



2010 Public Water Supply Verification

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

| | |
|----------------------------|---------------------------------|
| PWS Name: | WAYLAND WATER DEPARTMENT |
| PWS Street Address Line 1: | 41 COCHITUATE RD |
| PWS Street Address Line 2: | |
| City/Town: | COCHITUATE |
| State: | MA |
| Zip Code: | 01778-0000 |
| Class: | COM |



System Information (COM/NTNC)

| | | |
|--|---------------------------|----------|
| 1. PWS Street Address | | |
| WAYLAND WATER DEPARTMENT | | |
| PWS Name | | |
| 41 COCHITUATE RD | | |
| PWS Street Address Line 1 | PWS Street Address Line 2 | |
| WAYLAND | Massachusetts | 01778 |
| City/Town | State | Zip Code |
| 508-358-3699 | 508-358-5325 | |
| Phone Number | Fax Number (if available) | |
| | | |
| Web Site Address of PWS (if available) | | |

| | | |
|---|------------------------|----------|
| 2. PWS Mailing Address <input checked="" type="checkbox"/> Same as street address. | | |
| WAYLAND WATER DEPARTMENT | | |
| Mailing Name | | |
| 41 COCHITUATE RD | | |
| Mailing address Line 1 | Mailing address Line 2 | |
| WAYLAND | Massachusetts | 01778 |
| City/Town | State | Zip Code |

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

| | | |
|---------------------------------|--------------|--|
| 4. Owner Information: | | |
| | | <input checked="" type="checkbox"/> This is a new owner. |
| Owners Name (if not municipal): | Phone Number | |

| | | |
|---|---|--|
| 5. Primary Contact: | | |
| MICHAEL | D | HATCH |
| Name (First, Middle Int, Last) • one name only• | | 508-358-3699 |
| | | <input checked="" type="checkbox"/> This is a new contact. |
| Phone Number | | |
| mhatch@wayland.ma.us | | |
| Email Address (For Emergency Purposes) | | |



6. Certified Drinking Water Operators employed by the PWS:

| Name | | | Grade | License Number | Primary Operator | Delete |
|----------|---|-----------|-------|---------------------|-------------------------------------|-------------------------------------|
| MICHAEL | D | HATCH | D4/T3 | 11889/11736 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MICHAEL | D | HATCH | D4/T3 | 11889/11736 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| MANNY | | PACHECO | D2/T1 | 22334-OIT/22141-OIT | <input type="checkbox"/> | <input type="checkbox"/> |
| DONALD | M | MILLETTE | D2/T3 | 7522/11897 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| BRIAN | M | VAUDREUIL | D2/T1 | 11646/7229 | <input type="checkbox"/> | <input type="checkbox"/> |
| PAUL | E | HATFIELD | D2/T2 | 3651/7078 | <input type="checkbox"/> | <input type="checkbox"/> |
| NICHOLAS | J | IARUSSI | T2/D2 | 23015/23030 | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|---|---|--------|----|-------|--------------------------|------------------------|
| RICHARD | S | KADLIK | 1T | 23012 | <input type="checkbox"/> | Delete |
| <p>To add an operator, enter a license # in the field below and then click the "Add Operator" button.</p> <p>License Number: <input type="text"/></p> | | | | | | |

7. Primary Certified Operator Contact Information: (11889/11736)

| | | | | |
|--------------------|---------------|--------------|----------------------|----------------|
| MICHAEL | D | HATCH | 508-358-3699 | 508-358-5325 |
| Name | | Phone Number | | Fax Number |
| 41 COCHITUATE ROAD | | | | |
| Mailing Address 1 | | | Mailing Address 2 | |
| WAYLAND | Massachusetts | 01778 | mhatch@wayland.ma.us | |
| Town/City | | State | Zip Code | E-Mail Address |

If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the DEP

N/A Yes No

8. Names of Water Commissioners/Selectmen/Trustees/Association Board Members (if applicable). Please attach an organizational chart, if available. Check here to upload

| Name | Phone | Title |
|------|-------|-------|
|------|-------|-------|

9. Owner Type:

MUNICIPAL

Federal Employment Identification Number (FEIN):

046001341

(FEIN) - Do NOT provide SSN



10. Is this system a not-for-profit organization

Yes No

If yes, indicate Tax Exempt code (e.g., 501C):

11. Population Served(DailyAverage):

Winter Population (October March):

Summer Population (April September):

By what method was the population figured

| | |
|--------------------|--|
| Census Type: | <input type="text" value="City/Town"/> |
| Other Description: | <input type="text"/> |

12. Testing requirements for lead and copper and bacteria in your system is based on the population .

| | Number of Samples | Frequency of Samples |
|-----------------------------------|---------------------------------|------------------------------------|
| Lead and copper samples required: | <input type="text" value="30"/> | <input type="text" value="YEAR"/> |
| Winter Bacteria samples required: | <input type="text" value="15"/> | <input type="text" value="MONTH"/> |
| Summer Bacteria samples required: | <input type="text" value="15"/> | <input type="text" value="MONTH"/> |

13. Distribution Meter information:

a. Number of Service Connections:

b. Percentage of service connections that are metered: %

c. Are all publicly owned buildings metered? Yes No N/A

d. If No, what percent are %

14. System Information

a. Number of Distribution Systems:

b. Finished Water Storage Capacity in Million Gallons (MG):
 [Conversion factor is (# of gallons)/(1,000,000)= MG]

c. Pumping Capacity (GPM):

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

| Ground Water | Surface Water | Purchased Ground | Purchased Surface |
|------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="text" value="100"/> % | <input type="text" value="0"/> % | <input type="text" value="0"/> % | <input type="text" value="0"/> % |



16. Emergency Response Actions:

a. Has your system completed an Emergency Response Plan (ERP). (DO NOT submit your ERP to MassDEP. MassDEP will review the ERP during your next sanitary survey.)

Yes No

I have made changes to the ERP (attach copies of all changes.)

I have made no changes to the ERP.

b. Does your system have an Emergency Response (ER) annual training plan

Yes No

If Yes, please attach a copy of the plan. Describe the training performed during the reporting period, including the types of training, the date(s) of training, and number of staff and local officials trained on each date and their job titles.

c. Is your system registered for the Health and Homeland Alert Network (HHAN)

Yes No

d. Has your system signed the agreement and joined the Massachusetts Water and Wastewater Agency Response Network

Yes No

e. How often does your system test the following

| | | | |
|------------------------|--------------------------------------|------------------|----------------------|
| Alarms: | <input type="text" value="Monthly"/> | Other Frequency: | <input type="text"/> |
| Interlocks: | <input type="text" value="Monthly"/> | Other Frequency: | <input type="text"/> |
| Back-up power sources: | <input type="text" value="Monthly"/> | Other Frequency: | <input type="text"/> |

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

| Date of ER incident | Level | Description |
|---------------------|-------|-------------|
|---------------------|-------|-------------|

17. Do you have an antenna or other appurtenance (not needed for drinking water purposes) attached to any of your storage tank (s)

Yes No No storage tanks

If Yes, list the antennae or other appurtenances, owner(s) names, and the date installed:

| Storage Tank Name | Antennae or Appurtenance | Owner Name | Date (mm/dd/yyyy) Installed |
|-------------------|--------------------------|------------|-----------------------------|
|-------------------|--------------------------|------------|-----------------------------|

18. Comments or additional information regarding this section:



Cross Connection Control Program

1. Cross Connection Program Coordinator

Please select one of the following

| | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Keep current coordinator and update if needed. <input type="checkbox"/> Remove current Coordinator and add new coordinator information referencing a MassDEP Certification ID. <input type="checkbox"/> Remove current Coordinator and add a new Coordinator by typing into the fields. | | |
| <input type="text" value="RUSSELL"/> | <input type="text" value="TIERNEY"/> | |
| Coordinator First Name | Coordinator Last Name | |
| <input type="text" value="31476"/> | <input type="text" value="2/1/2011"/> | |
| MassDEP Certification ID # | Expiration Date | |
| <input type="text" value="253B WORCESTER ROAD"/> | <input type="text"/> | |
| Coordinator Street Address Line 1 | Coordinator Street Address Line 2 | |
| <input type="text" value="CHARLTON"/> | <input type="text" value="Massachusetts"/> | <input type="text" value="01507"/> |
| City/Town | State | Zip Code |
| <input type="text" value="888-377-7678"/> | <input type="text" value="508-248-2895"/> | |
| Phone Number | Fax Number (if available) | |
| <input type="text" value="RTIERNEY@RHWHITE.COM"/> | | |
| Coordinator email | | |
| | | |

Surveyor Personnel Information :

To add a surveyor, enter the certification ID # in the field below and then click the "Add Surveyor" button.

MassDEP Certification ID Number



Tester Personnel Information :

To add a Tester enter the certification ID # in the field below and then click the "Add Tester" button.

MassDEP Certification ID Number

2. Did your system use the services of a third party/consultant for the implementation of your Cross-connection Control Program or a portion of it?

Yes No

If Yes, Please provide :

Update Insert

Contact First Name

Contact Last Name

Doing Business As
(Company/Individual Name)

Consultant Street Address Line 1

Consultant Street Address Line 2

City/Town

State

Zip Code

Phone Number

Fax Number (if available)

Consultant email

Third Party Consultant Surveyor Personnel Information:

To add a surveyor, enter the certification ID # in the field below and then click the "Add Surveyor" button.

MassDEP Certification ID Number

Third Party Consultant Tester Personnel Information:

To add a Tester enter the certification ID # in the field below and then click the "Add Tester" button.

MassDEP Certification ID Number

| | |
|---|--|
| What services does the consultant perform for the town | |
| <input checked="" type="checkbox"/> Facilities Survey | <input checked="" type="checkbox"/> Testing of Devices |
| <input checked="" type="checkbox"/> Device Installation Plan Approval | <input checked="" type="checkbox"/> Program Management |
| <input checked="" type="checkbox"/> Other(explain) | <input type="text"/> |



3. Cross-Connection Surveyor responsible for review and approval of design data sheets and plans for proposed new installations of reduced pressure backflow preventers (RPBPs), double check valve assemblies (DCVAs), and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(3)(q):

| | | | | | |
|---------------|------------------|------------------------------|-------|--------------|--------------|
| Surveyor Name | VAUDREUIL, BRIAN | MassDEP Certification Number | 31929 | Phone Number | 508-234-0241 |
|---------------|------------------|------------------------------|-------|--------------|--------------|

To add a Surveyor Reviewer enter the certification ID # in the field below and then click the "Add Surveyor Reviewer" button.

MassDEP Certification ID Number

4. Have you surveyed all commercial, industrial, institutional and municipal facilities within your service area for cross connection(s)

Yes No

If Yes, when was the cross connection survey completed?
 Date (mm/dd/yyyy)

If No, when do you expect to finish the survey?
 Date (mm/dd/yyyy)

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

| Type of Facility | Total # of Facilities Served by PWS | # of Facilities Surveyed Prior to this reporting period | # of Facilities Surveyed in this reporting period | # of Facilities Remaining to be Surveyed | # of Facilities Re-surveyed in this reporting period |
|------------------|-------------------------------------|---|---|--|--|
| | A | B | C | = A - (B+C) | |
| Commercial | 106 | 106 | 0 | 0 | 26 |
| Industrial | 0 | 0 | 0 | 0 | 0 |
| Institutional | 3 | 2 | 1 | 0 | 2 |
| Municipal | 43 | 43 | 0 | 0 | 10 |
| Total | 152 | 151 | 1 | 0 | 38 |



*Use Comment field at the end of this question set (question #17) to provide , clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

6. Are there any cross-connection(s) within your systems service area protected by:

| | |
|---|---|
| Reduced Pressure Backflow Preventer (RPBP): | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Double Check Valve Assembly (DCVA): | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer is No to both questions go to question 9. If the answer is yes please complete the appropriate section(s) of the following table.

| Type of Facility | Total # of devices at the beginning of this reporting period | # of devices installed in this reporting period | # of devices removed & not replaced in this reporting period | Total # of devices | # of seasonal devices in Total |
|------------------|--|---|--|--------------------|--------------------------------|
| | A | B | C | = A +B-C | |
| RPBP | | | | | |
| Commercial | 46 | 6 | 0 | 52 | 16 |
| Industrial | 0 | 0 | 0 | 0 | 0 |
| Institutional | 1 | 0 | 0 | 1 | 0 |
| Municipal | 30 | 0 | 0 | 30 | 7 |
| Residential | 0 | 0 | 0 | 0 | 0 |
| Total | 77 | 6 | 0 | 83 | 23 |
| DCVA | | | | | |
| Commercial | 29 | 0 | 0 | 29 | 0 |
| Industrial | 0 | 0 | 0 | 0 | 0 |
| Institutional | 1 | 0 | 0 | 1 | 0 |
| Municipal | 5 | 0 | 0 | 5 | 0 |
| Residential | 0 | 0 | 0 | 0 | 0 |
| Total | 35 | 0 | 0 | 35 | 0 |

*Use Comment field at the end of this question set (question #17) to provide , clarifications, descriptions or explanations regarding the above data.

Please reference the question number and table field in your description.

*PWSs must maintain a list of ALL registered cross connections that are being protected by a RPBP or DCVA. The list must contain at a minimum the following information: owner/business name, Cross Connection ID#, types of protection (RPBP or DCVA), brand, model, serial # and exact location within the facility.

7. Provide information on the testing performed in this reporting period by the type of device/assembly.

| Type of Protection | # of Initial tests | # of Routine tests | # of Failures | # of Repairs & Re-tests | # Not Tested |
|--------------------|--------------------|--------------------|---------------|-------------------------|--------------|
| RPBP | 6 | 142 | 4 | 0 | |
| DCVA | 0 | 35 | 3 | 1 | |



Describe any discrepancies between the expected number of tests, based on the total number of devices reported in question #6, and the actual number of tests reported in question #7. If you reported a value greater than 0 for "# Not Tested" in question #7 provide an explanation for why the devices were not tested.

8. Can your PWS provide MassDEP with a copy of the list of RBPB and DCVA within 2 hours?

Yes No

9. Does your PWS approve, permit and/or test PVB and/or SPPVB* devices?

| | | | | |
|--|--|---------------------------------|--|--------------------------------|
| PVB DEVICES | <input type="checkbox"/> Yes <input type="checkbox"/> No | SPPVB DEVICES | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| if Yes to either please provide the following details: | | | | |
| Type of Protection | # of Initial tests | # of Routine tests | # of Failures | # of Repairs & Re-tests |
| PVB | <input type="text" value="2"/> | <input type="text" value="14"/> | <input type="text" value="5"/> | <input type="text" value="3"/> |
| SPPVB | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

*Use Comment field at the end of this question set (question #17) to provide , clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

10. What is the maximum time allowed to protect a cross connection after the discovery of a violation?

Check one: 14 days 30 days 90 days Greater than 90 days

11. Do you have a fully implemented active cross-connection educational program directed toward residential customers?

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

12. Do you have a fully implemented educational program for specific users (ex. Industrial, Commercial, Institutional and Municipal)?

| | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | "N/A" should be selected only if your system does not have any Industrial, Commercial, Institutional, or Municipal users. If Yes, please list the types of users targeted through your education program. (Check all that apply): | | |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Commercial | <input type="checkbox"/> Institutional | <input type="checkbox"/> Municipal |
| If No, when do you plan to have the educational program implemented? | | | <input type="text" value="7/1/2012"/> |
| | | | Date(mm/dd/yyyy) |

13. Does your system have an atmospheric vacuum breaker (hose bib) program for your customers?

| | | | | |
|--|---|--|--|----------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If no do you plan to institute one in furure? If yes go to question 14 | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes When? If no go to question 14. | <input type="text"/> |
| | | | | Date(mm/dd/yyyy) |



14. Does your system have a local ordinance, by-law or policy statement on cross-connection control?

Yes No

If YES, and you already provided copy to MassDEP in 2008 (2007 ASR) no further action is required.

If YES, and you did not provide a copy to MassDEP please forward a copy to:

MassDEP Boston office, 1 Winter Street, 5th floor, Boston, MA 02108

Attn : Otavio DePaula-Santos

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

Yes No

Containment policy means ALL services connections have a device installed at the meter. Containment protects the water main by isolating each facility independently of its activity (residential, commercial, industrial, or municipal).

16. Has there been a cross-connection incident in your water system during the reporting period?

Yes No

If Yes, please provide information below:

| Date of Incident | Location of the Incident | DESCRIPTION |
|------------------|--------------------------|-------------|
|------------------|--------------------------|-------------|

Comments or additional information regarding this section



Water Production & Consumption Information

Volume Units

Gallons (GAL) Million Gallons (MG)

FINISHED Water Production and Consumption Summary for Last Year (2009):

| Month | (1) Amount of finished water from own sources (GAL) | (2) Amount of finished water purchased from other systems (GAL) | (3) Amount of finished water sold to other systems (GAL) | (4) Net finished Water that entered your distribution system (1) + (2) - (3)= (4) (GAL) |
|-----------|--|--|---|--|
| January | 38,604,901 | 0 | 0 | 38,604,901 |
| February | 37,743,501 | 0 | 0 | 37,743,501 |
| March | 35,939,053 | 0 | 0 | 35,939,053 |
| April | 35,136,350 | 0 | 0 | 35,136,350 |
| May | 49,348,366 | 0 | 0 | 49,348,366 |
| June | 50,308,917 | 0 | 0 | 50,308,917 |
| July | 61,242,834 | 0 | 0 | 61,242,834 |
| August | 52,147,176 | 0 | 0 | 52,147,176 |
| September | 43,765,304 | 0 | 0 | 43,765,304 |
| October | 41,708,062 | 0 | 0 | 41,708,062 |
| November | 29,564,277 | 0 | 0 | 29,564,277 |
| December | 29,976,873 | 0 | 0 | 29,976,873 |
| TOTAL | 505,485,614 | 0 | 0 | 505,485,614 |

Maximum Daily Finished Water Consumption: Volume (GAL): 2,911,571 Date: 7/7/2012

RAW Water Production and Consumption Summary for Last Year (2009):

Same as finished water (it is not necessary to complete Table if same volume as above)



| Month | (1) Amount of raw water pumped from own sources (GAL) | (2) Amount of raw water purchased from other systems (GAL) | (3) Amount of raw water sold to other systems (GAL) | (4) Net raw Water Consumption (1) + (2) - (3) = (4) (GAL) |
|-----------|--|---|--|--|
| January | 38,604,901 | 0 | 0 | 38,604,901 |
| February | 37,743,501 | 0 | 0 | 37,743,501 |
| March | 36,024,537 | 0 | 0 | 36,024,537 |
| April | 36,097,806 | 0 | 0 | 36,097,806 |
| May | 49,583,583 | 0 | 0 | 49,583,583 |
| June | 50,807,729 | 0 | 0 | 50,807,729 |
| July | 62,471,139 | 0 | 0 | 62,471,139 |
| August | 53,305,673 | 0 | 0 | 53,305,673 |
| September | 45,308,509 | 0 | 0 | 45,308,509 |
| October | 43,152,880 | 0 | 0 | 43,152,880 |
| November | 30,210,692 | 0 | 0 | 30,210,692 |
| December | 31,155,960 | 0 | 0 | 31,155,960 |
| TOTAL | 514,466,910 | 0 | 0 | 514,466,910 |

| | | |
|----------------------------------|-------------------------|----------------|
| Maximum Daily Raw Water Pumping: | Volume (GAL): 2,961,613 | Date: 7/7/2010 |
|----------------------------------|-------------------------|----------------|

Summary of Water Sold

Sold Water

| System Name | PWS ID# | Total Volume Sold | Water type |
|-------------|---------|-------------------|------------|
|-------------|---------|-------------------|------------|

Metered Finished Water Consumption by Service Type

U.S. EPA requires every PWS to report what their water is used for in order to characterize each system. In this table, report the percentages of metered water for each category below, ONLY for those categories over 10%. For municipal water suppliers, most of the water will be reported as Residential Area. If any other categories are more than 10% of your metered use, report it in the appropriate category. If any category is less than 10%, do NOT report it. The percentage do NOT have to add to 100%, since water use in some categories will be less than 10% and therefore is not reported.

ONLY report uses for categories over 10% of total metered use. Report ALL metered water use in the Water Management Distribution System Form (if appropriate)



| % | Primary Service Area | Type | % | Primary Service Area | Type |
|--------------------------|----------------------|---------------------------------------|--------------------------|----------------------|-------------------------------|
| <input type="checkbox"/> | jn Yes | Day Care Center | <input type="checkbox"/> | jn Yes | Other Residential |
| <input type="checkbox"/> | jn Yes | Dispenser | <input type="checkbox"/> | jn Yes | Other Transient |
| <input type="checkbox"/> | jn Yes | Homeowners Association | <input type="checkbox"/> | jn Yes | Recreation Area |
| <input type="checkbox"/> | jn Yes | Hotel/Motel | 90 | jn Yes | Residential Area |
| <input type="checkbox"/> | jn Yes | Highway Rest Area | <input type="checkbox"/> | jn Yes | Restaurant |
| <input type="checkbox"/> | jn Yes | Industrial/Agricultural | <input type="checkbox"/> | jn Yes | Retail Employees |
| <input type="checkbox"/> | jn Yes | Interstate Carrier | <input type="checkbox"/> | jn Yes | School |
| <input type="checkbox"/> | jn Yes | Institution | <input type="checkbox"/> | jn Yes | Sanitary Improvement District |
| <input type="checkbox"/> | jn Yes | Medical Facility | <input type="checkbox"/> | jn Yes | Summer Camp |
| <input type="checkbox"/> | jn Yes | Mobile Home Park | <input type="checkbox"/> | jn Yes | Secondary Residences |
| <input type="checkbox"/> | jn Yes | Mobile Home Park, Principal Residence | <input type="checkbox"/> | jn Yes | Service Station |
| <input type="checkbox"/> | jn Yes | Municipality | <input type="checkbox"/> | jn Yes | Subdivision |
| 10 | jn Yes | Other Area | <input type="checkbox"/> | jn Yes | Water Bottler |
| <input type="checkbox"/> | jn Yes | Other Non-Transient Area | <input type="checkbox"/> | jn Yes | Wholesaler |

Summary of Treatment Plant Losses (complete only if finished water volume is less than raw water)

No treatment plant losses (not applicable)

| Treatment PlantID: | Total Raw Water into treatment plant in 2009 (raw pumped + raw purchased - raw sold): | - Total Finished Water from treatment plant in 2009: | = Total Water Lost to Treatment Process in 2009: |
|--------------------|---|--|--|
| 3315000-08T | 165,906,083 | 157,224,787 | 8,681,296 |
| | | | |

Briefly describe the fate of the waste product (slurry or sludge) produced by your treatment process (discharge to sewer, groundwater discharge, settling lagoons, re-circulate back into treatment plant, etc.):

ALL DISCHARGED WASTE PRODUCT IS DISCHARGED INTO A SAND FILTER SYSTEM.

X. Comments or additional information regarding this section



Source Protection - Zone II

Zone

1. Mass DEP assigned Zone II ID # : 8

2. DEP Source IDs and Names of the withdrawal points in Zone II.

| SourceID | Source Name | Zone I Radius(ft) | Zone I Control | Pollution Sources |
|-------------|---------------------------|-------------------|----------------|-------------------|
| 3315000-05G | MEADOWVIEW GP WELL 1 | 400 | Y | |
| 3315000-03G | HAPPY HOLLOW GP WELL 1 | 400 | Y | |
| 3315000-04G | HAPPY HOLLOW GP WELL 2 | 400 | Y | |

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

| PSC Description | Quantity | Ground Threat | Comments |
|--|----------|---------------|------------------------|
| AQUATIC WILDLIFE | 25 | L | |
| SMALL QUANTITY HAZARDOUS WASTE GENERATORS | 4 | M | |
| STORMWATER DRAINS / RETENTION BASINS | 25 | L | |
| UNDERGROUND STORAGE TANKS | 17 | H | |
| VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS | 5 | M | |
| 21E OIL OR HAZARDOUS MATERIALS RELEASE | 8 | - | |
| NURSERIES | 1 | M | |
| AUTO REPAIR SHOP | 5 | H | 1 AUTO BODY, 4 SERVICE |
| CEMETARY | 2 | M | |
| DRY CLEANER | 1 | H | |
| GAS / SERVICE STATION | 7 | H | |
| GOLF COURSE | 2 | M | |
| PHOTO PROCESSOR | 1 | H | |
| RESIDENTIAL FUEL OIL STORAGE | 25 | M | |
| RESIDENTIAL LAWN CARE/GARDENING | 25 | M | |
| RESIDENTIAL SEPTIC/CESSPOOL | 25 | M | |
| LANDFILLS AND DUMPS | 1 | H | |
| MILITARY FACILITY | 1 | H | |
| ROAD/MAINTENANCE FACILITY | 1 | M | |
| SCHOOL (K-12), COLLEGE OR UNIVERSITY | 3 | M | |
| TRANSMISSION LINE | 1 | L | ELECTRIC |
| TRANSPORTATION CORRIDOR | 1 | M | |



| | | | |
|-----------------------------|----|---|--|
| WASTE WATER TREATMENT PLANT | 1 | M | |
| FERTILIZER STORAGE AND USE | 1 | M | |
| LANDSCAPING | 1 | M | |
| MANURE SPREADING OR STORAGE | 1 | H | |
| PESTICIDE STORAGE OR USE | 1 | H | |
| HAZARDOUS MATERIALS STORAGE | 16 | H | |
| | | | |

4. Did your inspections of the Zone II identify any new land uses or activities that pose a threat to drinking water quality?

Yes No

If YES, please describe:

5. Did your inspection identify any violations of state or local land use controls?

Yes No

If YES, please describe the violation(s), reporting and resolutions:

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

Yes No

Zone

| | |
|--|-----------|
| 1. Mass DEP assigned Zone II ID # : | 81 |
|--|-----------|

2. DEP Source IDs and Names of the withdrawal points in Zone II.

| SourceID | Source Name | Zone I Radius(ft) | Zone I Control | Pollution Sources |
|-------------|-----------------------|-------------------|----------------|-------------------|
| 3315000-08G | CHAMBERLAIN G.P. WELL | 400 | Y | |

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

| PSC Description | Quantity | Ground Threat | Comments |
|---|----------|---------------|----------|
| AQUATIC WILDLIFE | 25 | L | |
| SMALL QUANTITY HAZARDOUS WASTE GENERATORS | 4 | M | |
| STORMWATER DRAINS / RETENTION BASINS | 25 | L | |
| UNDERGROUND STORAGE TANKS | 17 | H | |



| | | | |
|--|----|---|------------------------|
| VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS | 5 | M | |
| 21E OIL OR HAZARDOUS MATERIALS RELEASE | 8 | - | |
| NURSERIES | 1 | M | |
| AUTO REPAIR SHOP | 5 | H | 1 AUTO BODY, 4 SERVICE |
| CEMETARY | 2 | M | |
| DRY CLEANER | 1 | H | |
| GAS / SERVICE STATION | 7 | H | |
| GOLF COURSE | 2 | M | |
| PHOTO PROCESSOR | 1 | H | |
| RESIDENTIAL FUEL OIL STORAGE | 25 | M | |
| RESIDENTIAL LAWN CARE/GARDENING | 25 | M | |
| RESIDENTIAL SEPTIC/CESSPOOL | 25 | M | |
| LANDFILLS AND DUMPS | 1 | H | |
| MILITARY FACILITY | 1 | H | |
| ROAD/MAINTENANCE FACILITY | 1 | M | |
| SCHOOL (K-12), COLLEGE OR UNIVERSITY | 3 | M | |
| TRANSMISSION LINE | 1 | L | ELECTRIC |
| TRANSPORTATION CORRIDOR | 1 | M | |
| WASTE WATER TREATMENT PLANT | 1 | M | |
| FERTILIZER STORAGE AND USE | 1 | M | |
| LANDSCAPING | 1 | M | |
| MANURE SPREADING OR STORAGE | 1 | H | |
| PESTICIDE STORAGE OR USE | 1 | H | |
| HAZARDOUS MATERIALS STORAGE | 16 | H | |
| | | | |

4. Did your inspections of the Zone II identify any new land uses or activities that pose a threat to drinking water quality?

Yes No

If YES, please describe:

5. Did your inspection identify any violations of state or local land use controls?

Yes No

If YES, please describe the violation(s), reporting and resolutions:



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

Yes No

Zone

1. Mass DEP assigned Zone II ID #: 221

2. DEP Source IDs and Names of the withdrawal points in Zone II.

| SourceID | Source Name | Zone I Radius(ft) | Zone I Control | Pollution Sources |
|-------------|-------------------------|-------------------|----------------|-------------------|
| 3315000-07G | BALDWIN POND 2 GP WELL | 400 | Y | |
| 3315000-06G | BALDWIN POND #3 GP WELL | 400 | Y | |
| 3315000-01G | BALDWIN POND WELL #1 | 400 | N | SEPTIC SYSTEMS |

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

| PSC Description | Quantity | Ground Threat | Comments |
|--|----------|---------------|------------------------|
| AQUATIC WILDLIFE | 25 | L | |
| SMALL QUANTITY HAZARDOUS WASTE GENERATORS | 4 | M | |
| STORMWATER DRAINS / RETENTION BASINS | 25 | L | |
| UNDERGROUND STORAGE TANKS | 17 | H | |
| VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS | 5 | M | |
| 21E OIL OR HAZARDOUS MATERIALS RELEASE | 8 | - | |
| NURSERIES | 1 | M | |
| AUTO REPAIR SHOP | 5 | H | 1 AUTO BODY, 4 SERVICE |
| CEMETARY | 2 | M | |
| DRY CLEANER | 1 | H | |
| GAS / SERVICE STATION | 7 | H | |
| GOLF COURSE | 2 | M | |
| PHOTO PROCESSOR | 1 | H | |
| RESIDENTIAL FUEL OIL STORAGE | 25 | M | |
| RESIDENTIAL LAWN CARE/GARDENING | 25 | M | |
| RESIDENTIAL SEPTIC/CESSPOOL | 25 | M | |
| LANDFILLS AND DUMPS | 1 | H | |
| MILITARY FACILITY | 1 | H | |



| | | | |
|--------------------------------------|----|---|----------|
| ROAD/MAINTENANCE FACILITY | 1 | M | |
| SCHOOL (K-12), COLLEGE OR UNIVERSITY | 3 | M | |
| TRANSMISSION LINE | 1 | L | ELECTRIC |
| TRANSPORTATION CORRIDOR | 1 | M | |
| WASTE WATER TREATMENT PLANT | 1 | M | |
| FERTILIZER STORAGE AND USE | 1 | M | |
| LANDSCAPING | 1 | M | |
| MANURE SPREADING OR STORAGE | 1 | H | |
| PESTICIDE STORAGE OR USE | 1 | H | |
| HAZARDOUS MATERIALS STORAGE | 16 | H | |
| | | | |

4. Did your inspections of the Zone II identify any new land uses or activities that pose a threat to drinking water quality?

Yes No

If YES, please describe:

5. Did your inspection identify any violations of state or local land use controls?

Yes No

If YES, please describe the violation(s), reporting and resolutions:

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

Yes No

Zone

1. Mass DEP assigned Zone II ID # : 475

2. DEP Source IDs and Names of the withdrawal points in Zone II.

| SourceID | Source Name | Zone I Radius(ft) | Zone I Control | Pollution Sources |
|-------------|------------------------|-------------------|----------------|-------------------|
| 3315000-02G | CAMPBELL RD. GP WELL 1 | 400 | Y | |

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC):

| PSC Description | Quantity | Ground Threat | Comments |
|-----------------|----------|---------------|----------|
| | | | |



| | | | |
|--|----|---|------------------------|
| AQUATIC WILDLIFE | 25 | L | |
| SMALL QUANTITY HAZARDOUS WASTE GENERATORS | 4 | M | |
| STORMWATER DRAINS / RETENTION BASINS | 25 | L | |
| UNDERGROUND STORAGE TANKS | 17 | H | |
| VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS | 5 | M | |
| 21E OIL OR HAZARDOUS MATERIALS RELEASE | 8 | - | |
| NURSERIES | 1 | M | |
| AUTO REPAIR SHOP | 5 | H | 1 AUTO BODY, 4 SERVICE |
| CEMETARY | 2 | M | |
| DRY CLEANER | 1 | H | |
| GAS / SERVICE STATION | 7 | H | |
| GOLF COURSE | 2 | M | |
| PHOTO PROCESSOR | 1 | H | |
| RESIDENTIAL FUEL OIL STORAGE | 25 | M | |
| RESIDENTIAL LAWN CARE/GARDENING | 25 | M | |
| RESIDENTIAL SEPTIC/CESSPOOL | 25 | M | |
| LANDFILLS AND DUMPS | 1 | H | |
| MILITARY FACILITY | 1 | H | |
| ROAD/MAINTENANCE FACILITY | 1 | M | |
| SCHOOL (K-12), COLLEGE OR UNIVERSITY | 3 | M | |
| TRANSMISSION LINE | 1 | L | ELECTRIC |
| TRANSPORTATION CORRIDOR | 1 | M | |
| WASTE WATER TREATMENT PLANT | 1 | M | |
| FERTILIZER STORAGE AND USE | 1 | M | |
| LANDSCAPING | 1 | M | |
| MANURE SPREADING OR STORAGE | 1 | H | |
| PESTICIDE STORAGE OR USE | 1 | H | |
| HAZARDOUS MATERIALS STORAGE | 16 | H | |
| | | | |

4. Did your inspections of the Zone II identify any new land uses or activities that pose a threat to drinking water quality?

Yes No

If YES, please describe:

5. Did your inspection identify any violations of state or local land use controls?



Yes No

If YES, please describe the violation(s), reporting and resolutions:

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

Yes No

Comments or Additional Information regarding this section:



Water Management Act Annual Report - Distribution

All public water suppliers distributing 100,000 gallons per day or more must complete Tables DS-1 through DS-5 and Tables DS-7 and DS-8. Tables DS-6 and DS-9 are optional. Instructions for completing Tables DS-1 through DS-8 are included in the ASR Instructions available at MassDEP's website. If you have any questions concerning completion of the Distribution System Report, please contact Richard Friend with the WMA Program at (617) 654-6522 or email him at richard.friend@state.ma.us

Table DS-1 Summary of Leak Detection Activities During the Reporting Year

| | |
|--|--------------------------|
| 1. Total miles of water mains | 102 |
| 2. Miles of mains surveyed this year | 102 |
| 3. Number of leaks found | 16 |
| 4. Number of leaks repaired | 16 |
| 5. Estimated volume lost (mg) if a reliable estimate can be made | 63 |
| 6. Date of last leak detection survey of entire system: | 7/7/2010 (mm/dd/yyyy) |

Table DS-2 Water Conservation - Limits on Withdrawals

1. Did your PWS implement mandatory nonessential outdoor water use restrictions in the reporting year?

Yes No

2. If yes, why did you institute mandatory restrictions (check all that apply)?

a. Required by WMA permit

Calendar trigger in permit

Streamflow trigger in permit

Other trigger in permit If "Other Trigger" then describe:

b. Reason other than permit requirement

Describe: HAPPY HOLLOW WELLS OFF LINE
DUE TO FLOODING.

3. Please characterize the type of mandatory restrictions that were in place (Check all that apply)

Total outdoor ban

Hand-held only

Hourly Describe:

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



**4. If you instituted mandatory restrictions, on what dates were restrictions in place?
 (you may have had only one period of restriction)**

| | Start Date | End Date |
|----------|--------------|--------------|
| Period 1 | 6/1/2010 | 9/1/2010 |
| | (mm/dd/yyyy) | (mm/dd/yyyy) |
| Period 2 | | |
| | (mm/dd/yyyy) | (mm/dd/yyyy) |
| Period 3 | | |
| | (mm/dd/yyyy) | (mm/dd/yyyy) |

5. Indicate if you plan or expect to institute nonessential outdoor water use restrictions in the upcoming summer. If you hold a WMA permit with Seasonal Limits on Nonessential Outdoor Water Use conditions, indicate whether you plan on instituting calendar-based or streamflow trigger-based outdoor water use restrictions. Remember that if you plan on instituting calendar restrictions, they must be in place by May 1. Streamflow-based restrictions must be in place once the trigger specified in your WMA permit has been reached for three consecutive days. Refer to your permit for specific nonessential outdoor water use requirements. Indicate if you plan on instituting restrictions even though you do not hold a WMA permit with outdoor water use restriction or do not hold a permit at all.

- Planning to institute calendar-based nonessential outdoor water use restrictions per WMA permit.
- Planning to institute streamflow-based nonessential outdoor water use restrictions per WMA permit.
- Planning to institute nonessential outdoor water use restrictions for reasons other than WMA permit requirements.
- Do not intend on instituting nonessential outdoor water use restrictions.

Please Note: Enter volumes in Tables DS-3, DS-4, DS-5 and DS-6 in million gallons per year (mgy).

Example 1: if a volume is 654,120,152 gallons, enter 645.120152 mgy.
 Example 2: if a volume is 580,123 gallons, enter 0.580123 mgy.
 Example 3: if a volume is 86,000 gallons, enter 0.086 mgy.



Table DS-3 Metered Finished Water Use Complete Table DS-3 to account for all of your metered water volumes (e.g. permanent and temporary; private and municipal/government; billed and non-billed). Do not include water sold to other PWSs, which is reported on the Water Production & Consumption Information form

| Use Category | No. of Service Connections | Total Volume (mgy) | Category Description |
|-------------------------------------|-----------------------------------|------------------------------------|--|
| Residential | <input type="text" value="4640"/> | <input type="text" value="328.7"/> | Water provided to residences in your distribution system, including for-profit apartments, condos, and seasonal homes. All water used for lawn watering at residential buildings belongs in this category. |
| Residential Institutions | <input type="text" value="3"/> | <input type="text" value="5.8"/> | Water provided to institutions with residential population such as colleges. It is optional to account institutions volumes separately (may be included in Residential above - see instructions). |
| Commercial/Business | <input type="text" value="107"/> | <input type="text" value="15.4"/> | Water served to businesses and other commercial entities. |
| Agricultural | <input type="text" value="6"/> | <input type="text" value="2.8"/> | Water used mainly to grow food, raise animals, or run a garden center. |
| Industrial | <input type="text"/> | <input type="text"/> | Water used mainly for industrial purposes. |
| Municipal/Institutional/Non-profits | <input type="text" value="66"/> | <input type="text" value="15.4"/> | Water used for municipal purposes, including schools, playing fields, municipal buildings, treatment plant; non-profits such as churches; non-residential institutions such as private schools. |
| Other* | <input type="text"/> | <input type="text"/> | Water used for purposes not included in above categories. |
| TOTALS | <input type="text" value="4822"/> | <input type="text" value="368.1"/> | Total number of service connections and metered volume. |

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

UNACCOUNTED FOR WATER (UAW)

Table DS-4 Confidently Estimated Municipal Use volume To qualify as confidently estimated municipal use calculations/documentation for each estimated use must be attached to this ASR or mailed to MassDEP. If no documentation is provided, DEP will count the volumes as unaccounted for water. See ASR Instructions for more detail. Leak detection volumes are not counted as a confidently estimated municipal use. Optional Excel spreadsheets for calculating confidently estimated use can be found at the MADEP website at <http://www.mass.gov/dep/water/approvals/dwsforms.htm#statrep>

| Confidently Estimated Municipal Use (CEMU) | Estimated million gallons per year |
|---|---------------------------------------|
| Fire protection & training | <input type="text"/> |
| Hydrant/water main flushing/main construction | + <input type="text" value="17.4"/> |
| Flow testing | + <input type="text" value=".047"/> |
| Bleeders/ Blow offs | + <input type="text"/> |
| Tank overflow & drainage | + <input type="text"/> |
| Sewer & stormwater system flushing | + <input type="text"/> |
| Street cleaning | + <input type="text" value=".017"/> |
| Source meter calibration adjustments | + <input type="text"/> |
| Major water main breaks (not leak detection) | + <input type="text" value=".728"/> |
| Total Confidently Estimated Municipal Use | = <input type="text" value="18.192"/> |

YOU MUST PROVIDE DOCUMENTATION FOR ALL OF YOUR CEMU VOLUMES.

Are you attaching electronic files to the eASR that document your CEMU volumes?

Yes No



Paper copies of CEMU volumes may be mailed to:
 Mass DEP
 1 Winter St.
 Boston MA 02108
 Attn: Water Management Act Program

Table DS-5 Unaccounted for Water To calculate UAW, subtract total metered use and confidently estimated municipal use volumes from the total volume of finished water entering your distribution system.

| | Million Gallons/Year (MGY) | % of Total Water Available for Distribution |
|--|----------------------------|---|
| Total Finished Water Available for Distribution (Total Net Finished Water from Production Form) | 505.4 | 100% |
| Total Metered Use (System Total Metered Use from Table DS-3) | - 368.1 | - 72.8 % |
| Total Confidently Estimated Municipal Use (Total from Table DS-4) | - 18.192 | - 3.6 % |
| Unaccounted for Water (UAW) | = 119.1 | = 23.6 % |

Table DS-6 Sources of Unaccounted for Water (Optional) Use this table to provide estimated volumes of your unaccounted for water.

| Known or Suspected Source of Unaccounted for Water | Estimated Volume (MGY) |
|--|------------------------|
| Leak Detection | 63 |
| Water Theft | |
| Meter Malfunction/mis-registration | |
| Other (specify): | |
| Other (specify): | |
| Total: | 63 |

RESIDENTIAL GALLONS PER CAPITA DAY (RGPCD)

RGPCD is a performance standard for public water suppliers serving municipalities and is a measure of the average amount of water a resident uses each day during the reporting period. High RGPCD values are associated with unrestricted outdoor water use, especially lawn watering. See ASR Instructions for further explanation and examples. There are two steps to determine your RGPCD number: Step 1: Determine the residential population served by your system (2 options to choose from). Step 2: Calculate RGPCD from population served and residential metered water volume.

RGPCD Step 1 - Choose one of two options to determine Population Served

Population Option 1: Accurate Count (census data): If your PWS serves an entire municipality, then use the most recent local or Federal census number for the total residential population. Partially served communities can use the most recent local or Federal census if private well users and/or those served by other PWS systems are subtracted out (attach documentation to this ASR). Communities with high seasonal fluctuations can pro-rate the population for the duration of the influx. See ASR Instructions for further detail and examples.

Population Option 2: Estimate from Households Served If your PWS serves a portion of one or more communities and you cannot obtain a reliable census, click on the following link to open an excel spreadsheet for estimating your population. [Click Here](#). This estimate is calculated from the number of households connected to your distribution system and the average household size. Save the spreadsheet onto your computer for use in subsequent years' reporting. If you are using a spreadsheet from your assessor's



office or planning board to estimate number of households served, attach the spreadsheet or mail it to DEP and report the population served on Table DS-7 below.

If mailing Population Calculations or documentation send to:
 Mass DEP
 1 Winter St.
 Boston MA 02108
 Attn: Water Management Act Program

| Table DS-7 Residential Population Served | |
|--|------------------|
| Community(ies) served by PWS is (are) : | Fully Served |
| Method of Determining Population Served: | Option 1(Census) |
| Census Type (Federal or Local): | Local |
| Census year: | 2011 |
| Population Served: | 13886 |

RGPCD Step 2 – Calculate RGPCD

Table DS-8 Residential Gallons per Capita Day To determine RGPCD, your metered residential volume (million gallons/year) is divided by 365 days. The result is then divided by the population served and multiplied by 1,000,000 to obtain gallons per person per day. If you include Residential Institutions volume in your RGPCD volume, also include the Residential Institutions population. See ASR instructions

| Residential Water Use (million gallons) | / 365 | / Population Served | X 1,000,000 | = | Residential Gallons per Capita Day (gallons/person/day) |
|---|-------|---------------------|-------------|---|---|
| 328.7 | /365 | / 13886 | X1,000,000 | = | 65 |

Table DS-9: Use this table to provide comments or additional information regarding this section of the ASR. You may explain discrepancies, provide supplemental information, or provide any other information to assist MassDEP in processing the data in your ASR.



Water Management Act Annual Report - Basin Withdrawal

Instructions for completing Tables BW-1 through BW-4 are included in the ASR Instructions available at MassDEP's website. If you have any questions concerning completion of the Water Management Act Annual Report, please contact Richard Friend with the WMA Program at (617) 654-6522 or email him at richard.friend@state.ma.us

Table BW-1 Permit & Registration Information

| River Basin (Watershed) | Registration Number | Permit Number |
|-------------------------|---------------------|---------------|
| 14-CONCORD | 31431502 | 9P431431501 |

Water Withdrawal by Watershed

Calculation of Daily Average Withdrawal: Use Table BW-2 to calculate 2010 withdrawal volume(s) by watershed. Table BW-3 compare's 2010 actual withdrawal volume(s) to the volume(s) authorized under your WMA registration(s) and/or permit(s). The total volumes for each source and their respective watershed are reported in the Ground Water Sources and for Surface Water Sources report forms. Enter the total of all sources for each watershed in Table BW-2.

Table BW-2 Average Daily Withdrawal by Watershed

| River Basin | Total Raw Water Pumped in 2010 (mgd) | / 365 = | Watershed Average Daily Withdrawal (mgd) |
|-------------|--------------------------------------|---------|--|
| 14-CONCORD | 514 | / 365 = | 1.41 |

Table BW-3 WMA Authorized Volume vs. Actual Withdrawal Volume

| River Basin | Registered Volume (mgd) | + Permitted Volume (mgd) | = WMA Authorized Withdrawal Volume (mgd) | - Daily Avg. Water Use (mgd) (from Table BW-2 above) | = Difference* |
|-------------|-------------------------|--------------------------|--|--|---------------|
| 14-CONCORD | 1.66 | + 0.11 | = 1.77 | - 1.41 | = 0.36 |

* A positive difference indicates that the volume withdrawn is less than the authorized volume. A negative value indicates that more water was pumped than is authorized and that your PWS may be out of compliance.

Table BW-4 Permit Special Conditions

Review your WMA permit and list any Special Conditions of your WMA permit that require submission of an annual report to MassDEP. If the required report is being submitted with this ASR, please note in Table BW-4. If a required report was submitted earlier in the year, please provide the date submitted.

| WMA Permit Special Condition Requiring Annual Report to MassDEP | Report Attached to ASR | If not attached, date submitted to MassDEP |
|---|---|--|
| <input type="text"/> | <input type="text" value="j n Yes j n No"/> | <input type="text" value="(mm\dd\yyyy)"/> |

If mailing annual report, send to:
 MADEP
 1 Winter St.
 Boston MA 02108
 Attn: Water Management Act Program

Table BW-5 Use this table to provide comments or additional information regarding this section of the ASR. You may explain discrepancies, provide supplemental information, or provide any other information to assist MassDEP in processing the data in your ASR.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2010 Public Water Supply Annual Statistical Report
Reporting Year 2010

PWSID#: 3315000
Name: WAYLAND WATER DEPARTMENT
City: WAYLAND
PWS Class: COM



Treatment Plants

Treatment Plant

1. Plant Information

| | | | |
|------------------------|---------------|---------------------------------|-----------------|
| 3315000-08T | | BALDWIN POND TREATMENT FACILITY | |
| Plant ID# : | | Plant Name: | |
| 101 OLD SUDBURY ROAD | | | |
| Street Address Line 1: | | Street Address Line 2: | |
| WAYLAND | MA | 01778 | |
| City/Town: | | State(2 letter abbreviation) | Zip: |
| A | ACTIVE | II- T | 1.91 |
| Status: | Availability: | Class: | Capacity (MGD): |
| MICHAEL | D HATCH | 5083583699 | 5083585325 |
| Contact: | | Phone: | Fax: |

2. Related Sources Table

| | |
|-------------|------------------------------|
| 3315000-07G | BALDWIN POND 2 GP WELL |
| 3315000-06G | BALDWIN POND #3 GP WELL |
| 3315000-09G | BALDWIN POND #1 REPLACE WELL |
| | |

3. Treatment Table(s)

| | | | |
|----------------------|------------------------|-----------------------------|--|
| Treatment Objective: | | Treatment Process: | |
| PARTICULATE REMOVAL | | FILTRATION, ULTRAFILTRATION | |
| Innovative: N | Start Date: 02/23/2010 | End Date: | |
| No Data Found | | | |
| Comment: | | | |
| Treatment Objective: | | Treatment Process: | |
| DISINFECTION | | OZONATION, PRE | |
| Innovative: N | Start Date: 02/23/2010 | End Date: | |
| No Data Found | | | |
| Comment: | | | |
| Treatment Objective: | | Treatment Process: | |
| DISINFECTION | | HYPOCHLORINATION, POST | |
| Innovative: N | Start Date: 02/23/2010 | End Date: | |



Chemical Name

SODIUM HYPOCHLORITE

Comment:

Treatment Objective:

CORROSION CONTROL

Treatment Process:

PH ADJUSTMENT

Innovative: N

Start Date: 02/23/2010

End Date:

Chemical Name

POTASSIUM HYDROXIDE

Comment:

Treatment Objective:

PARTICULATE REMOVAL

Treatment Process:

FLOCCULATION

Innovative: N

Start Date: 02/23/2010

End Date:

Chemical Name

POLYALUMINUM CHLORIDE

Comment:

Treatment Objective:

OTHER

Treatment Process:

FLUORIDATION

Innovative: N

Start Date: 02/23/2010

End Date:

Chemical Name

SODIUM FLUORIDE

Comment:

Treatment Objective:

DECHLORINATION

Treatment Process:

REDUCING AGENT, SODIUM BISULFATE

Innovative: N

Start Date: 02/23/2010

End Date:



Chemical Name

SODIUM BISULFATE

Comment:

FOR OZONE REMOVAL

Comment:

Treatment Plant

1. Plant Information

| | | | |
|------------------------|---------------|------------------------------|-----------------|
| 3315000-02T | | CAMPBELL RD. GP WELL 1 | |
| Plant ID# : | | Plant Name: | |
| CAMPBELL RD | | | |
| Street Address Line 1: | | Street Address Line 2: | |
| WAYLAND | | MA | 01778 |
| City/Town: | | State(2 letter abbreviation) | Zip: |
| A | ACTIVE | II-T | |
| Status: | Availability: | Class: | Capacity (MGD): |
| MICHAEL | D HATCH | 5083583699 | 5083585325 |
| Contact: | Phone: | Fax: | |

2. Related Sources Table

| | |
|-------------|------------------------|
| 3315000-02G | CAMPBELL RD. GP WELL 1 |
|-------------|------------------------|

3. Treatment Table(s)

| | | | |
|----------------------|------------------------|------------------------|--|
| Treatment Objective: | | Treatment Process: | |
| DISINFECTION | | HYPOCHLORINATION, POST | |
| Innovative: N | Start Date: 07/01/2001 | End Date: | |

No Data Found

Comment:

| | | | |
|----------------------|------------------------|--------------------|--|
| Treatment Objective: | | Treatment Process: | |
| CORROSION CONTROL | | PH ADJUSTMENT | |
| Innovative: N | Start Date: 12/28/1998 | End Date: | |



Chemical Name

POTASSIUM HYDROXIDE

Comment:

Treatment Objective:

OTHER

Treatment Process:

FLUORIDATION

Innovative: N

Start Date: 2/1/2000

End Date:

No Data Found

Comment:

Comment:

Treatment Plant

1. Plant Information

| | | | |
|------------------------|---------------|------------------------------|-----------------|
| 3315000-03T | | HAPPY HOLLOW GP WELL 1 | |
| Plant ID# : | | Plant Name: | |
| OLD CONNECTICUT PATH | | | |
| Street Address Line 1: | | Street Address Line 2: | |
| WAYLAND | MA | 01778 | |
| City/Town: | | State(2 letter abbreviation) | Zip: |
| A | ACTIVE | II-T | |
| Status: | Availability: | Class: | Capacity (MGD): |
| MICHAEL | D HATCH | 5083583699 | 5083585325 |
| Contact: | | Phone: | Fax: |

2. Related Sources Table

| | |
|-------------|------------------------|
| 3315000-03G | HAPPY HOLLOW GP WELL 1 |
|-------------|------------------------|

3. Treatment Table(s)

| | | | |
|----------------------|------------------------|------------------------|--|
| Treatment Objective: | | Treatment Process: | |
| DISINFECTION | | HYPOCHLORINATION, POST | |
| Innovative: N | Start Date: 07/01/2001 | End Date: | |
| No Data Found | | | |
| Comment: | | | |



| | | | |
|---|------------------------|-------------------------------------|--|
| Treatment Objective: CORROSION CONTROL | | Treatment Process: PH ADJUSTMENT | |
| Innovative: N | Start Date: 12/28/1998 | End Date: | |

| |
|----------------------|
| Chemical Name |
| POTASSIUM HYDROXIDE |

Comment:

| | | | |
|-------------------------------|----------------------|------------------------------------|--|
| Treatment Objective: OTHER | | Treatment Process: FLUORIDATION | |
| Innovative: N | Start Date: 2/1/2000 | End Date: | |

No Data Found

Comment:

Comment:

Treatment Plant

1. Plant Information

| | | | |
|------------------------|---------------|------------------------------|-----------------|
| 3315000-04T | | HAPPY HOLLOW GP WELL 2 | |
| Plant ID# : | | Plant Name: | |
| OLD CONNECTICUT PATH | | | |
| Street Address Line 1: | | Street Address Line 2: | |
| WAYLAND | MA | 01778 | |
| City/Town: | | State(2 letter abbreviation) | Zip: |
| A | ACTIVE | II- T | |
| Status: | Availability: | Class: | Capacity (MGD): |
| MICHAEL | D HATCH | 5083583699 | 5083585325 |
| Contact: | Phone: | Fax: | |

2. Related Sources Table

| | |
|-------------|------------------------|
| 3315000-04G | HAPPY HOLLOW GP WELL 2 |
|-------------|------------------------|

3. Treatment Table(s)

| | | | |
|--------------------------------------|------------------------|--|--|
| Treatment Objective: DISINFECTION | | Treatment Process: HYPOCHLORINATION, POST | |
| Innovative: N | Start Date: 07/01/2001 | End Date: | |



No Data Found

Comment:

| | | | |
|---|------------------------|------------------------------------|--|
| Treatment Objective: CORROSION CONTROL | | Treatment Process: PHADJUSTMENT | |
| Innovative: N | Start Date: 12/28/1998 | End Date: | |

Chemical Name

POTASSIUM HYDROXIDE

Comment:

| | | | |
|-------------------------------|----------------------|------------------------------------|--|
| Treatment Objective: OTHER | | Treatment Process: FLUORIDATION | |
| Innovative: N | Start Date: 2/1/2000 | End Date: | |

No Data Found

Comment:

Comment:

Treatment Plant

1. Plant Information

| | | | |
|------------------------|---------------|------------------------------|-----------------|
| 3315000-05T | | MEADOWVIEW GP WELL 1 | |
| Plant ID# : | | Plant Name: | |
| MEADOWVIEW RD | | | |
| Street Address Line 1: | | Street Address Line 2: | |
| WAYLAND | | MA | 01778 |
| City/Town: | | State(2 letter abbreviation) | Zip: |
| A | ACTIVE | II- T | |
| Status: | Availability: | Class: | Capacity (MGD): |
| MICHAEL | D HATCH | 5083583699 | 5083585325 |
| Contact: | Phone: | Fax: | |

2. Related Sources Table

| | |
|-------------|----------------------|
| 3315000-05G | MEADOWVIEW GP WELL 1 |
|-------------|----------------------|

3. Treatment Table(s)



| | | | |
|--------------------------------------|------------------------|--|--|
| Treatment Objective: DISINFECTION | | Treatment Process: HYPOCHLORINATION, POST | |
| Innovative: N | Start Date: 07/01/2001 | End Date: | |

No Data Found

Comment:

| | | | |
|---|------------------------|------------------------------------|--|
| Treatment Objective: CORROSION CONTROL | | Treatment Process: PHADJUSTMENT | |
| Innovative: N | Start Date: 12/28/1998 | End Date: | |

| |
|----------------------|
| Chemical Name |
| POTASSIUM HYDROXIDE |

Comment:

Comment:

Treatment Plant

1. Plant Information

| | | | |
|------------------------|---------------|------------------------------|-----------------|
| 3315000-07T | | CHAMBERLAIN GP WELL | |
| Plant ID# : | | Plant Name: | |
| OFF MOORE RD | | | |
| Street Address Line 1: | | Street Address Line 2: | |
| WAYLAND | MA | 01778 | |
| City/Town: | | State(2 letter abbreviation) | Zip: |
| A | ACTIVE | II-T | |
| Status: | Availability: | Class: | Capacity (MGD): |
| MICHAEL | D HATCH | 5083583699 | 5083585325 |
| Contact: | Phone: | Fax: | |

2. Related Sources Table

| | |
|-------------|-----------------------|
| 3315000-08G | CHAMBERLAIN G.P. WELL |
|-------------|-----------------------|

3. Treatment Table(s)

| | | | |
|--------------------------------------|------------------------|--|--|
| Treatment Objective: DISINFECTION | | Treatment Process: HYPOCHLORINATION, POST | |
| Innovative: N | Start Date: 07/01/2001 | End Date: | |



No Data Found

Comment:

| | | | |
|---|------------------------|------------------------------------|--|
| Treatment Objective: CORROSION CONTROL | | Treatment Process: PHADJUSTMENT | |
| Innovative: N | Start Date: 12/28/1998 | End Date: | |

| |
|---|
| Chemical Name POTASSIUM HYDROXIDE |
|---|

Comment:

| | | | |
|-------------------------------|----------------------|------------------------------------|--|
| Treatment Objective: OTHER | | Treatment Process: FLUORIDATION | |
| Innovative: N | Start Date: 2/1/2001 | End Date: | |

No Data Found

Comment:

Comment:

Comments or additional information regarding this section



Pump Stations

Pump

1. Pump Information

| | |
|--------------------------|----------------------|
| BALDWIN POND WELL 2 PUMP | 101 OLD SUDBURY ROAD |
| Pump Station Name | Location |

Function:

| | | | |
|--------------------------|-----|-----------------------------------|--------|
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Raw | Maximum Aggregate Capacity (GPM): | 600 |
| Standby/Emergency Power: | Y | | |

Primary Pump Details

| | | | |
|------------------------|-------------|--------------------------|---------------|
| Suction Type: | S | Suction Head (ft.): | 54 |
| Suction Size (inches): | 24 | Motor Horse Power: | 15 |
| Motor Type: | SUBMERSIBL | Motor Control: | A |
| Discharge Type: | S | Discharge Size (inches): | 6 |
| Installation Date | 11/06/2009 | Model #: | 11CLC-2 STAGE |
| Pump Manufacturer: | GOULDS PUMP | | |

2. Related Sources Table (if applicable)

| | |
|-------------|------------------------|
| 3315000-07G | BALDWIN POND 2 GP WELL |
|-------------|------------------------|

Pump

1. Pump Information

| | |
|-------------------|------------|
| CHAMBERLAIN WELL | MOORE ROAD |
| Pump Station Name | Location |

Function:

| | | | |
|--------------------------|----------|-----------------------------------|--------|
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Finished | Maximum Aggregate Capacity (GPM): | 575 |
| Standby/Emergency Power: | N | | |



| Primary Pump Details | | | |
|------------------------|----------------|--------------------------|-----------------|
| Suction Type: | S | Suction Head (ft.): | 63.5 |
| Suction Size (inches): | 48 | Motor Horse Power: | 75 |
| Motor Type: | ELECTRIC | Motor Control: | A |
| Discharge Type: | S | Discharge Size (inches): | 6 |
| Installation Date | | Model #: | 10DOM-11 STAGES |
| Pump Manufacturer: | PEABODY FLOWAY | | |

| 2. Related Sources Table (if applicable) | |
|--|-----------------------|
| 3315000-08G | CHAMBERLAIN G.P. WELL |

Pump

| 1. Pump Information | |
|-----------------------------|----------------------|
| BALDWIN POND GP WELL 3 PUMP | 101 OLD SUDBURY ROAD |
| Pump Station Name | Location |

| | | | |
|--------------------------|-----|-----------------------------------|--------|
| Function: | | | |
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Raw | Maximum Aggregate Capacity (GPM): | 450 |
| Standby/Emergency Power: | Y | | |

| Primary Pump Details | | | |
|------------------------|-------------|--------------------------|-----------------|
| Suction Type: | S | Suction Head (ft.): | 53 |
| Suction Size (inches): | 24 | Motor Horse Power: | 15 |
| Motor Type: | SUBMERSIBL | Motor Control: | A |
| Discharge Type: | S | Discharge Size (inches): | 6 |
| Installation Date | 11/06/2009 | Model #: | 10RJLC- 2 STAGE |
| Pump Manufacturer: | GOULDS PUMP | | |

| 2. Related Sources Table (if applicable) | |
|--|-------------------------|
| 3315000-06G | BALDWIN POND #3 GP WELL |

Pump

| 1. Pump Information | |
|--------------------------------------|----------------------|
| BALDWIN POND 1 REPLACEMENT WELL PUMP | 101 OLD SUDBURY ROAD |
| Pump Station Name | Location |

| | | | |
|-----------|--|--|--|
| Function: | | | |
|-----------|--|--|--|



| | | | |
|--------------------------|-----|-----------------------------------|--------|
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Raw | Maximum Aggregate Capacity (GPM): | 525 |
| Standby/Emergency Power: | Y | | |

| Primary Pump Details | | | |
|------------------------|-------------|--------------------------|---------------|
| Suction Type: | S | Suction Head (ft.): | 52 |
| Suction Size (inches): | 12 | Motor Horse Power: | 15 |
| Motor Type: | SUBMERSIBL | Motor Control: | A |
| Discharge Type: | S | Discharge Size (inches): | 6 |
| Installation Date | 11/06/2009 | Model #: | 11CLC-2 STAGE |
| Pump Manufacturer: | GOULDS PUMP | | |

2. Related Sources Table (if applicable)

| | |
|-------------|------------------------------|
| 3315000-09G | BALDWIN POND #1 REPLACE WELL |
|-------------|------------------------------|

Pump

1. Pump Information

| | |
|----------------------|----------------|
| HAPPY HOLLOW WELL #1 | OLD CONN. PATH |
| Pump Station Name | Location |

Function:

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

| Primary Pump Details | | | |
|------------------------|-------------|--------------------------|-----------|
| Suction Type: | S | Suction Head (ft.): | 42 |
| Suction Size (inches): | 24 | Motor Horse Power: | 75 |
| Motor Type: | ELECTRIC | Motor Control: | AUTOMATIC |
| Discharge Type: | S | Discharge Size (inches): | 8 |
| Installation Date | 11/6/2009 | Model #: | |
| Pump Manufacturer: | GOULDS PUMP | | |

2. Related Sources Table (if applicable)

| |
|---------------|
| No Data Found |
|---------------|

Pump



1. Pump Information

| | |
|----------------------|----------------|
| HAPPY HOLLOW WELL #2 | OLD CONN. PATH |
| Pump Station Name | Location |

Function:

| | | | |
|--------------------------|----------|-----------------------------------|--------|
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Finished | Maximum Aggregate Capacity (GPM): | 700 |
| Standby/Emergency Power: | Y | | |

Primary Pump Details

| | | | |
|------------------------|---------------|--------------------------|-----------|
| Suction Type: | S | Suction Head (ft.): | 47 |
| Suction Size (inches): | 24 | Motor Horse Power: | 75 |
| Motor Type: | ELECTRIC | Motor Control: | AUTOMATIC |
| Discharge Type: | S | Discharge Size (inches): | 8 |
| Installation Date | | Model #: | |
| Pump Manufacturer: | BYRON JACKSON | | |

2. Related Sources Table (if applicable)

| |
|---------------|
| No Data Found |
|---------------|

Pump

1. Pump Information

| | |
|-------------------|---------------|
| CAMPBELL WELL | CAMPBELL ROAD |
| Pump Station Name | Location |

Function:

| | | | |
|--------------------------|----------|-----------------------------------|--------|
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Finished | Maximum Aggregate Capacity (GPM): | 450 |
| Standby/Emergency Power: | N | | |

Primary Pump Details

| | | | |
|------------------------|----------|--------------------------|-----------|
| Suction Type: | S | Suction Head (ft.): | 57 |
| Suction Size (inches): | 24 | Motor Horse Power: | 60 |
| Motor Type: | ELECTRIC | Motor Control: | AUTOMATIC |
| Discharge Type: | S | Discharge Size (inches): | 8 |
| Installation Date | | Model #: | |
| Pump Manufacturer: | LAYNE | | |

2. Related Sources Table (if applicable)

| |
|---------------|
| No Data Found |
|---------------|



Pump

1. Pump Information

| | |
|-------------------|---------------|
| MEADOWVIEW WELL | OAK HILL ROAD |
| Pump Station Name | Location |

Function:

| | | | |
|--------------------------|----------|-----------------------------------|--------|
| Status: | A | Availability: | ACTIVE |
| Number of Pumps: | 1 | Number of Emergency Pumps: | 0 |
| Raw or Finished Water: | Finished | Maximum Aggregate Capacity (GPM): | 280 |
| Standby/Emergency Power: | N | | |

Primary Pump Details

| | | | |
|------------------------|----------------------|--------------------------|----------------------|
| Suction Type: | S | Suction Head (ft.): | 61.5 |
| Suction Size (inches): | 24 | Motor Horse Power: | 40 |
| Motor Type: | ELECTRIC | Motor Control: | AUTOMATIC |
| Discharge Type: | S | Discharge Size (inches): | 6 |
| Installation Date | <input type="text"/> | Model #: | <input type="text"/> |
| Pump Manufacturer: | <input type="text"/> | | |

2. Related Sources Table (if applicable)

No Data Found

Comments or additional information regarding this section



Storage Facilities

Show all storage facilities

Storage Facility

[Edit](#) [Delete](#)

| | |
|------------------------------|-----------------|
| 3315000-99S | REEVES HILL |
| Storage Facility Name | Location |

| | | | |
|---------------|---------------------------|-------------------|----------|
| Status: | A | Availability: | ACTIVE |
| Storage Type: | GROUND LEVEL STORAGE TANK | Capacity (MG): | 2 |
| Material: | CONCRETE | Installation Date | 1/1/1955 |

Comments or additional information regarding this section

Storage Facility

[Edit](#) [Delete](#)

| | |
|------------------------------|-----------------|
| 3315000-99 | REEVES HILL |
| Storage Facility Name | Location |

| | | | |
|---------------|---------------------------|-------------------|----------|
| Status: | A | Availability: | ACTIVE |
| Storage Type: | GROUND LEVEL STORAGE TANK | Capacity (MG): | .5 |
| Material: | STEEL | Installation Date | 1/1/1927 |

Comments or additional information regarding this section

Comments or additional information



Ground Water Sources

Individual Ground Water Source Statistics

| | |
|----------------------|------------------------|
| Source ID: | 3315000-02G |
| Source Name: | CAMPBELL RD. GP WELL 1 |
| Location: | WAYLAND |
| Status: | A |
| Source Availability: | ACTIVE |

Comments or additional information regarding this source:

| | | | |
|--------------------------------------|------------------------------------|--|-------------------|
| | | Withdrawal Units: | GAL |
| Latitude: | 42.402534 | January: | 3,313,500 |
| Longitude: - | 71.358672 | February: | 4,103,200 |
| Source Watershed: | CONCORD- CONCORD AND SUDBURY | March: | 5,813,100 |
| Well Type: | GRAVEL-PACKED | April: | 4,406,500 |
| Well Depth (ft.): | 0 | May: | 5,162,160 |
| Well Casing Height (ft.): | 0 | June: | 4,687,000 |
| Well Casing Depth (ft.): | 0 | July: | 3,609,900 |
| Screen Length (ft.): | 0 | August: | 1,053,100 |
| Construction Type: | GRAVEL | September: | 11,900 |
| Pump Setting (ft): | 0 | October: | 0 |
| Safe Yield (MGD): | 0 | November: | 0 |
| Approved Daily Pumping Volume (MGD): | .6 | December: | 0 |
| Source Metered: | Yes | Total Amount Pumped: | 32,160,360 |
| Date of Meter Installation: | | Total # of Days Pumped: | 187 |
| Type of water metered for source: | FINISHED | Maximum Single Day Pumped Volume: | 553,300 |
| Last Meter Calibration: | 4/8/2010 | Date of Maximum Amount Pumped: | 8/2/2010 |



Individual Ground Water Source Statistics

| | |
|----------------------|------------------------|
| Source ID: | 3315000-03G |
| Source Name: | HAPPY HOLLOW GP WELL 1 |
| Location: | STONEBRIDGE RD |
| | WAYLAND |
| Status: | A |
| Source Availability: | ACTIVE |

Comments or additional information regarding this source:

| | | | |
|--------------------------------------|--------------|-----------------------------------|-------------------|
| | | Withdrawal Units: | GAL |
| Latitude: | 42.341683 | January: | 8,600,300 |
| Longitude: - | 71.377239 | February: | 5,431,401 |
| Source Watershed: | CONCORD | March: | 5,080,399 |
| Well Type: | BEDROCK WELL | April: | 40,400 |
| Well Depth (ft.): | 0 | May: | 7,714,401 |
| Well Casing Height (ft.): | 0 | June: | 8,421,499 |
| Well Casing Depth (ft.): | 0 | July: | 8,222,801 |
| Screen Length (ft.): | 0 | August: | 7,841,939 |
| Construction Type: | | September: | 8,007,999 |
| Pump Setting (ft): | 0 | October: | 4,304,901 |
| Safe Yield (MGD): | 0 | November: | 1,542,590 |
| Approved Daily Pumping Volume (MGD): | .648 | December: | 792,902 |
| Source Metered: | Yes | Total Amount Pumped: | 66,001,532 |
| Date of Meter Installation: | | Total # of Days Pumped: | 244 |
| Type of water metered for source: | FINISHED | Maximum Single Day Pumped Volume: | 656,000 |
| Last Meter Calibration: | | Date of Maximum Amount Pumped: | 10/1/2010 |



Individual Ground Water Source Statistics

| | |
|----------------------|------------------------|
| Source ID: | 3315000-04G |
| Source Name: | HAPPY HOLLOW GP WELL 2 |
| Location: | STONEBRIDGE RD |
| | WAYLAND |
| Status: | A |
| Source Availability: | ACTIVE |

Comments or additional information regarding this source:

| | | | |
|--------------------------------------|---------------|-----------------------------------|--------------------|
| | | Withdrawal Units: | GAL |
| Latitude: | 42.34169 | January: | 17,354,000 |
| Longitude: - | 71.378174 | February: | 18,601,000 |
| Source Watershed: | CONCORD | March: | 6,330,700 |
| Well Type: | GRAVEL-PACKED | April: | 27,800 |
| Well Depth (ft.): | 0 | May: | 15,456,151 |
| Well Casing Height (ft.): | 0 | June: | 14,924,900 |
| Well Casing Depth (ft.): | 0 | July: | 20,149,200 |
| Screen Length (ft.): | 0 | August: | 17,807,900 |
| Construction Type: | GRAVEL | September: | 12,153,370 |
| Pump Setting (ft): | 0 | October: | 12,743,600 |
| Safe Yield (MGD): | 0 | November: | 7,211,602 |
| Approved Daily Pumping Volume (MGD): | .763 | December: | 9,428,200 |
| Source Metered: | Yes | Total Amount Pumped: | 152,188,423 |
| Date of Meter Installation: | | Total # of Days Pumped: | 298 |
| Type of water metered for source: | FINISHED | Maximum Single Day Pumped Volume: | 875,100 |
| Last Meter Calibration: | | Date of Maximum Amount Pumped: | 2/13/2010 |



Individual Ground Water Source Statistics

| | |
|----------------------|----------------------|
| Source ID: | 3315000-05G |
| Source Name: | MEADOWVIEW GP WELL 1 |
| Location: | WAYLAND |
| Status: | A |
| Source Availability: | ACTIVE |

Comments or additional information regarding this source:

| | | | |
|--------------------------------------|---------------|-----------------------------------|-----|
| | | Withdrawal Units: | GAL |
| Latitude: | 42.34248 | January: | 0 |
| Longitude: - | 71.389635 | February: | 0 |
| Source Watershed: | CONCORD | March: | 0 |
| Well Type: | GRAVEL-PACKED | April: | 0 |
| Well Depth (ft.): | 0 | May: | 0 |
| Well Casing Height (ft.): | 0 | June: | 0 |
| Well Casing Depth (ft.): | 0 | July: | 0 |
| Screen Length (ft.): | 0 | August: | 0 |
| Construction Type: | GRAVEL | September: | 0 |
| Pump Setting (ft): | 0 | October: | 0 |
| Safe Yield (MGD): | 0 | November: | 0 |
| Approved Daily Pumping Volume (MGD): | .54 | December: | 0 |
| Source Metered: | Yes | Total Amount Pumped: | |
| Date of Meter Installation: | | Total # of Days Pumped: | 0 |
| Type of water metered for source: | FINISHED | Maximum Single Day Pumped Volume: | 0 |
| Last Meter Calibration: | | Date of Maximum Amount Pumped: | |



Individual Ground Water Source Statistics

| | |
|----------------------|-------------------------|
| Source ID: | 3315000-06G |
| Source Name: | BALDWIN POND #3 GP WELL |
| Location: | 101 OLD SUDBURY RD |
| | WAYLAND |
| Status: | A |
| Source Availability: | ACTIVE |

Comments or additional information regarding this source:

APPROVED PUMP RATE IS TOTAL FOR 01G, 06G, AND 07G

| | | | |
|--------------------------------------|------------------------------------|-----------------------------------|-------------------|
| | | Withdrawal Units: | GAL |
| Latitude: | 42.374596 | January: | 0 |
| Longitude: - | 71.370449 | February: | 0 |
| Source Watershed: | CONCORD- CONCORD AND SUDBURY | March: | 3,129,207 |
| Well Type: | GRAVEL-PACKED | April: | 9,849,890 |
| Well Depth (ft.): | 58 | May: | 3,034,974 |
| Well Casing Height (ft.): | 0 | June: | 3,683,354 |
| Well Casing Depth (ft.): | 43 | July: | 7,610,364 |
| Screen Length (ft.): | 15 | August: | 2,978,876 |
| Construction Type: | GRAVEL | September: | 3,234,764 |
| Pump Setting (ft): | 0 | October: | 6,905,007 |
| Safe Yield (MGD): | 0 | November: | 2,833,990 |
| Approved Daily Pumping Volume (MGD): | 1.51 | December: | 0 |
| Source Metered: | Yes | Total Amount Pumped: | 43,260,426 |
| Date of Meter Installation: | | Total # of Days Pumped: | 191 |
| Type of water metered for source: | RAW | Maximum Single Day Pumped Volume: | 392,980 |
| Last Meter Calibration: | 4/8/2010 | Date of Maximum Amount Pumped: | 4/19/2010 |



Individual Ground Water Source Statistics

| | |
|----------------------|------------------------|
| Source ID: | 3315000-07G |
| Source Name: | BALDWIN POND 2 GP WELL |
| Location: | WAYLAND |
| Status: | A |
| Source Availability: | ACTIVE |

Comments or additional information regarding this source:

APPROVED PUMP RATE IS TOTAL FOR 01G, 06G, AND 07G

| | | | |
|--------------------------------------|------------------------------------|-----------------------------------|-------------------|
| | | Withdrawal Units: | GAL |
| Latitude: | 42.374836 | January: | 0 |
| Longitude: | 71.371399 | February: | 0 |
| Source Watershed: | CONCORD- CONCORD AND SUDBURY | March: | 2,296,663 |
| Well Type: | GRAVEL-PACKED | April: | 6,746,385 |
| Well Depth (ft.): | 55 | May: | 2,256,219 |
| Well Casing Height (ft.): | 0 | June: | 4,008,546 |
| Well Casing Depth (ft.): | 35 | July: | 8,031,643 |
| Screen Length (ft.): | 20 | August: | 9,801,693 |
| Construction Type: | GRAVEL | September: | 9,524,629 |
| Pump Setting (ft.): | 0 | October: | 9,518,256 |
| Safe Yield (MGD): | 0 | November: | 7,900,922 |
| Approved Daily Pumping Volume (MGD): | 1.51 | December: | 8,987,547 |
| Source Metered: | Yes | Total Amount Pumped: | 69,072,503 |
| Date of Meter Installation: | | Total # of Days Pumped: | 268 |
| Type of water metered for source: | RAW | Maximum Single Day Pumped Volume: | 631,916 |
| Last Meter Calibration: | 4/8/2010 | Date of Maximum Amount Pumped: | 12/10/2010 |



Individual Ground Water Source Statistics

| | |
|----------------------|-----------------------|
| Source ID: | 3315000-08G |
| Source Name: | CHAMBERLAIN G.P. WELL |
| Location: | OFF MOORE RD |
| | WAYLAND |
| Status: | A |
| Source Availability: | ACTIVE |

Comments or additional information regarding this source:

| | | | |
|--------------------------------------|---------------|-----------------------------------|-------------------|
| | | Withdrawal Units: | GAL |
| Latitude: | 42.389664 | January: | 9,337,101 |
| Longitude: - | 71.362358 | February: | 9,607,900 |
| Source Watershed: | CONCORD | March: | 11,779,298 |
| Well Type: | GRAVEL-PACKED | April: | 10,392,600 |
| Well Depth (ft.): | 63 | May: | 14,251,534 |
| Well Casing Height (ft.): | 0 | June: | 12,884,700 |
| Well Casing Depth (ft.): | 0 | July: | 7,862,900 |
| Screen Length (ft.): | 10 | August: | 5,029,680 |
| Construction Type: | GRAVEL | September: | 6,238,700 |
| Pump Setting (ft): | 0 | October: | 3,203,800 |
| Safe Yield (MGD): | 0 | November: | 3,601,800 |
| Approved Daily Pumping Volume (MGD): | .828 | December: | 3,720,499 |
| Source Metered: | Yes | Total Amount Pumped: | 97,910,512 |
| Date of Meter Installation: | | Total # of Days Pumped: | 321 |
| Type of water metered for source: | FINISHED | Maximum Single Day Pumped Volume: | 615,600 |
| Last Meter Calibration: | 4/8/2010 | Date of Maximum Amount Pumped: | 5/13/2010 |



Individual Ground Water Source Statistics

| | |
|----------------------|------------------------------|
| Source ID: | 3315000-09G |
| Source Name: | BALDWIN POND #1 REPLACE WELL |
| Location: | 101 OLD SUDBURY RD. |
| | WAYLAND |
| Status: | A |
| Source Availability: | ACTIVE |

Comments or additional information regarding this source:

APPROVED PUMP RATE IS TOTAL OF 06G, 07G, & 09G

| | | | |
|--------------------------------------|------------------------------------|-----------------------------------|-------------------|
| | | Withdrawal Units: | GAL |
| Latitude: | | January: | 0 |
| Longitude: - | | February: | 0 |
| Source Watershed: | CONCORD- CONCORD AND SUDBURY | March: | 1,595,170 |
| Well Type: | GRAVEL-PACKED | April: | 4,634,231 |
| Well Depth (ft.): | 52 | May: | 1,408,144 |
| Well Casing Height (ft.): | 42 | June: | 2,197,730 |
| Well Casing Depth (ft.): | 42 | July: | 6,984,331 |
| Screen Length (ft.): | 10 | August: | 8,792,485 |
| Construction Type: | GRAVEL | September: | 6,137,147 |
| Pump Setting (ft): | 0 | October: | 6,477,316 |
| Safe Yield (MGD): | 0 | November: | 7,119,788 |
| Approved Daily Pumping Volume (MGD): | 1.51 | December: | 8,226,812 |
| Source Metered: | Yes | Total Amount Pumped: | 53,573,154 |
| Date of Meter Installation: | | Total # of Days Pumped: | 267 |
| Type of water metered for source: | RAW | Maximum Single Day Pumped Volume: | 401,285 |
| Last Meter Calibration: | 4/8/2010 | Date of Maximum Amount Pumped: | 9/12/2010 |



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2010 Public Water Supply Annual Statistical Report
Reporting Year 2010

PWSID#: 3315000
Name: WAYLAND WATER DEPARTMENT
City: WAYLAND
PWS Class: COM

Comments or additional information regarding this section



Surface Water Sources

No Data Found

Comments or additional information regarding this section:



Purchased Water Sources

No Data Found

Comments or additional information regarding this section
