



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2006 Public Water Supply Annual Statistical Report
 For Community Public Water Systems-Reporting Period 1/1/2006 – 12/31/2006

<u>COMMUNITY</u>	
PWSID#:	3315000
Name:	Wayland Water Department
City/Town:	Wayland

A Certification

Please use the tab key to move forward.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, that I am authorized to fill out these forms, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief.



Don Millette
 Name of Certifying Person

Acting Department Head

Title

508-358-3696

508-358-5325

Phone Number

Fax Number

03/22/2007



Signature of Certifying Person

Date (mm/dd/yyyy: please type in the slash in between month, date, and year.)

If you press the enter or return key, please press the backspace key until the form returns to normal.

B Public Water Supply Information

- Please review and correct the information shown on your Comprehensive Report. The Comprehensive Report was enclosed with the mailed copy of this form.
- Please review the Treatment Plant and the Treatment section of each source on the Comprehensive Report. Note that the physical address of the treatment plant is required. Failure to provide this address will result in this form being considered incomplete and enforcement action may be taken.
- Physical addresses on the Comprehensive Report must not contain PO Boxes.

☐ Check this box if there are no changes to your Comprehensive Report

☒ Check this box if you made changes to your Comprehensive Report

1. Public Water System: (This address must be for the party legally responsible for regulatory compliance.)
☒ No Change

PWS mailing address

City/Town

State (please use 2 letter abbreviation)

Zip Code

Phone Number

Fax Number (if available)

http://

Web Site Address of PWS (if available)

2. Owner Information:

Owner's Name (if not municipal):

3. Primary Contact: ☐ No Change

Don Millette

508-358-3696

Name (First, Last) • one name only

Phone Number

dmillette@wayland.ma.us

Email Address (For Emergency Purposes)

If the mailing address is different from the one shown on the Comprehensive Report (enclosed with the mailing of this form) please fill in the mailing address.



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B Public Water Supply Information (cont.)

Attach a list of all additional facility operators and corresponding license numbers

4. Certified Drinking Water Operator employed by the PWS:* ☐ No Change

Don Millette	D-2	7522	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Primary Certified Operator – Distribution: Name		Grade	License Number
Paul Hatfield	D-2	3651	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Distribution: Name		Grade	License Number
Brian Vaudreuil	D-2	7435	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Distribution: Name		Grade	License Number
Secondary Certified Operator – Distribution: Name		Grade	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Don Millette	T-3	182121	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Primary Certified Operator – Treatment: Name		Grade	License Number
Paul Hatfield	T-2	7078	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Treatment: Name		Grade	License Number
Brian Vaudreuil	T-1	7229	Status: OIT <input type="checkbox"/> Full <input checked="" type="checkbox"/>
Secondary Certified Operator – Treatment: Name		Grade	License Number
Secondary Certified Operator – Treatment: Name		Grade	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Secondary Certified Operator – Treatment: Name		Grade	License Number

* Note: you must have certified operators in accordance with 310 CMR 22.11B

5. Primary Certified Operator Contact Information:

Don Millette	508-358-3696		
Name	Phone Number		
41 Cochituate Rd.	Wayland	MA	01778
Mailing Address	Town/City	State	Zip Code

6. If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the DEP? ☐ Yes ☐ No

7. Names of Water Commissioners/Selectmen/Trustees/Association Board Members (if applicable). Please attach an organizational chart, if available.

Attach a list of all additional staff to be contacted in the event of an emergency

Joel Goodmonson	508-358-2252	Chairman
Name of Chairman	Phone Number	Title
Michael Keegan	508-276-1208	Commission
Name	Phone Number	Title
W. Edward Lewis	508-358-7160	Commission
Name	Phone Number	Title

8. Federal Employment Identification Number (FEIN): 04-6001341

9. Is this system a not-for-profit organization? ☒ Yes ☐ No
 If yes, indicate Tax Exempt code (e.g., 501C):

10. Population Served (Daily Average): ☐ No Change

Winter Population (October – March): 13932

Summer Population (April – September): 13932

By what method was the population figured?

Census Type: ☐ City/Town Annual ☒ Federal (10 year)
 Other Method:



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B Public Water Supply Information (cont.)

11. Distribution Meter information:

- a. Percentage of distribution system metered: 99 %
- b. Are all publicly owned buildings metered? ☒ Yes ☐ No
- c. If No, what percent are? %

12. System Information: ☐ No Change

- a. Number of Service Connections: 4976
- b. Percentage of water obtained from the following sources (Total =100%):
- | 100 % | % | % | % |
|--------------|---------------|------------------|-------------------|
| Ground Water | Surface Water | Purchased Ground | Purchased Surface |
- c. Finished Water Storage Capacity in Million Gallons (MG): 2.5mg
 [Conversion factor is (# of gallons)/(1,000,000)= MG]

13. Emergency Response Plan (ERP):

Do you have an Emergency Response Plan?

☒ Yes ☐ No

DO NOT submit your ERP to DEP. The DEP will review the ERP during your next sanitary survey.

14. Emergency Directory Update:

Please submit an updated Emergency Response Plan Directory with this Annual Statistical Report.
 (Attachment 1 – "Emergency Response Plan Directory" is enclosed with this form.)

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

☐ Yes ☒ No

If Yes, List antennae or other appurtenances, owner(s) names, and the date approved by your system:

Antennae or Appurtenances	Owner Name	Date (mm/dd/yyyy)
Antennae or Appurtenances	Owner Name	Date (mm/dd/yyyy)
Antennae or Appurtenances	Owner Name	Date (mm/dd/yyyy)



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C Cross Connection Control Program

1. Cross Connection Control Program Coordinator:

Don Millette

508-358-3696

Name

Phone Number

2. 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(4)(b):

Don Millette

2329

508-358-3696

Name

MA Cert. #

Phone Number

Mailing Address (if different from water system)

3. Are there any cross connections in your service area protected by RPBPs or DCVAs? Yes ☒ No ☐

If Yes, provide a list of the RPBPs or DCVAs that meet the Department's definition of a cross connection and comply with regulations under 310 CMR 22.22. The list must include Facility Name, Address, Type of Device, and Cross Connection Identification Number. **This information is required; failure to submit a list constitutes a violation of 310 CMR 22.22 and may cause the department to take enforcement action against the system. The issuance of the DEP's permit letter will be held until such list is provided.**

4. Does your water system **review and approve** design data sheets and plans for proposed new installations of RPBPs, DCVAs, and air gap separations with tank and pump arrangements in accordance with 310 CMR 22.22(4)(b)? ☒ Yes ☐ No

5. Does your water system ensure, upon completion of installation, that backflow prevention devices are **installed according to the approved design data sheets and plans and are tested** for proper operation in accordance with 310 CMR 22.22(4)(b)? ☒ Yes ☐ No

6. What is the total number of facilities served by your PWS in the following categories?

Industrial 0 Commercial 90 Institutional 2 Municipal 31

7. Have all commercial, industrial, institutional and municipal owned facilities in your service areas been surveyed for cross-connections at least once? ☒ Yes ☐ No

If No, when will these cross-connection surveys be completed?

If Yes, Go to Question #9

(mm/dd/yyyy)

8. What is the total number of facilities remaining to be surveyed for cross connection in each of the following categories:

Industrial _____ Commercial _____ Institutional _____ Municipal _____

9. Of the total number of facilities served in each category how many did you survey or re-survey last year?:

Industrial 0 Commercial 0 Institutional 0 Municipal 0

10. How many violations did you find last year? 0

11. What is the total number of RPBPs installed on your water system? 112

12. How many RPBPs were installed last year? 1

13. What is the total number of DCVAs installed on your water system? 49

14. How many DCVAs were installed last year? 0



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C Cross Connection Control Program (cont.)

15. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (14)?

☐ Yes ☒ No

16. Total # of tests conducted on RPBPs last year?: 16

17. Total # of RPBPs re-tested last year?: 0

18. Total # of tests conducted on DCVAs last year?: 0

19. Total # of DCVAs re-tested last year?: 0

20. 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

21. Do you have a fully implemented active educational program directed toward residential users?

☐ Yes

☒ No

22. Do you have a fully implemented educational program for specific users (ex. Industrial, Commercial, Institutional and Municipal)? ☐ Yes ☒ No

If Yes, please list the types of users:

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

☒ Yes

☐ No

If No, do you plan to institute one in the future?

☐ Yes

☐ No

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

☒ Yes

☐ No

25. Does your water system have a containment policy?

☐ Yes

☒ No

26. 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:

Name of the MA Certified Surveyor &/or Tester

DEP Certification ID #

Expiration Date

Name of the MA Certified Surveyor &/or Tester

DEP Certification ID #

Expiration Date

27. Has there been a cross-connection incident in your water system this year?

☐ Yes

☒ No

If Yes, please provide information below:

(Use a separate sheet if necessary)

Date & Time (mm/dd/yyyy hh:mm am/pm)

Location

Brief Description

Attach a separate sheet if necessary.



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D Water Production & Consumption Information

1. Water Production and Consumption Summary for Last Year (2006):

Please identify whether the information provided in column 1 is raw or finished. If you have volumes for both raw and finished please copy and complete the following table for each volume.

[Conversion factor is (# cubic feet)(7.481) = (# of gallons)]

As of 12/31/2001 all systems were required to comply with 310 CMR 22.04(6). Which requires all PWSs to be metered.

Month	(1) Amount pumped from own sources <input type="checkbox"/> Raw or <input checked="" type="checkbox"/> Finished	(2) Amount purchased from other systems*	(3) Amount sold to other systems**	Net Water Consumption (1) + (2) - (3) = Net
Withdrawal Units (check one)	<input checked="" type="checkbox"/> Gallons (GAL) or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG
January	41067690			41067690
February	36473095			36473095
March	43097496			43097496
April	44355798			44355798
May	58294393			58294393
June	52789198			52789198
July	62385390			62385390
August	64320463			64320463
September	50666449			50666449
October	46991097			46991097
November	37604808			37604808
December	34563201			34563201
TOTAL	572609078			572609078

Maximum Daily Consumption:

1.576MG

☒ GAL or ☐ MG

07/17/2006

Volume

Date (mm/dd/yyyy)

Please attach additional sheets if necessary.

* If purchasing water, list the systems you purchase from, use the same units as above.

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

** If selling water, list the systems you sell to, use the same units as above.

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------

Name(s)	PWS ID #	Total Amount for Last Year
---------	----------	----------------------------



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D Water Production & Consumption Information (cont.)

2. Consumption by service type:

Please fill out the table below as accurately as possible. The information about Service Type is required for Federal drinking water protection programs. For water suppliers using more than 100,000 gallons per day, information from the shaded rows of this table will be used to complete items C and D in Section G "Water Management Act Annual Report".

	Service Type	# of service connections	Metered Amount (MGY)	% of Total Distributed
Residential	Residential Area	4422	414418254	72.3736
	Subdivision			
	Homeowners Association (condos)	405	18978256	3.3143
	Mobile Home Park (principal residence)			
	Secondary Residences			
	Mobile Home Park (non-primary residence)			
	Institution (prisons, mental facilities, nursing & rest homes, universities, colleges, dormitories)	2	9928204	1.7339
	Other Residential Area			
	Residential Total	4829	443324714	77.4218
Non-Residential Institutions	Medical Facility			
	Schools (includes K-12)	5	2905980	.5075
	Day Care Center	6	714340	0.1248
	Summer Camp	2	656744	0.1147
	Non-Residential Institutions Total	13	4277064	.747
Commercial Note: Some towns include types of multi-family housing in the commercial category - these should be broken out and included in the appropriate residential category.	Service Station	7	383724	.0670
	Restaurant	12	5752120	1.0045
	Highway Rest Area			
	Hotel/Motel			
	Other Transient Area			
	Retail	60	6028132	1.0527
	Dispenser			
	Interstate Carrier			
	Water Bottler			
	Wholesaler			
	Other Non-Transient Area	11	742764	.1297
	Commercial Total	90	12906740	2.2539
Agricultural	Includes horticultural nursery, cranberry growers, farms & other agriculture	4	2822952	.4930
Industrial	Includes industry and manufacturing			
Recreational	Includes ski areas, golf courses & other recreational areas	5	7005020	1.223
Other	Municipality (metered municipal use)	31	6929052	1.2101
	Sanitary Improvement District	4	91256	.0159
	Other Area			
	Other Total	35	7020308	1.226
System Total	System Total	4976	477356998	83.3647



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E Individual Source Statistics

If you have more than four sources or withdrawal points, please use an extra Section E from the DEP web page or make photocopies of this page.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned)

Source Name	Baldwin Pond #1&2	Baldwin Pond #3	Chamberlain Well	Happy Hollow #1
Source ID #	3315000-01G	3315000-06G	3315000-08G	3315000-03G
Source Watershed	Concord River Basin	Concord River	Concord River	Concord River Basin
Source Availability* (check one)	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	01/01/1995 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	04/07/2003 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	12/19/2002 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	12/20/2001 (mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	(mm/dd/yyyy)	11/14/2006 (mm/dd/yyyy)	11/14/2006 (mm/dd/yyyy)	11/14/2006 (mm/dd/yyyy)
Withdrawal Units (check one)	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG
Type of water metered for source	<input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished
January		3049901	12239899	5918498
February	131000		11845598	11871598
March			12599401	13746395
April			13584499	9140499
May		9833398	13039198	14066097
June		6862200	12628098	14265800
July		13706499	15539699	14342192
August		13789598	12317166	13364599
September		8003300	7983450	12977799
October		6115199	5661449	7968138
November		6319300	3494209	3086099
December		5511601		8264900
Total Amount Pumped	131000	73190996	120932666	129012614
Total # of Days Pumped **	2	215	260	309
Max. Amount Pumped in a Single Day	131000	920100	1038968	953100
Date Max. Amount Pumped	02/01/2006 (mm/dd/yyyy)	08/25/2006 (mm/dd/yyyy)	08/08/2006 (mm/dd/yyyy)	06/30/2006 (mm/dd/yyyy)

* The source availability codes are the same as last year's. The following definitions still apply:

Active Source (Formerly: Permanent, Backup, Seasonal, Provisional, Interim) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.

Inactive Source (Other, contaminated) means an approved source(s), which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.

Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c. 1G § 15-17 or as a requirement of a Department administrative order.

Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) cannot be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.

** Total number of days that a source was used during the year.



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E Individual Source Statistics

If you have more than four sources or withdrawal points, please use an extra Section E from the DEP web page or make photocopies of this page.

Please provide data in the adjacent table for all of your sources (Active, Emergency, Inactive, or Abandoned)

Source Name	Happy Hollow #2	Meadowview Well	Campbell Well	
Source ID #	3315000-04G	3315000-05G	3315000-02G	
Source Watershed	Concord River Basin	Concord R. Basin	Concord R. Basin	
Source Availability* (check one)	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Emergency <input type="checkbox"/> Abandoned
Date of Meter Installation	01/01/1995 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	12/18/2002 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	01/01/1995 (mm/dd/yyyy) OR <input type="checkbox"/> no meter	(mm/dd/yyyy) OR <input type="checkbox"/> no meter
Date Last Meter Calibration for this Source	11/14/2006 (mm/dd/yyyy)	11/14/2006 (mm/dd/yyyy)	11/14/2006 (mm/dd/yyyy)	(mm/dd/yyyy)
Withdrawal Units (check one)	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input checked="" type="checkbox"/> GAL or <input type="checkbox"/> MG	<input type="checkbox"/> GAL or <input type="checkbox"/> MG
Type of water metered for source	<input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input checked="" type="checkbox"/> Raw or <input type="checkbox"/> Finished	<input type="checkbox"/> Raw or <input type="checkbox"/> Finished
January	19858592	800		
February	11591600	373999	659300	
March	16751700			
April	21630800			
May	20364200	488200	503300	
June	18148900		848200	
July	9441000		9356000	
August	16861300		7987800	
September	16121700		5580200	
October	17643700		9602611	
November	17048800		7656400	
December	15422600		5364100	
Total Amount Pumped	200920892	862999	47557911	
Total # of Days Pumped**	365	8	185	
Max. Amount Pumped in a Single Day	1118000	482100	432000	
Date Max. Amount Pumped	04/17/2006 (mm/dd/yyyy)	05/30/2006 (mm/dd/yyyy)	07/05/2006 (mm/dd/yyyy)	(mm/dd/yyyy)

* The source availability codes are the same as last year's. The following definitions still apply:

Active Source (Formerly: Permanent, Backup, Seasonal, Provisional, Interim) means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet consumer demand as necessary.

Inactive Source (Other, contaminated) means an approved source(s), which is expected to be off-line for at least one year (12 months). A source may be deemed inactive only upon written approval of the Department. An inactive source may not return to active status without written approval from the Department.

Emergency Source (No change from previous) means any source of water used to supplement or temporarily replace a public water system's active or inactive source(s) when water of sufficient quality or quantity is not available. An emergency source may be placed on-line only after the Department's approval pursuant to a declaration of a state of water emergency under M.G.L. c. 1G § 15-17 or as a requirement of a Department administrative order.

Abandoned Source (Formerly: Other) means a source that is physically disconnected from a public water system and is no longer maintained as an active, inactive, or emergency source. Abandoned source(s) cannot be used as a public water supply source. A source may only be abandoned pursuant to 310 CMR 22.25.

** Total number of days that a source was used during the year.



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Please fill out one Section F form for each water source. For an extra Section F, please go to the MassDEP web page or make copies of this page as necessary.

F Watershed/Ground Water Inspection Report

Baldwin Pond #1 & 2

3315000-01G

Source Name

Source ID Number

For the ground or surface source listed:

1. Is the Zone II or Zone A protected by any of the following local measures? (Check all that apply)

☒ Water supply protection bylaw/ordinance

05/2002

Year Adopted or Amended

☐ Water supply protection board of health regulation

Year Adopted or Amended

☒ Wellhead or Surface water protection plan

11/1990

Year

2. During your inspections of the water supply protection areas did you identify any new land uses or activities that pose a threat to drinking water quality? ☐ Yes ☒ No

If Yes, please describe:

3. Did you identify any violations of state or local land use controls last year? ☐ Yes ☒ No

If Yes, did you report those violations to the local inspector of buildings, building commissioner, local board of health or department of health? ☐ Yes ☐ No

If Yes, please describe violations and resolutions:

4. If this is a groundwater source, is the Zone I entirely owned and/or controlled by the water supplier? ☒ Yes ☐ No

If No, please describe Zone I land use(s):

5. Do you have a Watershed or Wellhead Protection Committee? ☐ Yes ☒ No

If Yes, list what organizations the committee members represent? (i.e. citizen's groups, local government, business groups, etc.)

6. If there are any changes to your Zone I a map showing the changes must be attached to this report. (a map can be found on our web page at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting.')

Completion and filing of this report meets the requirement-s of the Drinking Water Regulations of Massachusetts 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems.



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COMMUNITY	
PWSID#:	3315000
Name:	Wayland Water Department
City/Town:	Wayland

Please fill out one Section F form for each water source. For an extra Section F, please go to the MassDEP web page or make copies of this page as necessary.

F Watershed/Ground Water Inspection Report

Campbell Well

3315000-02G

Source Name

Source ID Number

For the ground or surface source listed:

- Is the Zone II or Zone A protected by any of the following local measures? (Check all that apply)
 - ☒ Water supply protection bylaw/ordinance 5/2002
Year Adopted or Amended
 - ☐ Water supply protection board of health regulation
Year Adopted or Amended
 - ☒ Wellhead or Surface water protection plan 11/1990
Year
- During your inspections of the water supply protection areas did you identify any new land uses or activities that pose a threat to drinking water quality? ☐ Yes ☒ No

If Yes, please describe: _____

- Did you identify any violations of state or local land use controls last year? ☐ Yes ☒ No
 If Yes, did you report those violations to the local inspector of buildings, building commissioner, local board of health or department of health? ☐ Yes ☒ No

If Yes, please describe violations and resolutions: _____

- If this is a groundwater source, is the Zone I entirely owned and/or controlled by the water supplier?
☒ Yes ☐ No

If No, please describe Zone I land use(s): _____

- Do you have a Watershed or Wellhead Protection Committee? ☐ Yes ☒ No

If Yes, list what organizations the committee members represent? (i.e. citizen's groups, local government, business groups, etc.)

- If there are any changes to your Zone I a map showing the changes must be attached to this report. (a map can be found on our web page at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting'.)

Completion and filing of this report meets the requirement-s of the Drinking Water Regulations of Massachusetts 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems.



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F Watershed/Ground Water Inspection Report

Happy Hollow Well #1

Source Name

3315000-03G

Source ID Number

For the ground or surface source listed:

1. Is the Zone II or Zone A protected by any of the following local measures? (Check all that apply)

☒ Water supply protection bylaw/ordinance

05/2002

Year Adopted or Amended

☐ Water supply protection board of health regulation

Year Adopted or Amended

☒ Wellhead or Surface water protection plan

11/1990

Year

2. During your inspections of the water supply protection areas did you identify any new land uses or activities that pose a threat to drinking water quality? ☐ Yes ☒ No

If Yes, please describe:

3. Did you identify any violations of state or local land use controls last year? ☐ Yes ☒ No

If Yes, did you report those violations to the local inspector of buildings, building commissioner, local board of health or department of health? ☐ Yes ☐ No

If Yes, please describe violations and resolutions:

4. If this is a groundwater source, is the Zone I entirely owned and/or controlled by the water supplier? ☐ Yes ☒ No

If No, please describe Zone I land use(s):

Part of the zone 1 is a parking lot for the Wayland

High School

5. Do you have a Watershed or Wellhead Protection Committee? ☐ Yes ☒ No

If Yes, list what organizations the committee members represent? (i.e. citizen's groups, local government, business groups, etc.)

6. If there are any changes to your Zone I a map showing the changes must be attached to this report. (a map can be found on our web page at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting.')

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MASSACHUSETTS
DEPARTMENT OF
ENVIRONMENTAL
PROTECTION

**Massachusetts Department of Environmental
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F Watershed/Ground Water Inspection Report

Happy Hollow Well #2

Source Name

3315000-04G

Source ID Number

For the ground or surface source listed:

1. Is the Zone II or Zone A protected by any of the following local measures? (Check all that apply)

☒ Water supply protection bylaw/ordinance

05/2002

Year Adopted or Amended

☐ Water supply protection board of health regulation

Year Adopted or Amended

☒ Wellhead or Surface water protection plan

11/1990

Year

2. During your inspections of the water supply protection areas did you identify any new land uses or activities that pose a threat to drinking water quality? ☐ Yes ☒ No

If Yes, please describe:

3. Did you identify any violations of state or local land use controls last year? ☐ Yes ☒ No

If Yes, did you report those violations to the local inspector of buildings, building commissioner, local board of health or department of health? ☐ Yes ☒ No

If Yes, please describe violations and resolutions:

4. If this is a groundwater source, is the Zone I entirely owned and/or controlled by the water supplier? ☐ Yes ☒ No

If No, please describe Zone I land use(s):

Part of Zone 1 is a parking lot for the Wayland

High School

5. Do you have a Watershed or Wellhead Protection Committee? ☐ Yes ☒ No

If Yes, list what organizations the committee members represent? (i.e. citizen's groups, local government, business groups, etc.)

6. If there are any changes to your Zone I a map showing the changes must be attached to this report. (a map can be found on our web page at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting.')



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F Watershed/Ground Water Inspection Report

Meadowview Well

3315000-05G

Source Name

Source ID Number

For the ground or surface source listed:

1. Is the Zone II or Zone A protected by any of the following local measures? (Check all that apply)

☒ Water supply protection bylaw/ordinance

05/2002

Year Adopted or Amended

☐ Water supply protection board of health regulation

Year Adopted or Amended

☒ Wellhead or Surface water protection plan

11/1990

Year

2. During your inspections of the water supply protection areas did you identify any new land uses or activities that pose a threat to drinking water quality? ☐ Yes ☒ No

If Yes, please describe:

3. Did you identify any violations of state or local land use controls last year? ☐ Yes ☒ No

If Yes, did you report those violations to the local inspector of buildings, building commissioner, local board of health or department of health? ☐ Yes ☐ No

If Yes, please describe violations and resolutions:

4. If this is a groundwater source, is the Zone I entirely owned and/or controlled by the water supplier?

☒ Yes ☐ No

If No, please describe Zone I land use(s):

5. Do you have a Watershed or Wellhead Protection Committee? ☐ Yes ☒ No

If Yes, list what organizations the committee members represent? (i.e. citizen's groups, local government, business groups, etc.)

6. If there are any changes to your Zone I a map showing the changes must be attached to this report. (a map can be found on our web page at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting.')

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Please fill out one Section F form for each water source. For an extra Section F, please go to the MassDEP web page or make copies of this page as necessary.

F Watershed/Ground Water Inspection Report

Baldwin Pond #3

3315000-06G

Source Name

Source ID Number

For the ground or surface source listed:

- Is the Zone II or Zone A protected by any of the following local measures? (Check all that apply)
 - ☒ Water supply protection bylaw/ordinance 05/2002
Year Adopted or Amended
 - ☐ Water supply protection board of health regulation
Year Adopted or Amended
 - ☒ Wellhead or Surface water protection plan 11/1990
Year
- During your inspections of the water supply protection areas did you identify any new land uses or activities that pose a threat to drinking water quality? ☐ Yes ☒ No

If Yes, please describe: _____

- Did you identify any violations of state or local land use controls last year? ☐ Yes ☒ No
 If Yes, did you report those violations to the local inspector of buildings, building commissioner, local board of health or department of health? ☐ Yes ☐ No

If Yes, please describe violations and resolutions: _____

- If this is a groundwater source, is the Zone I entirely owned and/or controlled by the water supplier?
☒ Yes ☐ No

If No, please describe Zone I land use(s): _____

- Do you have a Watershed or Wellhead Protection Committee? ☐ Yes ☒ No

If Yes, list what organizations the committee members represent? (i.e. citizen's groups, local government, business groups, etc.)

- If there are any changes to your Zone I a map showing the changes must be attached to this report. (a map can be found on our web page at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting'.)

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Please fill out one Section F form for each water source. For an extra Section F, please go to the MassDEP web page or make copies of this page as necessary.

F Watershed/Ground Water Inspection Report

Chamberlain Well

3315000-08G

Source Name

Source ID Number

For the ground or surface source listed:

- Is the Zone II or Zone A protected by any of the following local measures? (Check all that apply)

<input checked="" type="checkbox"/> Water supply protection bylaw/ordinance	<u>05/2002</u>
	Year Adopted or Amended
<input type="checkbox"/> Water supply protection board of health regulation	<u> </u>
	Year Adopted or Amended
<input checked="" type="checkbox"/> Wellhead or Surface water protection plan	<u>11/1990</u>
	Year
- During your inspections of the water supply protection areas did you identify any new land uses or activities that pose a threat to drinking water quality? ☐ Yes ☒ No

If Yes, please describe: _____

- Did you identify any violations of state or local land use controls last year? ☐ Yes ☒ No
 If Yes, did you report those violations to the local inspector of buildings, building commissioner, local board of health or department of health? ☐ Yes ☐ No

If Yes, please describe violations and resolutions: _____

- If this is a groundwater source, is the Zone I entirely owned and/or controlled by the water supplier? ☒ Yes ☐ No

If No, please describe Zone I land use(s): _____

- Do you have a Watershed or Wellhead Protection Committee? ☐ Yes ☒ No

If Yes, list what organizations the committee members represent? (i.e. citizen's groups, local government, business groups, etc.) _____

- If there are any changes to your Zone I a map showing the changes must be attached to this report. (a map can be found on our web page at <http://www.mass.gov/dep/water/approvals/dwsforms.htm> under the heading of 'Statistical Reporting.')

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G Water Management Act Annual Report

TO BE COMPLETED BY ALL PUBLIC WATER SUPPLIERS USING 100,000 GALLONS PER DAY OR MORE

Public Water Suppliers (PWSs) that have a Water Management Act (WMA) registration and/or permit must complete this section. PWSs using more than 100,000 gallons per day (gpd), and who purchase their water supply for another supplier (e.g., MWRA supplied communities and other consecutive systems) must complete specific questions on this form as noted.

If you have any questions concerning the 2006 WMA Annual Report, please contact Elizabeth McCann with WMA Program at 617-292- 5901.

A. General Information

1. Permit and Registration Information (To be completed by WMA registrants and permittees only)

9P4-3-14-315.01

Permit Number

Registration Number

Concord River Basin

Watershed

Permit Number

Registration Number

Watershed

Permit Number

Registration Number

Watershed

2. Permit Special Conditions (To be completed by WMA permittees only)

Review your WMA permit. List any Special Conditions included in the permit that require an annual report to MassDEP. If a required report was submitted earlier in the year, please give the date of submission. If the required report is being submitted with this ASR, please note that in the following table.

Table A1 – Special Permit Conditions

Permit Special Conditions requiring Annual report(s) to MassDEP	Report Attached (Yes or No)	Date report submitted to the MassDEP
1.		
2.		
3.		
4.		
5.		

3. Leak Detection Survey Requirements (To be completed by all PWSs using more than 100,000 gpd)

Complete the following table outlining annual leak detection work. Most suppliers with their own sources will complete the "Distribution System Water Mains" column only. Suppliers who receive their water from other systems or regional water suppliers may need to complete the "Source(s) of Supply Transmission Water Main" column as well.

Table A2 – Leak Detection – Water Mains and Appurtenances

	Distribution System Water Mains	Source(s) of Supply Transmission Water Main
Total miles of water mains	98	
Miles surveyed this year	49	
Number of leaks found	7	
Est. volume lost (mg) if a reliable estimate can be made	.5MG	
Number of repairs	7	



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G Water Management Act Annual Report (cont.)

Date of last full leak detection survey October 2002

Percentage of town surveyed this year. 50%

If all leaks found were not repaired, please explain _____

4. Water Conservation - Summer Limits on Withdrawals
(To be completed by all PWSs using more than 100,000 gpd)

- a) Does your WMA Permit have a Special Condition on Summer Limits on Withdrawals that require either,

☐ Calendar Restrictions (e.g. May 1 – Sept 30) ☐ Streamflow Triggered Restrictions

- b) Does the community (or communities) served by the PWS have a bylaw or ordinance, rule or regulation that can be used to implement mandatory outside water use restriction?

☒ Yes ☐ No

- c) If yes, were water restrictions implemented this year?

☒ Yes ☐ No

- d) Did you notify Mass DEP of water restrictions?

☐ Yes ☒ No

- e) What type of water use restrictions were implemented? Check all that are applicable.

☐ 1 day per week

☐ 2 days per week

☒ Even/odd Day Watering

☐ 9 am to 5 pm restrictions

☐ Other Hourly Restrictions _____

☐ Ban on Outside Use

☐ Other _____

B. Water Withdrawal by Watershed (River Basin)
(To be completed by WMA registrants and permittees only)

1. **Calculation of Daily Average Withdrawal:** Use the following to calculate 2006 withdrawal volumes by watershed and compare 2006 withdrawals to the amounts authorized under WMA registrations and permits. To calculate 2006 withdrawals by watershed, see Section E. Add the "Total Amount Pumped" for all sources in a watershed and enter the totals below.

For example, a PWS with supplies in the Charles River Basin, the Taunton River Basin, and the Neponset River Basin will have three numbers, a PWS with all supplies in the Hudson River Basin will have only one.

To calculate daily average withdrawals, take the total withdrawal volume for each watershed and divide by 365 days in the year.

	Total Raw Withdrawal Volume (mgd)	/ 365 =	Daily Average Withdrawal (mgd)
A. Concord River Basin Watershed	572.609 (mgd)	/ 365 =	1.569 (mgd)
B. _____ Watershed	_____ (mgd)	/ 365 =	_____ (mgd)
C. _____ Watershed	_____ (mgd)	/ 365 =	_____ (mgd)

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To obtain the Average Household Size, go to <http://www.mass.gov/dhcd/Temp/03/HsMgData/default.htm> and click on US Census Population and Housing. In the "Fast Access" box, type in your community name(s) and select Massachusetts. Go to **"Average Household Size"** (not Average Family Size) and use that number to calculate Population Served.

Total # of Service Connections (Total Residential Service Connections from Section D, Question 2 of the ASR)	x	Average Household Size from DHCD website	=	Population Served
4976	x	2.80	=	13932.8

Then use the Population Served number to calculate RGPCD.

Total Residential Use (Residential Total from Section D, Question 2 of the ASR)	/ 365	/ Population Served (from above)	x 1,000,000	=	RGPCD
443324714 (mgd)	/ 365	/ 13932.8	x 1,000,000	=	87.17 (gallons per person per day)

Method 3 – RGPCD for Communities with variable seasonal population: MassDEP is working to determine how best to document seasonal population changes and how those changes affect RGPCD calculations, particularly on Cape Cod, the Islands and other communities with large seasonal population increases.

If your community has a large seasonal population increase, please describe how you document or estimate the increase. Please use the space below, or attach additional information as appropriate.

Please note that the Department is taking this survey for informational purposes only at this time.

D. Unaccounted for Water

(To be completed by all PWSs using more than 100,000 gpd)

Use the following tables to calculate Unaccounted for Water (UAW). UAW is calculated by taking the Total Water Available for Distribution, then subtracting Total Metered Use and Total Confidently Estimated Use.

UAW Table 1 - Total Water Available for Distribution

Water Production, Sale, Purchase	Million gallons
Total Pumped as Raw Water (see ASR, Section E – add the total amount pumped for all sources to get Total Pumped)	572609078
- Treatment Plant Processing Loss (only if Section E is Raw)	-
+ Total Purchased (see ASR, Section D, Question 1)	+
- Total Sold to other PWS (see ASR, Section D, Question 1)	-
Total Water Available for Distribution	572609078



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UAW Table 2 - Total Metered Use

Metered Distribution by Customer Type--from ASR, Section D, Question 2	Metered million gallons
Residential	443324714
Non-Residential Institutional	4277264
Commercial	12906740
Agricultural	2822952
Industrial	
Recreational	7005020
Other (municipal)	7020308
Total Metered Use	477356998

UAW Table 3 - Total Confidently Estimated Use

Confidently Estimated Municipal Use**	Estimated million gallons
Fire protection & training	11000
Hydrant/water main flushing	14823975
Flow testing	30000
Bleeders/ Blow offs	
Tank overflow & drainage	150000
Sewer & stormwater system flushing	
Street cleaning	47000
Source meter calibration adjustments	20454
Major water main breaks	1038000
Total Confidently Estimated Use	16120429

** Estimated uses should include some description of the assumptions and methodology used for calculating these volumes. Descriptions for each of the estimated uses must be attached to this form. See the attached guidelines.

UAW Table 4 - Unaccounted for Water

Unaccounted for Water (UAW)	Million gallons	% of Total Water Available for Distribution
Total Water Available for Distribution (UAW Table 1 above)	572609078	100%
Total Metered Use (UAW Table 2 above)	- 477356998	- 83.3647
Total Confidently Est. Municipal Use (UAW Table 3 above)	- 16120429	- 2.8157
Unaccounted for Water (UAW)	79131651	13.8196



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Guidelines for Calculating Confidently Estimated Other Uses

Fire Protection and Training

This volume can be taken from data provided by the local Fire Department (Chief or Deputy's office) in writing or the volumes can be obtained from meters on booster pumps.

Hydrant Flushing and System Flow Test Volumes

- Volumes used during annual or biannual flushing of the distribution network can be calculated by using the number of hydrants x average volume flowed x number of times flushed. All annual hydrant and system flow test volume estimates should be presented in table form.
- Flow testing volumes can be calculated using completed Insurance Services Organization (ISO) flow sheets that provide hydrant locations, street addresses and flow rates. Multiply the flow rate for each test x the flushing time, rounded to 5-minute increments. All system flow test volume estimates should be presented in table form.
- Volumes of water used to fill new or replaced water mains may be calculated and reported in a tabular form, complete with street, project number or other identifying information. Multiply the flow rate x the flushing time, rounded to 5-minutes. All system flow test volume estimates should be presented in table form.

Bleeders

- All bleeders should be metered whenever possible with meters set in a meter pit. Regular meter reading should be taken to determine the annual volumes of water that are run to waste.
- For bleeders that cannot be metered, volumes can be calculated by using a low volume pilot gauge to determine the gallons per minute that run to waste and extrapolating an annual volume.

Storage Tank Overflows for Quality Corrections

When a storage tank is overflowed for water quality correction, then the overflow amount can be calculated using daily storage tank readings or flow out of the overflow piping can be calculated using 50% of the flow rate from pumps that are on in the system at the time of the overflow. The duration of the overflow is determined through observation and by when pumps are shut off or when instrumentation controls are adjusted to automatically shut off pumping systems.

Major Water Main Breaks

Generally, leakage is considered to be unaccounted-for water. However, very large individual water main breaks can be discounted on a case-by-case basis. Document date found, date repaired, cause (if known) and estimated water loss. MassDEP will review these submittals to determine eligibility.

Street Cleaning

Water used by street cleaning sweepers can be calculated by multiplying the volume of the street sweeper tank(s) times the number of times filled. Logs should be kept on file

Stormwater System Flushing

Water used for stormwater flushing or in sewer main type work can be confidently estimated through a metered volume using a hydrant meter/construction-type meter.

Other

Other volumes that a PWS wants to include as confidently estimated water uses, must be described and calculations provided. MassDEP will review these submittals and determine eligibility.



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Attachment 1 - Emergency Response Plan Directory

1 Local Authorities

Please complete all items of this form, return 2 copies to the DEP Drinking Water Program's Boston Office with your Annual Statistical Report, and keep a copy in an accessible location along with the rest of your emergency response information. Please keep this information up-to-date.

a. Fire Department:

Robert Loomer

Chief

508-358-7951

Name

Title

Phone

508-3584730

Fax

Email

b. Police Department:

Robert Irving

Chief

508-358-4808

Name

Title

Phone

508-358-3740

Fax

Email

c. Health Department:

Steve Calichman

Director

508-358-3617

Name

Title

Phone

508-358-3619

Fax

Email

d. Town Official(s)/Elected Official(s):

Joseph F. Nolan

Chairman

508-655-2848

Name

Title

Phone

jnolan@mbta.com

Fax

Email

William D. Whitney

Vice Chairman

508-358-7262

Name

Title

Phone

wwhit112@comcast.net

Fax

Email

Douglas J. Leard

508-655-9925

Name

Title

Phone

dougleard@realtour4u.com

Fax

Email

Michael Tichnor

508-358-5962

Name

Title

Phone

tichm@aol.com

Fax

Email

2 Water Supply Responsible Authorities

a. Superintendent:

N/A

Name

Work Phone

Home Phone

Fax

Email

b. Assistant Superintendent:

N/A

Name

Work Phone

Home Phone

Fax

Email



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2 Water Supply Responsible Authorities (cont.)

c. Primary Certified Operator:

Don Millette	508-358-3699	508-958-2806
Name	Work Phone	Home Phone
508-358-5325	dmillette@wayland.ma.us	
Fax	Email	

d. Secondary Certified Operator:

Paul Hatfield	508-358-3699	508-958-2803
Name	Work Phone	Home Phone
508-358-5325	phatfield@wayland.ma.us	
Fax	Email	

3 Local News Media

a. Newspaper(s):

Town Crier	508-626-3939
Name	Phone
508-626-3900	
Fax	Email
Metrowest Daily News	18007229894
Name	Phone
Fax	Email

b. Radio Station(s):

WBZ News	617-787-7000
Name	Phone
617-787-7060	
Fax	Email
Name	Phone
Fax	Email

c. Television Station(s):

WBZ News Television	617-787-7000
Name	Phone
617-254-6383	
Fax	Email
WCBV Television	781-449-0400
Name	Phone
781-449-6681	
Fax	Email

d. Other Media (e.g. Short-wave Radio Operator(s))

Media One	978-683-5500 ext2280
Name	Phone
7816312263	
Fax	Email
Name	Phone
Fax	Email



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PWSID#:	3315000
Name:	Wayland Water Department
City/Town:	Wayland

4 Contact or Notify

Examples of
Special
Users are
hospitals,
nursing
homes, and
prisons.

a. Specials User(s):

Stonkus Hydraulics

508-883-3105

Name	Email	Phone
166 Lakeshore Drive Blackstone, MA 01504		508-883-0913
Address		Fax

Name	Email	Phone
Address		Fax

b. Waterworks Contractor(s):

RH White Construction

508-832-3295

Name	Email	Phone
41 Central Street Auburn, MA 01501		508-832-7084
Address		Fax

Name	Email	Phone
118 Main Street Watertown, MA 02172		617-923-2121
Address		Fax

c. Hazardous/Toxic Clean-up Contractor(s):

Northeastern Environmental

617-275-8284

Name	Email	Phone
Address		Fax

Name	Email	Phone
Address		Fax

d. Replacement (rental/purchase)/Repair Supplier(s):

Putnam Pipe Corporation

508-435-3090

Name	Email	Phone
90 Elm Street Hopkinton, MA 01748		508-435-5372
Address		Fax

Name	Email	Phone
36 Hudson oad Sudbury, Ma 01776		978-443-7600
Address		Fax