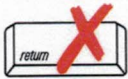




Massachusetts Department of Environmental Protection
 Bureau of Water Resources – Drinking Water Program
Service Line Inventory Certification

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. PWS Information

BARRE WATER DEPARTMENT PWS Name	2021000 PWS ID
441 WHEELWRIGHT RD Address	BARRE City/Town
01001 Zip Code	

Person Who Prepared Inventory

GLEN ALT Name	INTERIM CHIEF OPERATOR Title/Affiliation
978-355-5013 Phone	DPW@TOWNOFBARRE.COM Email

B. Service Connections

Population Served _____ PWS type: COM NTNC

Number of service connections reported on the system's latest Annual Statistical Report (ASR): 1130

Number of service lines reported in the Service Line inventory: 1085

Does the total number of service lines differ from the number of service connections submitted in the system's latest ASR?
 Yes No

If "Yes", explain the reason: **ASR includes services for empty lots, buildings that are no longer there, etc.**

If you are a COM PWS, do multi-family residences comprise at least 20% of the structures you serve?
 Yes No

C. Inventory Methodology – Verification Methods

Part 1. Did your system used Records Review as verification method? Yes No
 If yes, **Number of service lines verified using this method: ALL**

- Please select the used record review method. Check all that apply.*
- Other Water System Records (including tap/tie cards, distribution system maps, construction records, etc.)
 - Year of building construction (Assessor's Office)
 - Plumbing permits (Town Plumbing Department)
 - Building permits (Town Building Inspector)
 - Town inspection records (Town Building Inspector)
 - Institutional knowledge

Part 2. Did your system use records of field inspection by PWS? Yes No
 (documentation of a physical/visual inspection by a trained staff person)
 If Yes, **Number of service lines verified using this method:** _____

This Form is required for Lead and Copper Rule Revisions (LCRR) compliance and will be sent to applicable PWS with instructions for completion and return to MassDEP. Please contact the MassDEP/DWP at program.director-dwp@mass.gov Subject: LCRR or 617-292-5770 if you have any questions.

Check type of field inspection during which service lines were observed by water system staff:

- distribution system main replacement
- leak detection
- service call
- meter replacement
- potholing, vacuum extraction
- Other, describe:

Part 3. Did your system use Customer Self-Identification as a verification method? Yes No
 If Yes, **Number of service lines verified using this method:**

Part 4. Did your system use Sequential Monitoring as a verification method? Yes No
 If Yes, **Number of service lines verified using this method:**

Part 5. Did your system use Statistical Analysis/Predictive Modeling as a verification method? Yes No
 If Yes, **Number of service lines verified using this method:**
 Please fill out the table below highlighted in grey.

Part 6. Did your system use Other MassDEP Approved Verification Methods? Yes No
 If Yes, **Number of service lines verified using this method:**
 Please list the *Other MassDEP Approved Verification Methods* used:

Part 7. Please provide a narrative explaining your system's process for Service Line material verification, including record descriptions and dates, where appropriate (examples: East Street Distribution Main Replacement 1976; Meter Replacement Program records 2006-2008 etc.)

Required for PWS using Statistical Analysis/Predictive Models as part of verification of service line		
The statistical analysis/predictive model is using all of the system's available records.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
All of the information and records used to train the statistical analysis/predictive model are part of the PWS's distribution system. No data was "borrowed" from another system.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain:
The PWS' statistical analysis/predictive model confidence level is at least 95%. Please see the MassDEP Statistical/Predictive Modeling Guidance for more information on how to meet this requirement. [https://www.mass.gov/doc/statistical-predictive-modeling-guidance-for-evaluating-unknown-service-lines/download]	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please explain:
My system has or is developing a compliance plan using other methods to confirm identification for all sites initially identified by predictive modeling.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, when was or will compliance plan be submitted to MassDEP?
<i>If using Statistical Analysis:</i> My system has included a report with this certification form which includes: (1) a map of the investigation pool of service lines which were used in the statistical model, and (2) a description of the statistical analysis methods used create the model.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<p><i>If using a Predictive Model:</i></p> <p>My system has included a report with this certification form which includes:</p> <ul style="list-style-type: none"> (1) how the predictive model was created, (2) a map of the investigation pool of service lines used to train the model, (3) how service lines were chosen for inclusion in the training set, and (4) information on the training results and confidence interval. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>The statistical analysis/predictive model was developed by:</p> <p><i>If your PWS has used a contracted individual or company to create your statistical analysis/predictive model, include the company name and contact person here.</i></p>		
<p>Signature* _____</p> <p><i>If your PWS has used a contracted individual or company to create your statistical analysis/predictive model, a representative of the company or the individual must sign this document here.</i></p>		

D. Public Accessibility Documentation

PWS must ensure that their SLI is publicly accessible in some fashion until further notice.

1. Please select the format that your SLI will be provided to consumers as. Check all that apply. Remember that if your system serves > 50,000 people, you must provide the inventory online.

- Interactive online map
- Static online map
- Online spreadsheet
- Printed service line map
- Printed tabular data
- Other

If "Other", please describe:

2. PWS must ensure that their SLI is publicly accessible in some fashion until further notice. Please review the options below and select which option(s) your PWS will be utilizing. Check all that apply. PWS should remember that instructions on how consumers can access your SLI must be included in your Consumer Confidence Report (CCR).

- Available by mail upon request
- Available by in-person review in water system office, or a similar location
- Post in a location accessible for public viewing at PWS office
- Available online*

Web URL:

**This option is required for PWS serving 50,000 or more people*

- Other

If "Other", please describe:

E. Submission of Form

Please choose the applicable scenario for your PWS:

- My PWS's Service Line Inventory and related documents have been submitted by the person authorized to fill out and submit forms on behalf of the PWS, **who has been listed in section F of this form.**
- My PWS's Service Line Inventory and related documents have been submitted on behalf of the person listed in section F, and my PWS certifies that the **person listed below** has been given permission to submit these items on our behalf.

Full Name of Person Submitting this Form

Email Address of Person Submitting this Form

If the person submitting this form has completed section F below, completing the information fields above is not required.

F. Certification

Note, any forms submitted using an email address other than the one in Section F will NOT be accepted, unless section E is completed.


My signature indicates that 1) I am certifying under penalties of law that the information contained herein is true, accurate, and complete to the best extent of my knowledge, 2) I am the person authorized to fill out and submit this form to the Massachusetts Department of Environmental Protection, 3) My PWS has reviewed all available records, and 4) My PWS has provided MassDEP with a service line inventory as a CSV file.

GLEN ALT

Name

978-355-5013

Phone Number



Signature of Owner/Responsible Party or Certified Operator

INTERIM CHIEF OPERATOR

Title

DPW@TOWNOFBARRE.COM

Email Address

10/16/2024

Date

F. For MassDEP/DWP Use Only

Date Received

Accepted

Date Sent to EPA:

Date Returned to PWS for More Information or Other Actions:

Other: