



Massachusetts Department of Environmental Protection

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2016 Public Water Supply Verification

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

PWS ID: **4086095**
PWS Name: **TOWN OF EASTHAM**
PWS Street Address Line 1: **2500 STATE ROAD**
PWS Street Address Line 2:
City/Town: **EASTHAM**
State: **MA**
Zip Code: **02642-0000**
Class: **COM**

Legally Responsible Party Contact Information

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

Book/Page:	
First Name	JACQUELINE
Middle Initial	
Last Name	BEEBE
Company Name	TOWN OF EASTHAM
Phone Number	5082405900
Street Address 1	2500 STATE ROAD
Street Address 2	
City/Town	EASTHAM
State	MA
Zip Code	02642



System Information (COM/NTNC)

1. PWS Street Address		
TOWN OF EASTHAM		
PWS Name		
2500 STATE ROAD		
PWS Street Address Line 1		PWS Street Address Line 2
EASTHAM	Massachusetts	02642
City/Town	State	Zip Code
508-240-5917		
Phone Number	Fax Number (if available)	
Web Site Address of PWS (if available)		

2. PWS Mailing Address <input type="checkbox"/> Same as street address.		
TOWN OF EASTHAM		
Mailing Name		
2500 STATE ROAD		
Mailing address Line 1		Mailing address Line 2
EASTHAM	Massachusetts	02642
City/Town	State	Zip Code

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

4. Owner/Responsible Person:		
		<input type="checkbox"/> This is a new owner.
Owners Name- First, Middle Int, Last - one name only(if not municipal):		Phone Number

5. Primary Contact:		
JACQUELINE		
BEEBE		<input checked="" type="checkbox"/> This is a new contact.
Name (First, Middle Int, Last) ▪ one name only▪		Phone Number
Email Address (For Emergency Purposes)		Re-enter Email Address



6. Certified Drinking Water Operators employed by the PWS:

Name	Grade	License Number	Function	Begin-Date	End-Date
ROY , MAHER	4D OIT/3T/3D	23900/23819/23650	PRIMARY TREATMENT OPERATOR	9/26/2016	
ROY , MAHER	4D OIT/3T/3D	23900/23819/23650	SECONDARY DISTRIBUTION OPERATO	9/26/2016	
JOHN F, DONOVAN	1T/3D	12051/24204	SECONDARY TREATMENT OPERATOR	9/26/2016	9/27/2016
JOHN F, DONOVAN	1T/3D	12051/24204	PRIMARY DISTRIBUTION OPERATOR	9/26/2016	9/27/2016

Name	Grade	License Number	Function	Begin-Date	End-Date
MATTHEW , COLTON	1T/1D	22324/22275	PRIMARY DISTRIBUTION OPERATOR	12/16/2016	

To Add an operator, begin typing a license # in the field below. Pick the license number from the list and then click the "Add Operator" button.
 License Number:

7. Primary Certified Operator Contact Information:

Primary Distribution Certified Operator Contact Information

Name Phone Number Fax Number

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

Mailing Address 1 Mailing Address 2

Town/City State Zip Code E-Mail Address Re-Enter E-Mail Address

Primary Treatment Certified Operator Contact Information

Name Phone Number Fax Number

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

Mailing Address 1 Mailing Address 2

Town/City State Zip Code E-Mail Address Re-Enter E-Mail Address

If you use a contract certified operator, does your system have a signed Public Water System Certified Operator Compliance Notice approved by the DEP

N/A Yes No



8. Names of Water Commissioners/Selectmen/Trustees/Association Board Members (if applicable). Please attach an organizational chart, if available. Check here to upload

Name	Phone	Title
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9. Owner Type:
 MUNICIPAL

Federal Employment Identification Number (FEIN):

 (FEIN) - Do NOT provide SSN

10. Is this system a not-for-profit organization
 Yes No

If yes, indicate Tax Exempt code (e.g., 501C):

11. Population Served(DailyAverage):

Winter Population (October March):	<input type="text" value="465"/>
Summer Population (April September):	<input type="text" value="465"/>
By what method was the population figured	Census Type: <input type="text" value="Other"/>
	Other Description: <input type="text" value="NUMBER OF CONNECTIONS"/>

12. Testing requirements for lead and copper and bacteria in your system is based on the population .

	Number of Samples	Frequency of Samples
Lead and copper samples required:	10	SEMIANNUAL
Winter Bacteria samples required:	2	MONTH
Summer Bacteria samples required:	3	MONTH

13. Distribution Meter information:

a. Number of Service Connections:	<input type="text" value="81"/>
b. Percentage of service connections that are metered:	<input type="text" value="100"/> %
c. Are all publicly owned buildings metered?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
d. If No, what percent are	<input type="text"/> %

14. System Information

a. Number of Distribution Systems:	<input type="text" value="1"/>
b. Finished Water Storage Capacity in Million Gallons (MG): [Conversion factor is (# of gallons)/(1,000,000)= MG]	<input type="text" value="0.75"/>
c. Pumping Capacity (GPM):	<input type="text" value="1600"/>

15. Percentage of Source Types (must add up to 100%)

Ground Water	Surface Water	Purchased Ground	Purchased Surface
<input type="text" value="100"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %	<input type="text" value="0"/> %



16. Emergency Response Actions:

a. Has your system completed an Emergency Response Plan (ERP). (DO NOT submit your ERP to MassDEP. MassDEP will review the ERP during your next sanitary survey.)

Yes No

I have made changes to the ERP (attach copies of all changes.)
 I have made no changes to the ERP.

b. Does your system have an Emergency Response (ER) annual training plan

Yes No

If Yes, please attach a copy of the plan. Describe the training performed during the reporting period, including the types of training, the date(s) of training, and number of staff and local officials trained on each date and their job titles.

c. Is your system registered for the Health and Homeland Alert Network (HHAN)

Yes No

d. Has your system signed the agreement and joined the Massachusetts Water and Wastewater Agency Response Network

Yes No

e. How often does your system test the following

Alarms:	<input type="text" value="Monthly"/>	Other Frequency:	<input type="text"/>
Interlocks:	<input type="text" value="Monthly"/>	Other Frequency:	<input type="text"/>
Back-up power sources:	<input type="text" value="Monthly"/>	Other Frequency:	<input type="text"/>

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

Date of ER incident	Level	Description
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17. Do you have an antenna or other appurtenance (not needed for drinking water purposes) attached to any of your storage tank(s)

Yes No No storage tanks

If Yes, list the antennae or other appurtenances, owner(s) names, and the date installed:

Storage Tank Name	Antennae or Appurtenance	Owner Name	Date (mm/dd/yyyy) Installed
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18. Comments or additional information regarding this section:

SUMMER POPULATION WAS 0. SYSTEM WAS PUT ONLINE ON 9/26/16. THE FORM WILL NOT ALLOW 0 TO BE ENTERED.



Cross Connection Control Program (CCCP)

1. Cross Connection Program Coordinator

<input type="text" value="ROY"/>	<input type="text" value="MAHER"/>	
Coordinator First Name	Coordinator Last Name	
<input type="text"/>	<input type="text"/>	
Coordinator Street Address Line 1	Coordinator Street Address Line 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town	State	Zip Code
<input type="text"/>	<input type="text"/>	
Phone Number	Fax Number (if available)	
<input type="text"/>		
Coordinator email		
<input type="text"/>		

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	Reviewer Surveyor
<input type="text" value="ROY A"/>	<input type="text" value="MAHER III"/>	<input type="text" value="32247"/>	<input type="text" value="1/1/2020"/>	<input type="text"/>	<input checked="" type="checkbox"/>

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
<input type="text" value="ROY A"/>	<input type="text" value="MAHER III"/>	<input type="text" value="32247"/>	<input type="text" value="1/1/2020"/>	<input type="text"/>

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

Contact First Name

Consultant Street Address Line 1

City/Town

Phone Number

Contact Last Name

Consultant Street Address Line 2

State

Fax Number (if available)

Doing Business As
(Company/Individual Name)

Zip Code



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
<input type="text" value="ROY A"/>	<input type="text" value="MAHER III"/>	<input type="text" value="32247"/>	<input type="text" value="1/1/2020"/>	<input type="text" value="REDACTED"/>	<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's FirstName	Tester's LastName	MassDEP Certification ID Number	Expiration Date	Phone Number
<input type="text" value="ROY A"/>	<input type="text" value="MAHER III"/>	<input type="text" value="32247"/>	<input type="text" value="1/1/2020"/>	<input type="text" value="REDACTED"/>

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 checked="" type="checkbox"/> Program Management
<input type="checkbox"/> Other(explain)	<input type="text"/>

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

Type of Facility	Total # of Facilities Served by PWS	# of Facilities Surveyed Prior to this reporting period	# of Facilities with first time surveys during this reporting period	# of Facilities Remaining to be Surveyed	# of Facilities Re-surveyed in this reporting period
	A	B	C	= A - (B+C)	
Commercial	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
Industrial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Institutional	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
Municipal	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2016

PWSID#: 4086095
 Name: TOWN OF EASTHAM
 City: EASTHAM
 PWS Class: COM

Residential (Optional)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="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):	<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.



Massachusetts Department of Environmental Protection
 Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
 Reporting Year 2016

PWSID#: 4086095
 Name: TOWN OF EASTHAM
 City: EASTHAM
 PWS Class: COM

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 = A + B - C	# of seasonal devices in Total
	A	B	C	= A + B - C	
RPBP					
Commercial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Industrial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Institutional	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Municipal	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
Residential (Optional)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
DCVA					
Commercial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Industrial	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Institutional	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Municipal	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
Residential (Optional)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="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	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
DCVA	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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.

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

<input checked="" type="radio"/> Yes <input type="radio"/> No	
------------------------------------------------------------------	--

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

PVB DEVICES	<input checked="" type="radio"/> Yes <input type="radio"/> No		SPPVB DEVICES	<input type="radio"/> Yes <input checked="" type="radio"/> No
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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	0	0	0
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?

<input checked="" type="radio"/> Yes <input type="radio"/> 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)?

<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Institutional <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> 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?

<input checked="" type="radio"/> Yes <input type="radio"/> No	If no do you plan to institute one in future? If yes go to question 13	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes When? If no go to question 13.
			Date(mm/dd/yyyy)



12. Does your system have a local ordinance, by-law or policy statement on cross-connection control?										
<input type="radio"/> Yes	<input checked="" type="radio"/> No									
If YES, and you already provided copy to MassDEP in 2008 (2007 ASR) no further action is required.										
If YES, and you did not provide a copy to MassDEP please forward a copy to:										
MassDEP Boston office, 1 Winter Street, 5 th floor, Boston, MA 02108										
Attn : Otavio DePaula-Santos										
13. Does your water system have a total containment policy?										
<input checked="" type="radio"/> Yes	<input type="radio"/> No									
Containment policy means ALL services connections have a device installed at the meter. Containment protects the water main by isolating each facility independently of its activity (residential, commercial, industrial, or municipal).										
14. Has there been a cross-connection incident in your water system during the reporting period?										
<input type="radio"/> Yes	<input checked="" type="radio"/> No									
If Yes, please provide information below:										
<table border="1"><thead><tr><th>Date of Incident</th><th>Location of the Incident</th><th>DESCRIPTION</th></tr></thead><tbody><tr><td colspan="3"> </td></tr></tbody></table>					Date of Incident	Location of the Incident	DESCRIPTION			
Date of Incident	Location of the Incident	DESCRIPTION								
Comments or additional information regarding this section										



Water Production & Consumption Information

How to report in Gallons vs. Million Gallons

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

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

Volume Units

Gallons (GAL) Million Gallons (MG) No Meter

FINISHED Water Production and Consumption Summary for Reporting Year :

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

Month	(1) Amount of finished water from own sources (MG)	(2) Amount of finished water purchased from other systems (MG)	(3) Amount of finished water sold to other systems (MG)	(4) Net finished Water that entered your distribution system (1) + (2) - (3)= (4) (MG)
January	0.000	0.000	0.000	0.000
February	0.000	0.000	0.000	0.000
March	0.000	0.000	0.000	0.000
April	0.000	0.000	0.000	0.000
May	0.000	0.000	0.000	0.000
June	0.000	0.000	0.000	0.000
July	0.000	0.000	0.000	0.000
August	0.000	0.000	0.000	0.000
September	0.000	0.000	0.000	0.000
October	2.143	0.000	0.000	2.143
November	2.596	0.000	0.000	2.596
December	2.173	0.000	0.000	2.173
TOTAL	6.912	0.000	0.000	6.912

Maximum Daily Finished Water Consumption:	Volume (MG): 0.369	Date: 11/7/2016
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RAW Water Production and Consumption Summary for Reporting Year :

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

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

Month	(1) Amount of raw water pumped from own sources (MG)	(2) Amount of raw water purchased from other systems (MG)	(3) Amount of raw water sold to other systems (MG)	(4) Net raw Water Consumption (1) + (2) - (3) = (4) (MG)
January	0.000	0.000	0.000	0.000
February	0.000	0.000	0.000	0.000
March	0.000	0.000	0.000	0.000
April	0.000	0.000	0.000	0.000
May	0.000	0.000	0.000	0.000
June	0.000	0.000	0.000	0.000
July	0.000	0.000	0.000	0.000
August	0.000	0.000	0.000	0.000
September	0.000	0.000	0.000	0.000
October	0.000	0.000	0.000	0.000
November	0.000	0.000	0.000	0.000
December	0.000	0.000	0.000	0.000
TOTAL	0.000	0.000	0.000	0.000
Maximum Daily Raw Water Pumping:		Volume (MG):		Date:

Summary of Water Sold

Sold Water

System Name	PWS ID#	Total Volume Sold	Water type
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Metered Finished Water Consumption by Service Type

U.S. EPA requires every PWS to report what their water is used for in order to characterize each system. In this table, report the percentages of metered water for each category below, ONLY for those categories over 10%. For municipal water suppliers, most of the water will be reported as Residential Area. If any other categories are more than 10% of your metered use, report it in the appropriate category. If any category is less than 10%, do NOT report it. The percentage do NOT have to add to 100%, since water use in some categories will be less than 10% and therefore is not reported.

ONLY report uses for categories over 10% of total metered use. Report ALL metered water use in the Water Management Distribution System Form (if appropriate)

%	Primary Service Area	Type	%	Primary Service Area	Type
<input type="checkbox"/>	<input type="radio"/> Yes	Day Care Center	<input type="checkbox"/>	<input type="radio"/> Yes	Other Residential
<input type="checkbox"/>	<input type="radio"/> Yes	Dispenser	<input type="checkbox"/>	<input type="radio"/> Yes	Other Transient
<input type="checkbox"/>	<input type="radio"/> Yes	Homeowners Association	<input type="checkbox"/>	<input type="radio"/> Yes	Recreation Area
<input type="checkbox"/>	<input type="radio"/> Yes	Hotel/Motel	98	<input checked="" type="radio"/> Yes	Residential Area
<input type="checkbox"/>	<input type="radio"/> Yes	Highway Rest Area	<input type="checkbox"/>	<input type="radio"/> Yes	Restaurant
<input type="checkbox"/>	<input type="radio"/> Yes	Industrial/Agricultural	<input type="checkbox"/>	<input type="radio"/> Yes	Retail Employees
<input type="checkbox"/>	<input type="radio"/> Yes	Interstate Carrier	<input type="checkbox"/>	<input type="radio"/> Yes	School
<input type="checkbox"/>	<input type="radio"/> Yes	Institution	<input type="checkbox"/>	<input type="radio"/> Yes	Sanitary Improvement District
<input type="checkbox"/>	<input type="radio"/> Yes	Medical Facility	<input type="checkbox"/>	<input type="radio"/> Yes	Summer Camp
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park	<input type="checkbox"/>	<input type="radio"/> Yes	Secondary Residences
<input type="checkbox"/>	<input type="radio"/> Yes	Mobile Home Park, Principal Residence	<input type="checkbox"/>	<input type="radio"/> Yes	Service Station
<input type="checkbox"/>	<input type="radio"/> Yes	Municipality	<input type="checkbox"/>	<input type="radio"/> Yes	Subdivision
<input type="checkbox"/>	<input type="radio"/> Yes	Other Area	<input type="checkbox"/>	<input type="radio"/> Yes	Water Bottler
<input type="checkbox"/>	<input type="radio"/> Yes	Other Non-Transient Area	<input type="checkbox"/>	<input type="radio"/> Yes	Wholesaler
<input type="checkbox"/>	<input type="radio"/> Yes	Commercial			

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

No treatment plant losses (not applicable)

Treatment Plant ID:	Total Raw Water into treatment plant last year (raw pumped + raw purchased - raw sold):	-	Total Finished Water from treatment plant last year:	=	Total Water Lost to Treatment Process last year:
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Briefly describe the fate of the waste product (slurry or sludge) produced by your treatment process (discharge to sewer, groundwater discharge, settling lagoons, re-circulate back into treatment plant, etc.):

X. Comments or additional information regarding this section



Source Protection - Zone II

Zone

1. Mass DEP assigned Zone II ID # :	14497
-------------------------------------	-------

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
4086095-01G	NRHS WELL	400	Y	

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC), please update with current water supply protection area inventory information.

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

Yes No

If YES, please describe:

5. Did your 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.

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

Yes No

Zone

1. Mass DEP assigned Zone II ID # :	14498
-------------------------------------	-------

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
4086095-02G	DISTRICT G WELL	400	Y	

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC), please update with current water supply protection area inventory information.



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

Yes No

If YES, please describe:

5. Did your 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.

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

Yes No

Zone

1. Mass DEP assigned Zone II ID # :

14499

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

No data found

3. MassDEP SWAP Program Identified Potential Sources of Contamination (PSC), please update with current water supply protection area inventory information.

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

Yes No

If YES, please describe:

5. Did your 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.

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

Yes No



Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2016

PWSID#: 4086095
Name: TOWN OF EASTHAM
City: EASTHAM
PWS Class: COM

Comments or Additional Information regarding this section:



Treatment Plants

Treatment Plant

1. Plant Information

4086095-01T		NRHS TREATMENT PLANT	
Plant ID# :		Plant Name:	
CABLE ROAD			
Street Address Line 1:		Street Address Line 2:	
EASTHAM		MA	02642
City/Town:		State(2 letter abbreviation)	Zip:
	ACTIVE	I-T	833
Status:	Availability:	Class:	Capacity (MGD):
ROY	A MAHER		
Contact:	Phone:	Fax:	

2. Related Sources Table

4086095-01G	NRHS WELL

3. Treatment Table(s)

Treatment Objective:		Treatment Process:				
CORROSION CONTROL		PH ADJUSTMENT				
Innovative: N	Start Date: 10/05/2016	End Date: _____				
<table border="1" style="margin: auto;"> <tr> <td style="text-align: center;">Chemical Name</td> </tr> <tr> <td style="text-align: center;">POTASSIUM HYDROXIDE</td> </tr> <tr> <td> </td> </tr> </table>				Chemical Name	POTASSIUM HYDROXIDE	
Chemical Name						
POTASSIUM HYDROXIDE						
Comment:						
Treatment Objective:		Treatment Process:				
DISINFECTION		HYPOCHLORINATION, POST				
Innovative: N	Start Date: 10/05/2016	End Date: _____				
<table border="1" style="margin: auto;"> <tr> <td style="text-align: center;">Chemical Name</td> </tr> <tr> <td style="text-align: center;">SODIUM HYPOCHLORITE</td> </tr> <tr> <td> </td> </tr> </table>				Chemical Name	SODIUM HYPOCHLORITE	
Chemical Name						
SODIUM HYPOCHLORITE						
Comment:						

Treatment Plant

1. Plant Information



4086095-02T		DISTRICT G PLANT	
Plant ID# :		Plant Name:	
NAUSET ROAD			
Street Address Line 1:		Street Address Line 2:	
EASTHAM		MA	02642
City/Town:		State(2 letter abbreviation)	Zip:
ACTIVE	ACTIVE	I - T	.955
Status:	Availability:	Class:	Capacity (MGD):
ROY	A MAHER		
Contact:		Phone:	Fax:

2. Related Sources Table

4086095-02G	DISTRICT G WELL

3. Treatment Table(s)

Treatment Objective:		Treatment Process:				
CORROSION CONTROL		PH ADJUSTMENT				
Innovative: N	Start Date: 10/05/2016	End Date: _____				
<table border="1" style="margin: auto;"> <tr> <th style="text-align: center;">Chemical Name</th> </tr> <tr> <td style="text-align: center;">POTASSIUM HYDROXIDE</td> </tr> <tr> <td> </td> </tr> </table>				Chemical Name	POTASSIUM HYDROXIDE	
Chemical Name						
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Comment:						
Treatment Objective:		Treatment Process:				
DISINFECTION		HYPOCHLORINATION, POST				
Innovative: N	Start Date: 10/05/2016	End Date: _____				
<table border="1" style="margin: auto;"> <tr> <th style="text-align: center;">Chemical Name</th> </tr> <tr> <td style="text-align: center;">SODIUM HYPOCHLORITE</td> </tr> <tr> <td> </td> </tr> </table>				Chemical Name	SODIUM HYPOCHLORITE	
Chemical Name						
SODIUM HYPOCHLORITE						
Comment:						

Comments or additional information regarding this section



Pump Stations

Pump

1. Pump Information

NRHS WELL PUMP	BEHIND PUMP STATION
Pump Station Name	Location

Status:	ACTIVE	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	800
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	10
Suction Size (inches):	0	Motor Horse Power:	75
Motor Type:	SUB	Motor Control:	AUTOMATIC
Discharge Type:		Discharge Size (inches):	0
Installation Date	9/1/2016	Model #:	825SSI
Pump Manufacturer:	FPS		

2. Related Sources Table (if applicable)

4086095-01G	NRHS WELL

Pump

1. Pump Information

DISTRICT G WELL PUMP	BEHIND THE PUMP STATION
Pump Station Name	Location

Status:	ACTIVE	Availability:	ACTIVE
Number of Pumps:	1	Number of Emergency Pumps:	0
Raw or Finished Water:	Raw	Maximum Aggregate Capacity (Gallons per Minutes):	825
Standby/Emergency Power:	Y		

Primary Pump Details			
Suction Type:		Suction Head (ft.):	10
Suction Size (inches):	0	Motor Horse Power:	75
Motor Type:	SUB	Motor Control:	AUTOMATIC
Discharge Type:		Discharge Size (inches):	0
Installation Date	9/1/2016	Model #:	825SSI
Pump Manufacturer:	FPS		



2. Related Sources Table (if applicable)

4086095-02G	DISTRICT G WELL

Comments or additional information regarding this section



Storage Facilities

Show all storage facilities

Storage Facility

[Edit](#) [Delete](#)

DISTRICT G TANK	NAUSET ROAD
Storage Facility Name	Location

Status:	A	Availability:	ACTIVE
Storage Type:	ELEVATED STORAGE TANK	Capacity (MG):	.75
Material:	STEEL	Installation Date	09/26/2016

Comments or additional information



Ground Water Sources

Individual Ground Water Source Statistics

Source ID:	4086095-01G		
Source Name:	NRHS WELL		
Location:	CABLE ROAD		
Status:	A		
Source Availability:	ACTIVE		
		Withdrawal Units:	GAL
Latitude:		January:	0
Longitude:		February:	0
Source Watershed:	CAPE COD	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	94	May:	0
Well Casing Height (ft.):	2	June:	0
Well Casing Depth (ft.):	84	July:	0
Screen Length (ft.):	10	August:	0
		September:	0
Pump Setting (ft.):	83	October:	631,801
		November:	1,092,200
Approved Daily Pumping Volume (MGD):	.833	December:	592,518
Source Metered:	Yes	Total Amount Pumped:	2,316,519
Date of Meter Installation:	9/1/2016	Total # of Days Pumped:	92
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	157,400
Last Meter Calibration:		Date of Maximum Amount Pumped:	11/7/2016



Individual Ground Water Source Statistics

Source ID:	4086095-02G		
Source Name:	DISTRICT G WELL		
Location:	NAUSET ROAD		
Status:	A		
Source Availability:	ACTIVE		
		Withdrawal Units:	GAL
Latitude:		January:	0
Longitude: -		February:	0
Source Watershed:	CAPE COD	March:	0
Well Type:	GRAVEL-PACKED	April:	0
Well Depth (ft.):	89	May:	0
Well Casing Height (ft.):	2	June:	0
Well Casing Depth (ft.):	79	July:	0
Screen Length (ft.):	10	August:	0
		September:	0
Pump Setting (ft.):	78	October:	1,511,399
		November:	1,504,400
Approved Daily Pumping Volume (MGD):	.955	December:	1,581,400
Source Metered:	Yes	Total Amount Pumped:	4,597,199
Date of Meter Installation:		Total # of Days Pumped:	92
Type of water metered for source:	RAW	Maximum Single Day Pumped Volume:	276,700
Last Meter Calibration:	9/1/2016	Date of Maximum Amount Pumped:	10/5/2016



Massachusetts Department of Environmental Protection
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PWSID#: 4086095
Name: TOWN OF EASTHAM
City: EASTHAM
PWS Class: COM

Comments or additional information regarding this section

PUBLIC WATER SUPPLY STARTED ON 9/26/16



Surface Water Sources

No Data Found

Comments or additional information regarding this section:



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Reporting Year 2016

PWSID#: 4086095
Name: TOWN OF EASTHAM
City: EASTHAM
PWS Class: COM

Purchased Water Sources

No Data Found

Comments or additional information regarding this section
