

## Important:

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





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.directordwp@mass.gov Subje ct: LCRR or 617-292-5770 if you have any questions.

## **Massachusetts Department of Environmental Protection**

Bureau of Water Resources - Drinking Water Program

If Yes, Number of service lines verified using this method: 26

## **Service Line Inventory Certification**

A. PWS Information			
North Raynham Water District	4245002		
PWS Name	PWS ID		
80 Baker Road	Raynham		
Address	City/Town		
02767			
Zip Code			
Person Who Prepared Inventory			
Fereshteh Doost	Associate/Stantec		
Name	Title/Affiliation		
781-221-1068	Fereshteh.Doost@stantec.con	n	
Phone	Email	-	
B. Service Connections			
Population Served <b>3902</b> PW	/S type: COM ⊠ NTNC □		
Number of service connections reported on	the system's latest Annual Statistical Report (ASR)	): 1440	
Number of service lines reported in the Serv	vice Line inventory: 1416		
Does the total number of service lines differ latest ASR?  Yes ⊠ No □	from the number of service connections submitted	in the syster	m's
	on in water records vs. physical addresses and dences comprise at least 20% of the structures you		ounts.
C. Inventory Methodology	- Verification Methods		
Part 1. Did your system used Records Reviel If yes, Number of service lines verified us		Yes ⊠	No 🗌
Please select the used record review metho	ding tap/tie cards, distribution system maps, const ssor's Office) Department) pector)	ruction recor	ds, etc.)
Part 2. Did your system use records of field (documentation of a physical/visual inspection)		Yes ⊠	No 🗌

[ [ ]	ck type of field inspection during which service lines were obs  distribution system main replacement leak detection service call meter replacement notholing, vacuum extraction	erved by water syste	em staff:					
<ul> <li>□ potholing, vacuum extraction</li> <li>☑ Other, describe: Verifying service line material for customer submissions and customer requested</li> </ul>								
appointments post-Smartsheet deployment  Part 3. Did your system use Customer Self-Identification as a verification method?  If Yes, Number of service lines verified using this method: 348				No 🗌				
Part If Yes	Yes 🗌	No 🛚						
Part If Yes	ethod? Yes 🗌	No ⊠						
Part If Yes Pleas	Yes 🗌	No 🛚						
<b>Part 7.</b> 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.)								
PWS utilized a combination of historical record data, inspections/verifications and ongoing wtaer main and service replacements to populate and prioritiez higher value data if multiple sources of informatio nfor the same service line existed. Information sources include:								
- Service tie cards that contain the most up to data collected by PWS personnel after maintenance activities								
- Red	cord drawings and inspector journals from past water ma	in and service repla	acement projects					
- Cus	stomer provided data from the Massdep smartsheet that I	nave been verified l	by PWS/Stantec					
- Fiel	d inspections by Town staff							
- Ass	sessors database for building construction year							
[	Required for PWS using Statistical Analysis/Predictive M	Models as part of ve	erification of service	e line				
	The statistical analysis/predictive model is using all of the system's available records.	Yes No No						
•	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 No No	If no, please explain	n:				
	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 \  No \	If no, please explain	n:				
	My system has or is developing a compliance plan using other methods to confirm identification for all sites initially identified by predictive modeling.	Yes No No	If Yes, when was or compliance plan be submitted to MassDEP?					

If	using Statistical Analysis:				
	y system has included a report with this certification form hich includes:				
	(1) a map of the investigation pool of service lines which were used in the statistical model, and	Yes No			
	(2) a description of the statistical analysis methods used create the model.				
If	using a Predictive Model:				
	y system has included a report with this certification form hich includes:				
	<ul><li>(1) how the predictive model was created,</li><li>(2) a map of the investigation pool of service lines</li></ul>				
	used to train the model, (3) how service lines were chosen for inclusion in the	Yes 🗌 No 🗌			
	training set, and (4) information on the training results and confidence				
	interval.				
	ne statistical analysis/predictive model was developed by:				
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.					
	Signature*				
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.					
Р	ublic Accessibility Documentation				
-					
S m	ust ensure that their SLI is publicly accessible in some fasl	hion until further notic	ce.		
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 Other", please describe:				
opt ren	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				
. 7	Available by in-person review in water system office, or a s				

	*This option is required for PWS serving 50,000 or more people					
	☑ Other  If "Other", please describe:					
	E. Submission of Form					
	Please chose 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 <b>person listed below</b> has been given permission to submit these items on our behalf.					
	Fereshteh Doost	Fereshteh.Doost@stantec.com				
	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	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.					
in Section F will NOT be accepted,	Arthur Bendinelli	Water Superintendent				
unless section E is completed.	Name	Title				
p.c.cu.	508-824-0520 Phone Number	abendinelli@northwater.org Email Address				
	There items	October 16, 2024				
	Signature of Owner/Responsible Party or Certified Operator	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:				