



Massachusetts Department of Environmental Protection

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Username: **MGOULET**

Transaction ID: **1180518**

Document: **Public Water System Annual Statistical Report**

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2019 Public Water Supply Verification

Please verify the information below and then click the Continue button.

PWS ID: **2175000**
PWS Name: **MEDFIELD WATER DEPT.**
PWS Street Address Line 1: **459 MAIN ST**
PWS Street Address Line 2:
City/Town: **MEDFIELD**
State: **MA**
Zip Code: **02052-0000**
Class: **COM**

Legally Responsible Party Contact Information

The Legally Responsible Party is that individual who has the ultimate authority to ensure that your system is in compliance with the federal and state drinking water regulations. This may be the owner of a private facility, a town or school official or other similarly authorized person.

Book/Page:	<input type="text"/>
First Name	<input type="text" value="MAURICE"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text" value="GOULET"/>
Company Name	<input type="text" value="MEDFIELD WATER DEPT"/>
Phone Number	<input type="text" value="5089063002"/>
Street Address 1	<input type="text" value="459 MAIN STREET"/>
Street Address 2	<input type="text"/>
City/Town	<input type="text" value="MEDFIELD"/>
State	<input type="text" value="MA"/>
Zip Code	<input type="text" value="02052"/>
Comments	<input type="text"/>



System Information (COM/NTNC)

1. PWS Street Address		
MEDFIELD WATER DEPT.		
PWS Name		
459 MAIN ST		
PWS Street Address Line 1		PWS Street Address Line 2
MEDFIELD	Massachusetts	02052
City/Town	State	Zip Code
508-906-3004	508-359-6182	
Phone Number	Fax Number (if available)	
Web Site Address of PWS (if available)		

2. PWS Mailing Address <input type="checkbox"/> Same as street address.		
MEDFIELD WATER DEPT.		
Mailing Name		
459 MAIN ST		
Mailing address Line 1		Mailing address Line 2
MEDFIELD	Massachusetts	02052
City/Town	State	Zip Code

3. Is this a Seasonal System? (This question is not applicable to your PWS)

4. If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the DEP
<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No

5. Owner Type:
MUNICIPAL

6. Federal Employment Identification Number (FEIN):
046001216
(FEIN) - Do NOT provide SSN

7. Is this system a not-for-profit organization		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
If yes, indicate Tax Exempt code (e.g., 501C):		
8. Population Served(DailyAverage):		
Winter Population (October March):	12595	
Summer Population (April September):	12595	
By what method was the population figured	Census Type:	City/Town
	Other Description:	



9. 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	3YEARS
Winter Bacteria samples required:	24	MONTH
Summer Bacteria samples required:	24	MONTH

10. Distribution Meter information:	
a. Number of Service Connections:	<input type="text" value="4033"/>
b. Percentage of service connections that are metered:	<input type="text" value="100"/> %
c. Are all publicly owned buildings metered?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
d. If No, what percent are	<input type="text"/> %

11. System Information	
a. Number of Distribution Systems:	<input type="text" value="1"/>
b. Finished Water Storage Capacity in Million Gallons (MG): [Conversion factor is (# of gallons)/(1,000,000)= MG]	<input type="text" value="3.7"/>
c. Pumping Capacity (GPM):	<input type="text" value="1.5"/>

12. Percentage of Source Types (must add up to 100%)			
Ground Water	Surface Water	Purchased Ground	Purchased Surface
<input type="text" value="100"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %

13. 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.) <input checked="" type="radio"/> Yes <input type="radio"/> No	
<input type="radio"/> I have made changes to the ERP (attach copies of all changes.) <input checked="" type="radio"/> I have made no changes to the ERP.	
b. Does your system have an Emergency Response (ER) annual training plan as required per 310 CMR 22.04(13)(b)(10)? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Documentation of ER training must be kept onsite for state review, including at the next sanitary survey. This documentation should 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) <input checked="" type="radio"/> Yes <input type="radio"/> No	
d. Has your system signed the agreement and joined the Massachusetts Water and Wastewater Agency Response Network <input checked="" type="radio"/> Yes <input type="radio"/> No	
e. How often does your system test the following	
Alarms:	<input type="text" value="Quarterly"/> Other Frequency: <input type="text"/>
Interlocks:	<input type="text" value="Quarterly"/> Other Frequency: <input type="text"/>
Back-up power sources:	<input type="text" value="Monthly"/> Other Frequency: <input type="text"/>
f. List and describe all Level 3 or higher ER incidents during the reporting period.	



Date of ER incident	Level	Description
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15. 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
MT. NEBO	CELL ANTENNAE	AT&T	

16. Comments or additional information regarding this section:



GARY S	ODOARDI	WS10-0002016	5/3/2021		<input checked="" type="checkbox"/>

Third Party Consultant Tester Personnel Information:

To add a tester, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Tester" button.

MassDEP Certification ID Number

What services does the consultant perform for the town	
<input checked="" type="checkbox"/> Facilities Survey	<input checked="" type="checkbox"/> Testing of Devices
<input checked="" type="checkbox"/> Device Installation Plan Approval	<input type="checkbox"/> Program Management
<input checked="" type="checkbox"/> Other(explain)	ASSIST IN PREPARING DEP ASR

3. 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	<input type="text" value="83"/>	<input type="text" value="81"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
Industrial	<input type="text" value="9"/>	<input type="text" value="9"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Institutional	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Municipal	<input type="text" value="16"/>	<input type="text" value="16"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Residential (Optional)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="111"/>	<input type="text" value="109"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="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.

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

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Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2019

PWSID#: 2175000
 Name: MEDFIELD WATER DEPT.
 City: MEDFIELD
 PWS Class: COM

Reduced Pressure Backflow Preventer (RPBP):	<input checked="" type="radio"/> <input type="radio"/>	Yes No
Double Check Valve Assembly (DCVA):	<input checked="" type="radio"/> <input type="radio"/>	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	24	5	2	27	6
Industrial	4	0	0	4	0
Institutional	6	0	0	6	1
Municipal	36	0	0	36	6
Residential (Optional)	4	0	0	4	0
Total	74	5	2	77	13
DCVA					
Commercial	32	3	4	31	0
Industrial	8	0	0	8	0
Institutional	6	0	0	6	0
Municipal	10	0	0	10	0
Residential (Optional)	2	0	0	2	0
Total	58	3	4	57	0

*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.



5. 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	5	132	24	20	1
DCVA	3	54	15	8	0

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.

(1) RPZ, LOCATED ON AN IRRIGATION SYSTEM AT COUNTRY VILLAGE PLAZA (OFF / NOT IN USE)

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

Yes No

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

PVB DEVICES <input checked="" type="radio"/> Yes <input type="radio"/> No	SPPVB DEVICES <input type="radio"/> Yes <input checked="" type="radio"/> 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	1	18	2	2
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.

8. 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

9. 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)

10. 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?

Date(mm/dd/yyyy)

11. 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 future?
 If yes go to question 13

Yes No
 If yes When?
 If no go to question 13. Date(mm/dd/yyyy)



12. Does your system have a local ordinance, by-law or policy statement on cross-connection control?										
<input type="radio"/> Yes	<input checked="" type="radio"/> 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, 5 th floor, Boston, MA 02108										
Attn : Otavio DePaula-Santos										
13. Does your water system have a total containment policy?										
<input type="radio"/> Yes	<input checked="" type="radio"/> 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, commercial, industrial, or municipal).										
14. Has there been a cross-connection incident in your water system during the reporting period?										
<input type="radio"/> Yes	<input checked="" type="radio"/> No									
If Yes, please provide information below:										
<table border="1"><thead><tr><th>Date of Incident</th><th>Location of the Incident</th><th>DESCRIPTION</th></tr></thead><tbody><tr><td colspan="3"> </td></tr></tbody></table>					Date of Incident	Location of the Incident	DESCRIPTION			
Date of Incident	Location of the Incident	DESCRIPTION								
Comments or additional information regarding this section										



Water Production & Consumption Information

How to report in Gallons vs. Million Gallons

When Converting gallons to Million gallons, decimal point moves 6 places to the left.

	If Reporting in Gallons (Gal)	If Reporting in Million Gallons (MG)
Example 1	45,562,100	45.5621
Example 2	340,212	0.340212
Example 3	631,020,000	631.02
Example 4	96,543	0.096543

Volume Units

Gallons (GAL) Million Gallons (MG) No Meter

FINISHED Water Production and Consumption Summary for Reporting Year :

Finished Water means water that is introduced into the distribution system of a public water system and is intended for distribution and consumption without further treatment, except as treatment necessary to maintain water quality in the distribution system (e.g. booster disinfection, addition of corrosion control chemicals).

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	25,243,463	0	0	25,243,463
February	22,120,319	0	0	22,120,319
March	25,382,206	0	0	25,382,206
April	27,074,508	0	0	27,074,508
May	30,538,216	0	0	30,538,216
June	39,121,116	0	0	39,121,116
July	48,046,690	0	0	48,046,690
August	47,955,410	0	0	47,955,410
September	43,538,420	0	0	43,538,420
October	30,371,408	0	0	30,371,408
November	22,489,060	0	0	22,489,060
December	24,159,578	0	0	24,159,578
TOTAL	386,040,394	0	0	386,040,394

Maximum Daily Finished Water Consumption:	Volume (GAL): 2,089,993	Date: 9/30/2019
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RAW Water Production and Consumption Summary for Reporting Year :

Raw Water means water in its natural state, prior to treatment and is usually the water entering the first treatment process of a water treatment plant.

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	0	0	0	0
February	0	0	0	0
March	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
December	0	0	0	0
TOTAL	0	0	0	0
Maximum Daily Raw Water Pumping:		Volume (GAL):		Date:

Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold	Water type
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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 percentage 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
<input type="checkbox"/>	<input type="radio"/> Yes	Day Care Center	<input type="checkbox"/>	<input type="radio"/> Yes	Other Residential
<input type="checkbox"/>	<input type="radio"/> Yes	Dispenser	<input type="checkbox"/>	<input type="radio"/> Yes	Other Transient
<input type="checkbox"/>	<input type="radio"/> Yes	Homeowners Association	<input type="checkbox"/>	<input type="radio"/> Yes	Recreation Area
<input type="checkbox"/>	<input type="radio"/> Yes	Hotel/Motel	95	<input checked="" type="radio"/> Yes	Residential Area
<input type="checkbox"/>	<input type="radio"/> Yes	Highway Rest Area	<input type="checkbox"/>	<input type="radio"/> Yes	Restaurant
<input type="checkbox"/>	<input type="radio"/> Yes	Industrial/Agricultural	<input type="checkbox"/>	<input type="radio"/> Yes	Retail Employees
<input type="checkbox"/>	<input type="radio"/> Yes	Interstate Carrier	<input type="checkbox"/>	<input type="radio"/> Yes	School
<input type="checkbox"/>	<input type="radio"/> Yes	Institution	<input type="checkbox"/>	<input type="radio"/> Yes	Sanitary Improvement District
<input type="checkbox"/>	<input type="radio"/> Yes	Medical Facility	<input type="checkbox"/>	<input type="radio"/> Yes	Summer Camp
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park	<input type="checkbox"/>	<input type="radio"/> Yes	Secondary Residences
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park, Principal Residence	<input type="checkbox"/>	<input type="radio"/> Yes	Service Station
<input type="checkbox"/>	<input type="radio"/> Yes	Municipality	<input type="checkbox"/>	<input type="radio"/> Yes	Subdivision
<input type="checkbox"/>	<input type="radio"/> Yes	Other Area	<input type="checkbox"/>	<input type="radio"/> Yes	Water Bottler
<input type="checkbox"/>	<input type="radio"/> Yes	Other Non-Transient Area	<input type="checkbox"/>	<input type="radio"/> Yes	Wholesaler
<input type="checkbox"/>	<input type="radio"/> 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 Plant ID:	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:
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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 # :	88
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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
2175000-05G	WELL 6 (RTE. 27)	400	Y	CROPLAND, ROAD

3. 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:

4. Did your inspections identify violations of 310 CMR 22.20B or local land use controls (zoning, nonzoning or regulations) adopted for compliance with 310 CMR 22.20C or 310 CMR 22.21?

Yes No

If YES, please describe each violation and its resolution or current status.

5. 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 # :	106
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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
2175000-03G	WELL 3 (ELM ST.)	400	Y	RAILROAD, RESIDENTIAL
2175000-04G	WELL 4 (ELM ST.)	400	Y	

3. 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:



4. Did your inspections identify violations of 310 CMR 22.20B or local land use controls (zoning, nonzoning or regulations) adopted for compliance with 310 CMR 22.20C or 310 CMR 22.21?

Yes No

If YES, please describe each violation and its resolution or current status.

5. 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 # :	511
-------------------------------------	-----

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
2175000-01G	WELL 1 (MAIN ST.)	400	Y	ROAD, WETLANDS
2175000-02G	WELL 2 (MAIN ST.)	400	Y	ROAD, WETLANDS

3. 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:

4. Did your inspections identify violations of 310 CMR 22.20B or local land use controls (zoning, nonzoning or regulations) adopted for compliance with 310 CMR 22.20C or 310 CMR 22.21?

Yes No

If YES, please describe each violation and its resolution or current status.

5. 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 # :	525
-------------------------------------	-----

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

No data found



3. 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:

4. Did your inspections identify violations of 310 CMR 22.20B or local land use controls (zoning, nonzoning or regulations) adopted for compliance with 310 CMR 22.20C or 310 CMR 22.21?

Yes No

If YES, please describe each violation and its resolution or current status.

5. 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 Duane LeVangie with the WMA Program at (617) 292-5706 or email him at duane.levangie@mass.gov

1. Total miles of water mains	86
2. Miles of mains surveyed this year	86
3. Number of leaks found	11
4. Number of leaks repaired	11
5. Estimated volume lost (mg) if a reliable estimate can be made	
6. Date of last leak detection survey of entire system:	4/18/2019 (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 then describe:

b. Reason other than permit requirement

Describe: _____

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

Total outdoor ban

Hand-held only

Hourly Describe: _____

Daily: Odd/Even Twice/Week Once/Week 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	9/16/2019	12/31/2019
	(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.
- 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.



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	3852	273.75	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			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	116	19.812	Water served to businesses and other commercial entities.
Agricultural			Water used mainly to grow food, raise animals, or run a garden center.
Industrial	16	.7	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	51	12.724	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	4035	306.986	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/eea/agencies/massdep/water/approvals/drinking-water-forms.html#16>

Confidently Estimated Municipal Use (CEMU)	Estimated million gallons per year
Fire protection & training	
Hydrant/water main flushing/main construction	+ 3.62466
Flow testing	+
Bleeders/ Blow offs	+
Tank overflow & drainage	+
Sewer & stormwater system flushing	+
Street cleaning	+
Source meter calibration adjustments	+
Major water main breaks (not leak detection)	+
Total Confidently Estimated Municipal Use	= 3.62466

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)	386.040394	100%
Total Metered Use (System Total Metered Use from Table DS-3)	- 306.986	- 79.5 %
Total Confidently Estimated Municipal Use (Total from Table DS-4)	- 3.62466	- 0.9 %
Unaccounted for Water (UAW)	= 75.4	= 19.5 %

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:	0

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:	2019
Population Served:	12595

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 is 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)
273.75	/ 365	/ 12595	X1,000,000	=	60

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.



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 Duane LeVangie with the WMA Program at (617) 292-5706 or email him at duane.levangie@mass.gov

Table BW-1 Permit & Registration Information

River Basin (Watershed)	Registration Number	Permit Number
19-BOSTON HARBOR	21917501	
20-CHARLES	22017501	9P322017502

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 (mgd)	/365=	Watershed Average Daily Withdrawal (mgd)
19-BOSTON HARBOR	93.09	/365 =	0.26
20-CHARLES	292.95	/365 =	0.80

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*
19-BOSTON HARBOR	0.92	+	0.00	=	0.92	-	0.26	=	0.66
20-CHARLES	0.11	+	1.39	=	1.50	-	0.80	=	0.70

* 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
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> (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

2175000-02T		ELM ST WELL #3	
Plant ID# :		Plant Name:	
ELM ST			
Street Address Line 1:		Street Address Line 2:	
MEDFIELD	MA	02052	
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	I-T	
Status:	Availability:	Class:	Capacity (MGD):
Contact:		Phone:	Fax:

2. Related Sources Table

2175000-03G	WELL 3 (ELM ST.)
-------------	------------------

3. Treatment Table(s)

Treatment Objective:		Treatment Process:			
CORROSION CONTROL		PH ADJUSTMENT			
Innovative: N	Start Date: 01/01/1992	End Date: _____			
<table border="1" style="margin: auto;"> <tr> <th>Chemical Name</th> </tr> <tr> <td>SODIUM HYDROXIDE</td> </tr> </table>				Chemical Name	SODIUM HYDROXIDE
Chemical Name					
SODIUM HYDROXIDE					
Comment:					
Treatment Objective:		Treatment Process:			
DISINFECTION		HYPOCHLORINATION, POST			
Innovative: N	Start Date: 6/21/2011	End Date: _____			
<table border="1" style="margin: auto;"> <tr> <th>Chemical Name</th> </tr> <tr> <td>SODIUM HYPOCHLORITE</td> </tr> </table>				Chemical Name	SODIUM HYPOCHLORITE
Chemical Name					
SODIUM HYPOCHLORITE					
Comment:					
DISINFECTION					

Treatment Plant

1. Plant Information



2175000-03T		ELM ST WELL #4	
Plant ID# :		Plant Name:	
ELM ST			
Street Address Line 1:		Street Address Line 2:	
MEDFIELD		MA	02052
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	I-T	
Status:	Availability:	Class:	Capacity (MGD):
Contact:		Phone:	Fax:

2. Related Sources Table

2175000-04G	WELL 4 (ELM ST.)
-------------	------------------

3. Treatment Table(s)

Treatment Objective:		Treatment Process:			
CORROSION CONTROL		PH ADJUSTMENT			
Innovative: N	Start Date: 01/01/1992	End Date: _____			
<table border="1" style="margin: auto;"> <tr> <th>Chemical Name</th> </tr> <tr> <td>SODIUM HYDROXIDE</td> </tr> </table>				Chemical Name	SODIUM HYDROXIDE
Chemical Name					
SODIUM HYDROXIDE					
Comment:					

Treatment Plant

1. Plant Information

2175000-04T		RTE 27 WELL #6	
Plant ID# :		Plant Name:	
RTE 27			
Street Address Line 1:		Street Address Line 2:	
MEDFIELD		MA	02052
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	I-T	
Status:	Availability:	Class:	Capacity (MGD):
Contact:		Phone:	Fax:

2. Related Sources Table

2175000-05G	WELL 6 (RTE. 27)
-------------	------------------



3. Treatment Table(s)

Treatment Objective: CORROSION CONTROL		Treatment Process: PHADJUSTMENT				
Innovative: N	Start Date: 02/28/1998	End Date: _____				
<table border="1" style="margin: auto;"> <tr> <th style="text-align: center;">Chemical Name</th> </tr> <tr> <td style="text-align: center;">SODIUM HYDROXIDE</td> </tr> <tr> <td> </td> </tr> </table>				Chemical Name	SODIUM HYDROXIDE	
Chemical Name						
SODIUM HYDROXIDE						
Comment:						
Treatment Objective: DISINFECTION		Treatment Process: HYPOCHLORINATION, POST				
Innovative: N	Start Date: 06/21/2011	End Date: _____				
<table border="1" style="margin: auto;"> <tr> <th style="text-align: center;">Chemical Name</th> </tr> <tr> <td style="text-align: center;">SODIUM HYPOCHLORITE</td> </tr> <tr> <td> </td> </tr> </table>				Chemical Name	SODIUM HYPOCHLORITE	
Chemical Name						
SODIUM HYPOCHLORITE						
Comment: EMERGENCY CL2 ACTIVATED						

Treatment Plant

1. Plant Information

2175000-01T		MAIN ST. TREATMENT PLANT	
Plant ID# :		Plant Name:	
RT. 109			
Street Address Line 1:		Street Address Line 2:	
MEDFIELD	MA	02052	
City/Town:		State(2 letter abbreviation)	Zip:
A	ACTIVE	II-T	
Status:	Availability:	Class:	Capacity (MGD):
MAURICE	GOULET		
Contact:		Phone:	Fax:

2. Related Sources Table

2175000-01G	WELL 1 (MAIN ST.)	
2175000-02G	WELL 2 (MAIN ST.)	

3. Treatment Table(s)



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2019

PWSID#: 2175000
Name: MEDFIELD WATER DEPT.
City: MEDFIELD
PWS Class: COM

Treatment Objective:		Treatment Process:	
DISINFECTION		HYPOCHLORINATION, POST	
Innovative: N	Start Date: 03/25/1997	End Date: _____	

Chemical Name
SODIUM HYPOCHLORITE

Comment:

Treatment Objective:		Treatment Process:	
CORROSION CONTROL		PH ADJUSTMENT	
Innovative: N	Start Date: 01/01/1992	End Date: _____	

Chemical Name
SODIUM HYDROXIDE

Comment:

Comments or additional information regarding this section



Pump Stations

Pump

1. Pump Information

PINE ST. BOOSTER STATION	PINE ST
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	2	Number of Emergency Pumps:	0
Raw or Finished Water:	Finished	Maximum Aggregate Capacity (Gallons per Minutes):	0
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	5
Motor Type:		Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date	08/31/1995	Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

No Data Found

Pump

1. Pump Information

WELL 2 (MAIN ST.) PUMP	RT. 109
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	
Standby/Emergency Power:	N		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	
Suction Size (inches):		Motor Horse Power:	
Motor Type:		Motor Control:	
Discharge Type:		Discharge Size (inches):	
Installation Date		Model #:	
Pump Manufacturer:			



2. Related Sources Table (if applicable)

2175000-02G	WELL 2 (MAIN ST.)	_____

Pump

1. Pump Information	CHANGE
WELL 3 (ELM ST.) PUMP	ELM ST.
Pump Station Name	Location

Status:	ACTIVE	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	47
Suction Size (inches):		Motor Horse Power:	75
Motor Type:		Motor Control:	
Discharge Type:	S	Discharge Size (inches):	
Installation Date		Model #:	11 CLC 5 STAGE
Pump Manufacturer:	GOULDS		

2. Related Sources Table (if applicable)

2175000-03G	WELL 3 (ELM ST.)	_____

Pump

1. Pump Information	CHANGE
WELL 4 (ELM ST.) PUMP	ELM ST.
Pump Station Name	Location

Status:	ACTIVE	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	
Standby/Emergency Power:	N		



Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	35.9
Suction Size (inches):		Motor Horse Power:	50
Motor Type:		Motor Control:	
Discharge Type:	S	Discharge Size (inches):	
Installation Date		Model #:	RKE 5 STAGE
Pump Manufacturer:	LAYNE		

2. Related Sources Table (if applicable)

2175000-04G	WELL 4 (ELM ST.)	

Pump

1. Pump Information	
WELL 6	RTE. 27
Pump Station Name	Location

Status:	A	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	1500
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	150
Motor Type:	SUBMERSIBL	Motor Control:	
Discharge Type:		Discharge Size (inches):	0
Installation Date	02/12/2009	Model #:	
Pump Manufacturer:			

2. Related Sources Table (if applicable)

2175000-05G	WELL 6 (RTE. 27)	

Pump

1. Pump Information		CHANGE
WELL # 1 (MAIN ST.) PUMP	RT 109	
Pump Station Name	Location	



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2019

PWSID#: 2175000
Name: MEDFIELD WATER DEPT.
City: MEDFIELD
PWS Class: COM

Status:	ACTIVE	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	
Standby/Emergency Power:	N		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	
Suction Size (inches):		Motor Horse Power:	40
Motor Type:	VT	Motor Control:	
Discharge Type:	S	Discharge Size (inches):	
Installation Date		Model #:	10 WALC 7 STAGE
Pump Manufacturer:	GOULDS		

2. Related Sources Table (if applicable)

2175000-01G	WELL 1 (MAIN ST.)	

Comments or additional information regarding this section



Storage Facilities

Show all storage facilities

Storage Facility Edit Delete	
MT. NEBO	
Storage Facility Name	Location

Status:	A	Availability:	ACTIVE
Storage Type:	ELEVATED STORAGE TANK	Capacity (MG):	2.3
Material:	STEEL	Installation Date	

Storage Facility Edit Delete	
STATE HOSPITAL TANK	
HOSPITAL ROAD	
Storage Facility Name	Location

Status:	A	Availability:	ACTIVE
Storage Type:	ELEVATED STORAGE TANK	Capacity (MG):	1.2
Material:	STEEL	Installation Date	07/01/2016

Storage Facility Edit Delete	
DELETE	
MEDFIELD STATE HOSPITAL TANK	
HOSPITAL RD.	
Storage Facility Name	Location

Status:	INACTIVE	Availability:	
Storage Type:		Capacity (MG):	1
Material:	STEEL	Installation Date	04/01/1931

Comments or additional information



Ground Water Sources

Individual Ground Water Source Statistics		CHANGE	
Source ID:	2175000-01G		
Source Name:	WELL 1 (MAIN ST.)		
Location:	MEDFIELD		
Status:	A		
Source Availability:	ACTIVE		
		Withdrawal Units: GAL	
Latitude:	42.182254	January:	0
Longitude: -	71.32112	February:	0
Source Watershed:	CHARLES	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	88	May:	0
Well Casing Height (ft.):	1	June:	2,645,694
Well Casing Depth (ft.):	73	July:	3,760,530
Screen Length (ft.):	15	August:	3,727,870
		September:	3,322,298
Pump Setting (ft):	0	October:	2,025,783
		November:	654,924
Approved Daily Pumping Volume (MGD):	.23	December:	0
Source Metered:	Yes	Total Amount Pumped:	16,137,099
Date of Meter Installation:		Total # of Days Pumped:	154
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	154,887
Last Meter Calibration:	9/16/2019	Date of Maximum Amount Pumped:	9/30/2019



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2019

PWSID#: 2175000
 Name: MEDFIELD WATER DEPT.
 City: MEDFIELD
 PWS Class: COM

Individual Ground Water Source Statistics		CHANGE
Source ID:	2175000-02G	
Source Name:	WELL 2 (MAIN ST.)	
Location:	MEDFIELD	
Status:	A	
Source Availability:	ACTIVE	
		Withdrawal Units: GAL
Latitude:	42.181559	January: 0
Longitude: -	71.322376	February: 0
Source Watershed:	CHARLES	March: 0
Well Type:	GRAVEL-PACKED	April: 0
Well Depth (ft.):	81	May: 0
Well Casing Height (ft.):	0	June: 8,740,351
Well Casing Depth (ft.):	71	July: 12,958,413
Screen Length (ft.):	10	August: 13,019,006
		September: 11,729,170
Pump Setting (ft.):	0	October: 7,018,773
		November: 2,266,622
Approved Daily Pumping Volume (MGD):	.61	December: 55,732,335
Source Metered:	Yes	Total Amount Pumped: 111,464,670
Date of Meter Installation:		Total # of Days Pumped: 154
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume: 549,731
Last Meter Calibration:	9/16/2019	Date of Maximum Amount Pumped: 9/30/2019



Individual Ground Water Source Statistics		CHANGE
Source ID:	2175000-03G	
Source Name:	WELL 3 (ELM ST.)	
Location:	MEDFIELD	
Status:	A	
Source Availability:	ACTIVE	
		Withdrawal Units: GAL
Latitude:	42.169804	January: 7,467,768
Longitude: -	71.282203	February: 6,353,909
Source Watershed:	BOSTON HARBOR-NEPONSET	March: 7,539,812
Well Type:	GRAVEL-PACKED	April: 7,983,917
Well Depth (ft.):	57	May: 9,085,674
Well Casing Height (ft.):	0	June: 7,913,273
Well Casing Depth (ft.):	42	July: 9,326,428
Screen Length (ft.):	15	August: 9,210,646
		September: 8,439,183
Pump Setting (ft.):	0	October: 6,189,307
		November: 6,404,135
Approved Daily Pumping Volume (MGD):	1.1952	December: 7,175,478
Source Metered:	Yes	Total Amount Pumped: 93,089,530
Date of Meter Installation:		Total # of Days Pumped: 363
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume: 473,965
Last Meter Calibration:	9/16/2019	Date of Maximum Amount Pumped: 6/3/2019



Individual Ground Water Source Statistics			CHANGE
Source ID:	2175000-04G		
Source Name:	WELL 4 (ELM ST.)		
Location:	MEDFIELD		
Status:	A		
Source Availability:	ACTIVE		
		Withdrawal Units:	GAL
Latitude:	42.172219	January:	0
Longitude: -	71.28113	February:	0
Source Watershed:	BOSTON HARBOR- NEPONSET	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	45	May:	0
Well Casing Height (ft.):	0	June:	0
Well Casing Depth (ft.):	35	July:	0
Screen Length (ft.):	10	August:	0
		September:	0
Pump Setting (ft.):	0	October:	0
		November:	0
Approved Daily Pumping Volume (MGD):	1.01	December:	0
Source Metered:	Yes	Total Amount Pumped:	0
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:	



Individual Ground Water Source Statistics		CHANGE	
Source ID:	2175000-05G		
Source Name:	WELL 6 (RTE. 27)		
Location:	RTE 27		
	MEDFIELD		
Status:	A		
Source Availability:	ACTIVE		
		Withdrawal Units:	GAL
Latitude:	42.211182	January:	17,775,695
Longitude: -	71.350673	February:	15,766,410
Source Watershed:	CHARLES	March:	17,842,394
Well Type:	GRAVEL-PACKED	April:	19,090,591
Well Depth (ft.):	62	May:	21,452,542
Well Casing Height (ft.):	2	June:	19,821,798
Well Casing Depth (ft.):	51	July:	22,001,319
Screen Length (ft.):	10	August:	21,997,888
		September:	20,047,769
Pump Setting (ft.):	0	October:	15,137,545
		November:	13,163,379
Approved Daily Pumping Volume (MGD):	1.58	December:	16,984,100
Source Metered:	Yes	Total Amount Pumped:	221,081,430
Date of Meter Installation:		Total # of Days Pumped:	363
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	1,095,274
Last Meter Calibration:	9/16/2019	Date of Maximum Amount Pumped:	6/3/2019



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2019

PWSID#: 2175000
Name: MEDFIELD WATER DEPT.
City: MEDFIELD
PWS Class: COM

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
--



Staffing and Contact Information

1. Owner/Responsible Person:

Owners Name - First, Middle Int, Last - one name only (if not municipal):

Phone Number

Email Address

 This is a new owner. This is a municipal system.

2. PWS Contact Information

First Name	Middle Name	Last Name	Primary	Phone	Email
MAURICE		GOULET	<input checked="" type="checkbox"/>		

3. Operators and Affiliations

GEOFFREY P, BROOKS

Grade 1T OIT/3T OIT/3D OIT/2T OIT/2D

License # 24320/26001/24672/24835/26150

Phone

Email

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR	05/26/2015		
SECONDARY DISTRIBUTION OPERATOR	05/01/2019		ADD
SECONDARY TREATMENT OPERATOR	05/01/2019		ADD

DAVID C, OTOOLE

Grade 3T/4D

License # 2955/2074

Phone

Email

Role Assignments

Function	Begin Date	End Date	
PRIMARY TREATMENT OPERATOR	03/16/2015		CHANGE
PRIMARY DISTRIBUTION OPERATOR	03/16/2015		
SECONDARY DISTRIBUTION OPERATOR	03/16/2015		DELETE
GENERAL OPERATOR	06/01/1987		CHANGE

SCOTT . FICCO

Grade 1T OIT

License # 27560

Phone

Email

Role Assignments

Function	Begin Date	End Date	



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2019

PWSID#: 2175000
 Name:
 City:
 PWS Class: COM

GENERAL OPERATOR

04/01/2016

ADD

CHRISTOPHER W. NELSON

Grade 3T OIT/3D OIT License # 25387/23954
 Phone [REDACTED] Email [REDACTED]
 ADD

Role Assignments

Function	Begin Date	End Date
GENERAL OPERATOR	05/01/2019	ADD

4. Primary Certified Operator Contact Information:

Primary Distribution Certified Operator Contact Information

DAVID C OTOOLE

Name

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

[REDACTED]
 Mailing Address 1 Mailing Address 2
 [REDACTED] [REDACTED]
 Town/City State Zip Code

Primary Treatment Certified Operator Contact Information

DAVID C OTOOLE

Name

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

[REDACTED]
 Mailing Address 1 Mailing Address 2
 [REDACTED] [REDACTED]
 Town/City State Zip Code

5. Water Commissioners/Selectmen/Trustees/Association Board Members, and other stakeholders.

List the names and emails of all water commissioners, selectmen, trustees, board members, and other individuals who are directly involved in the Public Water Supply.

First Name	Last Name	Phone	Title	Email
WILLIAM	HARVEY	[REDACTED]	Water Commissioner	[REDACTED]
CHRISTIAN	CARPENTER	[REDACTED]	Water Commissioner	[REDACTED]
RANDALL	KARG	[REDACTED]	Water Commissioner	[REDACTED]