2009 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:	**WAYLAND**
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 € 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:

				€ This is a new owner.
Owners Name (if not municipal):			Phone Number	

5. Primary Contact:

DON	M	MILLETTE	508-358-3699	þ This is a new contact.
Name (First, Middle Int, Last) ▪ one name only▪			Phone Number	
dmillette@wayland.ma.us				
Email Address (For Emergency Purposes)				

6. Certified Drinking Water Operators employed by the PWS:

Name			Grade	License Number	Primary Operator	Delete
MANNY		PACHECO	D2/T1	22334-OIT/22141-OIT		
DONALD	M	MILLETTE	D2/T3	7522/11897		
BRIAN	M	VAUDREUIL	D2/T1	11646/7229		
JOHN	W	MITCHELL	D3/T4	7204/11552		
MICHAEL	D	HATCH	T3	11736		Dele
NICHOLAS	J	IARUSSI	T1	22551		Dele
PAUL	E	HATFIELD	T2	7078		Dele

To add an operator, enter a license # in the field below and then click the "Add Operator" button.
License Number:

7. Primary Certified Operator Contact Information: (7522/11897)

DONALD M MILLETTE	508-358-3672	508-358-5325
Name	Phone Number	Fax Number

41 COCHITUATE ROAD	
Mailing Address 1	Mailing Address 2

WAYLAND	Massachusetts	01778	dmillette@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
DONALD	L	OUELLETTE	508-358-3672	DIRECTOR OF PUBLIC W
JOEL	P	GOODMONSON	508-358-3672	DPW BOARD
ERIC	E	KNAPP	508-358-3672	DPW CHAIR
NANCY	B	MCCARTHY	508-358-3672	DPW BOARD
MICHAEL		WEGERBAUER	508-358-3672	DPW BOARD
STAS		GAYSHAN	508-358-3672	DPW BOARD

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):	13954	
Summer Population (April September):	13954	
By what method was the population figured	Census Type:	City/Town
	Other Description:	

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:	30	YEAR
Winter Bacteria samples required:	15	MONTH
Summer Bacteria samples required:	15	MONTH

13. **Distribution Meter information:**	
a. Number of Service Connections:	4993
b. Percentage of service connections that are metered:	100 %
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:	1
b. Finished Water Storage Capacity in Million Gallons (MG): [Conversion factor is (# of gallons)/(1,000,000)= MG]	2
c. Pumping Capacity (GPM):	3200

15. Percentage of Source Types (must add up to 100%)			
Ground Water	**Surface Water**	**Purchased Ground**	**Purchased Surface**
100 %	0 %	0 %	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:	Monthly	Other Frequency:	
Interlocks:	Monthly	Other Frequency:	
Back-up power sources:	Other	Other Frequency:	WEEKLY

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

- Keep current coordinator and update if needed.
- Remove current Coordinator and add new coordinator information referencing a MassDEP Certification ID.
- Remove current Coordinator and add a new Coordinator by typing into the fields.

DON	MILLETTE	MILLETTE, DON
Coordinator First Name	Coordinator Last Name	Doing Business As (Company/Individual Name)
2329	3/1/2011	
MassDEP Certification ID #	Expiration Date	
41	COCHITUATE ROAD	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
WAYLAND	Massachusetts	01778
City/Town	State	Zip Code
508-358-3699	508-358-3679	
Phone Number	Fax Number (if available)	
DMILLETTE@WAYLAND.MA.US		
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

Surveyor's FirstName	Surveyor's LastName	Doing Business As (Company/ Individual Name)	MassDEP Certification ID Number	Expiration Date	Phone Number
DON	MILLETTE	MILLETTE, DON			508-358-3696

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

Tester's FirstName	Tester's LastName	Doing Business As (Company/ Individual Name)	MassDEP Certification ID Number	Expiration Date	Phone Number
DON	MILLETTE	MILLETTE, DON	2329		508-347-1768
BRIAN	VAUDREUIL	VAUDREUIL, BRIAN	31929		508-234-0241

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		
Company First Name	Contact Last Name	Doing Business As (Company/Individual Name)
Consultant Street Address Line 1	Consultant Street Address Line 2	
	state	
City/Town	State	Zip Code
Phone Number	Fax Number (if available)	
Consultant email		

Third Party Consultant Surveyor Personnel Information:
To add a surveyor, enterTo add a surveyor, enter the certification ID # in the field below and then click the "Add Surveyor" button.
MassDEP Certification ID Number

Surveyor's FirstName	Surveyor's LastName	Doing Business As (Company/ Individual Name)	MassDEP Certification ID Number	Expiration Date	Phone Number

Third Party Consultant Tester Personnel Information: To add a Tester enter thTo add a Tester enter the certification ID # in the field below and then click the "Add Tester" button.
MassDEP Certification ID Number

Tester's FirstName	Tester's LastName	Doing Business As (Company/ Individual Name)	MassDEP Certification ID Number	Expiration Date	Phone Number

What services does the consultant perform for the town	
Facilities Survey	Testing of Devices
Device Installation Plan Approval	Program Management
Other(explain)	

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	MILLETTE, DON	MassDEP Certification Number		Phone Number	508-358-3696

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?	12/1/1999 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 through 2008.

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to 2009	# of Facilities Surveyed in 2009	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in 2009
	A	B	C	= A - (B+C)	
Commercial	106	106	0	0	0
Industrial	0	0	0	0	0
Institutional	2	2	0	0	0
Municipal	43	43	0	0	0
Total	151	151	0	0	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.

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

Reduced Pressure Backflow Preventer (RPBP):	Yes No	
Double Check Valve Assembly (DCVA):	Yes 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 end of 2008	# of devices installed in 2009	# of devices removed & not replaced in 2009	Total # of devices	# of seasonal devices in Total
	A	B	C	= A +B-C	
RPBP					
Commercial	55	0	0	55	0
Industrial	0	0	0	0	0
Institutional	1	0	0	1	0
Municipal	38	0	0	38	0
Total	94	0	0	94	0
DCVA					
Commercial	56	4	0	60	0
Industrial	0	0	0	0	0
Institutional	1	0	0	1	0
Municipal	5	0	0	5	0
Total	62	4	0	126	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 2009 by the type of device/assembly.

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs &Re-tests
RPBP		44	3	3
DCVA	4	13		

*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.

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

Yes No

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

PVB DEVICES	○ Yes ○ No	SPPVB DEVICES	○ Yes ○ 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		2		
SPPVB				

* Pressure Vacuum Breaker (PVB) means an approved backflow prevention device designed to prevent only back siphonage and which is designed for use under static line pressure.
A Spill Proof Pressure Vacuum Breaker (SPPVB) is a PVB designed to prevent spillage during operation.

*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?

○ Yes ○ No

If No, is there a date when you plan to have an education program implemented?
NTNCs may skip this question.

Date(mm/dd/yyyy)

12. 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 targeted through your education program. (check all that apply):

€ Industrial € Commercial € Institutional € Municipal

If No, when do you plan to have the educational program implemented? 7/1/2012 Date(mm/dd/yyyy)

13. 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 furure?
If yes go to question14

○ Yes ○ No

If yes When?
If no go to question 14.

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, commertial, 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 infomation below:

Date of Incident	Location of the Incident	DESCRIPTION

17. Comments or additional information regarding this section

Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2009 Public Water Supply Annual Statistical Report
Reporting Period 1/1/2009 – 12/31/2009

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

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	40811600	0	0	40811600
February	36075400	0	0	36075400
March	40049601	0	0	40049601
April	44185300	0	0	44185300
May	56004799	0	0	56004799
June	42117999	0	0	42117999
July	44929801	0	0	44929801
August	48876599	0	0	48876599
September	52916100	0	0	52916100
October	44938600	0	0	44938600
November	38905498	0	0	38905498
December	30978620	0	0	30978620
TOTAL	520789917	0	0	520789917

Maximum Daily Finished Water Consumption: Volume (GAL): Date:

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				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
TOTAL				

Maximum Daily Raw Water Pumping:	Volume (GAL): Date:

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 precentage 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
	Yes	Day Care Center		Yes	Other Residential
	Yes	Dispenser		Yes	Other Transient
	Yes	Homeowners Association		Yes	Recreation Area
	Yes	Hotel/Motel	90	Yes	Residential Area
	Yes	Highway Rest Area		Yes	Restaurant
	Yes	Industrial/Agricultural		Yes	Retail Employees
	Yes	Interstate Carrier		Yes	School
	Yes	Institution		Yes	Sanitary Improvement District
	Yes	Medical Facility		Yes	Summer Camp
	Yes	Mobile Home Park		Yes	Secondary Residences
	Yes	Mobile Home Park, Principal Residence		Yes	Service Station
	Yes	Municipality		Yes	Subdivision
10	Yes	Other Area		Yes	Water Bottler
	Yes	Other Non-Transient Area		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 Plant ID:	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:

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.):

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	Zone I Control	Pollution Sources
3315000-03G	HAPPY HOLLOW GP WELL # 1	400	Y	
3315000-04G	HAPPY HOLLOW GP WELL # 2	400	Y	
3315000-05G	MEADOWVIEW 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:

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	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

Comments or Additional Information regarding this section:

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	Zone I Control	Pollution Sources
3315000-06G	BALDWIN POND #3 GP WELL	400	Y	
3315000-01G	BALDWIN POND WELL #1	400	N	SEPTIC SYSTEMS
3315000-07G	BALDWIN POND #2 GP 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

Comments or Additional Information regarding this section:

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	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	
3. Number of leaks found	
4. Number of leaks repaired	
5. Estimated volume lost (mg) if a reliable estimate can be made	
6. Date of last leak detection survey of entire system:	1/1/1999 (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: THE WATER DEMAND WAS EXCEEDING OUR ABILITY TO PRODUCE IT DURING THE CONSTRUCTION OF OUR WATER TREATMENT FACILITY.

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

   ○ Total outdoor ban

   ☐ Hand-held only
   ☐ Hourly Describe: 3:00 PM TO 7:00 AM

   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	6/1/2009	9/14/2009
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 2		
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 3		
	(mm/dd/yyyy)	(mm/dd/yyyy)

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	4851	358	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	0		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	85	13	Water served to businesses and other commercial entities.
Agricultural	7	2.0	Water used mainly to grow food, raise animals, or run a garden center.
Industrial			Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	53	26	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*			Water used for purposes not included in above categories.
TOTALS	4996	399	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	.16
Hydrant/water main flushing/main construction	+ 34.2
Flow testing	+ .16
Bleeders/ Blow offs	+ .18
Tank overflow & drainage	+ 0
Sewer & stormwater system flushing	+ 0
Street cleaning	+ .24
Source meter calibration adjustments	+ 0
Major water main breaks (not leak detection)	+ 7
Total Confidently Estimated Municipal Use	= 41.94

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)**	528	100%
Total Metered Use **(System Total Metered Use from Table DS-3)**	- 399	- 75.6 %
Total Confidently Estimated Municipal Use **(Total from Table DS-4)**	- 41.94	- 7.9 %
Unaccounted for Water (UAW)	= 87.1	= 16.5 %

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	
Water Theft	
Meter Malfunction/mis-registration	
Other (specify):	
Other (specify):	
Total:	

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:	2000
Population Served:	13954

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 in 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)
358	/365	/ 13954	X1,000,000	=	70

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.

Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2009 Public Water Supply Annual Statistical Report
Reporting Period 1/1/2009 – 12/31/2009

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

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 2009 withdrawal volume(s) by watershed. Table BW-3 compare's 2009 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 2009 (mgy)	/ 365 =	Watershed Average Daily Withdrawal (mgd)
14-CONCORD	531	/ 365 =	1.45

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	-	1.45	=	0.32

*** 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
	Yes No	(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.

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 (MG):

DON	M	MILLETTE	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:	Start Date:	End Date:
N	02/23/2010	

No Data Found

Comment:

Treatment Objective:	Treatment Process:
DISINFECTION	OZONATION, PRE

Innovative:	Start Date:	End Date:
N	02/23/2010	

No Data Found

Comment:

Treatment Objective:	Treatment Process:
DISINFECTION	HYPOCHLORINATION, POST

Innovative:	Start Date:	End Date:
N	02/23/2010	

Chemical Name
SODIUM HYPOCHLORITE

Comment:

Treatment Objective:	Treatment Process:		
CORROSION CONTROL	PH ADJUSTMENT		
Innovative: N	Start Date: 02/23/2010	End Date:	

Chemical Name
POTASSIUM HYDROXIDE

Comment:

Treatment Objective:	Treatment Process:		
PARTICULATE REMOVAL	FLOCCULATION		
Innovative: N	Start Date: 02/23/2010	End Date:	

Chemical Name
POLYALUMINUM CHLORIDE

Comment:

Treatment Objective:	Treatment Process:		
OTHER	FLUORIDATION		
Innovative: N	Start Date: 02/23/2010	End Date:	

Chemical Name
SODIUM FLUORIDE

Comment:

Treatment Objective:	Treatment Process:		
DECHLORINATION	REDUCING AGENT, SODIUM BISULFATE		
Innovative: N	Start Date: 02/23/2010	End Date:	

Chemical Name
SODIUM BISULFATE

Comment: FOR OZONE REMOVAL

Comments or additional information regarding this plant:

Treatment Plant

1. Plant Information

Plant ID# :	Plant Name:
3315000-02T	CAMPBELL RD. GP WELL # 1

Street Address Line 1:	Street Address Line 2:
CAMPBELL RD	

City/Town:	State(2 letter abbreviation)	Zip:
WAYLAND	MA	01778

Status:	Availability:	Class:	Capacity (MG):
A	ACTIVE	II- T	

Contact:	Phone:	Fax:
DON M MILLETTE	5083583699	5083585325

2. Related Sources Table

3315000-02G	CAMPBELL RD. GP WELL # 1

3. Treatment Table(s)

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

No Data Found

Comment:

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

Chemical Name
POTASSIUM HYDROXIDE

Comment:

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

No Data Found

Comment:

Comments or additional information regarding this plant:

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 (MG):
DON M	MILLETTE	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:	Treatment Process:		
CORROSION CONTROL	PH ADJUSTMENT		
Innovative: N	Start Date: 12/28/1998	End Date:	

Chemical Name
POTASSIUM HYDROXIDE

Comment:

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

No Data Found

Comment:

Comments or additional information regarding this plant:

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 (MG):

DON M MILLETTE		5083583699	5083585325
Contact:		Phone:	Fax:

2. Related Sources Table

3315000-04G	HAPPY HOLLOW GP WELL # 2

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:	Treatment Process:
OTHER	FLUORIDATION

Innovative: N | Start Date: 2/1/2000 | End Date:

No Data Found

Comment:

Comments or additional information regarding this plant:

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 (MG):
DON M	MILLETTE	5083583699	5083585325
Contact:		Phone:	Fax:

2. Related Sources Table

3315000-05G	MEADOWVIEW 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:	Treatment Process:		
OTHER	FLUORIDATION		
Innovative: N	Start Date: 2/1/2000	End Date:	

No Data Found

Comment:

Comments or additional information regarding this plant:

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 (MG):

DON	M	MILLETTE	5083583699	5083585325
Contact:			Phone:	Fax:

2. Related Sources Table

3315000-08G	CHAMBERLAIN G.P. WELL

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
DISINFECTION	HYPOCHLORINATION, POST

Innovative:	Start Date:	End Date:
N	07/01/2001	

No Data Found

Comment:

Treatment Objective:	Treatment Process:
CORROSION CONTROL	PH ADJUSTMENT

Innovative:	Start Date:	End Date:
N	12/28/1998	

Chemical Name
POTASSIUM HYDROXIDE

Comment:

Treatment Objective:	Treatment Process:
OTHER	FLUORIDATION

Innovative:	Start Date:	End Date:
N	2/1/2000	

No Data Found

Comment:

Comments or additional information regarding this plant:

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:	AUTOMATIC
Discharge Type:	SEPARATE	Discharge Size (inches):	6
Installation Date	11/6/2009	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:	AUTOMATIC
Discharge Type:	SEPARATE	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:	AUTOMATIC
Discharge Type:	SEPARATE	Discharge Size (inches):	6
Installation Date	11/6/2009	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:	AUTOMATIC
Discharge Type:	SEPARATE	Discharge Size (inches):	6
Installation Date	11/6/2009	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:	N		

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:	SEPARATE	Discharge Size (inches):	8
Installation Date		Model #:	
Pump Manufacturer:			

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:	N		

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:	SEPARATE	Discharge Size (inches):	12
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:	SEPARATE	Discharge Size (inches):	10
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:	SUBMERSIBL	Motor Control:	AUTOMATIC
Discharge Type:	SEPARATE	Discharge Size (inches):	10
Installation Date		Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

No Data Found

Storage Facilities

Storage Facility

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

3315000-99S	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

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 section:

		Withdrawal Units:	GAL
Latitude:	42.162173	January:	102900
Longitude:	72.342936	February:	1377400
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	11623100
Well Type:	BEDROCK WELL	April:	11555100
Well Depth (ft.):	0	May:	10708200
Well Casing Height (ft.):	0	June:	6229200
Well Casing Depth (ft.):	0	July:	11207000
Screen Length (ft.):	0	August:	7563300
Construction Type:	GRAVEL	September:	11229800
Pump Setting (ft):	0	October:	6259100
Safe Yield (MGD):	0	November:	6126900
Approved Daily Pumping Volume (MGD):	.6	December:	2405400
Source Metered:	Yes	Total Amount Pumped:	86387400
Date of Meter Installation:		Total # of Days Pumped:	
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	470900
Last Meter Calibration:		Date of Maximum Amount Pumped:	4/27/2009

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 section:

		Withdrawal Units:	GAL
Latitude:	42.18398	January:	12877200
Longitude:	72.639892	February:	3748600
Source Watershed:	CONCORD	March:	6136300
Well Type:	BEDROCK WELL	April:	7926500
Well Depth (ft.):	0	May:	10478199
Well Casing Height (ft.):	0	June:	12549500
Well Casing Depth (ft.):	0	July:	4309501
Screen Length (ft.):	0	August:	9410100
Construction Type:		September:	7618900
Pump Setting (ft):	0	October:	12826300
Safe Yield (MGD):	0	November:	12495299
Approved Daily Pumping Volume (MGD):	.648	December:	9863319
Source Metered:	Yes	Total Amount Pumped:	110239718
Date of Meter Installation:		Total # of Days Pumped:	
Type of water metered for source:		Maximum Single Day Pumped Volume:	1168000
Last Meter Calibration:		Date of Maximum Amount Pumped:	4/21/2009

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 section:

		Withdrawal Units:	GAL
Latitude:	42.149781	January:	19886700
Longitude:	72.597596	February:	21765800
Source Watershed:	CONCORD	March:	21928400
Well Type:	BEDROCK WELL	April:	22050000
Well Depth (ft.):	0	May:	22693200
Well Casing Height (ft.):	0	June:	16697800
Well Casing Depth (ft.):	0	July:	22112600
Screen Length (ft.):	0	August:	18789300
Construction Type:		September:	21731700
Pump Setting (ft):	0	October:	12494100
Safe Yield (MGD):	0	November:	2142600
Approved Daily Pumping Volume (MGD):	.763	December:	18967800
Source Metered:	Yes	Total Amount Pumped:	221260000
Date of Meter Installation:		Total # of Days Pumped:	
Type of water metered for source:		Maximum Single Day Pumped Volume:	914800
Last Meter Calibration:		Date of Maximum Amount Pumped:	5/3/2009

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 section:

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

		Withdrawal Units:	GAL
Latitude:	42.143558	January:	7944800
Longitude:	72.601462	February:	9183600
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	361801
Well Type:	GRAVEL-PACKED	April:	2653700
Well Depth (ft.):	58	May:	12117000
Well Casing Height (ft.):	0	June:	6542799
Well Casing Depth (ft.):	43	July:	7235101
Screen Length (ft.):	15	August:	13113899
Construction Type:	GRAVEL	September:	12335700
Pump Setting (ft):	0	October:	13246600
Safe Yield (MGD):	0	November:	13900400
Approved Daily Pumping Volume (MGD):	1.51	December:	0
Source Metered:	Yes	Total Amount Pumped:	98635400
Date of Meter Installation:		Total # of Days Pumped:	
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	629500
Last Meter Calibration:		Date of Maximum Amount Pumped:	7/15/2009

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 section:

		Withdrawal Units:	GAL
Latitude:	42.051891	January:	0
Longitude:	73.428301	February:	0
Source Watershed:	CONCORD	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	63	May:	8200
Well Casing Height (ft.):	0	June:	98700
Well Casing Depth (ft.):	0	July:	0
Screen Length (ft.):	10	August:	0
Construction Type:	GRAVEL	September:	0
Pump Setting (ft):	0	October:	112500
Safe Yield (MGD):	0	November:	4240299
Approved Daily Pumping Volume (MGD):	.828	December:	7742101
Source Metered:	Yes	Total Amount Pumped:	12201800
Date of Meter Installation:		Total # of Days Pumped:	
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	665300
Last Meter Calibration:		Date of Maximum Amount Pumped:	12/20/2009

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 section:

		Withdrawal Units:	GAL
Latitude:	42.62746	January:	0
Longitude:	72.794151	February:	0
Source Watershed:	CONCORD	March:	0
Well Type:	BEDROCK WELL	April:	0
Well Depth (ft.):	0	May:	0
Well Casing Height (ft.):	0	June:	0
Well Casing Depth (ft.):	0	July:	65599
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:	65599
Date of Meter Installation:		Total # of Days Pumped:	1
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	65599
Last Meter Calibration:		Date of Maximum Amount Pumped:	7/22/2009

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 section:

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

		Withdrawal Units:	GAL
Latitude:	42.439862	January:	0
Longitude:	71.643634	February:	0
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	55	May:	0
Well Casing Height (ft.):	0	June:	0
Well Casing Depth (ft.):	35	July:	0
Screen Length (ft.):	20	August:	0
Construction Type:	GRAVEL	September:	0
Pump Setting (ft):	0	October:	0
Safe Yield (MGD):	0	November:	0
Approved Daily Pumping Volume (MGD):	1.51	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:	3315000-09G
Source Name:	BALDWIN POND #1 REPLACE WELL
Location:	101 OLD SUDBURY RD.
	WAYLAND
Status:	A
Source Availability:	ACTIVE

Comments or additional information regarding this section:

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

		Withdrawal Units:	
Latitude:		January:	
Longitude:		February:	
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	
Well Type:	GRAVEL-PACKED	April:	
Well Depth (ft.):	52	May:	
Well Casing Height (ft.):	42	June:	
Well Casing Depth (ft.):	42	July:	
Screen Length (ft.):	10	August:	
Construction Type:	GRAVEL	September:	
Pump Setting (ft):	0	October:	
Safe Yield (MGD):	0	November:	
Approved Daily Pumping Volume (MGD):	1.51	December:	
Source Metered:		Total Amount Pumped:	
Date of Meter Installation:		Total # of Days Pumped:	
Type of water metered for source:		Maximum Single Day Pumped Volume:	
Last Meter Calibration:		Date of Maximum Amount Pumped:	

Comments or additional information regarding this section

BALDWIN POND WELLS #1 & #2 WERE OFF-LINE FOR ALL OF 2009 DUE TO THE CONSTRUCTION OF A NEW WATER FILTRATION FACILITY.

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