



Massachusetts Department of Environmental Protection

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Username: **MGOULET**

Transaction ID: **1358721**

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

Size of File: **2818.14K**

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## 2021 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 **55 NORTH MEADOWS ROAD**  
Street Address 2   
City/Town **MEDFIELD**  
State **MA**  
Zip Code **02052**  
Comments



## 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.

The mailing address is the address where all MassDEP correspondence will be sent.

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 Certified Operator Compliance Notice (COCM) approved by MassDEP?

A signed and MassDEP-approved COCM form is required for a PWS using the services of a contract certified operator.

<input checked="" type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No	
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### 5. Owner Type:

MUNICIPAL
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### 6. Federal Employment Identification Number (FEIN):

046001216
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(FEIN) - Do NOT provide SSN

### 7. Is this system a not-for-profit organization?

<input type="radio"/> Yes <input checked="" type="radio"/> No	
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If yes, indicate the IRS tax exempt code (e.g., 501(c)(3), 501(c)(7), etc.):

### 8. Population Served(Daily Average):

Winter Population (October March):	12799	
Summer Population (April September):	12799	
By what method was the population calculated?	Census Type: City/Town	Other Description:



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

**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:	4127
b. Percentage of service connections that are metered:	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	%

**11. System Information**

a. Number of distribution Systems:	1
b. Finished water storage capacity in million gallons (MG):	3.7
Conversion formula is: # of gallons / 1,000,000 = MG	
c. Pumping Capacity (Gallons per Minute):	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.



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

Date of ER incident	Level	Description	
<b>15. Do you have an antenna or other appurtenance (not needed for drinking water purposes) attached to any of your storage tank(s)</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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	
MEDFIELD 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 Address		

#### 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 portion of it?

Yes No

GARY

ODOARDI

WATER SERVICE ASSOCI

Contact First Name

Contact Last Name

Doing Business As  
(Company/Individual Name)

Consultant Street Address Line 1

Consultant Street Address Line 2

City/Town

State

Zip Code

Phone Number

Fax Number (if available)

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 First Name	Surveyor Last Name	MassDEP Certification ID Number	Expiration Date	Phone Number	Third Party Reviewer Surveyor



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

GARY SCOTT	ODOARDI	WS10-0002016	5/3/2024		<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

Tester First Name	Tester Last Name	MassDEP Certification ID Number	Expiration Date	Phone Number
GARY SCOTT	ODOARDI	WS10-0002016	5/3/2024	

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 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	87	86	1	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	115	114	1	0	0

\*Use Comment field at the bottom of this form to provide, clarifications, descriptions, or explanations regarding the above data.



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

Please reference the question number and table field in your description.

**4. Are there any cross connection(s) within your system's service area protected by:**

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
RPBP	A	B	C	= A +B-C	
Commercial	31	1	0	32	8
Industrial	4	1	0	5	1
Institutional	6	0	0	6	1
Municipal	36	0	0	36	6
Residential (Optional)	4	0	0	4	0
Total	81	2	0	83	16
DCVA					
Commercial	34	1	0	35	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	60	1	0	61	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.



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

\*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	2	145	26	18	2
DCVA	1	60	7	5	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 INSTALLED ON IRRIGATION AT ST. EDWARDS CHURCH NOT TESTED (OFF / NOT IN USE). (1) RPZ INSTALLED ON SANITIZING SYSTEM AT SHAW'S SUPERMARKET NOT TESTED (NOT IN USE / DISCONNECTED). (3) RPZ'S WHICH FAILED 2ND ROUND IN 2021 WERE NOT RETESTED, HOWEVER HAVE SINCE BEEN REPLACED AND PASSED. (5) RPZ'S HAVE YET TO BE REPAIRED. (1) DVCA, LOCATED AT YERED TRAILERS, FAILED AND HAS NOT BEEN REPAIRED. (1) DCVA, LOCATED AT MEDFIELD COUNTRY PLAZA, FAILED AND HAS BEEN REBUILT BUT STILL FAILED. (6) PVB'S NOT TESTED (WATER OFF / SYSTEMS NOT IN USE)

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

<input checked="" type="radio"/> <input type="radio"/>	Yes No
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**7. Does your PWS approve, permit, and/or test pressure vacuum breaker (PVB) and/or spill proof/resistant pressure vacuum breaker (SPPVB)\* devices?**

PVB DEVICES	<input checked="" type="radio"/> <input type="radio"/>	Yes No	SPPVB DEVICES	<input type="radio"/> <input checked="" type="radio"/>	Yes No
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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	0	16	7	4
SPPVB				

\*Use Comment field at the bottom of this form 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:	<input type="radio"/> 14 days	<input type="radio"/> 30 days	<input type="radio"/> 90 days	<input checked="" type="radio"/> Greater than 90 days
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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 2021

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

<b>9. Do you have a fully implemented active cross connection educational program directed toward residential customers?</b>	
<input type="radio"/> <input checked="" type="radio"/> Yes No	If No, is there a date when you plan to have an educational program implemented? NTNCs may skip this question.
<input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> 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):	
<input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Institutional <input checked="" type="checkbox"/> Municipal <input checked="" type="checkbox"/> Residential	
If No, when do you plan to have the educational program implemented?	
<input type="radio"/> <input checked="" type="radio"/> Yes No	
<b>11. Does your system have an atmospheric vacuum breaker (hose bib) program for your customers?</b>	
If no do you plan to institute one in future? If yes go to question 13.	
<input type="radio"/> <input checked="" type="radio"/> Yes No	
If yes when? If no go to question 13.	
Date(mm/dd/yyyy)	
<b>12. Does your system have a local ordinance, by-law or policy statement on cross connection control?</b>	
<input type="radio"/> <input checked="" type="radio"/> Yes No	
If YES, and you already provided a copy to MassDEP in 2008 (2007 ASR) no further action is required.	
MassDEP 1 Winter Street Drinking Water Program - 5th floor Attn : Otavio DePaula-Santos Boston, MA 02108	
<b>13. Does your water system have a total containment policy?</b>	
<input type="radio"/> <input checked="" type="radio"/> 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, commercial, industrial, or municipal).	
<b>14. Has there been a cross-connection incident in your water system during the reporting period?</b>	
<input type="radio"/> <input checked="" type="radio"/> Yes No	
If Yes, please provide information below:	
<b>Date of Incident</b> <b>Location of the Incident</b> <b>DESCRIPTION</b>	
Comments or additional information regarding this section	



## Water Production & Consumption Information

How to report in gallons (GAL) vs. million gallons (MG):

When converting gallons to million gallons, the decimal point moves six (6) places to the left.

Conversion formula: volume in gallons / 1,000,000 = volume in million gallons

	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 <b>finished</b> water from own sources (GAL)	(2) Amount of <b>finished</b> water purchased from other systems (GAL)	(3) Amount of <b>finished</b> water sold to other systems (GAL)	(4) Net <b>finished</b> water that entered your distribution system (1) + (2) - (3)= (4) (GAL)
January	28,386,491	0	0	28,386,491
February	24,687,117	0	0	24,687,117
March	26,317,874	0	0	26,317,874
April	28,596,370	0	0	28,596,370
May	41,469,112	0	0	41,469,112
June	49,601,200	0	0	49,601,200
July	37,037,256	0	0	37,037,256
August	41,533,935	0	0	41,533,935
September	34,500,721	0	0	34,500,721
October	30,100,227	0	0	30,100,227
November	28,144,987	0	0	28,144,987
December	30,561,888	0	0	30,561,888
TOTAL	400,937,178	0	0	400,937,178

  

Maximum Daily Finished Water Consumption:	Volume (GAL): 2,273,487	Date: 6/29/2021
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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 2021

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 <b>raw</b> water pumped from own sources (GAL)	(2) Amount of <b>raw</b> water purchased from other systems (GAL)	(3) Amount of <b>raw</b> water sold to other systems (GAL)	(4) Net <b>raw</b> 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
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

  

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

**Summary of Water Sold**

Sold Water

System Name	PWS ID#	Total Volume Sold	Water type



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

**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 percentages do NOT have to add up to 100%, since water use in some categories will be less than 10% and therefore 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="radio"/>	<input type="radio"/> Yes	Day Care Center	<input type="radio"/>	<input type="radio"/> Yes	Other Residential
<input type="radio"/>	<input type="radio"/> Yes	Dispenser	<input type="radio"/>	<input type="radio"/> Yes	Other Transient
<input type="radio"/>	<input type="radio"/> Yes	Homeowners Association	<input type="radio"/>	<input type="radio"/> Yes	Recreation Area
<input type="radio"/>	<input type="radio"/> Yes	Hotel/Motel	95	<input checked="" type="radio"/> Yes	Residential Area
<input type="radio"/>	<input type="radio"/> Yes	Highway Rest Area	<input type="radio"/>	<input type="radio"/> Yes	Restaurant
<input type="radio"/>	<input type="radio"/> Yes	Industrial/Agricultural	<input type="radio"/>	<input type="radio"/> Yes	Retail Employees
<input type="radio"/>	<input type="radio"/> Yes	Interstate Carrier	<input type="radio"/>	<input type="radio"/> Yes	School
<input type="radio"/>	<input type="radio"/> Yes	Institution	<input type="radio"/>	<input type="radio"/> Yes	Sanitary Improvement District
<input type="radio"/>	<input type="radio"/> Yes	Medical Facility	<input type="radio"/>	<input type="radio"/> Yes	Summer Camp
<input type="radio"/>	<input type="radio"/> Yes	Mobile Home Park	<input type="radio"/>	<input type="radio"/> Yes	Secondary Residences
<input type="radio"/>	<input type="radio"/> Yes	Mobile Home Park, Principal Residence	<input type="radio"/>	<input type="radio"/> Yes	Service Station
<input type="radio"/>	<input type="radio"/> Yes	Municipality	<input type="radio"/>	<input type="radio"/> Yes	Subdivision
<input type="radio"/>	<input type="radio"/> Yes	Other Area	<input type="radio"/>	<input type="radio"/> Yes	Water Bottler
<input type="radio"/>	<input type="radio"/> Yes	Other Non-Transient Area	<input type="radio"/>	<input type="radio"/> Yes	Wholesaler
<input type="radio"/>	<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 volume into treatment plant last year (raw pumped volume + raw purchased volume - raw sold volume):	-	Total finished water volume from treatment plant last year:	=	Total volume of 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. MassDEP assigned Zone II ID # :	88
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2. MassDEP source IDs and names of the withdrawal points in Zone II.

Source ID	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. MassDEP assigned Zone II ID # :	106
------------------------------------	-----

2. MassDEP source IDs and names of the withdrawal points in Zone II.

Source ID	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:



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

**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. MassDEP assigned Zone II ID # :	511
------------------------------------	-----

**2. MassDEP source IDs and names of the withdrawal points in Zone II.**

Source ID	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. MassDEP assigned Zone II ID # :	525
------------------------------------	-----

**2. MassDEP source IDs and names of the withdrawal points in Zone II.**

No data found



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

**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](mailto: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	14
4. Number of leaks repaired	14
5. Estimated volume lost (mg) if a reliable estimate can be made	
6. Date of last leak detection survey of entire system:	4/5/2021 (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

If "Other Trigger"

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

If "Other Daily" then describe: \_\_\_\_\_



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

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	5/1/2021 (mm/dd/yyyy)	7/12/2021 (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.



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

**Table DS-3 Metered Finished Water Use** Complete Table DS-3 to account for all of your metered water volumes (e.g. permanent and temporary; private and municipal/government; billed and non-billed). Do not include water sold to other PWSs, which is reported on the Water Production & Consumption Information form

Use Category	No. of Service Connections	Total Volume (mgy)	Category Description
Residential	3888	305.307	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	118	16.88	Water served to businesses and other commercial entities.
Agricultural			Water used mainly to grow food, raise animals, or run a garden center.
Industrial	16	.81	Water used mainly for industrial purposes.
Municipal/Institutional/Non-profits	51	8.81	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.
<b>TOTALS</b>	<b>4073</b>	<b>331.807</b>	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	+ 2.921
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	= 2.921

**YOU MUST PROVIDE DOCUMENTATION FOR ALL OF YOUR CEMU VOLUMES.**

Are you attaching electronic files to the eASR that document your CEMU volumes?



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

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 <b>(Total Net Finished Water from Production Form)</b>	400.937	100%
Total Metered Use <b>(System Total Metered Use from Table DS-3)</b>	331.807	82.8 %
Total Confidently Estimated Municipal Use <b>(Total from Table DS-4 )</b>	2.921	0.7 %
<b>Unaccounted for Water (UAW)</b>	= 66.2	= 16.5 %

**Table DS-6 Sources of Unaccounted for Water (Optional)** Use this table to provide estimated volumes of your unaccounted for water.

Known or Suspected Source of Unaccounted for Water	Estimated Volume (MGY)
Leak Detection	
Water Theft	
Meter Malfunction/mis-registration	
Other (specify):	
Other (specify):	
<b>Total:</b>	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



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

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:	2020
Population Served:	12799

**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)
305.307	/ 365	/ 12799	X1,000,000	=	65

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



## 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](mailto: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)	/365=	Watershed Average Daily Withdrawal (mgd)
19-BOSTON HARBOR	31.146	/365 =	0.09
20-CHARLES	369.785	/365 =	1.01

**Table BW-3 WMA Authorized Volume vs. Actual Withdrawal Volume**

River Basin	Registered Volume (mgd)	Permitted + Volume (mgd)	= WMA Authorized Volume (mgd)	- Daily Avg. Water Use (mgd) (from Table BW-2 above)	= Difference*
19-BOSTON HARBOR	0.92	+ 0.00	= 0.92	- 0.09	= 0.83
20-CHARLES	0.11	+ 1.39	= 1.50	- 1.01	= 0.49

\* 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.



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

**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.

<b>WMA Permit Special Condition Requiring Annual Report to MassDEP</b>	<b>Report Attached to ASR</b>	<b>If not attached, date submitted to MassDEP</b>
	<input type="radio"/> Yes <input type="radio"/> 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: N	Start Date: 01/01/1992	End Date: _____				
<table border="1"><tr><td>Chemical Name</td></tr><tr><td>SODIUM HYDROXIDE</td></tr><tr><td> </td></tr></table>				Chemical Name	SODIUM HYDROXIDE	
Chemical Name						
SODIUM HYDROXIDE						
<table border="1"><tr><td>Comment:</td></tr></table>				Comment:		
Comment:						
Treatment Objective:	Treatment Process:					
DISINFECTION	HYPOCHLORINATION, POST					
Innovative: N	Start Date: 01/01/2019	End Date: _____				
<table border="1"><tr><td>Chemical Name</td></tr><tr><td>SODIUM HYPOCHLORITE</td></tr><tr><td> </td></tr></table>				Chemical Name	SODIUM HYPOCHLORITE	
Chemical Name						
SODIUM HYPOCHLORITE						
<table border="1"><tr><td>Comment:</td></tr><tr><td>DISINFECTION</td></tr><tr><td> </td></tr></table>				Comment:	DISINFECTION	
Comment:						
DISINFECTION						

### Treatment Plant

#### 1. Plant Information



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

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: <input type="checkbox"/> N	Start Date: 01/01/1992	End Date: _____			
<table border="1"><tr><td>Chemical Name</td></tr><tr><td>SODIUM HYDROXIDE</td></tr><tr><td> </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)	



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

### 3. Treatment Table(s)

Treatment Objective:	Treatment Process:	
CORROSION CONTROL	PH ADJUSTMENT	
Innovative: N	Start Date: 02/28/1998	End Date: _____

Chemical Name
SODIUM HYDROXIDE

#### Comment:

Treatment Objective:	Treatment Process:	
DISINFECTION	HYPOCHLORINATION, POST	
Innovative: N	Start Date: 06/21/2011	End Date: _____

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 2021

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

Treatment Objective:	Treatment Process:		
DISINFECTION	HYPOCHLORINATION, POST		
Innovative: <input type="checkbox"/> N	Start Date: 03/25/1997	End Date: _____	

Chemical Name
SODIUM HYPOCHLORITE

Comment:			
Treatment Objective:	Treatment Process:		
CORROSION CONTROL	PH ADJUSTMENT		
Innovative: <input type="checkbox"/> 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:		



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

**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		



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

**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



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

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](#)

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:	2,695,282	
Longitude:	71.32112	February:	2,317,662	
Source Watershed:	CHARLES	March:	2,442,569	
Well Type:	GRAVEL-PACKED	April:	2,512,508	
Well Depth (ft.):	88	May:	3,483,376	
Well Casing Height (ft.):	1	June:	3,702,108	
Well Casing Depth (ft.):	73	July:	2,892,450	
Screen Length (ft.):	15	August:	3,141,630	
		September:	2,572,682	
Pump Setting (ft.):	0	October:	2,382,325	
		November:	2,434,584	
Approved Daily Pumping Volume (MGD):	.23	December:	2,552,782	
Source Metered:	Yes	Total Amount Pumped:	33,129,958	
Date of Meter Installation:		Total # of Days Pumped:	365	
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	169,747	
Last Meter Calibration:	11/5/2021	Date of Maximum Amount Pumped:	6/7/2021	



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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:	9,395,678
Longitude:	71.322376	February:	8,185,865
Source Watershed:	CHARLES	March:	8,812,879
Well Type:	GRAVEL-PACKED	April:	9,064,578
Well Depth (ft.):	81	May:	13,181,568
Well Casing Height (ft.):	0	June:	14,559,310
Well Casing Depth (ft.):	71	July:	10,897,241
Screen Length (ft.):	10	August:	12,162,906
		September:	9,848,248
Pump Setting (ft.):	0	October:	9,160,235
		November:	9,775,982
Approved Daily Pumping Volume (MGD):	.61	December:	10,691,684
Source Metered:	Yes	Total Amount Pumped:	125,736,174
Date of Meter Installation:		Total # of Days Pumped:	365
Type of water metered for source:	FINISHED	Maximum Single Day Pumped Volume:	674,771
Last Meter Calibration:	11/5/2021	Date of Maximum Amount Pumped:	6/29/2021



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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:	0
Longitude:	71.282203	February:	0
Source Watershed:	BOSTON HARBOR- NEPONSET	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	57	May:	2,935,125
Well Casing Height (ft.):	0	June:	7,711,313
Well Casing Depth (ft.):	42	July:	5,252,536
Screen Length (ft.):	15	August:	6,485,862
		September:	5,343,830
Pump Setting (ft.):	0	October:	3,417,516
		November:	0
Approved Daily Pumping Volume (MGD):	1.1952	December:	0
Source Metered:	Yes	Total Amount Pumped:	31,146,182
Date of Meter Installation:		Total # of Days Pumped:	156
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	357,229
Last Meter Calibration:	11/5/2021	Date of Maximum Amount Pumped:	8/2/2021



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Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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:		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:	



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*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

PWSID#: 2175000  
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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:	16,295,531
Longitude: -	71.350673	February:	14,183,590
Source Watershed:	CHARLES	March:	15,062,426
Well Type:	GRAVEL-PACKED	April:	17,019,284
Well Depth (ft.):	62	May:	21,869,043
Well Casing Height (ft.):	2	June:	23,628,469
Well Casing Depth (ft.):	51	July:	17,995,029
Screen Length (ft.):	10	August:	19,743,537
		September:	16,735,961
Pump Setting (ft.):	0	October:	15,140,151
		November:	15,928,427
Approved Daily Pumping Volume (MGD):	1.58	December:	17,317,422
Source Metered:	Yes	Total Amount Pumped:	210,918,870
Date of Meter Installation:		Total # of Days Pumped:	365
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	1,089,186
Last Meter Calibration:	11/5/2021	Date of Maximum Amount Pumped:	6/8/2021



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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:

MAURICE  GOULET

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

PWS are required to identify one primary contact person, and optionally one or more secondary contacts. The primary contact is the person who is responsible for communication with MassDEP. The primary contact should be able to respond and/or triage PWS operational inquiries. Primary contact information is published on the MassDEP website.

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

### 3. Operators and Affiliations

Massachusetts Drinking Water Regulations, 310 CMR 22.11B, require that every public water system (PWS) is operated by a certified drinking water operator. Operator staffing requirements can be found on the mass.gov website at <https://www.mass.gov/lists/certified-operators>.

The operators listed below are the current operators MassDEP has on file as being affiliated with your PWS. If an operator is not listed then you should enter his/her license number in the text field at the bottom of this section and then click on the 'Add New Operator' button.

Each operator **MUST** have at least one role/function (which can be end-dated). You should delete any inaccurate roles (i.e., the operator never performed the functions of the identified role) and end-date roles/functions that the operator no longer performs. You should **NOT** delete the operator records unless the operator NEVER worked at the PWS.

**All PWS, regardless of class and size, must identify one operator as being the current active primary distribution operator.** The end-date for the current active primary distribution operator should be left blank.

If your PWS does not have a certified drinking water operator then contact the MassDEP Drinking Water Program at [program.director-dwp@mass.gov](mailto:program.director-dwp@mass.gov) immediately.

SCOTT , FICCO	Grade 1T OIT	License # 27560
Phone		Email

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

CHRISTOPHER W, NELSON	Grade 3T OIT/3D OIT	License # 25387/23954
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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 2021

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

Phone

[CHANGE](#)

Email

**Role Assignments**

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

DAVID C, OTOOLE

Grade 4D/3T License # 2074/2955  
Phone Email

[CHANGE](#)

**Role Assignments**

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

DAVID , MULLEN

Grade 1T OIT License # 28301  
Phone Email

[CHANGE](#)

**Role Assignments**

Function	Begin Date	End Date
GENERAL OPERATOR	04/01/2019	

MICHAEL J. CIALLELLA

Grade 2D/2T License # 27244/29173  
Phone Email

[ADD](#)

**Role Assignments**

Function	Begin Date	End Date
GENERAL OPERATOR		ADD
SECONDARY TREATMENT OPERATOR	07/06/2021	ADD
SECONDARY DISTRIBUTION OPERATOR	07/06/2021	ADD

MATTHEW J. DONOVAN

Grade 1D OIT/2T OIT/1T OIT License # 27092/29290/27232  
Phone Email

[ADD](#)

**Role Assignments**

Function	Begin Date	End Date
GENERAL OPERATOR	02/28/2022	ADD



**Massachusetts Department of Environmental Protection**  
Bureau of Water Resources (BWR) – Drinking Water Program  
*Public Water Supply Annual Statistical Report*  
Reporting Year 2021

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

**4. Primary Certified Operator Contact Information:**

The information below is provided to MassDEP from the Division of Occupational Licensure (DOL), formerly Division of Professional Licensure (DPL). If any of the information is inaccurate you should contact DOL to update your information.

Primary Distribution Certified Operator Contact Information

DAVID  C  OTOOLE

Name

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

Mailing Address 1

Mailing Address 2

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

Mailing Address 1

Mailing Address 2

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	<input type="text"/>	Water Commissioner <input type="button" value="▼"/>	<input type="text"/>
CHRISTIAN	CARPENTER	<input type="text"/>	Water Commissioner <input type="button" value="▼"/>	<input type="text"/>
CLAIRE	MEEHAN	<input type="text"/>	Water Commissioner <input type="button" value="▼"/>	<input type="text"/>