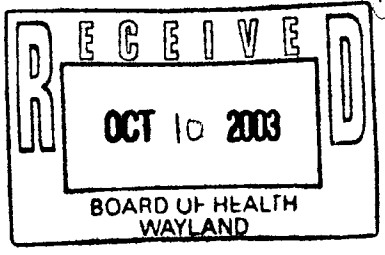




COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

*cc: BAH
 Here
 file*



MITT ROMNEY
 Governor

KERRY HEALEY
 Lieutenant Governor

ELLEN ROY HERZFELDER
 Secretary

ROBERT W. GOLLEDGE, Jr.
 Commissioner

October 9, 2003

Wayland Water Department
 Town Office Bldg.
 41 Cochituate Rd.
 Wayland MA 01778

ATTN: Donald W. Hollender, Supt.

RE: WAYLAND
 Wayland Water Department
 PWS ID# 3315000
 Program: Enforcement
 Action: NON
 Activity No.: NON-NE-03-5D023

NOTICE OF NONCOMPLIANCE

Dear Mr. Hollender:

The Department of Environmental Protection (the "Department") has determined that you are operating a Public Water Supply System as defined by the Drinking Water Regulations of Massachusetts, 310 CMR 22.00.

Department records indicate that your Public Water Supply System is in noncompliance with one or more laws, regulations, orders, licenses, permits or approvals enforced by the Department, i.e., Coliform MCL violation, and failure to collect all required repeat coliform samples.

Attached hereto is a written description of (1) each activity referred to above, (2) the requirements violated, (3) the action that the Department now wants you to take, and (4) the deadline to take such action. A civil administrative penalty may be assessed for every day that you are in noncompliance with the requirements referred to in this notice as provided in G.L.C. 21A, §16.

Notwithstanding this Notice of Noncompliance, the Department reserves the right to exercise the full extent of its legal authority in order to achieve full compliance with all applicable requirements including, but not limited to, criminal prosecution, court-imposed civil penalties, or civil administrative penalties.

Please note that the Signature on this cover letter indicates formal issuance of the attached document. If you have any questions regarding this letter, please contact Jack Mullins @ 617.654.6529.

Very truly yours,

Madelyn Morris
 Madelyn Morris
 Deputy Regional Director
 Bureau of Resource Protection

MM/cm/jtm
 cc DEP/DWP/WQA, 1 Winter St. Boston
 Bd. of Health, Town Office Bldg., 41 Cochituate Rd., Wayland 01778
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This information is available in alternate format. Call April McCabe, ADA Coordinator at 1-617-556-1171. TDD Service - 1-800-298-2207.

DEP on the World Wide Web: <http://www.mass.gov/dep>

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**NOTICE OF NONCOMPLIANCE
NONCOMPLIANCE SUMMARY**

NAME OF ENTITY IN NONCOMPLIANCE:

Wayland Water Department

LOCATION WHERE NONCOMPLIANCE OCCURRED OR WAS OBSERVED:

Wayland, MA

DATE WHEN NONCOMPLIANCE OCCURRED OR WAS LAST OBSERVED:

August 2003

DESCRIPTION OF NONCOMPLIANCE:

1. Three (3) routine distribution system samples, collected in August 2003, showed the presence of total coliform bacteria
2. Failure to collect all required repeat coliform distribution system samples

DESCRIPTION OF REQUIREMENTS NOT COMPLIED WITH:

1. 310 CMR 22.05 (8) (a) 2. —For a system which collects fewer than 40 routine samples per month, if no more than one sample collected during a month is total coliform-positive, the system is in compliance with the Maximum Contaminant Level (MCL) for total coliform.
2. 310 CMR 22.05 (2) (a) —If a routine sample is total coliform-positive, the public water system must collect a set of repeat samples within 24 hours of being notified of the positive result.

ACTION TO BE TAKEN, AND THE DEADLINE FOR TAKING SUCH ACTION:

1. **By October 23, 2003**, in compliance with 310 CMR 22.16, you must, notify persons served by your public water system of the violation noted above, **by publication in a newspaper of general circulation serving the area, or by mail or hand delivery.**
2. **By October 16, 2003** you must submit to the Department at the letterhead address or by fax (617.292.5850, Attn: Jack Mullins) a draft public notice. Enclosed is a form notice that contains the required information for the public notice. Adapt this notice to your violation and submit to the Department for review and approval.
3. **By October 30, 2003** you must submit to the Department and to the Wayland Board of Health a signed copy of the enclosed Certification Form, filled out in its entirety, accompanied by a copy of the public notice as published/ delivered.

Date

10/9, 2003