Massachusetts Department of Environmental Protection

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Transaction ID:	**1262665**
Document:	**Public Water System Annual Statistical Report**
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2020 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**

Legal Information

Book/Page:	
First Name	**MAURICE**
Middle Initial	
Last Name	**GOULET**
Company Name	**MEDFIELD WATER DEPT**
Phone Number	**5089063002**
Street Address 1	**459 MAIN STREET**
Street Address 2	
City/Town	**MEDFIELD**
State	**MA**
Zip Code	**02052**

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 ☐ 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

◉ N/A ○ Yes ○ 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

○ Yes ◉ 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:	4051
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	%

11. 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]	3.7
c. Pumping Capacity (GPM):	1.5

12. Percentage of Source Types (must add up to 100%)			
Ground Water	**Surface Water**	**Purchased Ground**	**Purchased Surface**
100 %	0 %	0 %	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.)

(•) 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 as required per 310 CMR 22.04(13)(b)(10)?

(•) Yes ( ) 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)

(•) 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:	Quarterly	Other Frequency:	
	Interlocks:	Quarterly	Other Frequency:	
	Back-up power sources:	Monthly	Other Frequency:	

f. List and describe all Level 3 or higher ER incidents during the reporting period.

Date of ER incident	Level	Description

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	
STATE HOSPITAL TANK	CELL ANTENNAE	VERIZON	10/1/2020

16. Comments or additional information regarding this section:

Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

MAURICE	GOULET	
Coordinator First Name	Coordinator Last Name	
[redacted]	[redacted]	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
[redacted]	[redacted]	[redacted]
City/Town	State	Zip Code
[redacted]	[redacted]	
Phone Number	Fax Number (if available)	
[redacted]		
Coordinator email		

Surveyor Personnel Information :
To add a surveyor, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Surveyor" button.
MassDEP Certification ID Number

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

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

GARY	ODOARDI	WATER SERVICE ASSOCI
Contact First Name	Contact Last Name	Doing Business As (Company/Individual Name)
[redacted]	[redacted]	
Consultant Street Address Line 1	Consultant Street Address Line 2	
[redacted]	[redacted]	[redacted]
City/Town	State	Zip Code
[redacted]	[redacted]	
Phone Number	Fax Number (if available)	
[redacted]		
Consultant email		

Third Party Consultant Surveyor Personnel Information:
To add a surveyor, begin typing the certification ID # in the field below. Pick the license # off the list and then click the "Add Surveyor" button.
MassDEP Certification ID Number

Surveyor's FirstName	Surveyor's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number	Third Party Reviewer Surveyor

GARY S	ODOARDI	WS10-0002016	5/3/2021	[redacted]	☑

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

Tester's FirstName	Tester's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number
GARY S	ODOARDI	WS10-0002016	5/3/2021	[redacted]

What services does the consultant perform for the town	
☑ Facilities Survey	☑ Testing of Devices
☑ Device Installation Plan Approval	☐ Program Management
☑ Other(explain)	ASSIST WITH 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	86	83	3	0	0
Industrial	9	9	0	0	0
Institutional	3	3	0	0	0
Municipal	16	16	0	0	0
Residential (Optional)	0	0	0	0	0
Total	114	111	3	0	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.

4. 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	27	4	0	31	8
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	77	4	0	81	15
DCVA					
Commercial	31	3	0	34	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	57	3	0	60	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	4	143	28	25	0
DCVA	3	57	12	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) RPZS, LOCATED ON TOWN'S FIELD IRRIGATION SYSTEMS, FAILED AND NOT REPAIRED AS OF YET. (4) DCVA'S FAILED AND STILL HAVE NOT BEEN REPAIRED.

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 (•) Yes ( ) No

SPPVB DEVICES ( ) Yes (•) No

if Yes to either please provide the following details:

Type of Protection	# of Initial tests	# of Routine tests	# of Failures	# of Repairs &Re-tests
PVB	2	18	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.

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):

[x] Industrial [x] Commercial [x] Institutional [x] Municipal [x] 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 furure? If yes go to question13	○ 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?

○ 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

13. 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).

14. 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

(4) PVBS, LOCATED ON IRRIGATION SYSTEMS, NOT TESTED (WATER OFF / SYSTEMS NOT IN USE).

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	24,007,169	0	0	24,007,169
February	23,851,058	0	0	23,851,058
March	28,852,404	0	0	28,852,404
April	27,352,469	0	0	27,352,469
May	36,657,141	0	0	36,657,141
June	55,063,061	0	0	55,063,061
July	49,079,050	0	0	49,079,050
August	49,953,096	0	0	49,953,096
September	38,329,737	0	0	38,329,737
October	31,641,008	0	0	31,641,008
November	26,222,139	0	0	26,222,139
December	29,949,609	0	0	29,949,609
TOTAL	420,957,941	0	0	420,957,941

Maximum Daily Finished Water Consumption:	Volume (GAL): 2,321,919	Date: 8/14/2020

Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2020

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

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

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	95	◉ 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
	○ 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 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:

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

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

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:

--%>

Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2020

PWSID#: 2175000
Name: MEDFIELD WATER DEPT.
City: MEDFIELD
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 Duane LeVangie with the WMA Program at (617) 292-5706 or email him at duane.levangie@mass.gov

Table DS-1 Summary of Leak Detection Activities During the Reporting Year	
1. Total miles of water mains	87
2. Miles of mains surveyed this year	87
3. Number of leaks found	12
4. Number of leaks repaired	12
5. Estimated volume lost (mg) if a reliable estimate can be made	
6. Date of last leak detection survey of entire system:	4/7/2020 (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. [x] Required by WMA permit

   [ ] Calendar trigger in permit
   [x] Streamflow trigger in permit
   [ ] Other trigger in permit
   If "Other Trigger" 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)**

   [x] Total outdoor ban

   [x] Hand-held only
   [ ] Hourly Describe:

   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	6/16/2020	12/31/2020
	(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.
- [x] 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	3867	305.258	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	117	16.415	Water served to businesses and other commercial entities.
Agricultural			Water used mainly to grow food, raise animals, or run a garden center.
Industrial	16	.911	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	51	8.429	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	4051	331.013	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. Estimated past leakage volumes from leaks found during leak detection surveys or otherwise discovered are not considered a 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	+ 1.83
Flow testing	+
Bleeders/ Blow offs	+
Tank overflow & drainage	+ 2.4
Sewer & stormwater system flushing	+
Street cleaning	+
Source meter calibration adjustments	+
Major water main breaks (not leak detection)	+
Total Confidently Estimated Municipal Use	= 4.23

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)**	420.958	100%
Total Metered Use **(System Total Metered Use from Table DS-3)**	- 331.013	- 78.6 %
Total Confidently Estimated Municipal Use **(Total from Table DS-4)**	- 4.23	- 1.0 %
Unaccounted for Water (UAW)	= 85.7	= 20.4 %

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 366 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)	**/ 366**	**/ Population Served**	**X 1,000,000**	**=**	**Residential Gallons per Capita Day (gallons/person/day)**
305.258	/ 366	/ 12595	X1,000,000	=	66

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 Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2020

PWSID#: 2175000
Name: MEDFIELD WATER DEPT.
City: MEDFIELD
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 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 (mgy)	/ 366 =	Watershed Average Daily Withdrawal (mgd)
19-BOSTON HARBOR	67.558	/ 366 =	0.18
20-CHARLES	353.4	/365 =	0.97

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	-	0.18	=	0.74
20-CHARLES	0.11	+	1.39	=	1.50	-	0.97	=	0.53

*** 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

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:	Start Date:	End Date:
N	01/01/1992	

Chemical Name
SODIUM HYDROXIDE

Comment:

Treatment Objective:	Treatment Process:
DISINFECTION	HYPOCHLORINATION, POST

Innovative:	Start Date:	End Date:
N	01/01/2019	

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:	Start Date:	End Date:
N	01/01/1992	

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:	Treatment Process:
CORROSION CONTROL	PH ADJUSTMENT

Innovative:	Start Date:	End Date:
N	02/28/1998	

Chemical Name
SODIUM HYDROXIDE

Comment:

Treatment Objective:	Treatment Process:
DISINFECTION	HYPOCHLORINATION, POST

Innovative:	Start Date:	End Date:
N	06/21/2011	

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)

Treatment Objective:	Treatment Process:
DISINFECTION	HYPOCHLORINATION, POST

Innovative:	Start Date:	End Date:
N	03/25/1997	

Chemical Name
SODIUM HYPOCHLORITE

Comment:

Treatment Objective:	Treatment Process:
CORROSION CONTROL	PH ADJUSTMENT

Innovative:	Start Date:	End Date:
N	01/01/1992	

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

WELL 3 (ELM ST.) PUMP	ELM ST.
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):	0
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	47
Suction Size (inches):	0	Motor Horse Power:	75
Motor Type:		Motor Control:	
Discharge Type:	S	Discharge Size (inches):	0
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

WELL 4 (ELM ST.) PUMP	ELM ST.
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):	0
Standby/Emergency Power:	N		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	35.9
Suction Size (inches):	0	Motor Horse Power:	50
Motor Type:		Motor Control:	
Discharge Type:	S	Discharge Size (inches):	0
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

WELL # 1 (MAIN ST.) PUMP	RT 109
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):	0
Standby/Emergency Power:	N		

Primary Pump Details			
Suction Type:	S	Suction Head (ft.):	0
Suction Size (inches):	0	Motor Horse Power:	40
Motor Type:	VT	Motor Control:	
Discharge Type:	S	Discharge Size (inches):	0
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

MEDFIELD STATE HOSPITAL TANK	HOSPITAL RD.
Storage Facility Name	**Location**

Status:	I	Availability:	INACTIVE
Storage Type:	ELEVATED STORAGE TANK	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:	1,275,720
Well Depth (ft.):	88	May:	3,249,112
Well Casing Height (ft.):	1	June:	4,254,784
Well Casing Depth (ft.):	73	July:	3,792,278
Screen Length (ft.):	15	August:	3,701,859
		September:	2,940,717
Pump Setting (ft):	0	October:	2,664,437
		November:	2,463,283
Approved Daily Pumping Volume (MGD):	.23	December:	2,796,476
Source Metered:	Yes	Total Amount Pumped:	27,138,666
Date of Meter Installation:		Total # of Days Pumped:	261
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	176,316
Last Meter Calibration:	9/16/2019	Date of Maximum Amount Pumped:	6/23/2020

Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2020

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:	4,379,896
Well Depth (ft.):	81	May:	11,146,227
Well Casing Height (ft.):	0	June:	15,155,194
Well Casing Depth (ft.):	71	July:	13,363,705
Screen Length (ft.):	10	August:	13,479,201
		September:	10,883,923
Pump Setting (ft):	0	October:	9,396,889
		November:	8,619,549
Approved Daily Pumping Volume (MGD):	.61	December:	9,746,382
Source Metered:	Yes	Total Amount Pumped:	96,170,966
Date of Meter Installation:		Total # of Days Pumped:	261
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	643,787
Last Meter Calibration:	9/16/2019	Date of Maximum Amount Pumped:	6/22/2020

Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2020

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

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:	7,130,202
Longitude: -	71.282203	February:	7,073,166
Source Watershed:	BOSTON HARBOR-NEPONSET	March:	8,359,878
Well Type:	GRAVEL-PACKED	April:	4,017,894
Well Depth (ft.):	57	May:	3,252,405
Well Casing Height (ft.):	0	June:	10,271,498
Well Casing Depth (ft.):	42	July:	9,261,287
Screen Length (ft.):	15	August:	9,367,373
		September:	6,053,879
Pump Setting (ft):	0	October:	2,770,617
		November:	0
Approved Daily Pumping Volume (MGD):	1.1952	December:	0
Source Metered:	Yes	Total Amount Pumped:	67,558,199
Date of Meter Installation:		Total # of Days Pumped:	258
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	589,022
Last Meter Calibration:	9/16/2019	Date of Maximum Amount Pumped:	8/10/2020

Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2020

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

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:	10/1/2020	Total # of Days Pumped:	0
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	
Last Meter Calibration:		Date of Maximum Amount Pumped:	

Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2020

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

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:	16,876,967
Longitude: -	71.350673	February:	16,777,892
Source Watershed:	CHARLES	March:	20,492,526
Well Type:	GRAVEL-PACKED	April:	17,678,959
Well Depth (ft.):	62	May:	19,009,397
Well Casing Height (ft.):	2	June:	25,381,585
Well Casing Depth (ft.):	51	July:	22,661,780
Screen Length (ft.):	10	August:	23,404,663
		September:	18,451,218
Pump Setting (ft):	0	October:	16,809,065
		November:	15,139,307
Approved Daily Pumping Volume (MGD):	1.58	December:	17,406,751
Source Metered:	Yes	Total Amount Pumped:	230,090,110
Date of Meter Installation:		Total # of Days Pumped:	365
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1,248,737
Last Meter Calibration:	9/16/2019	Date of Maximum Amount Pumped:	8/10/2020

Comments or additional information regarding this section
366 DAYS

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):

[redacted]

Phone Number

[redacted]

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	☑	[redacted]	[redacted]

3. Operators and Affiliations

SCOTT , FICCO

Grade 1T OIT — License # 27560
Phone — Email
CHANGE

Role Assignments

Function	Begin Date	End Date
GENERAL OPERATOR	04/01/2016	

CHRISTOPHER W, NELSON

Grade 3D OIT/3T OIT — License # 23954/25387
Phone — Email
CHANGE

Role Assignments

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

GEOFFREY P, BROOKS

Grade 2D/2T/1T OIT/3D OIT/3T OIT — License # 26150/28411/24320/24672/26001
Phone — Email
CHANGE

Role Assignments

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

DAVID C, OTOOLE

Grade 4D/3T — License # 2074/2955

Phone Email

CHANGE

Role Assignments

Function	Begin Date	End Date	
PRIMARY DISTRIBUTION OPERATOR	03/16/2015		
PRIMARY TREATMENT OPERATOR	03/16/2015		
GENERAL OPERATOR	03/16/2015		

DAVID . MULLEN

Grade 1T OIT License # 28301
Phone Email

ADD

Role Assignments

Function	Begin Date	End Date	
GENERAL OPERATOR	04/01/2019		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] [redacted]

Mailing Address 1 Mailing Address 2

[redacted] [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] [redacted]

Mailing Address 1 Mailing Address 2

[redacted] [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]