

DEVAL L. PATRICK Governor

TIMOTHY P. MURRAY Lieutenant Governor

COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENERGY & ENVIRONMENTAL AFFAIRS DEPARTMENT OF ENVIRONMENTAL PROTECTION NORTHEAST REGIONAL OFFICE

205B Lowell Street, Wilmington, MA 01887 • (978) 694-3200

IAN A. BOWLES Secretary

LAURIE BURT Commissioner

June 21, 2010

Re:

City/Town: WAYLAND

Wayland Water Department Town Office Building/41 Cochituate road

Wayland, MA 01778

PWS Name: Wayland Water Department

PWS ID #: 3315000

Program: Sanitary Surveys

Action: Survey Report Release-Request for Signature

Activity #: N/A

Dear Mr. Millette:

Please find attached the following information:

Two copies of a report for the Sanitary Survey conducted on May 28, 2010 of your public water system.

You are also requested to complete the attached form titled "SANITARY SURVEY COMPLIANCE PLAN RESPONSE FORM for TABLES A & B" and return it to use within 45 days of your receipt of this document.

Please note that the signature on this cover letter indicates formal issuance of the attached document. If you have any questions regarding this letter, please contact James Dillon at (978) 694-3231.

Sincerely.

James J. Dillon

Drinking Water Program

Northeast Regional Office

Drinking Water Section Chief

Northeast Regional Office

cc:

MassDEP Drinking Water Program/WQA, 1 Winter Street, Boston MA (no attachment)

File name: Y:\DWP Archive\NERO\ Wayland-3315000-Sanitary Surveys-2010-05-28

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Sanitary Survey Report May 28, 2010

NORTHEAST REGIONAL OFFICE DRINKING WATER PROGRAM INSPECTION REPORT

On May 21 and 28, 2010, the Department of Environmental Protection (MassDEP or the Department) conducted a sanitary survey of the above referenced public water system. A sanitary survey is an on-site review of a system's water sources, treatment, distribution system, storage facilities, pumping facilities, monitoring data, system management, and operators relative to the system's ability to produce and distribute safe drinking water.

As standards for evaluating the above components, the Massachusetts Drinking Water Regulations, 310 CMR 22, the Department's *Guidelines and Policies for Public Water Systems* (most recent edition) (the Guidelines), and standard references and guidance, to include EPA Guidance Manual for Conducting Sanitary Surveys of Public Water Systems (EPA Guidance Manual EPA 815-R-99-016). All of these references are publically available on the web, with the Regulations and Guidelines both available for downloading from the MassDEP web site at: http://www.mass.gov/dep/water/.

A Public Water Supplier (PWS) is responsible for compliance with all Regulations and requirements of the Guidelines. Any person who owns or operates a public water system is responsible for the safety of the system under his or her control.

Any deficiencies with regard to DEP standards, guidelines, or policies, or violations of the Massachusetts Drinking Water Regulations, which were discovered in the course of this survey, are identified on the attached tables titled "SANITARY SURVEY FINDINGS SUMMARY". Where dates for completing actions are indicated below, the Wayland Water Department must inform the Department in writing that those action have been completed within 10 days of the completion date. Otherwise the Department may seek to take enforcement actions. Further, you are requested to complete the attached form titled "SANITARY SURVEY COMPLIANCE PLAN RESPONSE FORM for TABLES A & B" and return it to us within 45 days of receipt of this document.

The report also includes recommendations and other information relating to future compliance or requirements. The recommendations are based on recommendations as described in guidance manuals and texts, and based on the experience at other public water systems. While a PWS is not required to implement all recommendations, implementation should provide a PWS with a better means to remain in compliance and meet regulatory requirements, and/or better protect public health.

Please contact the Regional Water Supply staff person named below if you have any questions or comments.

| James J. Dillon | Donald Millette |
|--------------------------------|-----------------|
| Name of DEP Official | Donald Millotte |
| James J. Dillon (Signature) | |

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Sanitary Surveys Sanitary Survey Report May 28, 2010

| - | DIVICIALAND | 137 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
|-----|-------------|---|----------|---------|--------------|----------|---|
| 1 | PWS NAME: | Wayland Water Department | PWS ID#: | 3315000 | TOWN: | Wayland | ı |
| - 1 | Done Dru | I Y TO!!! | | 3313000 | 10771. | wayiaiiu | 1 |
| Į | Done By: | James J. Dillon | DATE: | | SYSTEM TYPE: | Com | ı |
| | | | | | | Com | 1 |

| PERSONS INTERVIEWED | POSITION |
|---------------------|----------------------|
| Donald Millette | Water Superintendent |

NUMBER OF SOURCES:

8

TREATMENT: X YES, NO

LAST SURVEY DATE:

23 MAR 07

CHANGES SINCE LAST INSPECTION: YES

| | DEFICIENCIES LAST INSPECTION YES/NO | DEFICIENCY CORRECTED YES/NO | PRESENT STATUS SEE (1) & (3) BELOW (CONDITION STATUS) | ANY REMEDIAL ACTION REQUIRED YES/NO | WATERSHED AND RADIUS PROTECTION SEE (1) BELOW | ANY COMMENTS YES/NO SEE (2) BELOW |
|------------------------------------|--|-----------------------------------|---|---|---|---|
| SECTION 1: SOURCES | | | | | | <u> </u> |
| SOURCE NAMES/NUMBE | RS | | | | | |
| 1. GENERAL | | | | | | |
| Happy Hollow #1 Happy Hollow #2 | NO | N/A | A/S | NO | U | YES |
| Baldwin Pond 1A | NO | N/A | A/S | NO | U | YES |
| Baldwin Pond #2 | NO | N/A | A/S | NO | U | YES |
| Baldwin Pond #3 | NO | N/A | A/S | NO | U | YES |
| Campbell | NO | N/A | A/S | NO | S | YES |
| Chamberlain | NO | N/A | A/S | NO | S | YES |
| Meadowview | NO | N/A | I/S | : NO | S | YES |
| PUMP STATIONS (inclu | ided in commen | ts on Sourc | es) | | | |
| Reeves Hill | No | N/A | A/S | No | N/A | No |

1. S = SATISFACTORY U = UNSATISFACTORY N/A = NOT APPLICABLE

2. USE SECTION 5. FOR DETAILED WRITTEN COMMENTS

A = ACTIVE I/A = INACTIVE SB = STANDBY E = EMERGENCY

City/Town: Wayland PWS: Wayland Water Department PWS ID: 3315000

Sanitary Survey Sanitary Survey Report May 28, 2010

| | ANY DEFICIENCY LAST INSPECTION | DEFICIENCY CORRECTED YES/NO | PRESENT STATUS SEE (1) BELOW | REMEDIAL ACTION REQUIRED YES/NO | COMMENTS (USE SECTION 5) |
|---|--------------------------------|--|---|---|---|
| SECTION 2: TREATMENT: | YES/NO | | | SEE (2) BELOW | |
| Baldwin Pond Water Treatment: (Treats the three (3) Baldwin Pol | | Poly Aluminum Chloric Sodium Fluoride- Ozone- Potassium Hydroxide- Sodium bisulfite- Sodium Hypochlorite- Citric Acid- | Dental caries preve Oxidation of iron, r Corrosion control & Ozone destruction | ention manganese, and arsenic & membrane cleaning a mbrane cleaning agent | gent |
| Happy Hollow Wells 1 & 2 | | Sodium hypochlorite- Potassium hydroxide- Sodium Fluoride- | Disinfectant Corrosion control Dental caries preve | ention | |
| Campbell Well | | Sodium hypochlorite- Potassium hydroxide- Sodium Fluoride- | Disinfectant Corrosion control Dental caries preve | ention | |
| Chamberlain Well | | Sodium hypochlorite- Potassium hydroxide- Sodium Fluoride- | Disinfectant Corrosion control Dental caries preve | ention | |
| Meadow View Well | | Off-line for several year | rs due to high concentra | ations of iron & mangar | iese |
| RAPID MIX | * | | | | |
| CHEMICAL STORAGE | N | N/A | S | Y | No |
| CHEMICAL ADDITION | N | N/A | S | N | Yes |
| FLOCCULATION | * | | | | |
| SEDIMENTATION | * | | | | |
| DISINFECTION | N | N/A | S | N | Yes |
| TYPE: Ozone in O3 contact chamber at WTP Sodium Hypochlorite in finished water clear well at WTP Sodium hypochlorite at all wells | | 111111111111111111111111111111111111111 | | | |
| CONTACT TIME | N/A | N/A | S | N | Yes |
| FILTRATION | N/A | N/A | S | N | Yes |
| TYPE: Koch membranes | | /////////////////////////////////////// | /////////////////////////////////////// | /////////////////////////////////////// | 1////////////////////////////////////// |
| CONDITION | N/A | N/A | S | N | No |
| BACKWASH | N/A | N/A | S | N | Yes |
| CLEARWELL | N/A | N/A | S | N | Yes |
| RESIDUALS MANAGEMENT | Y/A | N/A | S | N | Yes |
| TURBIDITY | N/A | N/A | S | N | YES |

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| CORROSION CONTROL | N | N/A | S | N | YES |
|--|---|---|---|---|---|
| TYPE: pH Adjustment with potassium hydroxide | 111111111111111111111111111111111111111 | /////////////////////////////////////// | | /////////////////////////////////////// | /////////////////////////////////////// |
| FLUORIDATION: Sodium Fluoride | N | N/A | S | N | No |
| Monitoring/Automation | N/A | N/A | S | N | Yes |
| Operations & Maintenance | N | N/A | S | N | No |

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USE SECTION 5. FOR DETAILED WRITTEN COMMENTS

^{*} This unit process does not exist at this facility.

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| | ANY DEFICIENCY LAST INSPECTION YES/NO | DEFICIENCY CORRECTED YES/NO | PRESENT STATUS SEE (1) BELOW | REMEDIAL ACTION REQUIRED YES/NO SEE (2) BELOW | COMMENTS (USE SECTION 5) |
|--|---|---|---|---|-----------------------------|
| SECTION 3: STORAGE, DISTRIE | SUTION AND DISINF | ECTION | | | |
| STORAGE | | | | | |
| Reeves Hill Tank, 1 MG, Ground level, concrete | Yes | Yes | U | Yes | Yes |
| Reeves Hill Tank, 0.5MG, Ground level, steel | N | N/A | U | Yes | Yes |
| DISTRIBUTION | N | N/A | S | N | Yes |
| PRESSURE | N | N/A | S | N | 80 psi – 115 psi |
| FLUSHING PROGRAM INTERCONNECTION(S): | N | N/A | S | N | Yes |
| TATERCONNECTION(3). | N | N/A | S | N | Lincoln-Weston- Natick |
| SECONDARY DISINFECTION | N | N/A | S | N | N/A |
| TYPE: Free Chlorine | 11/1/////////////////////////////////// | 111111111111111111111111111111111111111 | 1!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! | | |
| RESIDUAL: | N | N/A | S | N | No |
| SECTION 4: RECORD KEEPING, M | ANAGEMENT, EMER | GENCY PLAN AND S | SAFETY | | |
| CROSS CONNECTION PROGRAM | Yes | No | U | Yes | Yes |
| CERTIFIED OPERATOR | N | N/A | S | No | Yes |
| COMPLAINT LOG | N | N/A | S | N | No |
| LABORATORY | N | N/A | S | N | No . |
| REPORTS, MAPS | N | N/A | S | N | No |
| EMERGENCY PLAN | N | N/A | S | N | No |
| EMERGENCY POWER | N | N/A | S | Y | Yes |
| SOURCE PROTECTION | N | N/A | S | N | No |
| CONSERVATION | N | N/A | S | N | No |

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^{2.} USE SECTION 5. FOR DETAILED WRITTEN COMMENTS

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SECTION 5:

GENERAL COMMENTS:

The Wayland Water Department ("Wayland") supplies potable water to approximately 13,849 individuals through approximately 4,961 service connections. Wayland is classified as a 2-D system for distribution & the water treatment facilities are rated as 2-T facilities including the new Baldwin Pond Water Treatment Facility. Wayland is adequately staffed. Wayland collects a total of fifteen (15) samples in their distribution system for total coliform bacteria every month.

Wayland provides potable water through the following eight- (8) groundwater wells:

| Well | Approved daily pump volume (MGD) | Status | Within Zone I-400 feet for all wells |
|-----------------|----------------------------------|--------|--------------------------------------|
| Happy Hollow 1 | 0.648 | A | Parking lot for HS |
| Happy Hollow 2 | 0.763 | A | Parking lot for HS |
| Baldwin Pond 1A | * | Α | Water Treatment Plant |
| Baldwin Pond 2 | * | A | Water Treatment Plant |
| Baldwin Pond 3 | * | Α | Adjacent homes |
| Campbell | 0.6 | A | No prohibited activities |
| Chamberlain | 0.828 | A | Farming activities |
| Meadowview | 0.54 | Ī | Portion of Meadowview Road |

- = 1.5 MGD for these three wells combined
- A = active
- I = inactive

Baldwin Pond Water Filtration Facility

The new Baldwin Pond Water Filtration Facility treats water from Baldwin Pond wells 1A, 2, and 3. All the wells have new submersible pumps and VFDs. All the treatments chemicals and equipment [sodium fluoride, sodium hypochlorite, and sodium fluoride] has been removed from Well 2 and Well 3.

The water from the three (3) wells is pumped into the treatment plant which is capable of treating 1.5 million gallons of water per day (MGD). The water is dosed with ozone as well as poly aluminum chloride. There also are injection ports for sodium hypochlorite (15 % solution) and potassium hydroxide. There are two (2) ozone generators with separate destruct units which generate ozone using dry air. Each ozone generator is rated at 50 pounds per day. The ozone is primarily being used to oxidize iron, manganese, as well as a small concentration of arsenic.

The water next enters the ozone contact chamber. The ozone contact chamber is a baffled unit approximately twenty-five (25) feet by approximately twenty-five (25) feet with an operating depth of approximately 6.4 feet. There is an ozone sensor located approximately in the center of the contact chamber as well as a second ozone sensor located at the pre-filter. The ozone contact chamber with an operating volume of 23,940 gallons and a maximum pumping rate of 1,042 gallons per minute (gpm), and an assigned baffling factor of 0.8 provides approximately eighteen (18) minutes of contact time. After the ozone contact chamber Wayland has the capacity for "post" injection of poly aluminum chlorine and sodium bisulfite.

Between the ozone contact chamber and the 500 micron pre-filter there are at least one (1) injection port for sodium bisulfite as well as an ozone sensor. The sodium bisulfite is used to destroy any ozone due to the fact that the membrane filters are not compatible with ozone. The typical ozone concentration at the center of the contact chamber as measured by an ozone sensor is 0.02 ppm ozone to 0.05 ppm ozone. Please note that the membranes are compatible with sodium hypochlorite.

The water is now filtered. The filtration system consists of two (2) trains of Koch membrane filters, Model HF-56. Each train can hold 56 ten (10) inch four (4) feet long filters. Currently there are only 44 membrane filter cartridge units installed per train. The design flux is approximately forty (40) gallons per minute per square foot of membrane. The rejection percentage of water is approximately 5 %. Each membrane train is equipped with on-line turbidimeters.

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The water then enters the clearwell which is twenty (20) feet by approximately one-hundred and fifteen (115) feet with an operational depth of six (6) feet. The clearwell exhibits superior baffling and the Department assigns the clearwell a baffling factor of 0.7. The water treatment plant with a maximum capacity of 1.5 MGD or 1,042 gallons per minute (gpm) and a clearwell volume of 100,531 gallons has a contact time of sixty-eight (68) minutes. The contact time is equal to:

(100,531 gallons * 1 minute/1042 gallons) * 0.7 = 68 minutes.

The water temperature is usually 55 degrees F and therefore the required contact time for 4-log inactivation is viruses is 4.8 (min*mg)/l. Wayland with 68 minutes of contact time and a minimum free chlorine residual of 0. 3 mg/l has 20 (min*mg)/l of 4-log inactivation of viruses. Compliance with the Groundwater Rule is based on the actual or computed CT being equal to or greater than the required CT at a particular temperature at a water pH between 6.0 and 9.0. Wayland's calculated or actual CT was 20 (min*mg)/l while the required CT at 12 degrees C was 4.8 (min*mg)/l. Based on this data, the Department recommends that Wayland submit Form D to obtain 4-log inactivation of viruses for the Baldwin Pond wells.

The pH leaving the water filtration facility was 8.0; the free chlorine residual varies from 0.3 ppm to 0.6 ppm; and the fluoride concentration is approximately 1.0 ppm. The incoming iron concentration varies from 0.03 ppm to 0.05 ppm and the finished water iron concentration is 0 ppm. The incoming manganese concentration varies from 0.088 ppm to 0.096 ppm and the finished water iron concentration is approximately 0.026 ppm.

Wayland Wells

Of the eight (8) wells, three (3) are now being treated at the new water filtration facility; one (1) is off-line due to high concentrations of iron and manganese; and the other four (4) wells pump directly into the water distribution system.

The wells that pump directly into the distribution system are: Happy Hollow 1 & 2; Chamberlain; and Campbell. These four (4) are disinfected with sodium hypochlorite; potassium hydroxide is injected for pH and corrosion control; and sodium fluoride is injected for dental caries prevention.

General

There are two (2) water storage tanks located on Reeves Hill. One is a one (1) million ground-level concrete tank and the other is a 0.5 million gallon ground-level steel tank. Both tanks are scheduled to be inspected this year. The steel tank is in need of being painted. Due to recent vandalism as well as security concerns, the Department is now requiring that the tanks be enclosed in a security fence.

Wayland flushes the distribution system in the spring and fall via a uni-directional plan. There is no valve exercising plan. There are still a large number of dead ends in the distribution. During new housing development construction, Wayland attempts to loop when ever possible. Wayland believes that there are lead service connections or lead goose necks left in the distribution system. Wayland will conduct some main replacement this year as well as re-line a water main that carries water from the new water filtration facility to the center of town located at Route 20.

During the survey, the Department tried to verify the water filtration facility's alarms but could not do so because a problem with the SCADA system. This problem must be corrected as soon as possible.

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SANITARY SURVEY FINDINGS SUMMARY

Table A -Violations

| Date Complete by PWS | | | | | | | |
|-----------------------------|--|--|---|--|--|---|--|
| Action Due Date | August 5, 2010 | | | | | | August 5, 2010 |
| TABLE A - CORRECTIVE ACTION | During the calendar 2009, Wayland conduct only one (1) round of backflow device testing. | Wayland shall submit to the Department: 1. A list of all permitted reduced pressure backflow preventers install in its water distribution system. | 2. A list of all double check valve assemblies installed in its water distribution system. | 3. A schedule for testing all devices this year. | 4. A plan and schedule for re-surveying Wayland. | 5. The names and license numbers of all testers and surveyors who conduct the work. | E.: September 17, 2010, install security fences surrounding the Reeves Hill water storage tanks. |
| Citation | 310 CMR 22.22(3)(h): Ensuring that all double check valve assemblies and reduced pressure backflow preventer devices are inspected and | tested in accordance with the public water system program as approved by the Department and as specified at 310 CMR 22.22(13). | 310 CMR 22.22(13)(d): The public water system is responsible to ensure that each reduced pressure backflow preventer will be inspected semiannially. As provided for in 310 CMB | 22.22(3)(b). Also each double check valve assembly shall be tested annually. | | | 310 CMR 22.04(5): Existing Public Water Systems. The Department may require any existing public water system to demonstrate its compliance with 310 CMR 22.00, including but not limited to 310 CMR 22.04(1) and the Department's Guidelines and Policies for Public Water System, at the time of the sanitary survey conducted pursuant to 310 CMR 22.01(12) or as otherwise directed by the Department. Chapter 8 of the Department's Guidelines and Policies for Public Water System Finished Water Storage states "Fencing, locks on access manholes, and other necessary precautions shall be provided to prevent trespassing, vandalism, and sabotage." |
| T/F/M | Z | | | | | ÷ | T/M |

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| August 5, 2010 | | August 5, 2010 | August 5, 2010 | |
|---|---|---|---|---|
| Install a lock on the access for Baldwin Pond Well 1A. | | Remove the storage trailers within the Zone I at the Happy Hollow wells. | Currently the pH and disinfection equipment at all active well is in non-compliance with the Chemical Safety Control rules and will not be by the require deadline of June 30, 2010. Submit a schedule for bringing the wells into compliance. | |
| 310 CMR 22.04(5): Existing Public Water Systems. The Department may require any existing public water system to demonstrate its compliance with 310 CMR 22.00, including but not limited to 310 CMR 22.04(1) and the Department's Guidelines and Policies for Public Water System, at the time of the sanitary survey conducted pursuant to 310 CMR 22.01(12) or as otherwise directed by the Department. | Chapter 8 of the Department's Guidelines and Policies for Public Water System Finished Water Storage states "Fencing, locks on access manholes, and other necessary precautions shall be provided to prevent trespassing, vandalism, and sabotage." | 310 CMR 22.21(3)(b): "Current and future land uses within the Zone I shall be limited to those land uses directly related to the provision of the public water system". | 310 CMR 22.04(5): Existing Public Water Systems. The Department may require any existing public water system to demonstrate its compliance with 310 CMR 22.00, including but not limited to 310 CMR 22.04(1) and the Department's Guidelines and Policies for Public Water System, at the time of the sanitary survey conducted pursuant to 310 CMR 22.01(12) or as otherwise directed by the Department. | The Department's Chemical Safety Control requirements as described in Chapter 6 of the Department's Guidelines and Policies for Public Water System require specific controls on the critical chemicals (sodium hypochlorite and potassium hydroxide) to prevent/control an overfeed. See Attachment. |
| | | 4. T/M | 5. T/M | |

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| compliance with 310 CMR 22.00, including but not limited to 310 CMR 22.04(1) and the Department's Guidelines and Policies for Public Water System, at the time of the sanitary survey conducted pursuant to 310 CMR 22.01(12) or as otherwise directed by the Department. | existing public water system to demonstrate its compliance with 310 CMR 22.04(1) and the limited to 310 CMR 22.04(1) and the System, at the time of the sanitary survey conducted pursuant to 310 CMR 22.01(12) or as summer demand can be 2.0 MGD. |
|---|---|
| The Department Guidelines & Policies for Public Water Systems states that "Standby power is required at all water treatment facilities unless it can be demonstrated that the community has the ability to provide the maximum daily demand for up to 24 hours by | |

Table B - Deficiencies

MassDEP has made note of several items that do not reflect good water system practice and, if left unresolved, could lead to problems that are more serious. Some of these items may be potential violations, and are summarized below. Due to the item's severity or importance MassDEP has included a required course of action with a compliance date.

| Date Complete by PWS | | | |
|-----------------------------|---|--|---|
| Action Due Date | As soon as possible. | August 5, 2010 | As soon as possible. |
| TABLE B - CORRECTIVE ACTION | Guidelines, Chapter 8: Posted in a readily visible part of the pump house shall be a contingency planning sheet containing directions, contacts, and phone numbers of the proper persons to contact in case of emergency. | 310 CMR 22.02: Active Source means an approved approved source(s), monitored and "Inactive" source, unless Wayland provides an outline of how maintained to meet 310 CMR 22.00 and it intends to make the source an active source as defined by the Regulations under 310 CMR 22.02. | Submit form D to the Department to obtain 4-log viral certification for the Baldwin Pond wells which are now being treated at the new Baldwin Pond Water Filtration facility. |
| Citation Citation | Guidelines, Chapter 8: Posted in a readily visible part of the pump house shall be a contingency planning sheet containing directions, contacts, and phone numbers of the proper persons to contact in case of emergency. | 310 CMR 22.02: Active Source means an approved source(s), monitored and maintained to meet 310 CMR 22.00 and used for primary or backup purposes to meet demands as necessary. | T Groundwater Rule |
| T/F/ M | Н | Σ | <u> </u> |
| | | ci | mi . |

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| M 310 CMR 22.11B Treatment operator and the primary distribution operator. Field verify that all draw down tubes, well vents, etc. are properly protected with screens, plugs, etc. to prevent both chemical, microbiological, etc. contaminants from entering the well. | | |
|--|---|------------------|
| Submi treatm Field Field proper chemic the we | August 5, 2010 | August 5, 2010 |
| 1 310 CMR 22.11B Groundwater Rule | Submit a revised staffing plan. Please identify the primary treatment operator and the primary distribution operator. | _ <u> </u> |
| 1.87 | 1 310 CMR 22.11B | Groundwater Rule |

Table C - Recommendations

MassDEP has made note of items with a recommended course of action, summarized in Table C. It is strongly encouraged to follow the recommended actions in order to improve ability to provide a safe supply of drinking water. Failure to do so could eventually lead to violations of the regulations.

| | T/F/M | Citation | TABLE C - RECOMMENDATIONS |
|----|----------|--|---|
| | H | | Install dead man switches on all chemical transfer pumps. |
| 2. | T | Guidelines, Chapter 2: Taps used for obtaining | Wayland should ensure that each sample tap used for collecting raw water samples is a smooth. |
| | | samples for bacteriological analysis shall be of the | nosed sample tap meeting the recommendations of the Guidelines so that the samples less likely to |
| | | smooth-nosed type without interior or exterior threads, | produce false-positive results. |
| | | shall not be of the mixing type, and shall not have a | |
| | | screen, aerator, or other such appurtenance. | |
| w. | T/M | 310 CMR 22.11B | The Department recommends that any operator currently holding a I-T license up grade their |
| | | | license to 2-T in the event that one or more of the Baldwin Pond wells is determined to be under the |
| | | | direct influence of surface water resulting in the classification of the Baldwin Pond Water Filtration |
| · | | | facility being upgraded form 2-T to 3-T. |
| 4 | Σ | | The Department recommends that the Wayland Fire Department and Police Department acting as |
| | | | first responders be aware of the layout of the water treatment facility as well as all the hazards both |
| | | TO COLLEGE OF THE COL | chemical and electrical within the facility. |
| 5. | L | Operator Safety | Develop a written safety policy including such elements of trench safety, chemical handling |
| | | | procedures, road safety, electrical hazards, lock out procedures, etc. |
| 9 | Η | Operator Safety | Alarm all safety eye wash stations and safety showers if this has not yet been done and tie the |
| | | | alarms into the Wayland Fire Department to summon help especially on weekends and holidays |
| | | | when there is minimal staffing. |
| 7. | <u>[</u> | | Verify field location of all interconnections and exercise yearly. Establish written policies with the |
| | | | other town on their emergency use. |
| ∞; | F | | Install dead man switches on all chemical transfer pumps. |
| 9. | L | The state of the s | Institute a valve exercising program. |

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- PWS ID: 3315000

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SANITARY SURVEY COMPLIANCE PLAN RESPONSE FORM for TABLE A & B

Vithin 45 days of receipt of this inspection report, you must complete and submit this response form if your system has ABLE A -Violations and/or TABLE B-Deficiencies. Attach a copy of the completed tables listing the date that the corrective ction was or will be taken by your system and all other applicable documentation. (310 CMR 22.04(12))

Please note that violations listed in TABLE A of the Compliance Plan are also a Notice of Noncompliance (NON) pursuant

| to M.G.L. c.21A, §16 and 310 C.M.I identified violations. | 5.00 and may require the submission of quarterly written progress reports on the |
|---|--|
| the following corrective actions listed in ublic water system. (Please check all tha | he Sanitary Survey Compliance Plan(s) TABLE A and/or B has been taken by the apply). |
| Compliance Plan(s).For each item, I have listed the | corrective actions listed within the timeframes specified in the Sanitary Survey completion date of the corrective action within each table. ting documentation as required. |
| Sanitary Survey Compliance Plan(s) Sanitary Survey Compliance Plan(s) For each item, I have listed the I have attached copies of support I have attached a revised consistems and I will submit a written | NOT ALL of the corrective actions listed within the timeframes specified in the My system HAS NOT complied with ALL of the requirements set forth in the ctual or anticipated completion date of the corrective action within each table. ting documentation as required. ctive action schedule establishing timelines for my system to address outstanding progress report each quarter (every 3 months) until all items have been addressed. I be subject to further enforcement action. |
| | with some or all of the corrective actions within the timeframes specified in the understand that my system may be subject to further enforcement action. |
| epartment of Environmental Protection's land the information contains | tion findings and compliance plan table(s) of the sanitary survey conducted by the rinking Water Program. I certify that under penalty of law I am the person authorized to dherein is true, accurate and complete to the best of my knowledge and belief. |
| | presentative or Other Responsible Party: |
| Signature: | Date: |
| Print Name: | Title: |
| Return this form | a copy of each Compliance Plan Table and all attachments to: |

DEP-BRP Drinking Water Program, 205B Lowell St., Wilmington, MA 01887

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