SELECT BOARD MEETING MINUTES
MONDAY, SEPTEMBER 28, 2026
APPROVED

Select Board Members Present: Peter Cunningham, Chair; Nick Degaitas Jr., Clerk; John Reilly; Matt Pisani;
Select Board Members Virtually Present: Becky Pine, Vice Chair;
Finance Committee Members Present: David Manugian, Chair; Bud Robertson, Vice Chair; Gary Green; Kristina Lengyel; Nancy Muller;
Finance Committee Members Absent: Jamie McDonald; Scott Whitefield;
Planning Board Members Present: Phil Francisco; George Barringer; Paul Hathaway; Russell Burke; David Bonnett;
Planning Board Members Absent: Matthew Killam;
Also Present: Mark Haddad, Town Manager; Kara Cruikshank, Executive Assistant to the Town Manager; Patricia DuFresne, Assistant Director of Finance/Town Accountant; Melisa Doig, Human Resources Director; Dan Stoneking, Water Superintendent; Katie Kazanjian, Treasurer/Tax Collector; Tammi Mickel, Principal Assessor; Jason Parent, Planning Board Candidate; Takashi Tada, Town Planner/Land Use Director; Arthur Cheeks, Fire Chief; Terence Gardner, Deputy Fire Chief; Chris Braun; Jack Parow of John Parow Consulting & Associates; and Attorney Robert Collins.

Chair Cunningham called the meeting to order at 6:00 PM and reviewed the agenda.

ANNOUNCEMENTS

Ms. Mickel announced that the Assessor's Office had submitted its preliminary FY27 values, which the state had approved. She explained that the next step is public disclosure, which will run from October 5th through October 9th and be posted on the website. She encouraged people to review those values and contact the Assessors' office with any questions. Mr. Haddad noted that this was Ms. Mickel's first time through the revaluation process and congratulated her on a job well done.

Mr. Haddad explained that the Interactive Town Meeting Dashboard was up and running. This was created based on an idea from Moderator Jason Kauppi. He described it as state-of-the-art by providing information on all Warrant Articles contained in the Warrant for the 2026 Fall Town Meeting. He encouraged everyone to review it on Grotonma.gov. He also thanked Perry Sisombath of the IT Department for his efforts in developing the dashboard.

Mr. Pisani reported that Deputy Chief Rachael Mead held a forum on the Flock Cameras at The Center last Thursday, September 24th, and commended her efforts. Mr. Cunningham added that the issue would be revisited at a future Town Meeting.

PUBLIC COMMENT PERIOD - Zoom

Mr. Francisco said the Town Meeting Dashboard was a fantastic tool. He noted that there has been significant misunderstanding about CPA funds and their use. He wrote an article in the Groton Herald about how CPA funds are used and encouraged people to review it.

TOWN MANAGER'S REPORT

1. **Consider Releasing Right of First Refusal on Chapter 61A Land- 44 Farmers Row.**
   Attorney Robert Collins attended the discussion. He notified the Board and asked it to release its right of first refusal for two Chapter 61A properties owned by Kenneth Kolodziej and Lisa Hicks at 44 Farmers Row. The Conservation Commission reviewed the lots and stated it is not interested in purchasing them. Mr. Haddad outlined the process for notifying the Boards about Chapter 61A land. He respectfully asked the Select Board to vote to forgo its right to purchase the parcels, noting that the town needs growth, and to authorize the Town Manager to notify Attorney Collins of the Board's decision. Ms. Pine wanted to review the process and noted that the town has the right to purchase the land. She said budgets will always be tight, but the town must do what is right for it. Ms. Mickel explained that $3,000 in rollback taxes would also be due, and Mr. Haddad stated that the town has 120 days to decide.

   Mr. Pisani moved that the Board forgo its right of first refusal regarding Chapter 61A-44, Farmers Row. Mr. Reilly seconded the motion. Roll call: Degaitas-aye; Reilly-aye; Pisani-aye; Cunningham-aye; Pine-aye.

6:15 p.m. In Joint Session with the Planning Board- Interview and Consider Appointing Jason Parent to a Vacancy on the Planning Board until the 2027 Annual Election.

Planning Board Members Paul Hathaway, Vice Chair; Matthew Killam, Clerk; Phil Francisco; David Bonnett; George Barringer; and Russell Burke were in attendance.

Mr. Hathaway called the Planning Board to order.

Mr. Haddad explained that the Planning Board has a vacancy following Lorayne Black's resignation. The Board advertised the vacancy and scheduled a joint meeting and interview with the sole candidate, Jason Parent, who was in attendance. Mr. Parent introduced himself and noted that he had previously served on the Planning Board. Mr. Burke said Mr. Parent was a very good member during his tenure.

Mr. Degaitas moved to appoint Jason Parent to the Planning Board until the 2027 Annual Election. Mr. Reilly seconded the motion. Roll Call: Degaitas-aye; Reilly-aye; Pisani-aye; Cunningham-aye; Pine-aye; Hathaway-aye; Francisco-aye; Burke-aye; Barringer-aye; Bonnett-aye.

6:30 p.m. In Joint Session with the Finance Committee- Review the Fire Department Staffing Study Report.

Jack Parow of John Parow Consulting & Associates presented the Final Report on the staffing issues with the Groton Fire Department. Arthur Cheeks, Fire Chief; Terence Gardner, Deputy Fire Chief; and Chris Braun, Firefighter/EMT, attended the discussion. Members of the Fire Department Working Group also attended.

The Finance Committee had already convened and was in session.

Mr. Haddad explained that this was the first public review of the Fire Department Staffing Study. He emphasized that the discussion was informational only and that no decisions or votes would be made. He wanted to hold a joint meeting with the Select Board, the Finance Committee, and Consultant Jack Parow to review the Final Report. Mr. Haddad also explained that a Working Group had been formed, comprising of him; Bud Robertson, Vice Chair of the Finance Committee; Select Board Member Matt Pisani; Fire Chief Cheeks; Deputy Fire Chief Gardner; Melisa Doig, Human Resources Director; Katie Kazanjian, Treasurer/Tax Collector; Chase Lundgren, Fire Lieutenant, Chris Braun, Firefighter/EMT and Executive Assistant Kara Cruikshank. The Working Group had met with the consultant several times over the past several months.

Mr. Parow introduced himself and provided an overview of the community and the Groton Fire Department's current staffing model. He then presented a thorough review of the Final Report to the Select Board and Finance Committee. Mr. Parow reported that call volume increased by 35.5% from 2021 to 2025, driven primarily by EMS demand, with approximately one in three calls overlapping another. With typically three personnel on duty, the department can handle only one incident at a time, and current staffing does not meet OSHA's two-in/two-out requirements for interior structural firefighting. Mr. Parow described contributing factors, including a decline in paid-on-call staff from approximately 40 to 18, reduced mutual aid availability, and longer ambulance transports following the closure of Nashoba Valley Medical Center.

Fire Department Staffing Study Findings

The Study recommends strengthening paid-on-call and per diem recruitment and retention to preserve supplemental capacity and immediately stabilize Group D by hiring an additional career firefighter/EMT, and in the future, hiring another four career firefighter/EMTs. This would first stabilize Group D, then add one per group to reach a long-term standard of one lieutenant and three firefighter/EMTs per shift. The Study also recommends continued on-call recruitment and a formal Advanced Life Support (ALS) Feasibility Study. The Board and Finance Committee discussed the findings and cost considerations. (Refer to the complete Final Report included with these minutes.)

After a spirited discussion with many comments and questions, the Select Board and Finance Committee thanked Mr. Parow for his time and thorough report. Mr. Parow said they could let him know if they needed additional data points, which he could provide as a supplement to the Report. Mr. Haddad said the Finance Committee and Select Board will meet in joint session on October 26th to provide FY 2028 Budget guidance to the Town Manager. He added that fire staffing has been a priority for two years and that they would now need to consider how to address staffing at the Groton Fire Department.

The Finance Committee adjourned at 8:15 p.m.

2. **Review Town Meeting Motions and Article Assignments.**
   Mr. Haddad provided the Town Meeting Motions and Article Assignments and reviewed them with the Board (see included with these minutes). Mr. Haddad discussed a few changes to the articles:

   Article 7: Transfer Within the Four Corners Sewer Enterprise Fund:

Mr. Haddad explained that they need to transfer $10,000 out of the Four Corners Sewer Enterprise Fund to cover expenses in FY 2028. The Select Board was unanimously in support.

Article 10: Cow Pond Brook Project

Mr. Haddad explained that the motion provides that approximately 10.4 acres shall be transferred from the Select Board's control to the Conservation Commission to comply with a condition from the Conservation Commission on the permit received for the project. He said Town Counsel advised that the Select Board needed to vote to support the transfer to the Conservation Commission.

Mr. Pisani moved to support the transfer of land to the Conservation Commission, subject to Town Meeting approval. Mr. Reilly seconded the motion. Roll call: Degaitas-aye; Reilly-aye; Pisani-aye; Cunningham-aye; Pine-aye.

3. **Review and Consider Adopting a Policy Update for "Post-Closure Eligibility for Water Main Connection Assistance".**

At the September 14th Select Board Meeting, Mr. Haddad and Water Superintendent Dan Stoneking presented a proposed Policy for the Board's consideration. At the Board's request, Town Counsel reviewed and approved the Policy for adoption. The final draft was provided to the Board, and Mr. Haddad respectfully requested that the Select Board vote to approve it. (See the Policy included with the minutes.)

Mr. Pisani moved to approve a Policy titled "Post-Closure Eligibility for Water Main Connection Assistance." Mr. Reilly seconded the motion. Roll call: Degaitas-aye; Reilly-aye; Pisani-aye; Cunningham-aye; Pine-aye.

4. **Update on Select Board Schedule through Labor Day.**

Saturday, October 3, 2026-	2026 Fall Town Meeting
Monday, October 5, 2026-	Regularly Scheduled Meeting
Monday, October 12, 2026-	No Meeting (Indigenous Peoples' Day Holiday)
Monday, October 19, 2026-	Regularly Scheduled Meeting
Monday, October 26, 2026-	Provide Budget Guidance to the Town Manager
Monday, November 2, 2026-	Regularly Scheduled Meeting
Monday, November 9, 2026-	No Meeting
Monday, November 16, 2026-	Regularly Scheduled Meeting
Monday, November 23, 2026-	Regularly Scheduled Meeting
Monday, November 30, 2026-	No Meeting
Monday, December 7, 2026-	Regularly Scheduled Meeting
Monday, December 14, 2026-	Regularly Scheduled Meeting
Monday, December 21, 2026-	Regularly Scheduled Meeting
Monday, December 28, 2026-	No Meeting (Christmas Holiday)
Monday, January 4, 2027-	No Meeting (New Year's Holiday)
Monday, January 22, 2027-	Regularly Scheduled Meeting

ITEMS FOR SELECT BOARD CONSIDERATION AND APPROVAL

1. **Consider Appointing Sandy Martin to the Council on Aging.**
   Mr. Reilly moved to appoint Sandy Martin to the Council on Aging, with a term expiring June 30, 2029. Mr. Pisani seconded the motion. Roll call: Degaitas-aye; Reilly-aye; Pisani-aye; Cunningham-aye; Pine-aye.

2. **Consider Approving a One-Day Wine and Malt Beverage License for the Friends of Prescott "Open Mic Night" on Friday, October 9, 2026, from 6:30 p.m. to 9:30 p.m.**
   Mr. Reilly moved to approve a One-Day Wine and Malt Beverage License for the Friends of Prescott "Open Mic Night" on Friday, October 9, 2026, from 6:30 p.m. to 9:30 p.m. Mr. Pisani seconded the motion. Roll call: Degaitas-aye; Reilly-aye; Pisani-aye; Cunningham-aye; Pine-aye.

3. **Consider Approving a One-Day Wine and Malt Beverage License for the Friends of Prescott "Wines of Australia" on Thursday, 15, 2026, from 6:30 p.m. to 9:00 p.m.**
   Mr. Degaitas moved to approve a One-Day Wine and Malt Beverage License for the Friends of Prescott "Wines of Australia" on Thursday, 15, 2026, from 6:30 p.m. to 9:00 p.m. Mr. Reilly seconded the motion. Roll call: Degaitas-aye; Reilly-aye; Pisani-aye; Cunningham-aye; Pine-aye.

OTHER BUSINESS

On-Going Issues

A. PFAS Issue – None
B. UMass Satellite Emergency Facility –The anticipated opening date of the facility will be February 2027
C. Fire Department Staffing – None
D. West Groton Dam Removal-None
E. Main Street Study –None
F. Flock Cameras – Mr. Haddad stated that the Working Group will continue to meet.

SELECT BOARD LIAISON REPORTS

None

The House and Senate have engrossed the Charter and now have to return to the House and Senate for a vote.

Approval of the Regularly Scheduled Meeting of September 14, 2026.

Mr. Pisani made a motion to approve the minutes from the regularly scheduled meeting on September 14, 2026. Mr. Reilly seconded the motion. Roll call: Degaitas-aye; Reilly-aye; Pisani-aye; Cunningham-aye; Pine-abstained.

The Select Board adjourned at 8:38 p.m.

Respectfully submitted by Kara Cruikshank, Executive Assistant to the Town Manager.

Town of Groton, Massachusetts

Fire Department Staffing Study

September 9, 2026

Conducted by:

John Parow Consulting & Associates

32 School Street

Chelmsford, MA. 01863

978-330-2561 (office)

978-490-4736 (cell)

John_Parow@comcast.net

Parowconsulting.com

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Methodology

Parow Consulting & Associates conducted this organizational staffing study using multiple information sources, including document reviews, stakeholder interviews, site observations, surveys, and historical operational data.

Department documents, data, and operational information were provided by Fire Chief Arthur Cheeks and Administrative Assistant Diane Aiello. Jack Parow conducted an on-site visit to the Groton Fire Department, where he toured the facilities, inspected apparatus and equipment, and interviewed Chief Cheeks and Deputy Fire Chief Terence Gardner to gain a comprehensive understanding of the Department's operations, staffing, and facility conditions. Additional information was subsequently provided by the Fire Chief and Department staff via email.

An interview was conducted with Town Manager Mark Haddad via Zoom. Question-and-answer sessions were also held via Zoom with the Finance Committee and the Fire Department Working Group.

Three surveys were developed and distributed as part of this study. One survey was completed by Groton Fire Department members; a second was completed by neighboring fire departments related to staffing and budgets; and a third was completed by area departments to assess the effect that the closure of Nashoba Valley Medical Center had on their departments. Survey responses were collected electronically through SurveyMonkey and analyzed to identify common trends and operational practices. Responses from Groton Fire Department personnel were submitted anonymously to encourage candid and unbiased feedback.

Historical operational data, including emergency incident statistics, call volume, response performance measures, staffing demand indicators, and service delivery information, were collected for the five-year period from 2021 through 2025. These data were analyzed to identify trends in call volume, response performance, staffing demands, and service delivery.

The findings and recommendations presented in this report are based on industry standards and information provided by the Groton Fire Department, participating fire departments, survey respondents, and interviewed stakeholders. Accordingly, the accuracy of the analysis depends on the completeness and reliability of the information made available during the course of this study.

Executive Summary

The Groton Fire Department's current staffing model is no longer sufficient for the town's emergency-service demand. Rising call volume, more frequent overlapping incidents, longer ambulance commitments, declining paid-on-call availability, and less predictable mutual aid are increasing operational risk for residents and responders.

From 2021 through 2025, total call volume increased by 35.5 percent, EMS responses increased by nearly 50 percent, and non-EMS responses increased by 15 percent. Overlapping calls have also increased sharply, leaving the department with limited local capacity when a second emergency occurs.

The primary operational issue is concurrency. When the on-duty crew is committed to an ambulance transport, fire response, or another emergency assignment, Groton may have limited immediately available personnel for a second EMS call, fire incident, or other time-sensitive emergency.

This risk has increased as paid-on-call availability has declined, ambulance transports have lengthened following the closure of Nashoba Valley Medical Center, and neighboring communities have faced their own ambulance-availability and hospital-delay pressures.

Department member survey results reinforce these operational concerns. Of the 34 members surveyed, 22 responded, and respondents consistently identified declining membership, inadequate and untimely callback response, difficulty maintaining four-person shift staffing, responder safety concerns, and the need for stronger Town support. Eighteen respondents reported experiencing calls where staffing felt insufficient and raised safety concerns.

The new UMass Memorial satellite emergency facility planned for Groton is expected to restore important local emergency and lab services. However, it is not expected to eliminate the need for longer transports to higher-acuity hospitals, trauma centers, or specialty-care destinations when required by patient condition and medical-control protocols.

The current staffing model can generally support one complete EMS response and a limited initial fire response, but it does not reliably provide enough immediately available personnel for simultaneous EMS calls, sustained fireground operations, or timely interior structural firefighting under OSHA 2-in/2-out requirements.

Recommendations

Groton should adopt a phased staffing plan that treats minimum shift staffing as a core public-safety requirement. The Town should first strengthen paid-on-call and per diem recruitment and retention to preserve supplemental capacity, immediately stabilize Group D by hiring a second career firefighter/EMT, and then add four additional career firefighter/EMTs so every shift is reliably staffed with one lieutenant and three firefighter/EMTs. This four-person baseline should be the long-term operating standard because it improves simultaneous EMS response, strengthens initial fireground capability, improves responder safety, reduces dependence on callback and overtime, and better positions the department to meet OSHA 2-in/2-out requirements when conditions allow.

The Fire Department should also conduct a formal Advanced Life Support feasibility study and implementation plan. The study should evaluate Advanced EMT and Paramedic-level service models, staffing and credentialing requirements, training costs, medical-control requirements, billing impacts, phased implementation options, and the effect of longer transport times on patient care. Given survey support for Advanced EMT or Paramedic-level service and the expectation that longer transports will remain necessary even after the satellite facility opens, ALS capability should be treated as a strategic service priority tied directly to patient risk, ambulance availability, and EMS system resilience.

The survey also supports evaluating a higher level of ambulance service. More than three-quarters of respondents selected either Paramedic-level or Advanced EMT-level service as the most appropriate future ambulance capability for Groton, while a majority of career respondents indicated willingness to pursue ALS certification at the Advance EMT level.

Implementation should be viewed as both a service-capacity and risk-management decision. The recommended improvements would give Groton a more reliable 24/7 baseline response force while preserving paid-on-call, per diem, callback, and mutual-aid resources as supplemental capacity rather than primary coverage for recurring demand.

Overview of the Community and the Fire Department

Groton is a northwestern Middlesex County community within the Greater Boston region. Its 2020 population was 11,315, and its land area makes it the largest municipality in Middlesex County by square mileage.

Groton's size and development pattern creates a broad response area with varying travel distances between neighborhoods, stations, schools, senior housing, commercial areas, conservation land, and rural road networks.

The Town of Groton is governed by an open town meeting and administered by an elected five-member select board and an appointed town manager.

Groton covers 33.7 square miles, including 32.8 square miles of land and 0.9 square miles of water. The town is served by state routes 40, 111, 119, and 225.

The town's roadway network and dispersed geography affect response times, mutual-aid staging, ambulance transport commitments, and the department's ability to maintain coverage while a crew is assigned to an incident.

Groton borders the towns of Pepperell, Dunstable, Tyngsborough, Westford, Littleton, Ayer, Shirley, and Townsend.

The Groton Fire Department, led by Fire Chief Arthur Cheeks, operates from three stations: Center, West Groton, and Lost Lake. Headquarters is staffed 24/7, while the West Groton and Lost Lake stations operate as unmanned and reserve stations.

This station model provides geographic reach across the community, but 24/7 operational readiness is concentrated at Headquarters, making on-duty staffing levels especially important when calls overlap or when a transport removes personnel from town.

The department provides fire suppression, emergency medical services, rescue, hazard mitigation, and public-safety support across a geographically large community with increasing emergency demand.

In addition to emergency response, the department supports prevention, preparedness, training, apparatus readiness, community risk reduction, and coordination with regional partners. These responsibilities compete for staff time with increasing emergency-call demand.

The department is dispatched by the Patriot Regional Emergency Communications Center in Pepperell, which manages 911 call-taking and emergency dispatch for Groton.

Groton Fire Department Organizational Structure

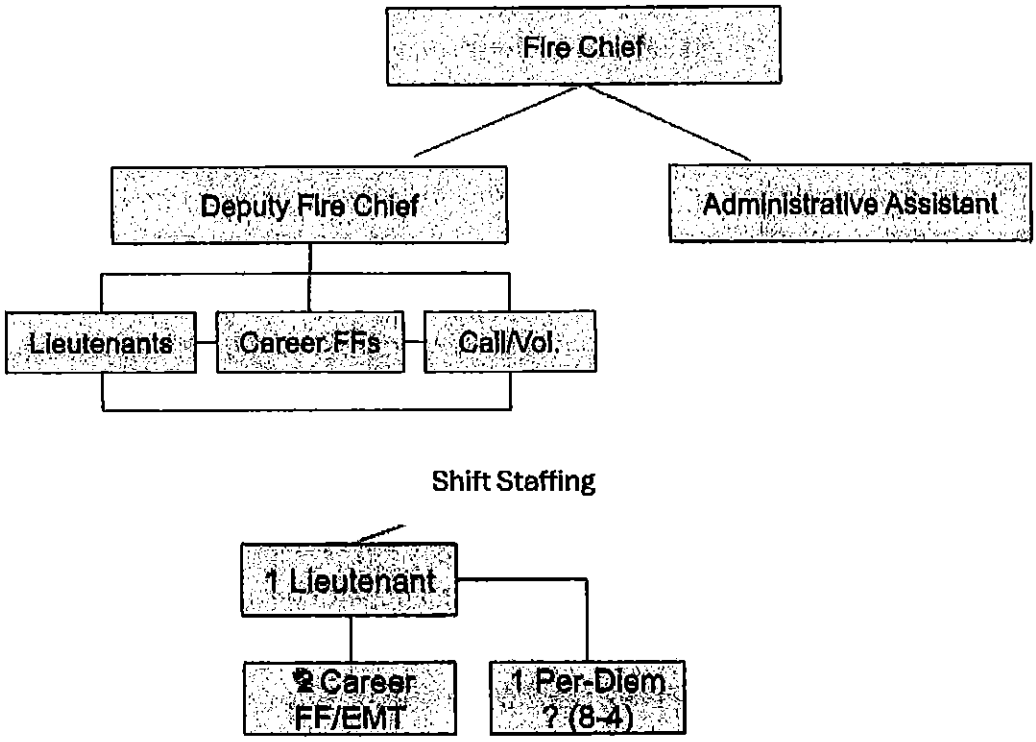


Figure 1

Current Shift Staffing and Response Capability

Monday through Friday from 8:00 a.m. to 4:00 p.m., the department is typically staffed with the Fire Chief, Deputy Chief, one lieutenant, two career firefighter/EMTs, and one per diem firefighter/EMT when available. This staffing level can support two complete EMS response or the initial fire apparatus response, although the Fire Chief and Deputy Chief serve primarily in administrative roles and may not always be available for emergency response.

Monday through Friday from 4:00 p.m. to 8:00 a.m., the department is staffed with one lieutenant and two career firefighter/EMTs. This level supports one complete EMS response but provides only a limited initial fire response because OSHA's 2-in/2-out requirement generally requires four firefighters on scene before interior structural firefighting can begin.

Weekend staffing is generally one lieutenant, two career firefighter/EMTs, and one per diem firefighter/EMT from 8:00 a.m. to 4:00 p.m. when a per diem employee is available; from 4:00 p.m. to 8:00 a.m., staffing is typically one lieutenant and two career firefighter/EMTs.

Note: Groups A, B, and C are staffed with one lieutenant and two career firefighter/EMTs. Group D is staffed with one lieutenant and one career firefighter/EMT, and the department attempts to add one per diem firefighter/EMT to maintain minimum staffing of one lieutenant and two firefighter/EMTs.

Under the current staffing model, the department can generally manage one EMS call at a time. During daytime hours, a second EMS call may be handled only if per diem or administrative staff are available; at night, when staffing is typically three personnel, a single ambulance transport can commit the crew for approximately 1.5 to 2 hours, leaving minimal local capacity and no transport capability for a second concurrent medical emergency.

Fire response capacity is limited by available staffing and the need to assemble sufficient personnel before interior structural firefighting can begin.

Apparatus Summary

Category	Units
Engines	Engine 1, Engine 2, Engine 3, and reserve Engine 7
Aerial	Ladder 1
Brush and specialty units	Forestry 2, Forestry 4, Service 2, Service 3, UTV 1, and UTV 2
Tanker	Tanker 1
Ambulance and EMS units	Ambulance 1 and Ambulance 2
Marine and command vehicles	2026 rigid-hull boat, Chief vehicle, and Deputy Chief vehicle

Emergency Fire and EMS Response Volume, 2021–2025

Call volume increased substantially from 2021 through 2025. During this period, the department experienced a 35.5 percent increase in overall calls for service, equal to 490 additional annual responses. EMS calls increased by 48 percent, while fire and non-EMS calls increased by 15 percent.

Year	Total Calls	EMS Calls	Fire Calls
2021	1,379	862	517
2022	1,423	897	526
2023	1,470	864	606
2024	1,720	1,125	595
2025	1,869	1,273	596

Figure 2

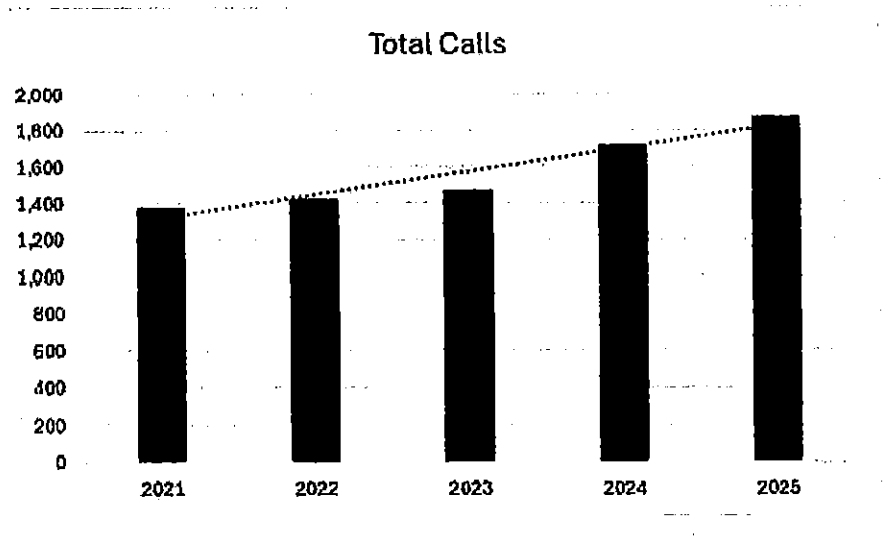


Figure 3

If the current trend in calls for service remains consistent over the next five years, annual call volume is projected to reach approximately 2,500 calls by 2030.

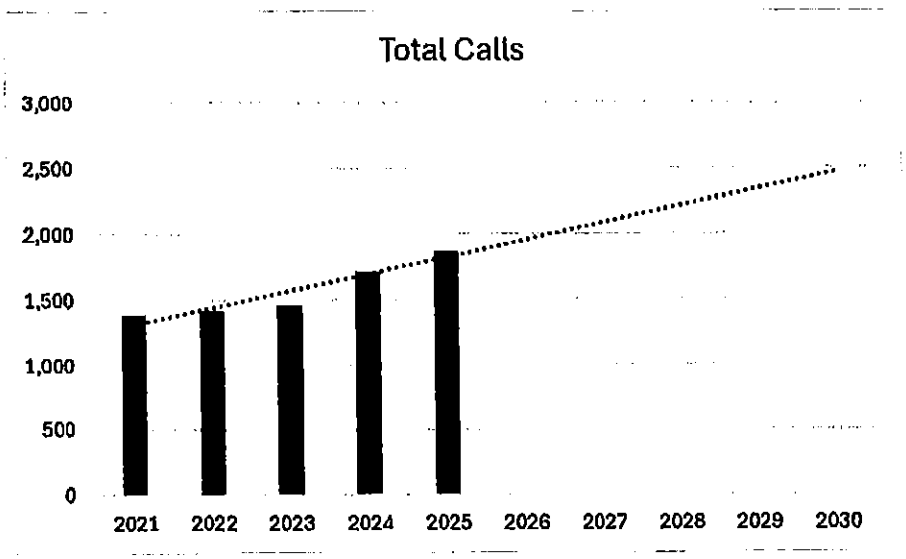


Figure 4

Overlapping and Simultaneous Emergency Calls

Data from calendar years 2022 through 2026 show a significant rise in overlapping incidents. Because complete 2026 data were available only through June 30, the six-month totals were doubled to provide a full-year estimate for comparison purposes.

Year	Total Calls	Overlapping	Percent
2022	1,423	163	11.45%
2023	1,470	207	14.08%
2024	1,720	252	14.65%
2025	1,869	384	20.55%
2026	2,064	686	33.24%

2026 is projexted based on first 6 months

Figure 5

Figure 5 shows that overlapping calls increased significantly each year. In 2022, 11.45 percent of total calls overlapped; by 2026, overlapping calls are projected to account for 33.24 percent of total call volume. The increase is likely tied to rising overall demand, longer ambulance commitment times, increased hospital "on-wall" time, and longer transports to available emergency departments.

Overlapping calls are a critical operational concern because, under the current staffing model, the department may have no immediate fire/EMS personnel available for a second emergency. Delays in fire or EMS response can increase patient risk, allow fires to grow, increase property loss, and create greater danger for first responders.

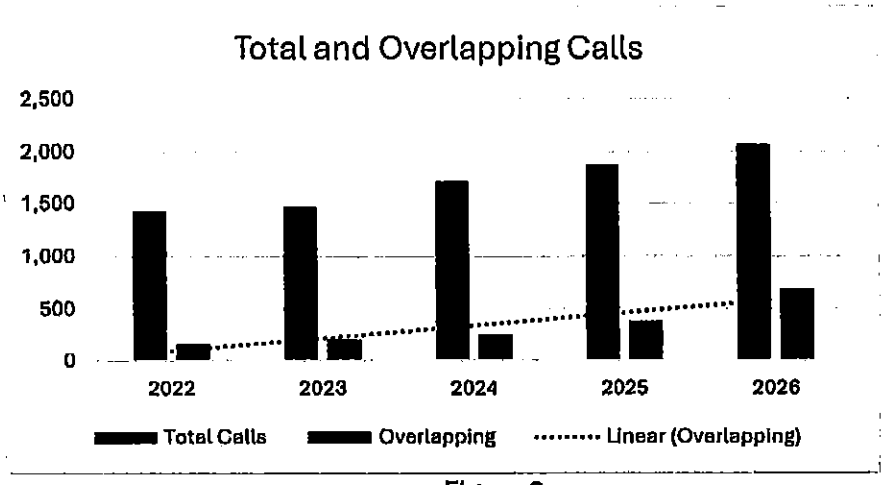


Figure 6

Figure 6 shows a 45 percent increase in total calls and a 420 percent increase in overlapping calls during the same period. From January 1 through June 30, 2026, 73 percent of actual overlapping calls were EMS-related.

Review of Neighboring Community Fire Departments

The study compared Groton with seven bordering communities on department type, population served, staffing, ambulance service, EMS calls, non-EMS calls, and annual budget. Of the surveyed departments, one is an all-career department, five are combination departments, and one is an all on-call department.

The primary difference among career, combination, and on-call departments is staffing. Career departments are staffed entirely by paid, full-time personnel. Combination departments use a mix of career, per diem, paid-on-call, and/or stipend personnel. All on-call departments have no career staffing and rely solely on paid-on-call personnel.

Career Fire Departments

- Staffing: 100% paid firefighters (usually with benefits).
- Schedule: Generally, shift-based (e.g., 24/72).
- Operations: Full-time professional staffing for immediate response 24/7.
- Standards: Often adhere to higher staffing requirements like NFPA 1710.

Combination Fire Departments

- Staffing: Uses a mix of career, per diem, paid-on-call, and/or stipend personnel.
- Purpose: Extends service coverage while controlling full-time personnel costs.
- Operations: Career staff typically handle daily response readiness, inspections, training, equipment maintenance, and fire-prevention activities.
- Tradeoff: Combination models reduce costs but depend on supplemental personnel whose availability may vary by time of day, training burden, and local labor conditions.

Per Diem Firefighter/EMTs

Core Responsibilities

- Emergency Response: Responds to fire suppression calls, rescue operations, and hazardous material incidents.
- Medical Aid: Performs pre-hospital emergency medical services, ranging from basic first aid (EMT-Basic) to advanced life support (Paramedic), and transports patients to nearby hospitals.
- Station Duties: Maintains firefighting and EMS apparatus, cleans the firehouse, and routinely checks EMS and rescue equipment.

Requirements in Massachusetts

- Licensure: Must hold and maintain a valid Massachusetts EMT Certification.
- Firefighting Certifications: Many departments require, or highly prefer, Pro Board or equivalent Firefighter I/II credentials.
- Training and Drills: Expected to maintain CPR credentials, stay current with medical control protocols, and complete regular department training.

Scheduling and Compensation

- Flexible Hours: Unlike career staff, who work set schedules such as 24-hour shifts, per diem personnel work shifts based on department needs and their own availability.

- Wages: Pay is almost exclusively hourly and scales depending on the certification held (i.e., EMT-Basic vs. Paramedic). They generally do not receive health insurance, paid time off, or retirement benefits associated with full-time municipal roles.

Department	Type	Full-Time	On-Call	Per diem	Daily Staff	Admin Staff	EMS	EMS Calls	Non-EMS	Total Calls	Budget
Westford	Career	45	0	no	10ff/EMS	Chief, DC, 2 FP	ALS	2476	1440	3916	6,000,000
Ayer	Combination	19	17	yes	4 FF/EMS	Chief, DC, FP	ALS	2391	985	3376	3,059,000
Littleton	Combination	23	6	yes	5FF/EMS per diem Wkend days	Chief, DC, FP	ALS	1449	955	2404	2,978,396
Tyngsborough	Combination	9	22	yes	1 officer and 4FF/EMS	Chief, A Chief	BLS	1482	594	2076	2,190,000
Groton	Combination	10	18	yes	3FF/EMS 24 + 1FF/EMS days	Chief, DC	BLS	1273	596	1869	1,665,119
Pepperell	Combination	6	29	yes	2FF/EMS 24 + 1FF/EMS days	Chief	ALS	1200	500	1700	1,764,862
Shirley	Combination	7	30	yes	2//EMS 24/7	Chief, DC	BLS	800	600	1400	920,000
Dunstable	On-Call	0	30	yes	2FF 8-4 1FF 4-8	Chief 24 hrs	No	175	225	400	380,000

Figure 7 compares neighboring departments by total call volume.

Paid-On-Call Staffing Concerns

Of the seven departments surveyed, one is all-career, five are combination departments, and one is on-call only. Fire chiefs interviewed for this study, including Groton's Fire Chief, consistently identified paid-on-call recruitment, retention, training demands, and delayed response availability as ongoing challenges.

Staffing and Response Challenges with Paid-On-Call Members

Slow turnout times: Responders must travel from home or their primary jobs, delaying fire and EMS turnout.

Declining retention: Rising living costs make it difficult for members to balance family, primary employment, and emergency response obligations.

Housing costs: High housing costs in many affluent communities make it difficult for many potential paid-on-call firefighters to live in the community they serve.

Burnout: Frequent overnight pages disrupt sleep, impair cognitive performance, and strain personal relationships, particularly for members who report to primary jobs the next morning.

Training and Compliance Hurdles

Extensive time commitments: Paid-on-call firefighters must meet the same rigorous safety and training standards as career firefighters, requiring significant time away from work, home, and family.

Daytime gaps: Most paid-on-call members work outside the community during the day, substantially limiting callback availability during normal business hours.

Groton's paid-on-call roster has declined from more than 40 members to 18 members. During weekdays, the Fire Chief reports that only one paid-on-call firefighter may be available for emergency callback, limiting the department's ability to surge staffing during simultaneous incidents.

Impact of the Nashoba Valley Medical Center Closure on Neighboring Departments

Pepperell: Longer transport times to the nearest facilities, along with patients requesting transfer to hospitals where they have established primary-care relationships.

Dunstable: Limited direct transport impact, but concern remains about mutual-aid availability when neighboring ambulances are out of the area for longer periods.

Littleton: Before the closure, approximately 40 percent of patients were transported to Nashoba Valley Medical Center; the closure increased average transport duration and kept ambulances out of the response area for longer periods.

Westford: Increased hospital "on-wall" time and longer transport patterns have reduced ambulance availability and increased mutual-aid demand.

Tyngsborough: Reported no significant effect because the department did not routinely transport to Nashoba Valley Medical Center.

Ayer: Longer transports to hospitals 12 to 16 miles away keep limited staffing out of the response area for longer periods, increasing reliance on callback and mutual aid.

Shirley: Longer wait and travel times have left on-duty staff tied up at hospitals for longer periods, reducing availability for additional calls.

Impact of the Nashoba Valley Medical Center Closure on Groton

Before the closure of Nashoba Valley Medical Center in Ayer, Groton Fire Department ambulances had an average transport time of approximately nine minutes from Groton Town Hall. Following the closure, the closest open 24/7 emergency departments for Groton residents are approximately 25 minutes away, including Emerson Hospital in Concord, UMass Memorial HealthAlliance-Clinton Hospital in Leominster, Lowell General Hospital in Lowell, and Southern New Hampshire Health in Nashua, New Hampshire.

Neighboring communities are also experiencing longer transport times and longer hospital "on-wall" delays, making mutual-aid availability less predictable. Groton has attempted to staff a second ambulance through overtime or callback, but those shifts have been filled only approximately 40 percent of the time.

New UMass Memorial Satellite Facility in Groton

UMass Memorial Health is building a new 24/7 satellite emergency facility at 490 Main Street in Groton, Massachusetts. Expected to open in March 2027, this 16-bed center restores critical emergency and lab services to the Nashoba Valley region and Groton.

The facility is expected to operate 24 hours a day, seven days a week, and to be staffed with board-certified emergency physicians and nurses.

The facility is expected to restore important local emergency and lab capacity, but it is not expected to eliminate Groton's longer ambulance transport requirements. It will not function as a full-service hospital or major-trauma destination, and Groton EMS will still need to transport certain patients to designated trauma centers or other higher-acuity facilities under applicable medical-control and OEMS protocols. This will lead to longer one way transport times of 25 minutes or better.

Longer medical transports increase the need for Advanced Life Support (ALS) capability because a patient's condition can change during an extended trip, requiring continuous monitoring, medication administration, or airway management beyond the Basic Life Support (BLS) scope.

Staffing for Medical Aid and Structure Fire Calls

Medical Aid

A typical 911 medical aid response requires a transporting ambulance staffed by two EMTs or paramedics. Depending on the patient's condition, scene conditions, and local protocols, the ambulance crew may be supported by additional fire personnel and police officers. In many cases, the total number of responders on scene may range from five to seven personnel.

Core Staffing Breakdown

- The ambulance crew provides patient assessment, treatment, stabilization, and transport. Basic life support responses are typically staffed by two EMTs, while

advanced life support responses may include one paramedic and one EMT or two paramedics.

- Fire personnel, who are often cross-trained as EMTs or paramedics, assist with patient access, lifting and moving, CPR, oxygen administration, AED use, and other immediate interventions.
- Police personnel assist with scene safety, traffic control, early lifesaving care when appropriate, legal or investigative responsibilities, and other support functions as needed.

Anatomy of an Ambulance Response Call

An ambulance response is a multi-step process that begins with 911 dispatch and continues through travel to the scene, patient assessment and treatment, transport to the hospital, transfer of care to hospital staff, return travel to the station, and restocking or preparing the ambulance for the next call. From dispatch until the ambulance is back in service at the station, a typical response can take approximately 1.5 to 2 hours.

Structure Fire

A typical single-family residential structure fire requires substantially more personnel than a medical aid response. A standard initial full-alarm assignment generally requires at least 15 firefighters, or 17 when an aerial device is used, to safely perform fire attack, water supply, search and rescue, ventilation, command, accountability, and firefighter safety functions (Appendix B).

Key Firefighting Roles and Tasks

- Engine companies establish water supply, operate pumps, and advance hose lines to control and extinguish the fire.
- Ladder or truck companies support forcible entry, ventilation, search and rescue, and access to upper floors or the roof when needed.
- Search and rescue teams enter the structure to locate, protect, and remove occupants who may be trapped or unable to self-evacuate.
- Command staff manage strategy, incident safety, accountability, communications, and the assignment of incoming resources.

Department Member Survey Results

To obtain feedback from department members, a survey was distributed to both career and on-call personnel. The survey link was sent to 34 department members, and responses were collected anonymously to encourage honest and candid feedback. 22 department

members completed responses, representing a 65 percent response rate. This response rate was considered sufficient for analysis (Appendix D).

The following eleven questions were asked:

1. Are you a Career or Call/Volunteer member of the department?
2. During your tenure on the department, have you witnessed a decline in membership?
3. On average, are the number of personnel coming back on callback, both on EMS and Fire calls, adequate, and timely?
4. If you answered "No" to the previous question, what do you think the reason is and how do you feel the Town could better support the fire department to improve on this?
5. Have you ever responded on a call in which you felt as though the number of responders was insufficient? If so, were you ever concerned for your own safety? Please comment.
6. Currently, the Chief is attempting to fill shifts with additional personnel to bring shift staffing to four members. Do you believe this approach is working?
7. If you answered "No" to the previous question, how do you feel the Chief and/or the Town could better meet this staffing goal of four per shift?
8. Are you aware of any departmental obligations that are frequently delayed due to the current staffing levels? If so, please list them below:
9. In your professional opinion, what level of ambulance service makes the most sense for the Town of Groton?
10. With regards to question 9, would you be willing to obtain ALS (EMT-A or Paramedic) certification?
11. Please add any additional comments in the box below related to this survey.

We analyzed the results and offer the following summary:

A total of 22 respondents completed the survey, including 12 career members, or 54.55 percent, and 10 call/volunteer members, or 45.45 percent. The responses show broad concern about callback adequacy, declining membership, staffing levels, responder safety, and the need for stronger Town support. Across both groups, respondents consistently identified staffing shortages, retention challenges, training and certification requirements, compensation, member wellbeing, and public safety coverage as central issues affecting the department.

Key findings: Survey responses point to a consistent concern that current staffing and callback levels are not sufficient to meet operational needs. Respondents broadly reported declining membership, inadequate and untimely callback response, responder safety

concerns, and difficulty maintaining desired staffing levels. The findings also show strong interest in higher ambulance service capability, although career and call/volunteer members differ on the preferred service level and on willingness to pursue advanced certification.

The detailed results below explain how these concerns appear across the individual survey questions, beginning with membership composition, callback adequacy, and membership trends.

Question 1 identified the respondent group. Of the 22 respondents, 12 were career members, or 54.55 percent, and 10 were call/volunteer members, or 45.45 percent.

Question 2 asked whether respondents had witnessed a decline in membership during their tenure with the department. All 22 respondents, or 100 percent, answered yes. This indicates unanimous agreement among survey participants that department membership has declined during their time with the department.

Question 3 asks whether the number of personnel coming back on callback, both on EMS and Fire calls, is adequate and timely. The results show that the vast majority of respondents (21 out of 22, or 95.45%) believe that callback numbers are NOT adequate or timely. Only 1 respondent (4.55%) felt that callback was adequate. This indicates a strong consensus among survey participants that callback staffing is a significant concern for the department.

Question 4 asked respondents who answered no to the previous question to identify the reasons for inadequate callback and suggest how the Town could better support the fire department. The most common reasons identified in the responses included:

- Call Department staffing and retention
- Full-time staffing levels
- Training and certification requirements
- Community coverage and safety
- Staffing standards and adequacy
- Volunteer availability and commitment
- Declining volunteerism trends
- Compensation and benefits
- Member support and wellbeing
- Public safety prioritization

The common reasons throughout the survey suggest that respondents see staffing shortages, retention issues, training requirements, and challenges with volunteer availability as key factors impacting callback adequacy. Concerns about compensation, support, and overall public safety were also frequently mentioned.

Callback concerns led respondents to broader recommendations about staffing, retention, training, and Town-level support.

The most common suggestions on how the Town could better support the fire department, based on responses to Question 4, include:

- Improve Call Department staffing and retention
- Increase full-time staffing levels
- Address training and certification requirements
- Enhance community coverage and safety
- Meet staffing standards and adequacy expectations
- Support volunteer availability and commitment
- Address declining volunteerism trends
- Improve compensation and benefits
- Focus on member support and wellbeing
- Prioritize public safety

These suggestions indicate that respondents believe the Town can help by investing in staffing, providing better training and support, improving compensation, and ensuring adequate coverage and safety standards.

Question 5 asked whether respondents had ever been on a call where they felt the number of responders was insufficient and whether that raised concerns for their own safety. Eighteen respondents reported that they had experienced insufficient responder numbers and expressed concern for their safety. This indicates that safety concerns related to inadequate response staffing are a significant issue among survey participants.

Question 6 asked whether the Fire Chief's effort to fill shifts to four members is working. Among career members, 11 of 12 respondents said the approach is not effective, while 1 respondent felt it was working. This indicates a strong consensus among career respondents that the current approach has not reliably achieved the desired staffing level.

Question 7 - The most common suggestions from respondents on how the Fire Chief and/or the Town could better meet the staffing goal of four per shift include:

- Expand full-time staffing
- Address staff burnout and fatigue
- Improve overtime management and reduce negative impacts
- Increase personnel availability and address shortages
- Use per diem staffing and improve scheduling
- Secure budget and public support
- Ensure compliance with staffing models
- Achieve consistent shift coverage
- Focus on operational safety and capability

These suggestions indicate that respondents believe solutions should focus on hiring more full-time staff, managing overtime and fatigue, improving scheduling, and ensuring adequate resources and support from the Town.

Beyond staffing and responder safety, respondents also weighed in on the level of ambulance service they believe Groton should provide.

Question 9 asked respondents what level of ambulance service makes the most sense for the Town of Groton. Paramedic-level service was selected by 9 respondents, or 40.91 percent. Advanced EMT-level service was selected by 8 respondents, or 36.36 percent, and Basic-level service was selected by 5 respondents, or 22.73 percent. Together, the Paramedic and Advanced EMT responses show that more than three-quarters of respondents favor moving beyond Basic Life Support.

Among career members, the most commonly preferred ambulance service level for the Town of Groton was Advanced EMT, with 7 respondents selecting this option. This was followed by Basic, selected by 3 respondents, and Paramedic, selected by 2 respondents. This suggests that career members view Advanced EMT-level service as the most practical or suitable option for the town.

Among call/volunteer members, the preferred ambulance service level for the Town of Groton was Paramedic, with 7 respondents selecting this option. This was followed by Basic, selected by 2 respondents, and Advanced EMT, selected by 1 respondent. This indicates that call/volunteer members strongly favor the highest level of ambulance service for the town.

Question 10 - Among career members, a majority (7 out of 11 respondents) expressed willingness to obtain ALS (EMT-A or Paramedic) certification, while 4 indicated they were

not willing. This suggests that most career members are open to pursuing advanced certification, though a notable minority are not.

> Question 10 - Among Call/Volunteer members, responses were nearly evenly split regarding willingness to obtain ALS (EMT-A or Paramedic) certification: 5 said they would be willing, while 4 said they would not. This indicates a mixed level of interest in pursuing advanced certification among Call/Volunteer members.

The final open-ended responses reinforce the major themes identified throughout the survey.

Question 11 asked respondents to add any additional comments related to the survey. The top themes identified in those responses were:

- Staffing Levels and Retention: mentioned by 10 respondents (38.46%)
- Advanced Life Support Implementation: mentioned by 5 respondents (19.23%)
- Call Volume Increases and Staffing Standards Compliance: each mentioned by 3 respondents (11.54%)

Taken together, the survey results show that staffing capacity is the central issue connecting concerns about callback adequacy, declining membership, responder safety, shift coverage, and ambulance service capability. Respondents consistently point to the need for a more sustainable staffing model, stronger retention and support strategies, and clearer Town investment to ensure the department can meet current and future public safety demands.

Conclusion

The evidence supports a clear conclusion: Groton's emergency demand has outgrown the department's current staffing model. From 2021 through 2025, total emergency call volume increased by 35.5 percent, EMS responses increased by nearly 50 percent, and non-EMS responses increased by 15 percent.

The increase in overlapping calls is the most significant operational risk. With three personnel typically on duty, the department can generally handle only one incident at a time; a second EMS call or concurrent fire incident would likely require mutual aid, callback, or delayed response capacity.

At the same time, paid-on-call availability has declined and mutual-aid partners are facing longer transport and hospital-delay pressures, making mutual aid coverage less reliable when Groton's on-duty resources are committed.

The Department Member Survey Results confirm that these issues are also being experienced by department personnel. Survey respondents reported broad concern about declining membership, callback adequacy, responder safety, and the difficulty of sustaining four-person shift staffing. Their feedback aligns with the operational data and supports the conclusion that the current model is not sustainable without additional investment in staffing, retention, and EMS capability.

Recommendations

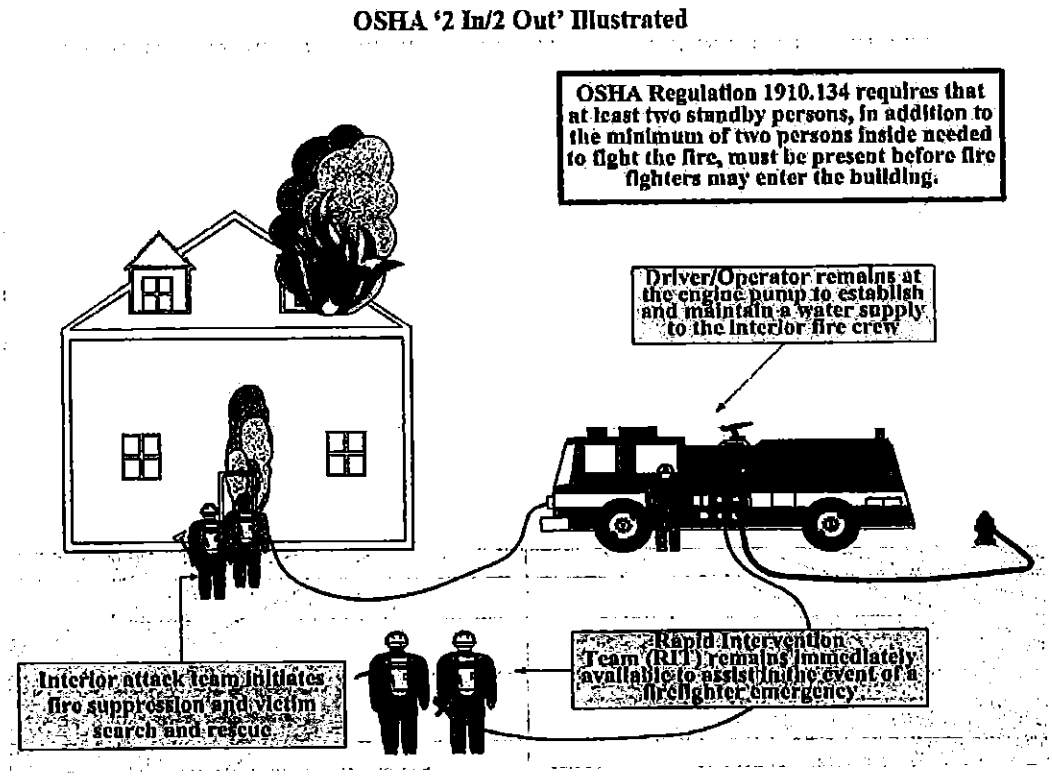
Groton should adopt a stronger, phased staffing plan that treats minimum shift staffing as a core public-safety requirement rather than an optional enhancement,

- First, the Town should strengthen recruitment and retention for paid-on-call and per diem firefighters to preserve supplemental capacity.
- Second, the Town should immediately stabilize Group D by hiring a secondcareer firefighter/EMT so all four groups are consistently staffed with one lieutenant and two firefighter/EMTs.
- Third, the Town should add four additional career firefighter/EMTs, assigning one to each group so every shift is staffed with one lieutenant and three firefighter/EMTs. This four-person baseline should be the long-term operating standard because it improves simultaneous EMS response, increases initial fireground capability, improves responder safety, reduces dependence on callback and overtime, and better positions the department to meet OSHA 2-in/2-out requirements when conditions allow.
- The Fire Department should conduct a formal Advanced Life Support feasibility study and implementation plan rather than simply investigating ALS as a future option. The study should evaluate Advanced EMT and Paramedic-level service models, staffing and credentialing requirements, training costs, medical-control requirements, billing impacts, phased implementation options, and the effect of longer transport times on patient care. Because survey responses show strong support for Advanced EMT or Paramedic-level ambulance service, and because transport times are expected to remain longer even after the satellite facility opens, the Town should treat ALS capability as a strategic service priority tied directly to patient risk, ambulance availability, and long-term EMS system resilience.

Appendix A

OSHA 2-in/2-out Requirement

OSHA's "2-in/2-out" requirement is part of the Respiratory Protection Standard, 29 CFR 1910.134, and is intended to protect firefighters during interior structural firefighting in conditions that are immediately dangerous to life or health. The rule generally requires at least two firefighters to enter the hazardous area together while maintaining visual, voice, or direct contact with each other. At least two additional firefighters must remain outside the hazardous area to monitor conditions, support incident command, and be available to assist with rescue if needed. One of the outside firefighters may perform another role, such as incident commander, when conditions and staffing allow.

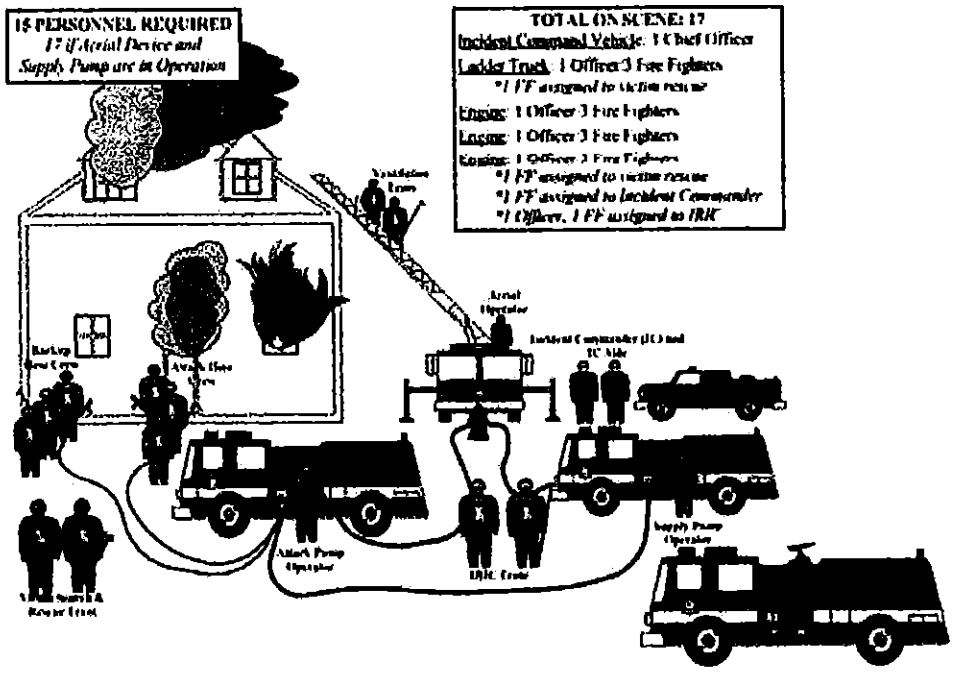


Appendix B

Full-alarm assignment to a structure fire

The initial full-alarm assignment to a structure fire in a typical 2,000-square-foot, two-story, single-family dwelling without a basement and with no exposures requires a minimum of 15 firefighters, or 17 if an aerial device is used, according to NFPA guidance.

Assignment/Position	Required for the Function
Incident Commander	1 Officer
Uninterrupted Water Supply	1 Pump Operator
Water Flow from Two Handlines	4 Firefighters (2FFs for each handline)
Support for Handlines	2 Firefighters (1 FF for each handline)
Victim Search and Rescue Team	2 Firefighters
Ventilation Team	2 Firefighters
Rapid Intervention Crew	4 Firefighters
**Aerial Operator	**1 Firefighter
Minimum Personnel Required	16 Firefighters** and 1 Incident Commander



Appendix C

EMT-Basic, Advanced EMT, and Paramedic Roles in Massachusetts

This outlines the key distinctions among EMT-Basic, Advanced EMT, and Paramedic roles in Massachusetts, with emphasis on training requirements, clinical scope, transport decision-making, and billing implications. EMT-Basic providers deliver foundational BLS care, Advanced EMTs add selected ALS interventions, and Paramedics provide the broadest level of prehospital assessment and treatment. Understanding these certification levels supports appropriate staffing decisions, safer patient transport planning, and more accurate differentiation between BLS and ALS service billing.

Quick Comparison Table

Primary care level	Basic Life Support (BLS)	Selected Advanced Life Support (ALS)	Comprehensive Advanced Life Support (ALS)
Typical training	About 140 to 180 hours.	Additional post-EMT training, often about 150 to 300 hours.	Extensive classroom, clinical, and field training, often 1,000 to 1,500 or more hours.
Core capabilities	Assessment, CPR, airway support, bleeding control, splinting, oxygen, and limited assisted medications.	EMT-Basic capabilities plus IV access, selected medications, and advanced airway devices.	Advanced medications, cardiac monitoring, airway procedures, complex assessment, and critical care transport support.
Best suited for	Initial emergency response, routine transport, and stable patients requiring BLS care.	Patients who may need limited ALS interventions during evaluation or transport.	Unstable, high-acuity, cardiac, respiratory, trauma, or complex medical emergencies.
Billing relevance	Generally supports BLS billing when ALS interventions are not required.	May support ALS billing when authorized ALS-level care is provided.	Typically supports ALS billing when advanced assessment, procedures, or medications are medically necessary.

EMT-Basic Role Overview

- Respond to 911 emergency calls or medical transport requests.
- Assess patient conditions, vital signs, and injuries.
- Perform CPR, manage airways, and control bleeding.
- Administer limited assisted medications (like oxygen or epinephrine).
- Document patient care clearly and report key findings to receiving hospital staff.

Regulation and Certification

- Certified by the Massachusetts Department of Public Health Office of Emergency Medical Services.
- Must work under a licensed ambulance service and follow state treatment protocols.
- Operates at defined certification levels, including EMT-Basic, Advanced EMT, and Paramedic.

Advanced EMT Role Overview

An Advanced EMT (AEMT) bridges EMT-Basic and Paramedic care by adding selected advanced life support interventions, including IV access, approved emergency medications, and advanced airway support under medical oversight.

Core Responsibilities

- All EMT-Basic Duties: Perform complete patient assessments, CPR, basic trauma management, and standard oxygen delivery.
- Circulatory Maintenance: Establish peripheral intravenous (IV) lines and monitor fluid therapy.
- Airway Management: Use advanced airway devices beyond basic bag-valve-mask techniques, per state protocols.
- Medication Administration: Administer a targeted, expanded array of emergency medications allowed under Massachusetts Statewide Treatment Protocols.
- Patient Transport: Stabilize and transport critical or emergent patients to appropriate healthcare facilities while maintaining continuous reassessment.

Operational Scope and Rules

- Medical Control: Must function under the direction of an approved medical director and Massachusetts Office of Emergency Medical Services (OEMS) rules.

- Licensing Limitations: May be practiced only within the licensed operational scope of an authorized ambulance service, not in unlicensed general hospital clinical areas.
- Continuing Education: Complete required continuing education on a recurring cycle to maintain active certification.

Paramedic Role Overview

A Paramedic provides the highest level of prehospital emergency care in Massachusetts by managing critical conditions, administering advanced treatments, interpreting cardiac data, and coordinating complex patient care during transport.

Advanced Medical Care

- Medication Administration: Administer a broad range of emergency medications through approved routes, including intravenous and other advanced routes.
- Cardiac Monitoring: Interpret electrocardiograms and use cardiac monitoring or defibrillation equipment when clinically indicated.
- Airway Management: Perform advanced airway procedures to secure and support breathing when required by patient condition and protocol.

Emergency Response and Leadership

- Patient Assessment: Rapidly evaluate complex medical, cardiac, respiratory, trauma, and other high-acuity emergencies.
- Team Leadership: Coordinate clinical decisions with EMTs, fire personnel, police, dispatch, and receiving facilities as appropriate.
- Critical Transport: Monitor unstable patients and adjust interventions continuously during ambulance transport.

The following sections explain how these certification levels differ in preparation, scope, transport use, and billing implications.

Training requirements increase substantially by certification level, reflecting the added clinical judgment, procedures, medications, and patient-management responsibilities expected at each step.

Training Hours by Certification Level

- EMT-Basic: 140 to 180 hours of instruction covering basic care, patient assessment, CPR, and splinting.
- Advanced EMT (AEMT): Typically requires additional training beyond EMT-Basic preparation, often ranging from about 150 to 300 hours depending on program structure.

- Paramedic: Requires comprehensive classroom, clinical, and field training that commonly totals 1,000 to 1,500 or more hours.

Compared with EMT-Basic (EMT-B) certification, Advanced EMT (AEMT) certification expands the provider's scope by adding selected ALS-level interventions while remaining more limited than the Paramedic role.

Key Differences in Scope and Advantage

- IV and IO Access: AEMTs may be authorized to establish intravenous access and, when permitted by protocol, intraosseous access for critical emergencies.
- Advanced Airway Management: AEMTs are trained to use selected advanced airway devices beyond basic bag-valve-mask ventilation, consistent with applicable Massachusetts protocols.
- Expanded Medications: AEMTs may administer additional emergency medications authorized by the Massachusetts Statewide Treatment Protocols, increasing clinical capability on scene.
- Career and Pay Progression: Holding an AEMT credential often supports modest wage growth and can serve as a practical step toward Paramedic certification.

Transport and Billing Considerations

Longer medical transports often favor Advanced Life Support (ALS) because extended travel time increases the chance that a patient's condition may change en route, requiring monitoring, medications, or airway support beyond the Basic Life Support (BLS) scope.

Risk of Patient Deterioration

- Extended Transport Time: Longer travel increases the period during which pain, respiratory status, circulation, or overall stability may change.
- Changing Patient Status: A patient who appears stable early in transport may require ALS-level monitoring or intervention before arrival.

In Massachusetts, ambulance billing commonly differs by service level, with Advanced Life Support (ALS) transports generally billed at higher rates than Basic Life Support (BLS) transports because ALS requires higher-level clinical staffing, equipment, and interventions.

Ambulance Billing Levels

- Basic Life Support (BLS): Applies to standard assessment, monitoring, and transport services provided within the EMT-Basic scope.
- Advanced Life Support (ALS1 / ALS2): Applies when medically necessary ALS-level assessment, procedures, medications, or monitoring are provided by appropriately credentialed personnel.

Rate Disparities

- Municipal and private ambulance providers may set different base fees for BLS and ALS transports based on staffing, equipment, and service requirements.
- Public payer fee schedules, including Medicare and MassHealth, generally assign higher allowable reimbursement values to ALS billing codes than to BLS billing codes.

Summary

EMT-Basic, Advanced EMT, and Paramedic certifications represent progressively broader levels of prehospital care, with each level adding training, clinical responsibility, and authorized interventions. In Massachusetts, these distinctions help clarify staffing needs, transport decisions, patient-care expectations, and billing differences between BLS and ALS services.

Conclusion

Appropriate EMS staffing depends on patient acuity, anticipated transport needs, and the interventions that may be required before arrival at the receiving facility. Understanding each certification level supports safer care decisions, efficient resource use, and accurate BLS or ALS billing practices.

Appendix D

Groton Staffing Survey Full Survey Results

This appendix provides the detailed survey results referenced in the Department Member Survey Results section. The survey was distributed to 34 Groton Fire Department members and completed by 22 respondents, representing a 65 percent response rate. Responses were anonymous and included both career and call/volunteer personnel.

Survey Participation

Measure	Result
Survey invitations distributed	34 department members
Completed responses	22 respondents
Response rate	65 percent
Career respondents	12 respondents, or 54.55 percent
Call/volunteer respondents	10 respondents, or 45.45 percent

Detailed Survey Results

Question 1: Are you a Career or Call/Volunteer member of the department? Of the 22 respondents, 12 were career members and 10 were call/volunteer members.

Question 2: During your tenure on the department, have you witnessed a decline in membership? All 22 respondents answered yes, indicating unanimous agreement that department membership has declined.

Question 3: On average, are the number of personnel coming back on callback, both on EMS and Fire calls, adequate and timely? Twenty-one respondents, or 95.45 percent, answered no. One respondent, or 4.55 percent, answered yes.

Question 4: Reasons callback is not adequate or timely, and suggested Town support. Respondents cited declining call department participation, limited daytime availability, training and certification demands, competing work and family obligations, compensation concerns, volunteer fatigue, and changing volunteerism trends. Suggested Town support included increasing full-time staffing, improving recruitment and retention, strengthening compensation and incentives, supporting training, and prioritizing public safety coverage.

Question 5: Insufficient responders and safety concerns. Eighteen respondents reported experiencing calls where the number of responders felt insufficient and where responder safety was a concern.

Question 6: Is the Chief's current effort to fill shifts with additional personnel to bring staffing to four members working? Among career respondents, 11 of 12 indicated that the approach is not working, while one respondent indicated that it is working.

Question 7: How could the Chief and/or the Town better meet the staffing goal of four per shift? Respondents most often recommended expanding full-time staffing, improving scheduling reliability, reducing dependence on overtime, addressing burnout, and securing sufficient Town funding.

Question 8: Departmental obligations delayed by staffing levels. Respondents identified delayed or reduced capacity for training, inspections, equipment checks, station duties, public education, administrative work, and other prevention or preparedness activities.

Question 9: Preferred ambulance service level. Paramedic-level service was selected by 9 respondents, or 40.91 percent. Advanced EMT-level service was selected by 8 respondents, or 36.36 percent. Basic-level service was selected by 5 respondents, or 22.73 percent.

Ambulance Service Level	Responses	Percent
Basic Life Support	5	22.73 percent
Advanced EMT	8	36.36 percent
Paramedic	9	40.91 percent

Question 10: Willingness to obtain ALS certification. Among career respondents, 7 indicated willingness and 4 indicated they were not willing. Among call/volunteer respondents, 5 indicated willingness and 4 indicated they were not willing.

Question 11: Additional comments. Open-ended responses reinforced several major themes, including staffing levels and retention, Advanced Life Support implementation, call-volume increases, staffing standards compliance, recruitment challenges, compensation, and member wellbeing.

Summary of Major Themes

- **Declining membership:** All respondents reported witnessing a decline in department membership.
- **Callback limitations:** Nearly all respondents reported that callback response is not adequate or timely.
- **Responder safety:** A substantial number of respondents reported safety concerns connected to insufficient staffing.

- **Four-person staffing:** Career respondents generally do not believe the current approach reliably achieves four-person shift staffing.
- **Advanced EMS capability:** More than three-quarters of respondents supported Advanced EMT or Paramedic-level ambulance service.
- **Town support:** Respondents identified the need for stronger investment in staffing, recruitment, retention, compensation, training, and wellbeing.

Interpretation

The Appendix D survey results support the report's conclusion that Groton's current staffing model is under increasing strain. Respondents consistently identified declining membership, inadequate callback response, responder-safety concerns, difficulty maintaining reliable four-person shift staffing, and the need to evaluate higher EMS capability. These findings reinforce the recommendations to stabilize shift staffing, strengthen recruitment and retention, and evaluate Advanced Life Support options for the Town of Groton.

The Survey Responses

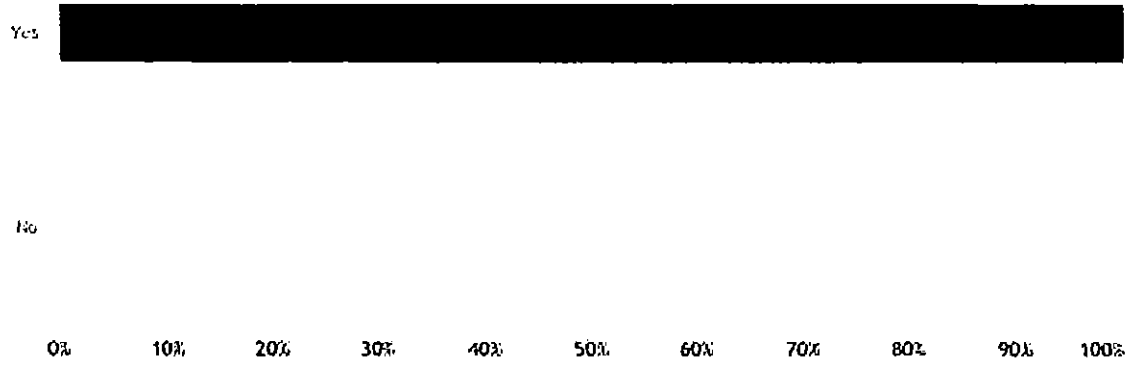
Q1 22 responses

Are you a Career or Call/Volunteer member of the department?



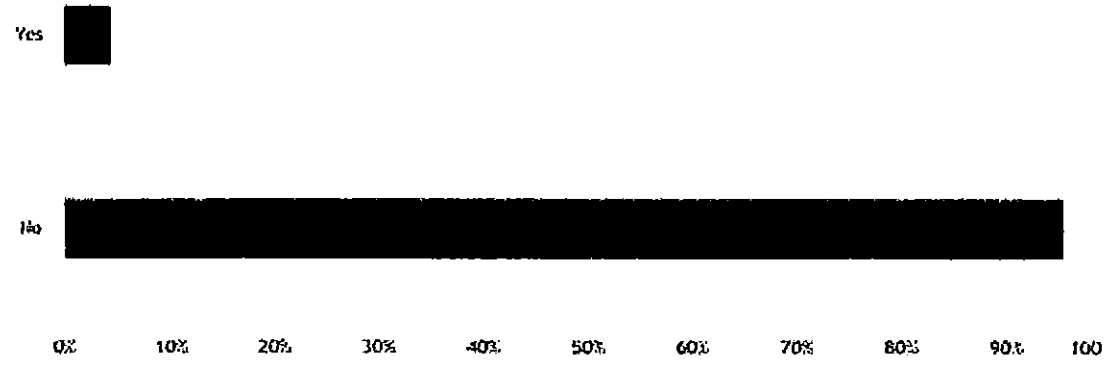
Q2 22 responses

During your tenure on the department, have you witnessed a decline in membership?



Q3 22 responses

On average, are the number of personnel coming back on callback, both on EMS and Fire calls, adequate, and timely?



Q4 If you answered "No" to the previous question, what do you think the reason is and how do you feel the Town could better support the fire department to improve on this?

Answered: 22 Skipped: 0

#	RESPONSES	DATE
1	The response to call back has decreased due to the number of career and call members. The number of FF/EMT's has decreased over the years. Our latest hires for career positions have come from the call department which although is good for training and town knowledge is does not actually increase our staff it just changes the title and schedule of those individuals.	8/28/2026 9:26 PM
2	The number of call members of been dwindling and those with EMT certs are even fewer. When additional personnel are needed for concurrent calls or station coverage there are only a small pool of people that can respond.	8/26/2026 11:20 AM
3	There seems to be a widespread trend of people having less time to commit outside of work/school and family.	8/25/2026 3:35 PM
4	There are just not enough members of the Call Department to consistently meet the growing call volume. To satisfactorily cover the Town there needs to be more full-time Firefighters.	8/25/2026 9:17 AM
5	On average I feel that we are good, but not always.	8/23/2026 10:03 AM
6	We have experienced many larger incidents that required more personnel and resources. Call back and station coverage personnel response has seen a steady decline. This has resulted in increased potential firefighter and civilian safety concerns, lack of coverage, delayed response times and needing to rely more on mutual aid. The Town has been made aware of the Groton Fire Department's staffing issues for many years. A staffing study was performed by a third party organization in 2016. That study pointed to the need to gradually increase staffing sighting the projection of growth of the town and call volume increases. The issues have been presented to the Select Board, Finance Committee and the residents of the town. Despite the departments efforts in providing numerous data points the Town does not seem to want to place a priority on public safety.	8/23/2026 8:31 AM
7	Our call members are dedicated and provide valuable support, but the number of personnel available for callback is not always adequate or timely. One of the biggest challenges is retention. We often recruit and train strong call members who aspire to become full-time firefighters. Once they gain experience and certifications, many are hired by other departments. While this reflects positively on the quality of our training program, it creates an ongoing staffing and retention challenge. Some of our strongest call members have been successfully hired into full-time positions within Groton, which is a positive outcome. However, this is not a Groton-specific issue. The traditional model of the on-call firefighter is becoming increasingly difficult to sustain as work, family, training requirements, and career opportunities make it harder for people to remain available for callbacks. The Town could help by continuing to explore incentives, compensation, recruitment strategies, and pathways to full-time employment that encourage qualified call members to remain with Groton longer.	8/20/2026 2:17 PM

8	The climate of the call department has switched from, "a thank you for my opportunity to serve to an attitude of you need us more than we need you." This has been caused by the lack of enforcement of minimum standards, which has created a lack of desire to meet these requirements. Call volume has increased to where the full-time staff has less time for development and training of the call department, and this coupled with a lack of leadership and available time from the call officers, Has caused the department membership has switched to a more per-diem based model than an on-call based model. Members want to schedule there involvement not be on call. The Membership who are not want jobs or fire service career driven, have not wanted to continue training into EMT and work ambulance. This has added to the hole being made by increase call volume, and lack of non-full time call back. The town needs to stop searching for the data that will show the increase in staffing is not the answer. The town needs to show support in the Chief and find ways to increase staffing. The town shows tremendous emotional support, but the department needs financial support.	8/20/2026 2:08 PM
9	The department has a decrease on call members, and fulltime staff not being able to afford to live in town, additional staffing per shift, and callback members should only supplement an adequately staffed career response.	8/19/2026 9:34 PM
10	Our current staffing is the bare minimum for a basic EMS call and less than minimum for a fire call. We need more full time staff to ensure safer levels of care for patients and responders. More full time firefighters is the way the town can help.	8/19/2026 1:32 PM
11	National decline in volunteerism, increasing certification and training requirements, significantly increased time on task for EMS calls given NVMC closure... all things outside the direct control of GFD and even Town Admin. Only recourse is for Town to support increase in FT staffing to ensure adequate coverage... can no longer risk staffing on the hope of a call force to show up and augment.	8/19/2026 1:21 PM
12	Nationwide there has been a decline in volunteerism overall. The skills, training and time commitments needed to support the GFD are difficult to obtain. Most people of service age in the town can't commit what is needed and required for a call/vol. position at the GFD. I believe staffing each shift to minimum standards of 4 FF/EMT's is the only solution and is overdue.	8/19/2026 8:08 AM
13	Pension Pay Increase	8/18/2026 9:06 PM
14	The reason is that there is a consistent decline in what I will call "volunteerism" across many areas in many towns. Call members do not do this for the money. In addition, the increase in call volume and what it takes to keep pace with training and so on is too high of a demand for the average call member. Also, there is a lack of interest from call members in doing EMS work. That is 75% or more of what we do.	8/18/2026 3:59 PM
15	It is increasingly difficult to maintain adequate response times during weekday working hours because the primary members who historically handled these calls have since transitioned into career positions, leaving a significant gap in coverage.	8/18/2026 1:22 PM
16	Schedule probies on per diem shifts in an effort to build experience more quickly and expose them to the EMS side of the house. Conduct on-shift training during these per diems to quality probies on the apparatus. The goal is to build confidence and increase the utility of the limited call member group.	8/18/2026 1:11 PM
17	More FT staff. ALS trained FT staff	8/18/2026 12:48 PM
18	staffing the career dept to 4 a shift and recruit new call members to higher levels	8/18/2026 11:37 AM
19	The department is woefully understaffed despite all efforts to inform the town of the gravity of the situation. The staff of GFD have gone above and beyond to make time to meet and discuss with the residents. The town leadership needs to staff the fire department to the appropriate levels, full stop. It's a matter of public safety.	8/18/2026 10:55 AM

20	People's lives are busier than ever, and many simply don't have the time or flexibility they once did to volunteer. The TOG needs to recognize this changing reality and understand that GFD needs more full-time personnel to meet the demands of the community. In my opinion, even having four personnel on shift may not be enough to provide the level of coverage and safety our residents and firefighters deserve.	8/18/2026 10:23 AM
21	I think the reason is that a lot of the calm members have their own family and their own other life commitments going on such as family and other jobs. Some things I think the town could work on is like on paper we have give or take 40 members, but it's very frequent that there is adequate staffing showing up. The town is also focusing more on budget issues instead of the mental health issues and tolls that it is putting on the members	8/18/2026 9:16 AM
22	There is not enough members to adequately staff apparatus on call backs due to the decline in membership	8/18/2026 9:08 AM

Q5 Have you ever responded on a call in which you felt as though the number of responders was insufficient? If so, were you ever concerned for your own safety? Please comment.

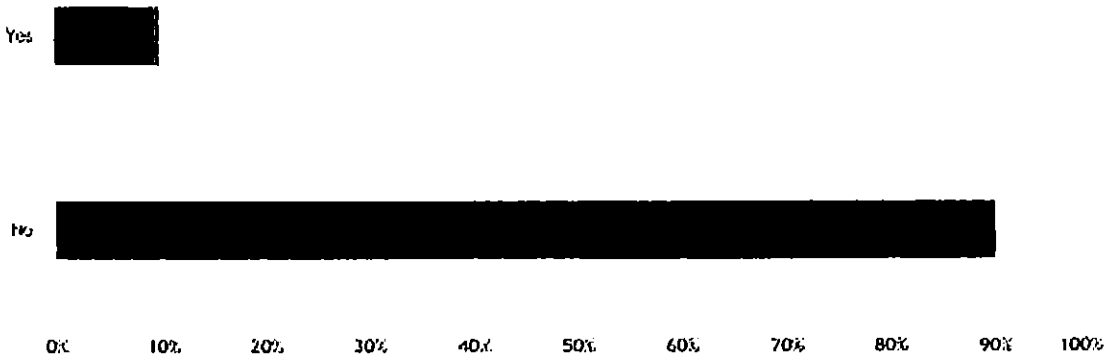
Answered: 21 Skipped: 1

#	RESPONSES	DATE
1	Yes there have been several times where the number of responders has been insufficient. Yes there have been events where personal safety of myself and the crew were a concern. Concern for personal safety is not just tied to fire response, some medical situations also are concerning do to physical over exertion or affected patient care.	8/28/2026 9:26 PM
2	I have never concerned for my safety how ever there has been times where only call members are available to respond and that put us at an disadvantage when it came to expertise	8/26/2026 11:20 AM
3	Yes, calls where multiple functions should be able to happen concurrently to mitigate risks cannot. Decisions need to be made to prioritize some functions over others which lead to unnecessary risk	8/25/2026 3:35 PM
4	I have on the initial response. Through Mutual Aid, we eventually get enough resources, but it's only a matter of time before that is not the case.	8/25/2026 9:17 AM
5	Yes, there are times where I have shown up to a fire call with a crew of 2, which always has inherent risk.	8/23/2026 10:03 AM
6	Yes, Staffing is anemic. The majority of "2nd" calls have a less than sufficient number of responders. This is especially true in the evening hours and weekends. The role of any fire department is to provide immediate and efficient response to all hazards within the town. We are not able to provide a consistent level of appropriate response and are not able to meet NFPA standards.	8/23/2026 8:31 AM
7	Yes. There have been too many incidents to count where I have felt the number of responders was insufficient. I have responded to numerous fire and EMS calls alone or with extremely limited staffing. This creates legitimate safety concerns, not only for the responder but also for the people we are trying to help. No firefighter or EMT should routinely be placed in a position where inadequate staffing limits their ability to safely and effectively perform the job. Responders should be given the personnel and resources necessary to succeed, rather than being placed in situations where they are set up to fail.	8/20/2026 2:17 PM

8	I have responded on countless calls where I feel the staffing is insufficient. This results in a safety concern not only for the fire department personnel, but also for the public we serve. Crews trying to run medicals without enough personnel to use safe lifting techniques, proper lift and carries, and adequate relief and rehab. Crews running back-to-back calls with no relief. Crews responding to structure fire with two FF on initial assignment, with next due engine from neighboring towns or driver only from Groton. Unable to staff both engine and ambulance at MVA, relying on Mutual aid to handle basic medical transports.	8/20/2026 2:08 PM
9	Yes, I've been on multiple call in town where lack of staffing jeopardizes my safety, most recently I responded to a EV car fire with 2 people on shift plus the deputy. Putting the ambulance to be staffed by 1 and the engine with 2 (and 1 member was the deputy IC) Another time was reposning to a structure fire in the town of Groton with 2 guys on the engine and the ambulance transporting to the hospital to a fully involved structure that made it to a 2nd alarm NFPA standard is 4 guys per engine	8/19/2026 9:34 PM
10	As a full time firefighter, most fires we arrive to as the first arriving crew we arrive with only 2 or 3 people. Almost every time this scenario occurs there is a concern for our safety. That is not enough responders with an unknown on when the next responders will arrive. There are many medicals that if we only have a single ambulance crew there is a multitude of factors that could happen that put us at risk for injury. Our top priority is serving the community the best we can and they deserve more appropriate staffing.	8/19/2026 1:32 PM
11	Yes, on a number of occasions. Eventually mutual aid arrives, but the delay given the distance is not insignificant.	8/19/2026 1:21 PM
12	yes, we lift many obese Patients, minimally 4 experiences people for safety of the patient and FF/EMT should be present. Often we show up with only 2. An fires, MVA's and all other emergencies there has been many examples of staff being woefully and dangerously understaffed and at risk of injury or death.	8/19/2026 8:08 AM
13	Yes. Need a safe number of competent on call members	8/18/2026 9:06 PM
14	Yes, this happens on a regular basis now. It happens on numerous EMS calls where lifting Patients is dangerous with only two or maybe three career members. It happens on fire calls where we have to deadman the pump and make entry in the hopes that someone else is gonna show up. It happens in numerous situations when there are multiple calls at the same time. It's an everyday occurrence practically now.	8/18/2026 3:59 PM
15	Yes, I have responded to numerous calls where the number of responders was insufficient. While I have frequently encountered low turnout, I have personally never felt concerned for my own safety during these incidents.	8/18/2026 1:22 PM
16	Yes, number of responders was insufficient at times. Issue occurs with overlapping calls, especially when BLS transport is required to area hospitals. No, did not fear for safety.	8/18/2026 1:11 PM
17	E1, crew of one, fully involved house fire with wildland/ forest exposure A1, crew of one, Tesla fire + MCI A2, crew of two, apparatus out of service, responding to 2nd code of the night	8/18/2026 12:48 PM
18	yes. We responded with 2 firefighters/EMTs to an accident with 4 injured and a fully engulfed car. We did not have enough to tend to the injured next to a burning car while putting out a car that could injure those tending to the injured.	8/18/2026 11:37 AM
19	Yes. Fortunately our mutual aid partners are excellent but as we struggle to keep up with the increased call volume, so do they. Reliance on surrounding towns to staff our calls is not sustainable.	8/18/2026 10:55 AM
20	I can say, I definitely have responded to numerous calls with insufficient personnel. But I am unable to recall if I felt unsafe or what the call was	8/18/2026 8:16 AM
21	Yes, there has been times that I am the only person responding on an apparatus with back to back calls.	

Q6 21 responses

Currently, the Chief is attempting to fill shifts with additional personnel to bring shift levels to four. Is his method of obtaining this minimal staffing level working?



Q7 If you answered "No" to the previous question, how do you feel the Chief and/or the Town could better meet this staffing goal of four per shift?

Answered: 20 Skipped: 2

#	RESPONSES	DATE
1	There are a lot of opportunities to work, but due to our number of employees receiving the 4 members per shift is not getting filled. Members need time to spend with their families and also decompress from the work we are asked to do. The town needs to hire more staff for this model to be successful without staff sacrificing their family and personal life.	8/28/2026 9:26 PM
2	Although there are a number of shifts with 4 people it relies on per diems which are never guaranteed to be filled and additional shifts for the full timers which could lead to burn out	8/26/2026 11:20 AM
3	It's working as a band-aid but its not sustainable to staff 25% of the time on overtime - before accounting for PTO.	8/26/2026 3:35 PM
4	Again, not enough resources to pull from and burn-out of those that do is a real problem	8/25/2026 9:17 AM
5	You have to have an appropriate number of staff in order to fill these shifts. If we do not have the staffing, you cannot successfully fill the shifts. Simple math.	8/23/2026 8:31 AM
6	The Chief's use of overtime to bring staffing levels to four is effective as a short-term solution, but it is not sustainable. Relying heavily on overtime places additional demands on the same firefighters, contributing to fatigue, stress, and burnout. Over time, this can negatively affect morale, work-life balance, retention, and potentially operational safety. The most practical long-term solution is to hire additional full-time personnel so that minimum staffing levels can be maintained without depending on excessive overtime. Overtime should be used to address occasional staffing shortages, not as the primary method of maintaining minimum daily staffing	8/20/2026 2:17 PM

7	Continue staffing to safe levels thru OT rate until full-time hires are made. Add addition pay incentives to encourage full-time personnel to pick up OT shifts. Modify per diem hours to better fix staffing holes rather than over staff daytime hours. Encourage Call back in full-time personnel to guarantee qualified responders. Modify shift responsibilities in understanding of the increased night call volume.	8/20/2026 2:08 PM
8	permanent Career staffing of 4 guys on all 4 shifts	8/19/2026 9:34 PM
9	When we are able to fill to 4 per shift the crew can feel the difference in our safety and capabilities. It is a huge ask to have our current staffing levels consistently fill 4 per shift and unrealistic to maintain. If they town can hire us up to 4 per shift it is a guarantee for the staffing level we need.	8/18/2026 9:16 AM
10	The Chief is doing everything he can. Its the Town that is not recognizing the developing staffing emergency that the Chief has been advocating about for years.	8/19/2026 1:21 PM
11	There is not enough available staff to fill all the vacancies at all times.	8/19/2026 8:08 AM
12	Need more firefighters. not more overtime firefighters where they are exhausted	8/18/2026 8:06 PM
13	Right now we have some shifts with staffing of three or staffing of two. In addition to the fact that neither of these staffing scenarios Meet the NFPA minimum. our minimum staffing level is actually two. The additional shifts that are being offered are all voluntary and so sometimes we wind up with two people on and sometimes we wind up with five people on.	8/18/2026 3:59 PM
14	The current staffing shortage is driven by a limited pool of personnel available to cover shifts. High levels of burnout, combined with concurrent leave for vacation or illness, create significant challenges in maintaining adequate coverage, making it increasingly difficult to meet current staffing goals.	8/18/2026 1:22 PM
15	All call group members have day jobs, or are working fire jobs in other departments making shift pickups challenging. Day shifts generally do not jibe with day jobs. Overnight shifts can negatively impact day jobs if call volume is high. Weekend shifts are difficult given work/life balance for many. A larger number of invested call members could work per 1-2 per diem shifts per week and perhaps makeup some of that gap. Recent push to use members of nearby departments on per diem also a good avenue that should be expanded on.	8/18/2026 1:11 PM
16	Hire enough FT firefighters to meet 4 per shift levels without driving staff burnout	8/18/2026 12:48 PM
17	Convince the voters that we need more staffing for THEIR benefit	8/18/2026 11:37 AM
18	There is nothing more that Chief can do without the direct assistance of the town. Expecting all of the career members to just endlessly work overtime is not a solution. This is an extremely difficult field, that requires the staff to operate at the highest possible level in the worst possible conditions. First responders need to rest. Physically, and mentally. It is unreasonable on any level to continue to strain the staff to keep up with demand. instead of simply allowing the department to hire more skilled, experienced firefighters. Chief never stops working. He needs the same consideration as well. This budgeting and staffing disconnect between the town and the department does an extreme disservice to all of the citizens that live here. Those are the people that the town of Groton calls when they need help. When they tell you that they need help, listen to them..	8/18/2026 10:55 AM
19	The Chief is currently using overtime funds to maintain four personnel per shift. Rather than continuing to rely on overtime to fill these positions, the TOG should consider adding more full-time firefighters to provide consistent staffing in a more sustainable and cost-effective manner.	8/18/2026 10:23 AM
20	I feel the chief is filling the overtime to the full-time members, and when it goes through the list completely, and there's still shifts with one person on it. the junior guy is getting ordered in more often than not. I feel as if the Chiefs should be putting the overtime list out to the per diem members in advanced to give them some notice of the empty shifts that we have instead of last minute.	

Q8 Are you aware of any departmental obligations that are frequently delayed due to the current staffing levels? If so, please list them below:

Answered: 19 Skipped: 3

ANSWER CHOICES	RESPONSES	
1.	100.00%	19
2.	89.47%	17
3.	63.16%	12

#	1.	DATE
1	Community outreach	8/28/2026 9:26 PM
2	Unaware	8/26/2026 11:20 AM
3	Inspections/plan review	8/25/2026 3:35 PM
4	Inspections	8/25/2026 9:17 AM
5	Training	8/23/2026 8:31 AM
6	Inspections	8/20/2026 2:17 PM
7	Response to back-to-back calls, resulting in mutual aid response	8/20/2026 2:08 PM
8	Not being able to staff a second ambulance	8/19/2026 9:34 PM
9	Training	8/19/2026 1:32 PM
10	Hands-on training is harder to schedule	8/19/2026 1:21 PM
11	response time tosecond call. Which is occurring with more frequency	8/19/2026 8:08 AM
12	Truck and equipment checks and maintenance	8/18/2026 3:59 PM
13	Inspections	8/18/2026 1:22 PM
14	No	8/18/2026 1:11 PM
15	2 on a shift on a medical and fire alarms go to mutual aid	8/18/2026 11:37 AM
16	To my knowledge, there are no obligations that fall through the cracks due to the staffing problem. However, it is extremely important to emphasize that this is not because of adequate staffing. It is entirely due to the top-notch level of commitment and professionalism that the members of Groton Fire execute their roles with. They are accomplishing their jobs and serving the town without a drop in quality of service in spite of the added stresses.	8/18/2026 10:55 AM
17	trainings	8/18/2026 10:23 AM
18	Sometimes we are unable to make senior safe appointments to ensure that seniors have the proper fire protection	8/18/2026 9:16 AM
19	Staffing	8/18/2026 9:08 AM

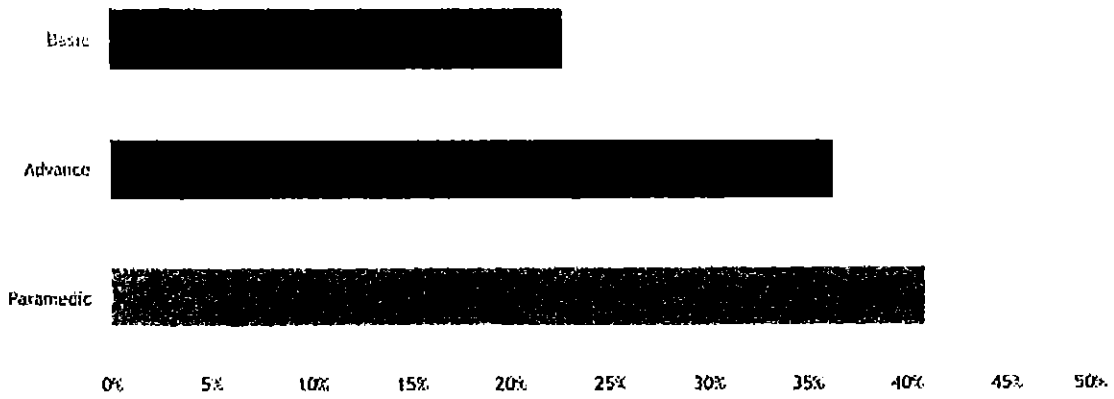
#	2.	DATE
1	Equipment and apparatus/ station upkeep	8/28/2026 9:26 PM
2	Unaware	8/26/2026 11:20 AM

4	Training	8/25/2026 9:17 AM
5	Pre-planning, inspection and fire prevention services are often delayed	8/23/2026 8:31 AM
6	Second calls for service	8/20/2026 2:17 PM
7	Fire Prevention and inspection	8/20/2026 2:08 PM
8	Delayed response times for second calls	8/19/2026 9:34 PM
9	Community outreach	8/19/2026 1:32 PM
10	Public outreach activities and harder to staff	8/19/2026 1:21 PM
11	Outreach programs and services.	8/19/2026 8:08 AM
12	Training	8/18/2026 3:59 PM
13	Senior Smoke Program	8/18/2026 1:22 PM
14	when an engine is on a fire call, medicals need to go mutual aid	8/18/2026 11:37 AM
15	Inspections	8/18/2026 10:23 AM
16	When there's two members on and you're on a call and another call comes in you are giving the town a delayed response of 10+ minutes.	8/18/2026 9:16 AM
17	Distance from the hospitals	8/18/2026 9:08 AM

#	3.	DATE
1	Training and personal development	8/28/2026 9:26 PM
2	Unaware	8/26/2026 11:20 AM
3	Outreach activities (SAFE, community events, etc)	8/25/2026 3:35 PM
4	Maintenance	8/25/2026 9:17 AM
5	Public education is not able to provided.	8/23/2026 8:31 AM
6	Administrative tasks	8/20/2026 2:17 PM
7	Safe and community education and town events.	8/20/2026 2:08 PM
8	Administrative responsibilities and service programs like car seat installs, school visits, senior safe. Etc	8/19/2026 1:32 PM
9	Billing, personnel development etc.	8/18/2026 3:59 PM
10	School inspections	8/18/2026 1:22 PM
11	when more than one medical comes in and there are not enough for a second ambulance.	8/18/2026 11:37 AM
12	fire prevention visits for kids/senior smoke visits	8/18/2026 10:23 AM

Q9 22 responses

In your professional opinion, what level of ambulance service makes the most sense for the Town of Groton?



Q10 20 responses

With regards to question 9, would you be willing to obtain ALS (EMT-A or Paramedic) certification?



Q11 Please add any additional comments in the box below related to this survey.

Answered: 15 Skipped: 7

#	RESPONSES	DATE
1	In our current situation the number of members available to fill these current shifts is back to 8 due to injury or illness. The timeframe of personal returning is unknown which adds to the stress on the remaining members with the added workload and expectation for trying to complete the shift even to a minimum requirement of 2 personnel.	8/28/2026 9:26 PM
2	The Groton Fire Department has been forced to adapt to many changes over the years. One of the biggest changes has been the decline in being able to recruit and retain call/volunteer firefighters. Many of the most recent recruits have received training from the department, but those individuals are seeking career positions. Those individuals are also younger, and are not able to afford to live in town, thus we lose their ability to remain a call/volunteer member. Another impact to the call/volunteer membership decline is the demographic of the town. Groton is not longer a "Blue Collar" town. The majority of the individuals who could fall into the ideal call/volunteer recruit, commute to and from Boston and have busier lives than what we experienced say 15-20 years ago. Groton continues to grow. Common sense tells you that with increased population there is a direct correlation to increased call volume. We cannot expect the fire department to staffing to remain status quo and continue to be stretched so thin to the point of not being able to provide appropriate levels of service. The town need to recognize the issue and make the necessary steps to lift the Fire Department to the NFPA standard. If not Firefighter burnout, injuries to both firefighters and civilians will be seen, career firefighters will seek other employment, and the town will be left with less than expected response placing residents in further danger especially in critical incidents.	8/23/2026 8:31 AM
3	yes to Advanced no to medic.	8/20/2026 2:17 PM
4	Groton FD is in the middle of the "Perfect Storm." Increased call volume and decreased call department participation. Resulting in little interior assistance in day-to-day call coverage, leaving holes which result in Groton requiring mutual aid and straining a already overtax system. Groton depends on outside ALS, resulting in decrease in quality control of ALS.	8/20/2026 2:08 PM
5	Regards to question 9, with the current staffing structure with 11 fulltime members Groton can not go ALS as we currently can't guarantee 1 engine to meet NFPA standard. The town of Groton could go ALS with 8 members per shift and a minimum of 2 paramedics on each shift.	8/19/2026 9:34 PM
6	GFD is in a tough position... many of these moves should have been made 20 years ago. While our station and apparatus are top-line, the staffing issue is much more dramatic than any member of the public truly understands. The Town should be advocating on the matter, not just the Chief. It is the shared responsibility to provide these services, and the Town Admin and Town Leadership should be much more vocal about educating the public on how close to the edge we are operating.	8/19/2026 1:21 PM

7	Need a minimum of 4 firefighters/emt around the clock to keep everyone safe.	8/18/2026 9:06 PM
8	In order for the answers to question 9 and 10 to matter, there needs to be an agreement with the Town and staff and any call members that are willing to work per diem's regarding moving to the A-level. In my professional opinion, there is no way that we can consider moving to the A-level with the current number of staff that we have. Unfortunately, this conversation is years overdue, and the can has been kicked down the road for so long that there is a reduction in morale, and this probably also leads to a lack of willingness to constructively have conversations on these matters right now.	8/18/2026 3:59 PM
9	The town and our mutual aid partners are experiencing a significant increase in call volume, which is placing an unsustainable strain on our collective resources. This pressure is felt acutely by department members, our mutual aid partners, and the community we serve. It is demoralizing to be on an active call when a second incident occurs, leaving us unable to render aid or provide the support our citizens depend on. Increasing our staffing and available resources is critical to resolving these gaps in coverage and ensuring we can effectively meet the needs of the community.	8/18/2026 1:22 PM
10	EMT-A qualification. If paid for by the town, may be palliatable. Paramedic for a call member is untenable.	8/18/2026 1:11 PM
11	SEF does not reduce the need for staff, it likely increases the need Relying on mutual aid ALS does not reduce the need for staff, as Groton is increasingly called to ALS towns for BLS transport	8/18/2026 12:48 PM
12	Staffing matters to everyone, not just the first responders but more to the town we are sworn to help and protect.	8/18/2026 11:37 AM
13	Speaking simply as a tax paying citizen of Groton this needs to get resolved immediately. Groton is lucky to have some of the most capable, hard-working, and selfless staff on their fire department and attrition will only get worse if the town continues to ignore them. This is a disservice to the town and to public safety, as well as a disservice to the safety and well being of the first responders entrusted to protect us and our families	8/18/2026 10:55 AM
14	I have been here along time and year after year we ask for the same thing, to increase our staff. Unfortunately as the saying goes "Insanity is doing the same thing over and over again and expecting different results."	8/18/2026 10:23 AM
15	Another thing I feel like the town is not understand is the amount that the members have been working and the toll on their body and mental health issues. Per the national fallen firefighter foundation about 100 responders commit suicide every year. that is from getting burnt out from working so much and from the PTSD related illnesses. Versus they are expected to show up with top-tier professionalism day and day out with that. It causes us to put our own emotion to the side and show up for the Emergency we got called for	

Revised: 09/22/2026

FALL TOWN MEETING
MOTIONS
OCTOBER 3, 2026

Article 1: Prior Year Bills **Mover: Peter Cunninhgam**

MOTION: I move that the sum of Four Hundred Thirty Dollars ($430) be transferred from the Excess and Deficiency Fund (Free Cash) the payment of the following bill from a prior fiscal year:

Service Tire Truck Centers $430

Quantum of Town Meeting Vote: 4/5s Majority

Articles 2, 3, 4, 5, 6, 7, 8 & 9 **Mover: Matt Pisani**

CONSENT MOTION

MOTION: I move that the Town take affirmative action on Articles 2, 3, 4, 5, 6, 7, 8 & 9 pursuant to the motions as set forth in the Town Meeting Information Handout for this Meeting, without debate and in accordance with the action proposed under each motion, provided however that if any voter requests the right to debate a specific motion, then said motion shall be debated and voted upon separately.

Quantum of Town Meeting Vote: Majority

Article 2: Amend the Fiscal Year 2027 Town Operating Budget

BUDGET MOTIONS

MOTION 1: I move that the Fiscal Year 2027 Operating Budget, as adopted pursuant to Article 5 of the May 2, 2026 Spring Town Meeting, be amended as follows, each line item to be considered as a separate appropriation for the purposes voted:

General Government: By increasing the General Government Appropriation from $2,701,294 to $2,776,794 so as to increase Line Item 1022 – "Select Board Expenses" by $25,000 from $4,750 to $29,750; increase Line Item 1032 – "Town Manager Expenses" by $20,500 from $12,100 to $32,600; increase Line Item 1062 – "Board of Assessors Expenses" by $10,000 from $63,617 to $73,617; increase Line Item 1080 – "Town Counsel Expenses" by $20,000 from $90,000 to $110,000; and transfer the sum of $75,500 from the Excess and Deficiency Fund (Free Cash) to fund said increases.

MOTION 2: I move that the Fiscal Year 2027 Operating Budget, as adopted pursuant to Article 5 of the May 2, 2026 Spring Town Meeting, be amended as follows, each line item to be considered as a separate appropriation for the purposes voted:

Department of Public Works: By increasing the Department of Public Works Appropriation from $2,247,020 to $2,272,020 so as to increase Line Item 1541 – "Municipal Buildings and Property Maintenance Expenses" by $25,000 from $282,950 to $307,950; and transfer the sum of $25,000 from the Excess and Deficiency Fund (Free Cash) to fund said increase.

MOTION 3: I move that the Fiscal Year 2027 Operating Budget, as adopted pursuant to Article 5 of the May 2, 2026 Spring Town Meeting, be amended as follows, each line item to be considered as a separate appropriation for the purposes voted:

Library and Citizen's Services: By increasing the Library and Citizen's Services Appropriation from $2,489,751 to $2,523,322 so as to increase Line Item 1620 – "Veteran's Service Officer Salary" by $33,571 from $6,622 to $40,193; and raise and appropriate from the Fiscal Year 2027 tax levy and other general revenues of the Town the sum of $33,571 to fund said increase.

Article 3: Transfer Money into the Capital Stabilization Fund

MOTION: I move that $691,000 be transferred from the Excess and Deficiency Fund (Free Cash) to be added to the sum already on deposit in the Capital Stabilization Fund.

Article 4: Transfer Money into the Stabilization Fund

MOTION: I move that this Article be indefinitely postponed.

Article 5: Transfer Money into the GDRSD Capital Stabilization Fund

MOTION: I move that $377,514 be transferred from the Excess and Deficiency Fund (Free Cash) to be added to the sum already on deposit in the Groton Dunstable Regional School District Capital Stabilization Fund.

Article 6: Transfer Within the Water Enterprise Fund

MOTION: I move that this Article be indefinitely postponed.

Article 7: Transfer Within the Four Corners Sewer Enterprise Fund

MOTION: I move that $10,000 be transferred from the Four Corners Enterprise Surplus to the Fiscal Year 2027 Four Corners Budget for general expenses.

Article 8: Transfer Within the Stormwater Enterprise Fund

MOTION: I move that $30,000 be transferred from the Stormwater Enterprise Fund Surplus to the Fiscal Year 2027 Stormwater Budget for general expenses.

Article 9: Appropriation to Fund Town Forest Expenses

MOTION: I move to transfer the sum of $30,000 from the Receipts Reserved for the Town Forest to Town Forest Expenses.

Article 10: Cow Pond Brook Fields Improvements **Mover: Mary Jennings**

MOTION: I move, pursuant to Massachusetts General Laws Chapter 44B, Section 5, to appropriate Three Million Nine Hundred Thousand Dollars ($3,900,000), to be expended by the Town Manager to fund Community Preservation Application 2027-10 "Cow Pond Brook Fields Improvements", including all incidental and related costs; and further, to meet this appropriation, the Treasurer, with the approval of the Select Board, shall be authorized to borrow the sum of $3,900,000, pursuant to Massachusetts General Laws Chapter 44, Section 7(1), or any other enabling authority, and to issue bonds or notes of the Town for this purpose; and further, that the Town Manager shall be authorized to contract for the accomplishment of this purpose, including the expenditure of all appropriated funds and any funds received from any source for this purpose; and further, the Town Manager shall be authorized to file on behalf of the Town any and all applications deemed necessary under the Land and Water Conservation Fund Act, pursuant to P.L.88-578, or any other applications for funds in any way connected with this purpose, as described in Article 10 of the Warrant for the 2026 Fall Town Meeting; and further, that upon completion of the Improvement project, the real property identified as Assessor's Parcels 249-40 and 249-57 shall be controlled and managed by the Park Commission as public parks and playgrounds in accordance with Massachusetts General Laws Chapter 45, Section 3; and further, the real property identified as Assessor's Parcel 249-51 along Hoyts Warf Road, containing approximately 10.4 acres, shall be transferred from the control of the Select Board to the Conservation Commission.

Quantum of Town Meeting Vote: **2/3s Majority**

Article 11: Install Irrigation System – Country Club **Mover: John Reilly**

MOTION: I move to appropriate One Million Seven Hundred Thousand Dollars ($1,700,000) to be expended by the Town Manager to install an irrigation system and make various improvements to the Groton Country Club Golf Course, including all incidental and related costs; and further, to meet this appropriation, the Treasurer, with the approval of the Select Board, shall be authorized to borrow the sum of $1,700,000 pursuant to Massachusetts General Laws, Chapter 44, Section 8(15), or any other enabling authority, and to issue bonds or notes of the Town for this purpose; and further, the Town Manager shall be authorized to contract for the accomplishment of the foregoing purpose, including the expenditure of all appropriated funds and any funds received from any source for this purpose.

Quantum of Town Meeting Vote: 2/3s Majority

Article 12: Means-Tested Property Tax Exemption **Mover: Nick Degaitas**

MOTION: I move to authorize the Select Board to petition the General Court of the Commonwealth of Massachusetts to enact special legislation to establish a means-tested senior citizens property tax exemption as set forth under Article 12 of the Warrant for the 2026 Fall Town Meeting; provided, however, that the General Court may make clerical or editorial changes of form only to the bill, unless the Select Board approves amendments thereto before enactment by the General Court, which amendments shall be within the public purposes of said petition.

Quantum of Town Meeting Vote: Majority

Article 13: Clean Energy Facilities Consolidated Permitting **Mover: Russ Burke**

MOTION: I move to amend the Code of the Town of Groton, Chapter 218 Zoning, as set forth in Article 13 of the Warrant for the 2026 Fall Town Meeting.

Quantum of Town Meeting Vote: 2/3s Majority

Article 14: Ground Mounted Solar Photovoltaic Facilities **Mover: Russ Burke**

MOTION: I move to amend the Code of the Town of Groton, Chapter 218 Zoning, Section 218-10.3, as set forth in Article 14 of the Warrant for the 2026 Fall Town Meeting.

Quantum of Town Meeting Vote: 2/3s Majority

Article 15: Senior Property Tax Freeze Program **Mover: Samuel Palmer**

MOTION: I move to authorize the Select Board to petition the General Court of the Commonwealth of Massachusetts to enact special legislation to establish a senior property tax freeze program as set forth under Article 15 of the Warrant for the 2026 Fall Town Meeting; provided, however, that the General Court may make clerical or editorial changes of form only to the bill, unless the Select Board approves amendments thereto before enactment by the General Court, which amendments shall be within the public purposes of said petition.

Quantum of Town Meeting Vote: **Majority**

Article 16: Study Housing Opportunities and Municipal Finance **Mover: Russell Harris**

MOTION: I move that the Town study housing opportunities and municipal finance as set forth under Article 16 of the Warrant for the 2026 Fall Town Meeting.

Quantum of Town Meeting Vote: **Majority**

SELECT BOARD POLICY

Policy Category:	Public
Policy Number:	PUB – 2026-1
Latest Revision Date:	September 28, 2026

POLICY NAME: Post-Closure Eligibility for Water Main Connection Assistance

I. PURPOSE AND SCOPE

The purpose of this Policy is for the Select Board and Groton Water Department to establish a procedure, criteria and eligibility for financial and administrative assistance related to the Regional Water Main Extension Project undertaken to address PFAS contamination of private wells in reference to EEA RTN 2-0021961.

II. POLICY

For a period of five (5) years following the date the contamination site is formally closed out by the Massachusetts Department of Environmental Protection (MDEP), the owner of any property located in and within five hundred (500) feet of the edge of the defined PFAS plume (at the time of site closure) may qualify for the following assistance, provided all conditions below are met and there are remaining funds in the project appropriation to cover the connection costs:

1. The property owner must obtain third-party laboratory testing from a Massachusetts certified laboratory.

2. Testing results must be submitted to the Town of Groton Water Department accompanied by proper Chain of Custody forms.

3. Results must show a detection of PFAS exceeding 4 parts per trillion or the prevailing Federal or State drinking water standards at the time of the testing, whichever is lower.

4. This Policy applies to the eligible property, not to a specific homeowner. A change in ownership during the five-year period does not extinguish eligibility. Any subsequent owner of a qualifying address may apply, so long as that owner meets all testing, submission, and pre-approval requirements then in effect. **Reimbursement and fee waivers are available only once per eligible property.**

SELECT BOARD POLICY

III. QUALIFIED ASSISTANCE

Owners of properties meeting the above criteria will be eligible for:

- Eighty-five percent (85%) reimbursement of the reasonable and necessary costs of a licensed, approved, contractor to perform the work required to connect the property to the public water main;
- Waiver of all fees associated with permitting for the connection;
- Waiver of the Water Department's standard water main connection fee;
- Waiver for the cost of residential and irrigation meter; and
- Waiver for inspection fees.

IV. LIMITATIONS ON ELIGIBLE COSTS AND RESTORATION

Eligible costs are strictly limited to the reasonable and necessary expenses of installing the service connection from the water main to the building foundation (or existing house connection), including excavation, piping, backfill, and restoration of surfaces disturbed solely for the purpose of making the connection. Restoration is limited to returning the disturbed area to its pre-existing condition.

The following are **not** eligible for reimbursement:

- Upgrades, aesthetic improvements, or betterments of any kind.
- Work that could have been avoided by selecting a more direct or standard connection route.
- Costs arising from decisions to pursue an unnecessarily complex or destructive path (for example, routing under a retaining wall, foundation, or other major structure when a simpler or more cost-effective alternative exists).
- Replacement or reconstruction of structures, landscaping, hardscape, or features beyond the minimum required to restore the area directly disturbed by the approved connection method.
- Internal plumbing or other upgrades not directly related to the connection to the water system such as replacement fixtures or interior redesign.

SELECT BOARD POLICY

V. PRE-APPROVAL REQUIREMENTS

Prior to any work commencing, the property owner must submit to the Water Department the following:

- A detailed scope of work and proposed connection route;
- At least three written contractor estimates;
- Supporting documentation (site plan or sketch showing the proposed path); and
- Documentation showing the work meets the minimum design standards for private water connections of the Groton Water Department.

The Water Department will review the submission and approve only the least-cost, reasonable method of connection. Reimbursement will be capped at 85% of the pre-approved estimate (or the actual cost, whichever is lower). Work performed without prior written approval, or that deviates from the approved scope, is not eligible for reimbursement.

VI. POLICY INTENT

This policy is intended to provide continued protection and equitable access to public water for properties potentially impacted by the plume after formal site closure, while protecting public funds from unnecessary or inflated costs. Reimbursement will only occur after the work is completed and all permits have been received from the Building Department.

The Groton Select Board and Groton Water Department reserves the right to conduct a cross-connection survey of the property to ensure there are no illegal connections to the water system.

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