>
b. Finished water storage capacity in million gallons (MG): Conversion formula is: # of gallons / 1,000,000 = MG	<input type="text" value="0.75"/>
c. Pumping Capacity (Gallons per Minute):	<input type="text" value="600"/>

12. Percentage of Source Types (must add up to 100%)			
Ground Water	Surface Water	Purchased Ground	Purchased Surface
<input type="text" value="100"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="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.)	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> I have made changes to the ERP (Attach a copy of your ERP checklist. Do not attach your ERP) <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:	<input type="text" value="Other"/> Other Frequency: <input type="text" value="WEEKLY"/>
Interlocks:	<input type="text"/> Other Frequency: <input type="text"/>
Back-up power sources:	<input type="text" value="Other"/> Other Frequency: <input type="text" value="WEEKLY"/>
f. List and describe all Level 3 or higher ER incidents during the reporting period.	



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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:



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Treatment Plants

No Data Found

Comments or additional information regarding this section

LANESBOROUGH HAS NO TREATMENT PLANTS



Pump Stations

Pump

1. Pump Information

GP WELL 01G BRIDGE STREET	LANESBORO
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):	0
Standby/Emergency Power:	N		

Primary Pump Details

Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	45
Motor Type:		Motor Control:	
Discharge Type:		Discharge Size (inches):	8
Installation Date		Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

No Data Found

Pump

1. Pump Information

GP 02G MINER ROAD	LANESBORO
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):	0
Standby/Emergency Power:	Y		

Primary Pump Details

Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	75
Motor Type:	TURBINE	Motor Control:	
Discharge Type:		Discharge Size (inches):	10
Installation Date		Model #:	
Pump Manufacturer:			



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PWS Class: COM

2. Related Sources Table (if applicable)

No Data Found

Comments or additional information regarding this section



Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

<input type="text" value="KEVIN"/>	<input type="text" value="SWAIL"/>	
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		
<input type="text"/>		

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



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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
<input type="text" value="KEVIN SCOTT"/>	<input type="text" value="SWAIL"/>	<input type="text" value="WS10-0031920"/>	<input type="text"/>	<input type="text" value="REDACTED"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Contact First Name

Contact Last Name

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 type="checkbox"/> Facilities Survey	<input type="checkbox"/> Testing of Devices
<input type="checkbox"/> Device Installation Plan Approval	<input type="checkbox"/> Program Management
<input type="checkbox"/> Other(explain)	<input type="text"/>



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

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities with first time surveys during this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
	A	B	C	= A - (B+C)	
Commercial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Industrial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Institutional	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Municipal	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Residential (Optional)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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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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		
RPBP					
Commercial	04	0	0	4	0
Industrial	02	0	0	2	0
Institutional	02	0	0	2	0
Municipal	08	0	0	8	0
Residential (Optional)	0	0	0	0	0
Total	16	0	0	16	0
DCVA					
Commercial	04	0	0	4	0
Industrial	0	0	0	0	0
Institutional	01	0	0	1	0
Municipal	01	0	0	1	0
Residential (Optional)	0	0	0	0	0
Total	6	0	0	6	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	8	8			
DCVA	6				



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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	<input checked="" type="radio"/> Yes <input type="radio"/> No	SPPVB DEVICES	<input type="radio"/> Yes <input checked="" type="radio"/> No
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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?

<input checked="" type="radio"/> Yes <input type="radio"/> No	If No, is there a date when you plan to have an educational program implemented? NTNCs may skip this question.	<input type="text"/> Date(mm/dd/yyyy)
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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?

<input checked="" type="radio"/> Yes <input type="radio"/> No	If no do you plan to institute one in future? If yes go to question 13.	<input type="radio"/> Yes <input type="radio"/> No	If yes when? If no go to question 13.	<input type="text"/> 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 Drinking Water Program

Attn: Cross Connections

100 Cambridge St, Suite 900

Boston, MA 02114

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

<input type="radio"/> Yes	<input checked="" type="radio"/> No
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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
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If Yes, please provide information below:

Date of Incident	Location of the Incident	DESCRIPTION

Comments or additional information regarding this section



Storage Facilities

Show all storage facilities

Storage Facility		Edit Delete
114800099S PROSPECT STREET	PROSPECT STREET LANESBORO	
Storage Facility Name	Location	

Status:	A	Availability:	ACTIVE
Storage Type:	ELEVATED STORAGE TANK	Capacity (MG):	.75
Material:	CONCRETE	Installation Date	07/01/2012

Comments or additional information



Source Protection - Zone II

Zone

1. MassDEP assigned Zone II ID # :	476
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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
1148000-01G	GP WELL #1 BRIDGE STREET	400	Y	
1148000-02G	GP WELL #2 TOWN BROOK	400	Y	

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:



Staffing and Contact Information

1. Owner/Responsible Person:

KEVIN SWAIL

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
KEVIN	S	SWAIL	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

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.

KEVIN S, SWAIL

Grade 3D/1T OIT

License # 11374/7640

Phone

Email

Role Assignments

Function	Begin Date	End Date
PRIMARY DISTRIBUTION OPERATOR <input type="text"/>	01/19/2016	



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City: LANESBOROUGH

PWS Class: COM

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

KEVIN S SWAIL

Name

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

[Redacted]

Mailing Address 1

Mailing Address 2

[Redacted]

[Redacted]

[Redacted]

Town/City

State

Zip Code

Primary Treatment Certified Operator Contact Information

[Redacted]

Name

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

[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
WILLIAM	PREDERGAST	[Redacted]	Water Commissioner	[Redacted]
AARON	WILLIAMS	[Redacted]	Water Commissioner	[Redacted]
MARY	REILLY	[Redacted]	Water Commissioner	[Redacted]



Ground Water Sources

Individual Ground Water Source Statistics		CHANGE
Source ID:	1148000-01G	
Source Name:	GP WELL #1 BRIDGE STREET	
Location:	LANESBORO	
Status:	A	
Source Availability:	ACTIVE	
		Withdrawal Units: MG
Latitude:	42.521528	January: 0.000000
Longitude:	73.231277	February: 0.000000
Source Watershed:	HOUSATONIC	March: 0.000000
Well Type:	GRAVEL-PACKED	April: 0.000000
Well Depth (ft.):	62	May: 0.000000
Well Casing Height (ft.):	0	June: 0.000000
Well Casing Depth (ft.):	48	July: 0.000000
Screen Length (ft.):	12	August: 0.000000
		September: 0.000000
Pump Setting (ft.):	0	October: 0.000000
		November: 0.000000
Approved Daily Pumping Volume (MGD):	.43	December: 0.000000
Source Metered:	Yes	Total Amount Pumped: 0.000000
Date of Meter Installation:	4/10/2013	Total # of Days Pumped: 0
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume: 0.000000
Last Meter Calibration:	7/12/2023	Date of Maximum Amount Pumped:

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PWSID#: 1148000

Name: LANESBOROUGH FIRE AND WATER

DISTRICT

City: LANESBOROUGH

PWS Class: COM



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Individual Ground Water Source Statistics CHANGE

Source ID:	1148000-02G
Source Name:	GP WELL #2 TOWN BROOK
Location:	LANESBORO
Status:	A
Source Availability:	ACTIVE

		Withdrawal Units:	MG
Latitude:	42.509208	January:	5.247588
Longitude: -	73.235133	February:	5.763660
Source Watershed:	HOUSATONIC	March:	5.565596
Well Type:	BEDROCK WELL	April:	5.339821
Well Depth (ft.):	71	May:	6.136114
Well Casing Height (ft.):	0	June:	7.014053
Well Casing Depth (ft.):	65	July:	6.290095
Screen Length (ft.):	15	August:	7.206777
		September:	5.605932
Pump Setting (ft.):	0	October:	4.884033
		November:	4.741839
Approved Daily Pumping Volume (MGD):	.38	December:	4.838262
Source Metered:	Yes	Total Amount Pumped:	68.633770
Date of Meter Installation:	4/10/2013	Total # of Days Pumped:	365
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	0.000000
Last Meter Calibration:	7/12/2023	Date of Maximum Amount Pumped:	6/16/2023

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Comments or additional information regarding this section



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Surface Water Sources

No Data Found

Comments or additional information regarding this section:



Purchased Water Sources

Individual Purchased Water Source Statistics		CHANGE
Source ID:	1148000-01P	
Source Name:	PITTSFIELD DPU WATER EPT SUPPLY	
Location:	PITTSFIELD MA	
	PITTSFIELD MA	
Seller ID# (PWS ID):	1236000	
Seller Name:	PITTSFIELD DPU WATER DEPT	
Status:	A	
Source Availability:	ACTIVE	
	Withdrawal Units:	GAL
	January:	617,943
	February:	558,142
	March:	617,943
	April:	598,009
	May:	617,943
	June:	598,009
	July:	617,943
	August:	617,943
	September:	598,009
	October:	617,943
	November:	598,009
	December:	617,943
Source Metered:	Yes	Total Amount Pumped: 7,275,779
Date of Meter Installation:		Total # of Days Pumped: 365
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume: 700
Last Meter Calibration:		Date of Maximum Amount Pumped: 7/12/2023



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Comments or additional information regarding this section

ESTIMATED 200,000 GALONS PER QTR



Water Production & Consumption Information

How to report in gallons (GAL) vs. million gallons (MG):

When converting 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 (MG)	(2) Amount of finished water purchased from other systems (MG)	(3) Amount of finished water sold to other systems (MG)	(4) Net finished water that entered your distribution system (1) + (2) - (3)= (4) (MG)
January	5.247	0.511	0.000	5.758
February	5.763	0.452	0.000	6.215
March	5.565	0.511	0.000	6.076
April	5.339	0.498	0.000	5.837
May	6.136	0.511	0.000	6.647
June	7.014	0.498	0.000	7.512
July	6.290	0.511	0.000	6.801
August	7.206	0.511	0.000	7.717
September	5.605	0.498	0.000	6.103
October	4.884	0.511	0.000	5.395
November	4.740	0.498	0.000	5.238
December	4.838	0.511	0.000	5.349
TOTAL	68.627	6.021	0.000	74.648

Maximum Daily Finished Water Consumption:	Volume (MG): <input type="text" value="0.511"/>	Date: <input type="text" value="12/12/2023"/>
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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 (MG)	(2) Amount of raw water purchased from other systems (MG)	(3) Amount of raw water sold to other systems (MG)	(4) Net raw water consumption (1) + (2) - (3) = (4) (MG)
January	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): 0.000	Date: 12/12/2023	

Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold (MG)	Water type
BERKSHIRE MALL		6.021	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	98	<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

Table DS-1 Summary of Leak Detection Activities During the Reporting Year	
1. Total miles of water mains	<input type="text" value="27"/>
2. Miles of mains surveyed this year	<input type="text" value="10"/>
3. Number of leaks found	<input type="text" value="4"/>
4. Number of leaks repaired	<input type="text" value="4"/>
5. Estimated volume lost (mg) if a reliable estimate can be made	<input type="text" value="0.280000"/>
6. Date of last leak detection survey of entire system:	<input type="text" value="7/12/2020"/> (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. 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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**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.



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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	928	65.946820	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	11	1.721933	Water served to businesses and other commercial entities.
Agricultural	1	0.325478	Water used mainly to grow food, raise animals, or run a garden center.
Industrial	1	0.069765	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	4	0.702645	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.
TOTALS	945	68.766641	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	0.642320
Hydrant/water main flushing/main construction	+ 0.078000
Flow testing	+ 0.035000
Bleeders/ Blow offs	+ 0.120000
Tank overflow & drainage	+ 0.000000
Sewer & stormwater system flushing	+ 0.015000
Street cleaning	+ 0.000000
Source meter calibration adjustments	+ 0.003000
Major water main breaks (not leak detection)	+ 0.280000
Total Confidently Estimated Municipal Use	= 1.17332

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:
MassDEP Drinking Water Program
100 Cambridge St, Suite 900
Boston, MA 02114
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)	68.687744	100%
Total Metered Use (System Total Metered Use from Table DS-3)	- 68.766641	- 100.1 %
Total Confidently Estimated Municipal Use (Total from Table DS-4)	- 1.17332	- 1.7 %
Unaccounted for Water (UAW)	= -1.3	= -1.9 %

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	0.100000
Water Theft	0.050000
Meter Malfunction/mis-registration	0.273759
Other (specify):	
Other (specify):	
Total:	0.423759

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
100 Cambridge Street
Suite 900
Boston MA 02114
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 1(Census)
Census Type (Federal or Local):	Federal
Census year:	2010
Population Served:	2342

RGPCD Step 2 – Calculate RGPCD

Table DS-8 Residential Gallons per Capita DayTo 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. If you have a WMA permit and your RGPCD is above 65, you may need to file a RGPCD Compliance Plan along with your Annual Statistical Report. Please see your WMA permit for more information.

Residential Water Use (million gallons)	/ 365	/ Population Served	X 1,000,000	=	Residential Gallons per Capita Day (gallons/person/day)
65.946820	/ 365	/ 2342	X1,000,000	=	77

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.



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