2011 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**

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PWSID#: 3315000
Name: WAYLAND WATER DEPARTMENT
City: WAYLAND
PWS 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- First, Middle Int, Last - one name only(if not municipal):			Phone Number

5. Primary Contact:

MICHAEL	D	HATCH	508-358-3699 € This is a new contact.
Name (First, Middle Int, Last) ▪ one name only▪			Phone Number
mhatch@wayland.ma.us			
Email Address (For Emergency Purposes)			

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City: WAYLAND
PWS Class: COM

6. Certified Drinking Water Operators employed by the PWS:

Name			Grade	License Number	Prima
BRIAN	M	VAUDREUIL	2D/T1	11646/7229	
MANUEL		PACHECO	2D OIT/TC/T1/D1/TB/D2/T2	22334/23192/12192/12193/22555/12329/12330	
PAUL	E	HATFIELD	2D/T2	3651/7078	
NICHOLAS	J	IARUSSI	1D OIT/T1/T2/D2	22090/22551/23015/23030	
RICHARD	S	KADLIK	1T/D1	23012/23019	

Name			Grade	License Number	Primary Operator	
MICHAEL	D	HATCH	3T/D4	11736/11889		Del
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: (11736/11889)

MICHAEL D HATCH	508-358-3699	508-358-5325
Name	Phone Number	Fax Number

Mailing address information is provided to MassDEP by the Division of Professional Licensure

97 COLBURN ST	
Mailing Address 1	Mailing Address 2

NORTHBOROUGH	Massachusetts	01532	
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

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City: WAYLAND
PWS Class: COM

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
THOMAS	J	ABDELLA		BOARD OF PUBLIC WOR
CHRISTOPHER	L	BROWN		BOARD OF PUBLICWORK
JONATHAN	L	MISHARA		BOARD OF PUBLIC WOR
MICHAEL	B	WEGERBAUER		BOARD OF PUBLIC WOR
MICHAEL		LOWERY		BOARD OF PUBLIC WOR

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):	046001341

11. Population Served(DailyAverage):

Winter Population (October March):	13913	
Summer Population (April September):	13913	
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 (CCCP)

1. Cross Connection Program Coordinator

WILLIAM	DEMKO	
Coordinator First Name	Coordinator Last Name	
253B WORCESTER ROAD		
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
CHARLTON	Massachusetts	01507
City/Town	State	Zip Code
888-377-7678	508-248-2895	
Phone Number	Fax Number (if available)	
WDEMKO@RHWHITE.COM		
Coordinator email		

Surveyor Personnel Information :

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

MassDEP Certification ID Number

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

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

○ Yes ○ No

WILLIAM	DEMKO	WHITE WATER, INC.
Contact First Name	Contact Last Name	Doing Business As (Company/Individual Name)
253B WORCESTER ROAD		
Consultant Street Address Line 1	Consultant Street Address Line 2	
CHARLTON	Massachusetts	01507
City/Town	State	Zip Code
888-377-7678	508-248-2895	
Phone Number	Fax Number (if available)	
WDEMKO@RHWHITE.COM		
Consultant email		

Third Party Consultant Surveyor Personnel Information:
To add a surveyor, enter the certification ID # in the field below and then click the "Add Surveyor" button.
MassDEP Certification ID Number 31977

Third Party Consultant Tester Personnel Information:
To add a Tester enter the certification ID # in the field below and then click the "Add Tester" button.
MassDEP Certification ID Number 31977

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

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3. Have you surveyed all 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)

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

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities with first time surveys during this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
	A	B	C	= A - (B+C)	
Commercial	106	106	0	0	48
Industrial	0	0	0	0	0
Institutional	11	11	0	0	11
Municipal	43	43	0	0	10
Residential	0	0	0	0	0
Total	160	160	0	0	69

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*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

5. 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 8. If the answer is yes please complete the appropriate section(s) of the following table.

Type of Facility	Total # of devices at the beginning of this reporting period	# of devices installed in this reporting period	# of devices removed & not replaced in this reporting period	Total # of devices	# of seasonal devices in Total
	A	B	C	= A +B-C	
RPBP					
Commercial	52	3	0	55	19
Industrial	0	0	0	0	0
Institutional	1	0	0	1	0
Municipal	30	6	0	36	9
Residential	0	0	0	0	0
Total	83	9	0	92	28
DCVA					
Commercial	29	1	0	30	1
Industrial	0	0	0	0	0
Institutional	1	0	0	1	0
Municipal	5	0	0	5	0
Residential	0	0	0	0	0
Total	35	1	0	36	1

*Use Comment field at the end of this question set (question #16) 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.

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

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs &Re-tests	# Not Tested
RPBP	9	197	6	4	
DCVA	1	43	5	3	

Describe any discrepancies between the expected number of tests, based on the total number of devices reported in question #5, and the actual number of tests reported in question #6. If you reported a value greater than 0 for "# Not Tested" in question #6 provide an explanation for why the devices were not tested.

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

Yes No

8. 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	5	11	6	3
SPPVB				

*Use Comment field at the end of this question set (question #16) to provide, clarifications, descriptions or explanations regarding the above data. Please reference the question number and table field in your description.

9. 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

10. 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 educational program implemented?
NTNCs may skip this question.

Date(mm/dd/yyyy)

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

Yes No N/A

"N/A" should be selected only if your system does not have any Industrial, Commercial, Institutional, Municipal or Residential users. If Yes, please list the types of users targeted through your education program. (Check all that apply):

Industrial Commercial Institutional Municipal Residential

If No, when do you plan to have the educational program implemented? 7/12/2014 Date(mm/dd/yyyy)

12. 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 question13

Yes No

If yes When?
If no go to question 13.

Date(mm/dd/yyyy)

13. 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

14. 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).

15. 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

Comments or additional information regarding this section

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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	30,451,970	0	0	30,451,970
February	28,080,769	0	0	28,080,769
March	31,088,715	0	0	31,088,715
April	31,139,941	0	0	31,139,941
May	41,876,836	0	0	41,876,836
June	49,534,432	0	0	49,534,432
July	59,462,817	0	0	59,462,817
August	47,810,614	0	0	47,810,614
September	48,128,070	0	0	48,128,070
October	44,154,622	0	0	44,154,622
November	31,208,464	0	0	31,208,464
December	33,256,319	0	0	33,256,319
TOTAL	476,193,569	0	0	476,193,569

Maximum Daily Finished Water Consumption:	Volume (GAL): 2,664,008	Date: 7/20/2011

RAW Water Production and Consumption Summary for Last Year:

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

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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	30,451,970	0	0	30,451,970
February	28,335,328	0	0	28,335,328
March	31,368,617	0	0	31,368,617
April	30,715,208	0	0	30,715,208
May	42,331,654	0	0	42,331,654
June	50,580,560	0	0	50,580,560
July	60,514,707	0	0	60,514,707
August	48,844,165	0	0	48,844,165
September	49,179,215	0	0	49,179,215
October	44,576,507	0	0	44,576,507
November	31,427,380	0	0	31,427,380
December	33,183,821	0	0	33,183,821
TOTAL	481,509,132	0	0	481,509,132

Maximum Daily Raw Water Pumping:	Volume (GAL): 2,706,322	Date: 7/20/2011

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
	Yes	Commercial			

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

No treatment plant losses (not applicable)

Treatment PlantID:	Total Raw Water into treatment plant last year (raw pumped + raw purchased - raw sold):	-	Total Finished Water from treatment plant last year:	=	Total Water Lost to Treatment Process last year:
3315000-08T	176,258,394		170,942,831		5,315,563

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

ALL DISCHARGED WASTE PRODUCT IS DISCHARGED INTO A SAND FILTER.

X. Comments or additional information regarding this section

Source Protection - Zone II

Zone

1. Mass DEP assigned Zone II ID # :	8

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

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

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

PSC Description	Quantity	Ground Threat	Comments
GOLF COURSE	2	M	
RESIDENTIAL FUEL OIL STORAGE	25	M	
RESIDENTIAL LAWN CARE/GARDENING	25	M	
RESIDENTIAL SEPTIC/CESSPOOL	25	M	
LANDFILLS AND DUMPS	1	H	
ROAD/MAINTENANCE FACILITY	1	M	
SCHOOL (K-12), COLLEGE OR UNIVERSITY	3	M	
TRANSMISSION LINE	1	L	ELECTRIC
TRANSPORTATION CORRIDOR	1	M	
HAZARDOUS MATERIALS STORAGE	16	H	
AQUATIC WILDLIFE	25	L	
STORMWATER DRAINS / RETENTION BASINS	25	L	
MILITARY FACILITY	1	H	
DRY CLEANER	1	H	
SMALL QUANTITY HAZARDOUS WASTE GENERATORS	4	M	
PHOTO PROCESSOR	1	H	
GAS / SERVICE STATION	7	H	
AUTO REPAIR SHOP	5	H	1 AUTO BODY, 4 SERVICE
PESTICIDE STORAGE OR USE	1	H	
MANURE SPREADING OR STORAGE	1	H	
LANDSCAPING	1	M	
FERTILIZER STORAGE AND USE	1	M	

CEMETARY	2	M	
NURSERIES	1	M	
UNDERGROUND STORAGE TANKS	17	H	
VERY SMALL QUANTITY HAZARDOUS WASTE GENERATORS	5	M	
21E OIL OR HAZARDOUS MATERIALS RELEASE	8	-	
WASTE WATER TREATMENT PLANT	1	M	

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

Yes No

If YES, please describe:

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

Yes No

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

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

Yes No

Zone

1. Mass DEP assigned Zone II ID # :	**81**

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

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

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

PSC Description	Quantity	Ground Threat	Comments
RESIDENTIAL FUEL OIL STORAGE	25	M	
RESIDENTIAL LAWN CARE/GARDENING	25	M	
RESIDENTIAL SEPTIC/CESSPOOL	25	M	

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

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

☐ Yes ☐ No

If YES, please describe:

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

☐ Yes ☐ No

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

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

Yes No

Zone

1. Mass DEP assigned Zone II ID # :	**221**

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

SourceID	Source Name	Zone I Radius(ft)	Zone I Control	Pollution Sources
3315000-06G	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
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	
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	
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	-	
TRANSMISSION LINE	1	L	ELECTRIC
MILITARY FACILITY	1	H	
SCHOOL (K-12), COLLEGE OR UNIVERSITY	3	M	
LANDFILLS AND DUMPS	1	H	
ROAD/MAINTENANCE FACILITY	1	M	

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

Yes No

If YES, please describe:

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

Yes No

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

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

Yes No

Zone

1. Mass DEP assigned Zone II ID # :	**475**

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

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

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

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

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:

Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2011

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

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	5
3. Number of leaks found	1
4. Number of leaks repaired	
5. Estimated volume lost (mg) if a reliable estimate can be made	2.6
6. Date of last leak detection survey of entire system:	7/7/2010 (mm/dd/yyyy)

Table DS-2 Water Conservation - Limits on Withdrawals

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

   ○ Yes ○ No

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

a. ○ Required by WMA permit

   ○ Calendar trigger in permit
   ○ Streamflow trigger in permit
   ○ Other trigger in permit If "Other Trigger" then describe:

b. ○ Reason other than permit requirement
   Describe: WATER CONSERVATION

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

   ○ Total outdoor ban

   ○ Hand-held only
   ○ Hourly Describe: 7:00 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	6/15/2011	10/15/2011
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 2		
	(mm/dd/yyyy)	(mm/dd/yyyy)
Period 3		
	(mm/dd/yyyy)	(mm/dd/yyyy)

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

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

Please Note: Enter volumes in Tables DS-3, DS-4, DS-5 and DS-6 in million gallons per year (mgy).
Example 1: if a volume is 654,120,152 gallons, enter 645.120152 mgy.
Example 2: if a volume is 580,123 gallons, enter 0.580123 mgy.
Example 3: if a volume is 86,000 gallons, enter 0.086 mgy.

Massachusetts Department of Environmental Protection
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PWSID#: 3315000
Name: WAYLAND WATER DEPARTMENT
City: WAYLAND
PWS Class: COM

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	4663	318.5	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	3	4.8	Water provided to institutions with residential population such as colleges. It is optional to account institutions volumes separately (may be included in Residential above - see instructions).
Commercial/Business	107	17.4	Water served to businesses and other commercial entities.
Agricultural	6	1.8	Water used mainly to grow food, raise animals, or run a garden center.
Industrial			Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	73	13.6	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	4852	356.1	Total number of service connections and metered volume.

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

UNACCOUNTED FOR WATER (UAW)

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

Confidently Estimated Municipal Use (CEMU)	Estimated million gallons per year
Fire protection & training	
Hydrant/water main flushing/main construction	+ 11
Flow testing	+
Bleeders/ Blow offs	+
Tank overflow & drainage	+
Sewer & stormwater system flushing	+
Street cleaning	+ .023
Source meter calibration adjustments	+
Major water main breaks (not leak detection)	+ .092
Total Confidently Estimated Municipal Use	= 11.115

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)**	476.2	100%
Total Metered Use **(System Total Metered Use from Table DS-3)**	- 356.1	- 74.8 %
Total Confidently Estimated Municipal Use **(Total from Table DS-4)**	- 11.115	- 2.3 %
Unaccounted for Water (UAW)	= 109.0	= 22.9 %

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	2.6
Water Theft	
Meter Malfunction/mis-registration	
Other (specify): FLOW METER AT HAPPY HOLLOW PUMPS STATION TOTALIZING FLOW WITHOUT OPERATING	4.6
Other (specify): CAMPBELL RD. WELL METER OVER RECORDING BY 34%	8.4
Total:	15.6

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. Click Here for 2010 U.S. census populations for MA cities and towns. Partially served communities can use the most recent local or Federal census if private well users and/or those served by other PWS systems are subtracted out (attach documentation to this ASR). Communities with high seasonal fluctuations can pro-rate the population for the duration of the influx. See ASR Instructions for further detail and examples.

Population Option 2: Estimate from Households Served If your PWS serves a portion of one or more communities and you cannot

obtain a reliable census, click on the following link to open an excel spreadsheet for estimating your population. Click Here. This estimate is calculated from the number of households connected to your distribution system and the average household size. Save the spreadsheet onto your computer for use in subsequent years' reporting. If you are using a spreadsheet from your assessor's office or planning board to estimate number of households served, attach the spreadsheet or mail it to DEP and report the population served on Table DS-7 below.

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

Table DS-7 Residential Population Served	
Community(ies) served by PWS is (are) :	Fully Served
Method of Determining Population Served:	Option 1(Census)
Census Type (Federal or Local):	Local
Census year:	2011
Population Served:	13429

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)**
318.5	/365	/ 13429	X1,000,000	=	65

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

Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2011

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 document the reporting year withdrawal volume(s) by watershed. Table BW-3 compare's the reporting year 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.

Enter volumes in million gallons per year(MGY). Example: If you pumped 400,512,000 gallons in the year, enter 400.512.

Table BW-2 Average Daily Withdrawal by Watershed

River Basin	Total Raw Water Pumped in the reporting year (mgy)	/ 365 =	Watershed Average Daily Withdrawal (mgd)
14-CONCORD	481.5	/ 365 =	1.32

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	-	1.32	=	0.45

*** 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 (MGD):
MICHAEL D HATCH	5083583699	5083585325
Contact:	Phone:	Fax:

2. Related Sources Table

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

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
PARTICULATE REMOVAL	FILTRATION, ULTRAFILTRATION

Innovative:	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	

Chemical Name
OZONE

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

Chemical Name
POTASSIUM HYDROXIDE

Comment:

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

Chemical Name
POLYALUMINUM CHLORIDE

Comment:

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

Chemical Name
SODIUM FLUORIDE

Comment:

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

Chemical Name
SODIUM BISULFATE

Comment:
FOR OZONE REMOVAL

Comment:

Treatment Plant

1. Plant Information

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

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

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

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

MICHAEL	D	HATCH	5083583699	5083585325
Contact:			Phone:	Fax:

2. Related Sources Table

3315000-02G	CAMPBELL RD. GP WELL 1

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
DISINFECTION	HYPOCHLORINATION, POST

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

Chemical Name
SODIUM HYPOCHLORITE

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: 2/12/2000	End Date:	

Chemical Name
SODIUM FLUORIDE

Comment:

Comment:

Treatment Plant

1. Plant Information

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

2. Related Sources Table

3315000-03G	HAPPY HOLLOW GP WELL 1

3. Treatment Table(s)

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

Chemical Name
SODIUM HYPOCHLORITE

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:	

Chemical Name
SODIUM FLUORIDE

Comment:

Comment:

Treatment Plant

1. Plant Information

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

2. Related Sources Table

3315000-04G	HAPPY HOLLOW GP WELL 2

3. Treatment Table(s)

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

Chemical Name
SODIUM HYPOCHLORITE

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:	

Chemical Name
SODIUM FLUORIDE

Comment:

Comment:

Treatment Plant

1. Plant Information

3315000-05T	MEADOWVIEW GP WELL 1
Plant ID# :	Plant Name:

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

2. Related Sources Table

3315000-05G	MEADOWVIEW GP WELL 1

3. Treatment Table(s)

Treatment Objective:	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:		

Chemical Name
SODIUM FLUORIDE

Comment:

Comment:

Treatment Plant

1. Plant Information

3315000-07T	CHAMBERLAIN GP WELL
Plant ID# :	Plant Name:

OFF MOORE RD		
Street Address Line 1:	Street Address Line 2:	
WAYLAND	MA	01778
City/Town:	State(2 letter abbreviation)	Zip:

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

MICHAEL	D	HATCH	5083583699	5083585325
Contact:			Phone:	Fax:

2. Related Sources Table

3315000-08G	CHAMBERLAIN G.P. WELL

3. Treatment Table(s)

Treatment Objective:	Treatment Process:
DISINFECTION	HYPOCHLORINATION, POST

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

Chemical Name
SODIUM HYPOCHLORITE

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	

Chemical Name
SODIUM FLUORIDE

Comment:

Comment:

Comments or additional information regarding this section

Pump Stations

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:	
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:	
Discharge Type:	S	Discharge Size (inches):	6
Installation Date		Model #:	10DOM-11 STAGES
Pump Manufacturer:	PEABODY FLOWAY		

2. Related Sources Table (if applicable)

3315000-08G	CHAMBERLAIN G.P. WELL

Pump

1. Pump Information

BALDWIN POND 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:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (GPM):	525
Standby/Emergency Power:	Y		

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

2. Related Sources Table (if applicable)

3315000-09G	BALDWIN POND #1 REPLACE WELL

Pump

1. Pump Information

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:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (GPM):	600
Standby/Emergency Power:	Y		

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

2. Related Sources Table (if applicable)

3315000-07G	BALDWIN POND 2 GP WELL

Pump

1. Pump Information

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:	
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:	ELECTRIC	Motor Control:	
Discharge Type:	S	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

CAMPBELL WELL	CAMPBELL ROAD
Pump Station Name	Location

Function:

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

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

2. Related Sources Table (if applicable)

3315000-02G	CAMPBELL RD. GP WELL 1

Pump

1. Pump Information

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

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

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

2. Related Sources Table (if applicable)

3315000-03G	HAPPY HOLLOW GP WELL 1

Pump

1. Pump Information

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

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

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

2. Related Sources Table (if applicable)

3315000-04G	HAPPY HOLLOW GP WELL 2

Pump

1. Pump Information

MEADOW VIEW WELL	OAK HILL ROAD
Pump Station Name	Location

Function:

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

Primary Pump Details

Suction Type:	S	Suction Head (ft.):	61.5
Suction Size (inches):	24	Motor Horse Power:	40
Motor Type:	ELECTRIC	Motor Control:	AUTOMATIC
Discharge Type:	S	Discharge Size (inches):	6
Installation Date		Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

3315000-05G	MEADOWVIEW GP WELL 1

Comments or additional information regarding this section

Storage Facilities

Show all storage facilities 6

Storage Facility

Edit Delete

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

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

Comments or additional information regarding this section

Comments or additional information

Ground Water Sources

Individual Ground Water Source Statistics

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

Comments or additional information regarding this source:

		Withdrawal Units:	GAL
Latitude:	42.402534	January:	0
Longitude: -	71.358672	February:	0
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	92,800
Well Type:	GRAVEL-PACKED	April:	3,546,000
Well Depth (ft.):		May:	2,121,000
Well Casing Height (ft.):		June:	1,858,600
Well Casing Depth (ft.):		July:	5,773,400
Screen Length (ft.):		August:	2,871,100
		September:	2,359,400
Pump Setting (ft):		October:	2,834,100
		November:	1,343,800
Approved Daily Pumping Volume (MGD):	.6	December:	2,196,600
Source Metered:	Yes	Total Amount Pumped:	24,996,800
Date of Meter Installation:		Total # of Days Pumped:	222
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	293,900
Last Meter Calibration:	11/16/2011	Date of Maximum Amount Pumped:	9/3/2011

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Reporting Year 2011

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

Individual Ground Water Source Statistics

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

Comments or additional information regarding this source:

		Withdrawal Units:	GAL
Latitude:	42.341683	January:	8,397,199
Longitude: -	71.377239	February:	2,718,900
Source Watershed:	CONCORD	March:	4,998,350
Well Type:	GRAVEL-PACKED	April:	6,204,400
Well Depth (ft.):		May:	10,232,099
Well Casing Height (ft.):		June:	6,933,901
Well Casing Depth (ft.):		July:	6,526,000
Screen Length (ft.):		August:	5,149,200
		September:	5,798,200
Pump Setting (ft):		October:	7,254,100
		November:	8,297,000
Approved Daily Pumping Volume (MGD):	.648	December:	9,209,298
Source Metered:	Yes	Total Amount Pumped:	81,718,647
Date of Meter Installation:		Total # of Days Pumped:	340
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	687,701
Last Meter Calibration:	11/16/2011	Date of Maximum Amount Pumped:	10/4/2011

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Reporting Year 2011

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

Individual Ground Water Source Statistics

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

Comments or additional information regarding this source:

		Withdrawal Units:	GAL
Latitude:	42.34169	January:	17,558,970
Longitude: -	71.378174	February:	14,883,262
Source Watershed:	CONCORD	March:	15,486,700
Well Type:	GRAVEL-PACKED	April:	11,418,800
Well Depth (ft.):		May:	18,556,000
Well Casing Height (ft.):		June:	8,151,300
Well Casing Depth (ft.):		July:	10,051,200
Screen Length (ft.):		August:	7,275,870
		September:	9,378,000
Pump Setting (ft):		October:	11,926,470
		November:	13,076,800
Approved Daily Pumping Volume (MGD):	.763	December:	13,559,400
Source Metered:	Yes	Total Amount Pumped:	151,322,772
Date of Meter Installation:		Total # of Days Pumped:	343
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	831,700
Last Meter Calibration:	11/16/2011	Date of Maximum Amount Pumped:	9/2/2011

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

Individual Ground Water Source Statistics

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

Comments or additional information regarding this source:

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

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

Individual Ground Water Source Statistics

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

Comments or additional information regarding this source:

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

		Withdrawal Units:	GAL
Latitude:	42.374596	January:	0
Longitude: -	71.370449	February:	1,051,107
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	47,328
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	58	May:	1,509,256
Well Casing Height (ft.):		June:	11,075,896
Well Casing Depth (ft.):	43	July:	13,381,836
Screen Length (ft.):	15	August:	12,043,713
		September:	10,603,616
Pump Setting (ft):		October:	7,015,790
		November:	1,927,560
Approved Daily Pumping Volume (MGD):	1.51	December:	0
Source Metered:	Yes	Total Amount Pumped:	58,656,102
Date of Meter Installation:		Total # of Days Pumped:	167
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	523,834
Last Meter Calibration:	11/16/2011	Date of Maximum Amount Pumped:	6/14/2011

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

Individual Ground Water Source Statistics

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

Comments or additional information regarding this source:

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

		Withdrawal Units:	GAL
Latitude:	42.374836	January:	0
Longitude: -	71.371399	February:	2,009,896
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	2,940,135
Well Type:	GRAVEL-PACKED	April:	4,261,153
Well Depth (ft.):	55	May:	4,228,227
Well Casing Height (ft.):		June:	10,165,109
Well Casing Depth (ft.):	35	July:	1,191,994
Screen Length (ft.):	20	August:	11,264,353
		September:	9,963,082
Pump Setting (ft):		October:	6,607,627
		November:	1,844,725
Approved Daily Pumping Volume (MGD):	1.51	December:	1,738,322
Source Metered:	Yes	Total Amount Pumped:	56,214,623
Date of Meter Installation:		Total # of Days Pumped:	220
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	508,076
Last Meter Calibration:	11/16/2011	Date of Maximum Amount Pumped:	6/14/2011

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

Individual Ground Water Source Statistics

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

Comments or additional information regarding this source:

		Withdrawal Units:	GAL
Latitude:	42.389664	January:	4,495,801
Longitude: -	71.362358	February:	6,056,700
Source Watershed:	CONCORD	March:	5,390,200
Well Type:	GRAVEL-PACKED	April:	1,798,200
Well Depth (ft.):	63	May:	2,062,000
Well Casing Height (ft.):		June:	3,880,620
Well Casing Depth (ft.):		July:	3,620,200
Screen Length (ft.):	10	August:	2,202,600
		September:	4,154,199
Pump Setting (ft):		October:	4,489,300
		November:	3,742,000
Approved Daily Pumping Volume (MGD):	.828	December:	5,320,699
Source Metered:	Yes	Total Amount Pumped:	47,212,519
Date of Meter Installation:		Total # of Days Pumped:	290
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	715,600
Last Meter Calibration:	11/16/2011	Date of Maximum Amount Pumped:	10/19/2011

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

Individual Ground Water Source Statistics

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

Comments or additional information regarding this source:

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

		Withdrawal Units:	GAL
Latitude:	42.374897	January:	0
Longitude: -	71.37207	February:	1,615,463
Source Watershed:	CONCORD-CONCORD AND SUDBURY	March:	2,413,104
Well Type:	GRAVEL-PACKED	April:	3,486,655
Well Depth (ft.):	52	May:	3,623,072
Well Casing Height (ft.):	42	June:	8,515,134
Well Casing Depth (ft.):	42	July:	9,370,127
Screen Length (ft.):	10	August:	8,037,239
		September:	6,922,718
Pump Setting (ft):		October:	4,449,120
		November:	1,195,495
Approved Daily Pumping Volume (MGD):	1.51	December:	1,049,502
Source Metered:	Yes	Total Amount Pumped:	50,677,629
Date of Meter Installation:		Total # of Days Pumped:	220
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	426,416
Last Meter Calibration:	11/16/2011	Date of Maximum Amount Pumped:	6/14/2011

Comments or additional information regarding this section

Surface Water Sources

No Data Found

Comments or additional information regarding this section:

Purchased Water Sources

No Data Found

Comments or additional information regarding this section