

MASSACHUSETTS

- **Comprehensive Compliance Evaluation –
Sanitary Survey: Stage 1**

MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Water Supply
Water Quality Assurance Program

COMPREHENSIVE COMPLIANCE EVALUATION

SANITARY SURVEY: STAGE 1

TOWN: _____

PWS NAME: _____

DEP PWS ID: _____

INSPECTION DATE: _____

Person Interviewed: _____

Title: _____

DEP Personnel (Signature) _____

Title and Date: _____

CITY/TOWN: _____
PWS NAME: _____
PWS ID #: _____

CORRESPONDENCE TO:

Name: _____ Title _____
Address: _____ Telephone No. _____
Name: _____ Title _____
Address: _____ Telephone No. _____

PLANT PERSONNEL:

Name: _____ Certification No., Type, Class _____
Address: _____ Title _____
Name: _____ Certification No., Type, Class _____
Address: _____ Title _____
Name: _____ Certification No., Type, Class _____
Address: _____ Title _____
Name: _____ Certification No., Type, Class _____
Address: _____ Title _____

WATER COMMISSIONERS/SELECTMEN/GOVERNING BODY MEMBER:

Name: _____ Title _____
Address: _____
Name: _____ Title _____
Address: _____
Name: _____ Title _____

NOTE KEY OFFICIAL AND CONSULTANT TO SEE REGARDING CHANGES, IMPROVEMENTS, ETC.

Name _____ Title _____
Address _____
Name _____ Title _____
Address _____

Person(s) Interviewed _____
Title _____
DEP Engineer (Signature) _____
Title and Date _____

* Verify Annual Statistical Report

SYSTEM DESCRIPTION

Describe briefly but completely the water supply from each separate source to the distribution system, giving for each source the various treatment process provided in order of occurrence. This description should be complete but simple and clear so as to be understandable by one unfamiliar with the supply. Indicate the availability of emergency power necessary to operate all portions of the supply. (Draw flow diagram on reverse side-show bypass arrangements.) Show the location of all sources of supply, treatment facilities and outline the area owned by the public water supply on a 7.5 minute, U.S.G.S. Topographic Map. In addition, list all current public water supply permits including permit number, date issued, short summary of permitted facilities and available plans.

ADMINISTRATION

PWS ORGANIZATION

1. Ownership/Management Type (check applicable category)

PUBLIC (Town/City/District/State)

Water Commissioner

Selectmen

Town Manager

Other: _____

2. **Governing Body (Water Commissioners, Selectmen, Trustees, Operator, and other legally responsible parties). Please list the names, addresses, telephone numbers on the Update Form (or on blank page).**

Name of Governing Body:

Length of service of its members (term of office):

Number of members:

Names/Addresses/ Telephone Numbers (attach to this page):

Number of Governing Body meetings for the year:

3. **If an organizational chart, is available, please provide OR (put on blank page) identifying the hierarchy of decision making for the PWS.**

4. **Staff Meetings How often are Staff meetings held with Staff?**

5. **Does the system have an updated master plan? Yes ___ No ___**

If yes, Date updated _____

If available, provide DEP region with a copy.

ADMINISTRATION CONTINUED

Provide staffing plan of all certified operators or complete information below.

NAME/TITLE	F/P*	DUTIES	Certification Grade/**	Total Years Exper- ience	DEP COM- MENTS

* F/P = Full Time/ Part Time
 Use blank page for additional information
 ** Does staff have appropriate Certification?

ADMINISTRATION CONTINUED

PERSONNEL: Plant/Distribution Coverage: (Number of operators and grade certification)

Weekdays:

Shifts (Times/Overlap?/Number/Shift):

Weekends and Holidays:

Are there sufficient personnel? _____

TRAINING ACTIVITIES

Do you have a plan for Staff training? If written, please supply.

What incentives and opportunities are provided to new and existing staff to train and/or to increase their knowledge on water supply?

Operator Training Budget (ATTACH if available):

Training Activities of Staff over the Last Year (attach):

FINANCIAL

FINANCIAL INFORMATION (Planned or Actual for _____ (YEAR))

Attach appropriate pages of master plan if this information is presented)

SOURCE OF REVENUE (please check): Taxes; Flat Fee; Metered User Fee; Other): _____

If Budget is available, please provide. If not please fill out below:

ESTIMATED INCOME/REVENUE:*

- 1. Taxes: _____
 - 2. Flat Fee: _____
 - 3. User Fee: _____
 - 4. Connection Fee: _____
 - 5. _____
 - 6. _____
- TOTAL INCOME (A) _____

Review Water Rates Questionnaire on most current Annual Statistical Report.

ESTIMATED OPERATION EXPENSES

- Personnel/Overtime _____
- Water Quality Testing _____
- Supplies/Operating _____
- Expenses _____
- Contract Services _____
- Repairs _____
- Debt Service _____
- (principal + interest) _____
- TOTAL EXPENSES (B) \$ _____

*Are financing and budget satisfactory?

Subtract Total Expense (B)
from Total Income (A)

SURPLUS/LOSS <input type="checkbox"/>	\$ _____
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In space provided here list
capital improvements
planned in next six years.

CAPITAL IMPROVEMENTS	\$

FINANCIAL CONTINUED

INCOME LOSSES and INCOME SURPLUSES. What do you do when you have an income loss or income surplus?

INCOME LOSS		INCOME SURPLUSES	
Withdraw from emergency fund		Deposit to enterprise fund	
Withdraw from enterprise fund		Deposit to general fund of town	
Withdraw from reserve account. How much is in the reserve account?		Deposit to savings	
Borrow		Deposit to emergency fund	
Delay Paying Bills		Deposit to water department operations budget	
Others:		Profit/Income	
		Pay bond interest, Pay down debt	
		Pay corporate dividend	
		Buy needed equipment or supplies	
		Other:	

How much money do you set aside for major repairs and emergencies? _____ This reflects what percentage of your total estimated expenses? _____.

Have you ever received subsidized grants and/or loans from state and/or federal resources? YES NO.

Are you eligible for state and federal grants and loans? Yes No. Please describe.

SMALL SYSTEM ISSUES

Are you under rent control, which precludes any rate increase?

Are you under DPU or FHA restrictions/constraints?

GENERAL DATA

Total number connections _____ % Metered _____
 Consumption (Daily-MGD) Maximum _____ Minimum _____ Average _____
 Maximum Hourly _____

MUNICIPALITIES/DISTRICT SERVED BY WATER SUPPLY

Municipality/District	Total Population	Population Served	Avg. Consumption (MGD)

PERMANENT INTERCONNECTIONS WITH OTHER WATER SUPPLIES*

Water Survey Purveyor	Give location and arrangement for use. What is the maximum daily flow in MGD for this interconnection and when was it last used or tested.
	POSSIBLE TEMPORARY INTERCONNECTIONS

REMARKS: Are interconnection valves operable?
 Is there a maintenance plan to keep valves optional?
 Last date inspected?
 Results of Inspection

* DWS staff locate interconnections in the field

Distribution System Maps and Records

(1) Are up-to-date distribution system maps available? _____

Do we have a copy? _____

(2) Are up-to-date records on valve locations kept? _____

(3) Are there dead end areas in the distribution system? _____

If yes how many _____

Are they clearly shown on available distribution system maps? _____

Is there a program in place to eliminate dead ends? _____

Are terminal hydrants available on dead ends? _____

(4) Are sampling locations indicated on Distribution Map? _____

(5) Describe the flushing program in place _____

Does program address the dead end areas? _____

(6) Are the locations, type and size of master meters shown on available distribution system maps? _____

If not, list them _____

(7) List the distribution system weakness and problems (river crossings, corrosion, breaks, freezing, etc).

(8) For Consecutive systems: are source bacteria sampling locations indicated in distribution map?

(9) Do you have a copy of the water quality sampling schedule for WQA monitoring?

OPERATION AND MAINTENANCE

What is the method of scheduling maintenance?

Spare Parts Inventory

Is there a spare parts inventory?

Is it adequate to prevent long delays in equipment repairs?

Pump Maintenance

Is a maintenance schedule available for pumps, valves? _____
Chemical feed _____
Turbine pumps _____
High & low lift pumps _____

Are pump maintenance records kept? Yes () No ()

Operation and Maintenance Manual

Are operation details posted for operator daily use for maintenance?

Is an O & M Manual available and accessible to staff?

Does manual conform to DWS policy? Yes ___ No ___

Is it used?

Does manual provide guidance for operational decisions?

Instrumentation/Process Automation

Are there alarms or instrumentation for process automation? (Such as chlorine, turbidity, etc.) List

Are adequate Resources Available for Operation and Maintenance What kind? e.g. outside support/contractors.

Safety and Protective Equipment

Are there adequate safety and personnel protective equipment provided?

DISTRIBUTION PROTECTION CROSS CONNECTION PROGRAM

1. Does the PWS have an approved cross connection program?

Yes ___ No ___

If yes, does the PWS have delegation?

If no, by what date does the PWS plan to submit their cross connection implementation plan?

Is a third party used to survey or test as part of your programs?

If yes, _____ Name & contact person

2. Have all industrial, commercial, and institutional facilities been surveyed by the PWS?

Yes ___ No ___

If no, what is the estimated completion date for surveying all facilities? _____

3. How many employees are currently assigned to the cross connection program? _____

4. Were all reduced pressure backflow prevention devices tested twice a year by the PWS?

Yes ___ No ___

If no, explain

5. Were all double check valve assemblies tested once a year by the PWS?

Yes ___ No ___

If no, explain

6. Are there any outstanding cross connection violations? Yes ___ No ___

If yes, explain

7. Is DEP assistance needed?

PWS Owned Cross Connections.

Are backflow prevention devices installed at all DWS OWNED locations? Select

___ No ___ Yes or ___ NA(not applicable)

Are devices approved, permitted? Select ___ No ___ Yes, or ___ NA(not applicable)

Are cross connections being inspected each year?

Select ___ NO ___ YES, or ___ NA(not applicable)

Page ___ of ___ Pages

Purveyor: _____

DISTRIBUTION SYSTEM DATA PIPE USED IN WATER SUPPLY

Portion of Transmission line and Distribution System	Type of Pipe	Miles of Pipe	Pipe Diameter	Date Installed Cleaned/Line
Source to Treatment Facility				
Treatment Facility to Distribution System				
Distribution System				

PRESSURE

Location	In Distribution System at	Minimum (20 PSI)	Maximum (PSI)
In Treatment Plant at			

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EMERGENCY PLANS

1. Is the Emergency Response Plan Phone and Contact List from Annual Statistical Form H Posted? Is an emergency plan available and workable?

How many level I, II, and III incidents has the system had in the past year? _____ ~~See Statistical report form for definition.~~

If there were incidents, were they all reported to DWS? _____

Is the system experiencing any of the following water quantity/quality problems? inadequate supply, no back up source, hazardous spill, boil order, emergency declaration, also distribution or system problems such as pipe breaks or cross connections.

WATER QUANTITY/CONSERVATION

1. Does this system have adequate plans for meeting its water quantity for the next twenty years? (this should be in PWS master plan). If not, what do they plan to do?
2. Does this system have a (Water Management Act) WMA withdrawal registration and/or permit?
3. Check annual statistical information on water consumption to determine if their demand agrees with WMA amount.
4. Is this system in compliance with its water conservation plan included in the WMA withdrawal permit?
5. Is there a WMA permit requirement to delineate Zone II or adopt land use controls?
6. Submittal dates met or being pursued?

WATER QUALITY

1. List violations and actions taken for the last twelve months. _____

2. Give the number and type of water quality complaints during the past year? _____

3. Have the causes of these complaints been determined? Explain. _____

4. Has the Water Department investigated and/or taken any corrective action with respect to these complaints? _____

5. Does the Water Department have a complaint tracking log? _____
6. Does the water receive treatment, if so is the treatment designed to correct any of the problems noted above? _____

PURVEYOR:

WELLS OF INFILTRATION GALLERY *

PWS ID # _____

IDENTIFYING NAME OR NUMBER	Total Depth (FT)	Yield GPM**						INSTALLATION DATA							
		Safe	Avg.	Date	Screen Length	Casing Depth	Casing Height	Vent 10" Invert	Sample Cock Row/Finish	Sanitary Seal (Y/N)	Grout Depth				
a															
b															
c															
d															
e															
f															

Well	PUMP			WATER LEVEL				RECHARGE AREA				
	Type	HP	Capacity GPM	Aux. Power	Fuel Storage	Dynamic	Limit Switch		Posted	Bylaw	Proper Radius	% Mile Radius Subject to: +
a												
b												
c												
d												
e												
f												

(Attach well logs for each well.)

- 1) Do all wells have required radiff? _____
If No, list wells _____
- 2) Are all areas properly maintained? _____
If No, state problems _____
- 3) Is dry well properly located? _____
- 4) Are any sources legally abandoned? If Yes, any plans to return? _____

Remarks: _____

* VERIFY SOURCE STATUS INFORMATION
 ** APPROVED PUMPING RATE
 + KEY: Flood-f, Drought-d, Underground Storage Tank-T, Saltstorage-s, Subsurface disposal-ss, Solid Waste-sw, Hazardous Waste-hw, Agriculture-agr, Industrial-ind, Other-o

WELLHEAD PROTECTION

SOURCE(S)

(may be completed for one or more sources at once)

1. Is there a sanitary well seal? yes ___ no ___
Distance sealed cap on well above ground ___ ft.
Is there a well log/specification that indicates that a proper sanitary seal was installed?
2. Zone I
 - a. What is the Approved Pumping rate _____ gpd (If available)
 - b. Zone I radius in feet _____
 - c. (Interim Wellhead Protection Area) IWPA radius in feet _____
3. DWS Evaluate progress toward source protection.
4. DWS Evaluate land uses from Annual Statistics.
5. DWS note land uses in Zone I/IWPA that might change SOC/VOC waiver designation (i.e. VOC or pesticide use in Zone I).
6. Does water supplier inspect the Zone II annually? Required by 310 CMR 22.21(4)
7. Does water supply need underground injection (UIC-referral?)

UIC Referrals: Within a Zone I or Zone II/IWPA, industrial facilities managing hazardous materials (e.g. auto repair garage, dry cleaner, machine shop, furniture stripping, etc) should be referred to the UIC Program for a possible inspection. UIC inspectors address unauthorized discharges to the ground (e.g. via a floor drain leading to a dry well or septic system) in such facilities. The threat may be less in sewered areas as determined on a case-by-case basis.

**PUBLIC WATER SUPPLY EVALUATION
SURFACE SOURCE**

- A) Name of Source _____
- B) Terminal Reservoir? _____
- C) Total Surface Area _____
- D) Total Storage Capacity _____
- E) Watershed Area in Sq. Miles _____
- G) Pumped Gravity _____
- (1) What portion of the watershed is owned by the purveyor? _____

*a) What are the potential sources of pollution? (Sewage facilities, industrial waste facilities, farm animals, fertilizer, pesticides, roadway spills, timbering operations, sand and gravel operations, recreational activities, etc. _____

b) List potential sources within 100 feet per 310 CMR 22.20 _____

- (2) What sources of pollution have been causing periodic problems? _____
How frequently? _____
- (3) What is being done to correct the problem? _____
- (4) How frequently is the watershed inspected? _____
- (5) **Has a watershed protection plan been completed for surface supply? _____

* Review Annual Statistics - Land Uses
** Required under 310CMR 22.20(9)

RAW WATER IMPOUNDMENTS

- (1) Is supply taken from a multi-purpose reservoir? (used for recreation, flood control, power production, etc.)

- (2) Is the reservoir area fenced and/or posted?

- (3) How is the raw water quality affected by heavy rainfall?

- (4) Is the reservoir subject to algae related problems?

If yes, is Aquatic herbicide used in reservoir or on dam?

INTAKE STRUCTURES

- (1) How many intakes are provided?

- (2) Is the intake stationary or movable?

- (3) At what depth(s) is the intake(s)?

- (4) What is the maximum intake capacity?

- (5) a) Is the intake(s) screened and in good condition? _____

Date last checked: _____

- (6) Condition of pumphouse or dam? _____

Remarks: _____

Surveyor:

PWS 1.0.8

PUBLIC WATER SUPPLY EVALUATION
TREATED WATER STORAGE

Name or Number of Storage Unit	TYPE OF STORAGE			LOCATION OF STORAGE			Frequency of Cleaning	Last Date Cleaned	Material Used to Construct	Capacity (MG)
	Under Ground	Ground Level	Elevated	Hydropneumatic tank	Plant	Distribution System				

Name or Number of Storage Unit	PROTECTION AND SAFETY					SITE PROTECTION				
	Proper Overflow Structure	Covered and Locked	Properly Vented & Screened	Sample Tap *	High Level Control/Alarm	Low Level Control/Alarm	Flood	Runoff	Fenced	Overflow Elevation

1) Can each storage unit be bypassed for repair and cleaning without interrupting service?

2) Is there sufficient storage for fire protection?

Remarks:

* Before or after tank?

**PUBLIC WATER SUPPLY EVALUATION
PUMPS & PUMPING STATIONS, DISTRIBUTION SYSTEM**

PWS I.D. #

Surveyor:

PUMPING STATION:		REGULAR	EMERGENCY
A	LOCATION		
	FUNCTION		
B	LOCATION		
	FUNCTION		
C	LOCATION		
	FUNCTION		
D	LOCATION		
	FUNCTION		

Pump Station	Type	Date Installed	Standby/ Emerg. Power	Capacity (GPM)	SUCTION		DISCHARGE		MOTOR								
					Size - inches	Combined or Separate	Head (feet)	Size - inches	Combined or Separate	Head (feet)	HP	Type Power (Gas, Elec, etc)	Control Automatic or Manual				

* Frequency of Testing _____

Remarks: _____

**PUBLIC WATER SUPPLY EVALUATION
CHEMICAL FEED EQUIPMENT**

Purveyor: _____
 Source: _____
 Plant Name: _____

Chemical(s)	Point of Application of Unit	Chemical Feed Unit			Feed					Operation				Scales		
		Reg.	Emer.	anti-Siphon Valve	Solu-tion	Dry	Range mg/l	Average used (lb/day)	Supply (Days)	Auto-matic	Manual	K-Conn	Packing	Yes	No	

a. Is the chemical feed equipment in a separate room? _____
 b. Is it properly ventilated? _____
 Are the feed lines color coded? If so, what chemicals are represented by what colors? _____

Can chemical storage, be measured? _____
 Is there adequate chemical contaminant? _____
 Is there an eye wash and/or shower? _____
 If phosphates are used is a chlorine residual maintained in feed? _____
 If fluoride, is an upflow saturator used? _____

TREATMENT

Chemical Feed

- 1) Do chemical feed facilities provide adjustable feed ranges that are easily set for operation at all required dosages?

- 2) How is the feed rate determined? _____
Are feed rates easily measured? _____
Are feed rates checked and adjusted? _____

How is the chemical feed equipment being calibrated and at what frequency is it calibrated?

- 3) Who maintains and/or operates chemical feed? Name and Grade _____

- 4) Are monthly chemical treatment forms currently being completed and reported to DEP?

- 5) DWS will evaluate operator for performing chlorine residual test

Chlorinator Equipment Inspection (Gas)
PWS I.D. #

Purveyor: _____

Type of Chlorination: _____

Location: _____

YES NO UNSAT N/A

Access to chlorinator room from outdoors				
Doors of chlorinator room open outward				
Chlorinators in separate room				
Observation window present				
Air inlets near ceiling				
Exhaust ports near floor				
Mechanical ventilation				
Switches for fans and lights outside room				
*Adequate heating in chlorination room (min 60F)				
Spare cylinders stored in same room				
If so, adequate room for movement, storage etc.				
Cylinders are restrained in position				
Alarm system for alert if Cl2 leaks				
Bottle of ammonia present				
Gas mask present (SCBA) Positive Pressure				
Gas mask located outside chlorinator room (SCBA)				
*Operator protective clothing on hand				
*Standby chlorinator				
*Separate injection line for standby				
*If not, is extra corporation cock installed				
*Is standby equal in capacity to regular				
Is capacity estimated to be sufficient to produce free residual of 2 ppm after contact time of 30 minutes at max. flow rates and max. demand				
*Pacing				
*Are chlorinators set to start and stop with main pumps				
Ventilation of chlorinators to outdoors and above grade				
Automatic Switch cover				
Number of Cylinders hooked up adequate to prevent Cl2 icing				
Cylinders on scale(s)				
Scale(s) flush with floor				

Purveyor: _____

PWS I.D. #

CHLORINATOR EQUIPMENT INSPECTION (GAS) PAGE TWO

YES NO UNSAT N/A

Standby non-electric water feed pump for chlorinators				
Does feed pump engage automatically at power failure				
*Approved means for residual testing				
*Sampling point located at least 100 feet downstream from cl2 injection point				
Chlorine residual recorders				
*Spare parts present				
*Tools on hand				

1. Size of Cylinders? _____
2. Are Chlorination facilities properly maintained? _____
If no explain _____

HYPOCHLORINATORS

1. Type of hypochlorite used? _____
2. % of available chlorine ? _____
3. Is hypochlorite diluted? _____
4. What is hychlorite storage capacity? _____
Is it properly stored? _____
5. Is a stand by pump available? _____

*Hypochlorinator also

NOTE: Use chemical feed equipment sheet for additional hychlorinator reviews.

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PWS I.D.#

Purveyor: _____
 Source: _____
 Plant Name: _____

PUBLIC WATER SUPPLY EVALUATION AERATION

Location of Unit in Treatment Scheme	Purpose	Aeration Unit				Protected Contamination	Can unit be Bypassed?
		Spray	Forced Draft	Air/Water Ratio	Media Type		

- 1) Can water be sampled; Before _____ ? After _____ ?
 a) Method of cleaning _____
 b) Is backwash/cleaning water properly disposed of? _____
- 2) Has unit been approved by Air Quality? _____
- 3) Post Aeration disinfection? _____

Remarks: _____

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Purveyor: _____
 Source: _____
 Plant Name: _____

PWS I.D. #

PUBLIC WATER SUPPLY EVALUATION
 MIXING FACILITIES

RAPID MIXING

Location of Unit in treatment Scheme	Unit no.	Type of Unit				Detention Time (seconds)	
		Over and Under or around end Baffles	Vertical or Horizontal Shaft Mixer and HP	Static Mixer	Variable or Constant Speed	Design	Actual

FLOCCULATION BASINS

# of Compartments	Unit No.	Type of Basin		Detention Time (mins.)		Flow-through Velocity or Flow			
		Over & end Baffle or around	Vertical or Horizontal shaft mixer and HP	Tapered	Design	Actual	Design	Actual	

1. Can Floc formation be observed? _____
2. Can Samples be taken after; Rapid Mix? _____ Flocculation? _____

Remarks: _____

Plant Name: _____

PUBLIC WATER SUPPLY EVALUATION SEDIMENTATION

SEDIMENTATION UNIT		DETENTION TIME		WEIR OVERFLOW RATE gpd/ft.		TYPE OF SLUDGE REMOVAL	SAMPLE TAP
TYPE	NUMBER	DESIGN	ACTUAL	DESIGN	ACTUAL		

1. What provisions have been made for the disposal of sludge?

2. Can sedimentation units be bypassed for cleaning?

3. How frequently are the units cleaned?

Date Last cleaned _____

4. What has been done to minimize shortcircuiting at the basin outlet?

5. Are basins covered?

Remarks: _____

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**PUBLIC WATER SUPPLY EVALUATION
FILTERS AND ION EXCHANGES**

PWS ID #

Surveyor _____
Source: _____
Plant Name: _____

Number and Type of Filters or Ion Exchanges	Ion Exchange Resin or Filter Media				Supporting Gravel		Filter Run (Mins.)			Backwash	
	Type	Depth (Inches)	Effective Size (mm)	Uniformity Coefficient	Depth (Inches)	Diameter (Inches) Min. Max.	Minimum	Average	Maximum	Rate GMP/Ft ²	Length (minutes)
Gravity											
Pressure											

1) Describe the general condition of the filter media (worn, improper stratification, and ball formation, etc.)

2) Is a combination air and water backwash system used? _____ if so, how effective is it?

3) Are loss of head and rate of flow controllers provided and in good operating condition?

4) What is the source of backwash water?

5) What happens to the used backwash water?

6) a) Is adsorptive capacity of gel tested on a regular basis?

b) If yes, what method is used?

c) At what point is GAC replaced/regenerated?

7) Where are sampling locations (e.g., influent, on each filter, combined)?

Is there a continuous turbidimeter at sampling location?

• If GAC, answer question No. 6

SDWA COMPLIANCE

LEAD AND COPPER RULE COMPLIANCE

1. Have you submitted a lead and copper sampling plan? Do you keep it current noting any changes in sampling locations?

2. Have you completed your required monitoring?

3. Did you exceed the lead or copper action levels? If you exceeded the lead level have you completed the required initial public education?

4. If you exceeded the lead and/or copper action level have you completed your "Desk Top Evaluation" (Form 141-C) and submitted it to your DEP regional office? Does your system need help with this? L and C Staff Referral if required.

5. If you exceeded the lead and/or copper action level have you completed the required water quality parameter monitoring and source water monitoring for lead and copper? (NOTE: The water quality sites as determined by the population served must be sampled twice during the monitoring period during which the exceedance occurred.)

PWS Name: _____ PWSID: _____

FINDINGS

DWS STAFF must describe performance of the PWS for each of the following areas, at a minimum. Describe areas which exceed, meet, or are deficient in meeting DWS regulations, guidelines and policies. When applicable, indicate type of technical assistance as followup by DEP and/or a Mobilization partner (giving organization name/address/telephone number/contact person).

Section 1: ADMINISTRATION

Section 2: OPERATIONS AND MAINTENANCE

Section 3: TREATMENT

Section 4: DISTRIBUTION

Section 5: DISTRIBUTION SYSTEM PROTECTION: CROSS CONNECTIONS

Section 6: EMERGENCY PLANS

Section 7: WATER QUANTITY

Section 8: WATER QUALITY

Section 9: RESOURCE PROTECTION

Section 10: FUTURE REGULATORY REQUIREMENTS

DRAFT 4/26

**FORM 1 - INVITATION LETTER TO DEBRIEFING MEETING FOR SYSTEMS
"WHERE VIOLATIONS ARE FOUND" -**

meeting scheduled, or meeting to be scheduled.

NOTE: "Violations" are violations of regulation or statute, i.e., conditions which endanger the delivery of fit and pure water to all consumers.

REGION LETTERHEAD

Town:
PWS Name:
PWS I.D. #:
Date:

Address

Attention:

RE: COMPREHENSIVE COMPLIANCE EVALUATION: Sanitary Survey Stage 1

On _____, a Comprehensive Compliance Evaluation (Sanitary Survey Stage 1) of the above referenced public water system (PWS) was conducted by the Department of Environmental Protection (DEP) Division of Water Supply (DWS). A sanitary survey is an on site review of the water sources, facilities, equipment, operation and maintenance of a public water system for the purpose of evaluating the adequacy of such source, facilities, equipment, operation and maintenance for collecting and distributing safe drinking water.

Attached you will find the following:

1. Comprehensive Compliance Evaluation - "Sanitary Survey Report"
2. "Findings"
3. "Compliance Plan"

During the course of the sanitary survey the Department discovered violation(s) of regulation or statute, that is, condition(s) in the source, facilities, equipment, operation and maintenance of the PWS which jeopardize the delivery of pure and safe water to all consumers (hereafter collectively referred to as "violations"). All violations found at the PWS are listed in Section A of the attached Compliance Plan. Additional recommendations for improving your system may also have been identified, and if so, are listed in Section B of the

Compliance Plan.

Debriefing Meeting and Written Proposal for Compliance

Please review the attached Report, Finding and Compliance Plan.

OPTION 1:

[, and contact (name) _____ of this office at (phone number) _____ by (date) _____ to arrange for a debriefing meeting. You are requested to bring with you to the debriefing meeting a written proposal describing how and when you propose to come into compliance and correct the violations listed in the Compliance Plan. The written proposal can be created by filling out columns II and III of the Compliance Plan.]

OPTION 2:

[or: before the debriefing meeting scheduled for (date) _____ at (time) _____ (place) _____. You are requested to bring with you to the debriefing meeting a written proposal describing how and when you propose to come into compliance and correct the violations listed in the Compliance Plan. The written proposal can be created by filling out columns II and III of the Compliance Plan.]

At the debriefing meeting we will discuss the Department's evaluation of your system including the violations listed in the Compliance Plan, the actions necessary to achieve compliance, and your written proposal.

Plan for Future Compliance

At the meeting, your input on the system's future compliance efforts is essential. Together we will work out a final Compliance Plan specifying how and when your system will come into compliance by completing columns II and III of the Compliance Plan, describing the actions to be taken and a schedule for correcting the identified problems. If we can agree on the final terms to be inserted into columns II and III, DEP will ask you to sign the compliance schedule and a consent order which incorporates the terms and requirements of the schedule.

Alternatively, the Division may issue a Notice of Noncompliance with a Compliance Plan for all violations found at your system, or a unilateral administrative order requiring that necessary corrective actions be taken within reasonable deadlines. Noncompliance with the terms of such an order or the terms of a NON may result in further enforcement action, including the imposition of penalties of up to \$25,000 for each day after the effective date of the order or Notice during which each violation continues or is repeated.

Attendance at the Meeting

In order to ensure the attendance of the persons who are primarily responsible for taking the appropriate actions in response to this survey, please invite to the debriefing meeting the chief operator, water commissioners, and chief financial officer (or person(s) responsible

for budgeting). The Division strongly urges you to make every effort to ensure the attendance of the responsible officials for your system. The attendance of these officials will expedite the drafting and implementation of your system's written proposal to come into compliance in response to the survey findings.

The DWS staff in this region looks forward to meeting with the responsible officials for your public water system to help you achieve and maintain compliance with the drinking water regulations and improve the overall quality of your system. If you have any questions please contact the above mentioned DWS staff person.

Sincerely,

DWS Water Supply Chief
_____ Region

enc: Comprehensive Compliance Evaluation - Sanitary Survey Report
Findings
Compliance Plan

cc: DEP/DWS Boston
City/Town Board of Health
Town Manager/Board of Selectmen

DRAFT 4/26

FORM 2 - letter

- 1) CONFIRMING DEBRIEFING MEETING HELD AT THE SITE where compliance schedule "FIELD NON" ISSUED, i.e.,
- 2) FOR SYSTEMS WITH VIOLATIONS
- 3) THE COMPLIANCE SCHEDULE WAS FILLED OUT COMPLETELY AT THE SITE, including dates for taking action; SIGNED OR UNSIGNED BY PWS
- 4) AND COMPLIANCE PLAN IS A NON (THAT OPTION IS CHECKED).

NOTE: "Violations" are violations of regulation or statute, i.e., conditions which endanger the delivery of fit and pure water to all consumers.

REGION LETTERHEAD

Town:
PWS Name:
PWS I.D.#:
Date:

Address:

Attention:

RE: COMPREHENSIVE COMPLIANCE EVALUATION: Sanitary Survey Stage 1

On _____, a Comprehensive Compliance Evaluation (Sanitary Survey Stage 1) of the above referenced public water system (PWS) was conducted by the Department of Environmental Protection (DEP) Division of Water Supply (DWS). A sanitary survey is an on site review of the water sources, facilities, equipment, operation and maintenance of a public water system for the purpose of evaluating the adequacy of such source, facilities, equipment, operation and maintenance for collecting and distributing safe drinking water.

Attached you will find the following:

1. Comprehensive Compliance Evaluation - "Sanitary Survey Report"
2. "Findings"
3. "Compliance Plan"

During the course of the sanitary survey the Department discovered violation(s) of regulation or statute, that is, condition(s) in the source, facilities, equipment, operation and maintenance of the PWS which jeopardize the delivery of pure and safe water to all consumers (hereafter collectively referred to as "violations"). All violations found at the PWS

are listed in Section A of the attached Compliance Plan. Please note that the attached Compliance Plan is also a Notice of Noncompliance (NON) pursuant to M.G.L. c.21A, §16 and 310 C.M.R. 5.00. Additional recommendations for improving your system may also have been identified, and if so, are listed in Section B of the Compliance Plan.

Debriefing Meeting

After the sanitary survey was completed the representative of the Division of Water Supply met with _____ (name) _____ (title) from your public water system. At the debriefing meeting the Division's evaluation of your system, including the violations and any recommendations identified by the Division to improve your system were discussed. _____ (name), representing your public water system, acknowledged receipt of the Compliance Plan/NON at that time. Enclosed with this letter is a copy of the signed Compliance Plan/NON discussed at that meeting. Please note that the NON requires, among other things, the submission of quarterly written progress reports on the identified violations.

Notwithstanding this Notice of Noncompliance, the Department reserves the right to exercise the full extent of its legal authority in order to obtain full compliance with all applicable requirements. Noncompliance with the terms of the NON may result in further enforcement action, including the assessment of administrative penalties of up to \$25,000 for each day after the effective date of the NON during which each violation continues or is repeated, or the issuance of a unilateral administrative order requiring the necessary corrective action within a reasonable time period. Noncompliance with the terms of such an order may result also in further enforcement action, including the imposition of penalties of up to \$25,000 for each day after the effective date of the Order during which each violation continues or is repeated.

The DWS staff in this region look forward to working together with the responsible officials for your public water system to help you achieve and maintain compliance with the drinking water regulations and improve the overall quality of your system. If you have any questions please contact the above mentioned DWS staff person.

Sincerely,

DWS Water Supply Chief
_____ Region

enc: Comprehensive Compliance Evaluation - Sanitary Survey Report
Findings
Compliance Plan

cc: DEP/DWS Boston
City/Town Board of Health
Town Manager/Board of Selectmen

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

In the Matter of:)
)
) AO - -)
PWS ID#)
)
)
)

Model Consent Order

PARTIES

1. The Massachusetts Department of Environmental Protection (hereinafter referred to as the "Department") is a duly constituted agency of the Commonwealth of Massachusetts having its principal office located at One Winter Street, Boston, MA, 02108, and a regional office located at _____, MA.

2. The {choose one} City/Town/Water Company/Water District of _____ (hereinafter referred to as "PWS") is a {choose one} duly constituted political subdivision of the Commonwealth/duly constituted corporation doing business in Massachusetts/ duly constituted Water District having its principal offices located at _____.

STATEMENT OF FACT AND LAW

3. The Department has primary enforcement responsibility of the requirements of the federal Safe Drinking Water Act, 42 U.S.C. §§300f et seq. (hereinafter the "Act"), and the regulations promulgated thereunder by the United States Environmental Protection Agency (hereinafter "EPA").

4. The Department may issue such orders as it deems necessary to ensure the delivery of safe and pure drinking water by public water systems to all consumers. M.G.L. c.111, §160. The Department may also require by order the provision and operation of such treatment facilities as it deems necessary to insure the delivery of a safe water supply to all consumers. M.G.L. c. 111, §5G.

5. Pursuant to the authority granted to the Department in M.G.L. c.111, §160, the Department's Division of Water Supply has

promulgated the Massachusetts State Drinking Water Regulations at 310 CMR 22.00, applicable to all public water systems.

6. PWS is a Public Water System as defined by 310 C.M.R. 22.02, 42 U.S.C. §300f(4), and 40 C.F.R. §141.2.

7. On [redacted] (date) a representative of the Department conducted a Sanitary Survey (sometimes referred to as a "Sanitary Survey Stage 1" or a "Comprehensive Compliance Evaluation") of the entire PWS system. A Sanitary Survey is an on site review of the water sources, facilities equipment, operation and maintenance of a PWS for the purpose of evaluating the adequacy of such sources, facilities, equipment, operation and maintenance for producing and distributing safe drinking water. 310 C.M.R. 22.02.

8. As a result of the sanitary survey, the Department identified violations of the drinking water regulations, deficiencies in meeting the Department's Guidelines and Policies for Public Water Systems and general sanitation standards which imperil the delivery of a fit and pure supply of water by the PWS to all of its consumers (hereinafter referred to as "violations").

9. The Findings of the Sanitary Survey and draft Compliance Plan were sent to the PWS. The Sanitary Survey Findings is attached to and incorporated into this Order as Attachments A.

10. On [redacted] PWS attended a meeting with representatives of the Department to discuss the Findings of the Sanitary Survey, and the required actions necessary to achieve compliance.

[Use paragraph 11 for systems which have agreed to a schedule.

Use paragraph 12 for systems which have not agreed to a schedule at the debriefing meeting, but are willing to sign a consent order.

11. At the meeting PWS and the Department agreed on a Compliance Plan specifying the necessary corrective actions, and reasonable deadlines by which the necessary corrective action for each violation will be accomplished.

remember: USE § 11 OR 12 - not both.

12. At the meeting PWS and the Department were not able to agree upon a Compliance Plan specifying the necessary corrective actions and the deadlines by which the necessary corrective action for each violation should be accomplished.

DISPOSITION AND ORDER

13. In order to facilitate long range system planning, conserve resources and expedite compliance, and pursuant to the authority

granted to the Department by M.G.L. c.111, §160, M.G.L. c.21A, §16, 310 C.M.R. 5.00 and 310 C.M.R. 22.00, the Department hereby issues and the PWS hereby consents to the following Order.

14. All violations and recommendations, necessary and recommended corrective actions, and mutually agreeable deadlines for completing the required actions, are listed in the Compliance Plan appended hereto as Attachment B. The Compliance Plan is hereby incorporated into and made a part of this Consent Order. The parties hereby agree that the deadlines listed in the Compliance Plan constitute reasonable time periods by which the actions required shall be accomplished.

15. This Consent Order shall constitute an admission by PWS of the violations listed in the Compliance Schedule.

~~Note: If PWS's object to this paragraph it may be omitted. The following may also be substituted:~~

~~"This Consent Order shall not constitute an admission of liability on the part of the PWS."~~

16. Each undersigned representative hereby certifies that he or she is fully authorized to enter into this Consent Order and to legally bind the respective parties to the terms and conditions of this Order.

17. This Consent Order shall be binding on the PWS and all its heirs, successors and assigns. No change in ownership of PWS shall alter the responsibility of PWS under this Order. PWS shall not violate this Consent Order and shall not allow or suffer its employees, agents, or contractors to violate this Consent Order.

18. Nothing in this Consent Order shall be construed as, or operate as, barring, diminishing, or in any way affecting any legal or equitable right of the Department to issue any future Order with respect to the subject matter of this Consent Order, or in any way affecting any other claim, action, suit, cause of action or demand that the Department may have with respect thereto.

19. ~~optional:~~ If any event occurs beyond the reasonable control and without the fault of PWS and any entity PWS controls, which causes or contributes to a delay in PWS achieving compliance with this Consent Order which could not have been avoided with the exercise of due care, foresight or due diligence on the part of PWS, PWS shall notify the Department in writing within 15 days of the occurrence. Such notice shall include the cause of the delay, the anticipated length of the delay, and measures taken or planned to be taken to minimize the delay, and may include a

request to revise the Compliance Schedule deadlines for implementing the required measures. If such a request is made it shall include a proposed revised Compliance Schedule for implementing the required measures. The Department may extend the performance dates in question for a period of time up to the length of the anticipated delay. Upon approval of the request to revise the Compliance Schedule, PWS shall implement such measures approved by the Department, including any requirements to avoid or minimize any delay.

20. Optional, but please use if you use Paragraph 19 Unanticipated or increased costs associated with the implementation of the required actions, or changes financial circumstances of PWS shall not be considered circumstances beyond the control of PWS for the purposes of this Consent Order.

21. PWS shall be responsible for procuring all federal, state and local permits, licenses and approvals necessary to perform the work required by this Consent Order and agrees to exert its best efforts to obtain all such necessary permits, licenses and approvals in a timely fashion. All work required by the terms of this Order shall be performed in accordance with applicable federal, state and local laws, regulations and approvals.

22. Any written submittal required of PWS pursuant to this Consent Order shall be delivered or mailed to:

(name) _____
Department of Environmental Protection
_____ Region
Division of Water Supply
_____, MA _____

23. This Consent Order shall be considered a Notice of Noncompliance issued pursuant to M.G.L. c.21A, §16 and 310 C.M.R. 5.00. PWS is advised that if it fails to comply with this Consent Order, M.G.L. c.21A, §16 and M.G.L. c. 111, §160 provide for civil administrative penalties of up to \$25,000 for each day after the effective date of this Consent Order during which each violation covered by this Order continues or is repeated.

24. Commencing on _____ (date) and continuing every three months thereafter, PWS shall submit a quarterly progress report to the Department summarizing the progress made in completing the required actions set out in Attachment A to this Order.

25. The Department expressly reserves its right pursuant to M.G.L. c.111, §165, and 310 C.M.R. 22.18 to inspect the system and enter any system facility to monitor PWS's compliance with this Consent Order, M.G.L. c.111, §160 and 310 C.M.R. 22.00.

26. If any term of this Consent Order shall be held to be invalid or unenforceable, the remainder of this Order shall not be affected by such validity or enforceability.

27. The effective date of this Order shall be the date of the last signature below.

For the Department
of Environmental Protection,

Name: _____ Date _____
Title: _____

For _____,
Public Water System:

Name: _____ Date _____
Title: _____

Attachment A: Sanitary Survey Findings
Attachment B: Compliance Plan

PWS NAME _____

PWS ID# _____

SANITARY SURVEY COMPLIANCE PLAN

For use when violations are discovered during a survey

On _____ (date) a Sanitary Survey was conducted of the above public water system. During that survey violations of regulations or statute were identified, and are listed in section A of the table below. Additional recommendations for improving the system may also have been identified and are listed in section B.

1) **TO SCHEDULE A DEBRIEFING MEETING** - This paragraph can be used when a debriefing meeting has not yet been scheduled, or will not be scheduled.

You must submit a written proposal to the Department setting forth how and when you propose to come into compliance and correct the violations listed below, no later than _____ (date). You may use column II and III from the table below to submit this information.

2) **WHEN DEBRIEFING MEETING HAS BEEN SCHEDULED.**

You must submit a written proposal to the Department setting forth how and when you propose to come into compliance and correct the violations listed below, at a debriefing meeting scheduled for _____ (date) at _____ (time) at _____ (location). If you are unable to attend, please contact _____ (name) of the Division of Water Supply immediately at _____ (phone) _____ to make/reschedule the debriefing meeting.

3) **WHEN A DEBRIEFING MEETING WAS HELD ON SITE** - This paragraph may be used when the debriefing meeting is held at the PWS site, and the supplier agrees upon the necessary corrective actions and reasonable deadlines by which the actions are to be accomplished. (Using the "NON approach" when the debriefing meeting is done at the site.)

The Findings of the Department's Sanitary Survey were discussed with the above named public water system at the end of the survey and/or a debriefing meeting held on _____ (date). The following action plan to remedy the violations and achieve compliance was agreed upon by the Public Water System and the Department. Actions necessary to correct the violations found during the survey are listed in column II of the table below, and the deadlines by which the corrective actions are to be taken are listed in column III.

This Compliance Plan [is ____] or [is not ____] (check one) a Notice of Noncompliance pursuant to M.G.L. c.21A, §16, and 310 C.M.R. 5.00. Section B of this Compliance Plan is not a Notice of Non-compliance.

REMEMBER: IF this Compliance Plan is also a Notice of Noncompliance (NON): It must contain all the required elements of a NON, including reasonable deadlines for coming into compliance or deadlines for submitting a written proposal for coming into compliance.

PAGE ____ of ____

PWS INITIALS

Date: ____ / ____ / ____

PWS NAME _____

PWS ID# _____

SANITARY SURVEY COMPLIANCE PLAN

For use when DEP has only Recommendations

This paragraph may be used to schedule a debriefing meeting for PWS's to discuss the Department Recommendations.

On _____ (date) a Sanitary Survey was conducted of the above public water system. During that Survey conditions at the system were identified which could be improved by implementing the Department's recommendations listed on Section B of the Compliance Plan attached to this letter. Please contact _____ (name) at _____ (phone) to schedule a debriefing meeting to discuss the Department's Sanitary Survey and Findings, including its recommendations.

PAGE ____ of ____

PWS INITIALS

Date: ____ / ____ / ____

PWS NAME _____ PWS ID# _____

SANITARY SURVEY COMPLIANCE PLAN

SIGNATURE PAGE

For use when Section A of the Compliance Plan has been filled out

For Public Water System:

Signature

Title

Printed Name

Date

Signature

Title

Printed Name

Date

Signature

Title

Printed Name

Date

Signature

Title

Printed Name

Date

For the Department of Environmental Protection:

Signature

Title

Printed Name

Date

PAGE ____ of ____

PWS INITIALS

Date: ____ / ____ / ____

PWS NAME _____ PWS ID# _____

SANITARY SURVEY COMPLIANCE PLAN

SIGNATURE PAGE

For use when Section B of the Compliance Plan has been filled out

I hereby acknowledge receipt of the findings and inspection report of the sanitary survey conducted by the Department of Environmental Protection's Division of Water Supply, including this compliance schedule, with its recommended actions to improve the system.

For the Public Water System:

Signature

Title

Printed Name

Date

Signature

Title

Printed Name

Date

Signature

Title

Printed Name

Date

For the Department of Environmental Protection:

Signature

Title

Printed Name

Date

PAGE ____ of ____

Date: ____ / ____ / ____

PWS INITIALS

PWS NAME _____

PWS ID # _____

**SANITARY SURVEY
COMPLIANCE PLAN - SECTION A - VIOLATIONS**

#	I. VIOLATIONS OF REGULATION OR STATUTE	II. CORRECTIVE ACTION	III. DEADLINE FOR TAKING CORRECTIVE ACTION *	IV. DWS USE

* Please be reminded to provide DEP with quarterly progress report or as otherwise specified in writing by DWS; for example on 1/1/94, 3/1/94, 6/1/94, 12/1/94, etc.

PWS NAME _____

PWS ID # _____

**SANITARY SURVEY
COMPLIANCE PLAN - SECTION A - VIOLATIONS**

#	I. VIOLATIONS OF REGULATION OR STATUTE	II. CORRECTIVE ACTION	III. DEADLINE FOR TAKING CORRECTIVE ACTION*	IV. DWS USE

* Please be reminded to provide DEP with quarterly progress report or as otherwise specified in writing by DWS; for example on 1/1/94, 3/1/94, 6/1/94, 12/1/94, etc.

PWS NAME _____

PWS ID # _____

SANITARY SURVEY COMPLIANCE PLAN - SECTION B - RECOMMENDATIONS

Recommendations to improve the protection of drinking water and public health. DEP/DWS will provide technical assistance to systems responding to these recommendations. Please call your regional DWS office for referral to the appropriate staff person.

#	I. IDENTIFIED PROBLEM	II. RECOMMENDED ACTIONS TO IMPROVE THE SYSTEM	III. TIME FOR TAKING RECOMMENDED ACTIONS *	IV. DWS USE

* Please monitor progress and provide DEP with progress reports.

PWS NAME _____

PWS ID # _____

SANITARY SURVEY COMPLIANCE PLAN - SECTION B - RECOMMENDATIONS

Recommendations to improve the protection of drinking water and public health. DEP/DWS will provide technical assistance to systems responding to these recommendations. Please call your regional DWS office for referral to the appropriate staff person.

#	I. IDENTIFIED PROBLEM	II. RECOMMENDED ACTIONS TO IMPROVE THE SYSTEM	III. TIME FOR TAKING RECOMMENDED ACTIONS *	IV. DWS USE

* Please monitor progress and provide DEP with progress reports.

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

In the Matter of: _____)

PWS ID# _____)
_____) AO - _____ - _____

Model Consent Order

PARTIES

1. The Massachusetts Department of Environmental Protection (hereinafter referred to as the "Department") is a duly constituted agency of the Commonwealth of Massachusetts having its principal office located at One Winter Street, Boston, MA, 02108, and a regional office located at _____, MA.
2. The {choose one} City/Town/Water Company/Water District of _____ (hereinafter referred to as "PWS") is a {choose one} duly constituted political subdivision of the Commonwealth/duly constituted corporation doing business in Massachusetts/ duly constituted Water District having its principal offices located at _____.

STATEMENT OF FACT AND LAW

3. The Department has primary enforcement responsibility of the requirements of the federal Safe Drinking Water Act, 42 U.S.C. §§300f et seq. (hereinafter the "Act"), and the regulations promulgated thereunder by the United States Environmental Protection Agency (hereinafter "EPA").
4. The Department may issue such orders as it deems necessary to ensure the delivery of safe and pure drinking water by public water systems to all consumers. M.G.L. c.111, §160. The Department may also require by order the provision and operation of such treatment facilities as it deems necessary to insure the delivery of a safe water supply to all consumers. M.G.L. c. 111, §5G.
5. Pursuant to the authority granted to the Department in M.G.L. c.111, §160, the Department's Division of Water Supply has

promulgated the Massachusetts State Drinking Water Regulations at 310 CMR 22.00, applicable to all public water systems.

6. PWS is a Public Water System as defined by 310 C.M.R. 22.02, 42 U.S.C. §300f(4), and 40 C.F.R. §141.2.

7. On _____ (date) a representative of the Department conducted a Sanitary Survey (sometimes referred to as a "Sanitary Survey Stage 1" or a "Comprehensive Compliance Evaluation") of the entire PWS system. A Sanitary Survey is an on site review of the water sources, facilities equipment, operation and maintenance of a PWS for the purpose of evaluating the adequacy of such sources, facilities, equipment, operation and maintenance for producing and distributing safe drinking water. 310 C.M.R. 22.02.

8. As a result of the sanitary survey, the Department identified violations of the drinking water regulations, deficiencies in meeting the Department's Guidelines and Policies for Public Water Systems and general sanitation standards which imperil the delivery of a fit and pure supply of water by the PWS to all of its consumers (hereinafter referred to as "violations").

9. The Findings of the Sanitary Survey and draft Compliance Plan were sent to the PWS. The Sanitary Survey Findings is attached to and incorporated into this Order as Attachments A.

10. On _____ PWS attended a meeting with representatives of the Department to discuss the Findings of the Sanitary Survey, and the required actions necessary to achieve compliance.

[Use paragraph 11 for systems which have agreed to a schedule.

Use paragraph 12 for systems which have not agreed to a schedule at the debriefing meeting, but are willing to sign a consent order.

11. At the meeting PWS and the Department agreed on a Compliance Plan specifying the necessary corrective actions, and reasonable deadlines by which the necessary corrective action for each violation will be accomplished.

remember: USE § 11 OR 12 - not both.

12. At the meeting PWS and the Department were not able to agree upon a Compliance Plan specifying the necessary corrective actions and the deadlines by which the necessary corrective action for each violation should be accomplished.

DISPOSITION AND ORDER

13. In order to facilitate long range system planning, conserve resources and expedite compliance, and pursuant to the authority

granted to the Department by M.G.L. c.111, §160, M.G.L. c.21A, §16, 310 C.M.R. 5.00 and 310 C.M.R. 22.00, the Department hereby issues and the PWS hereby consents to the following Order.

14. All violations and recommendations, necessary and recommended corrective actions, and mutually agreeable deadlines for completing the required actions, are listed in the Compliance Plan appended hereto as Attachment B. The Compliance Plan is hereby incorporated into and made a part of this Consent Order. The parties hereby agree that the deadlines listed in the Compliance Plan constitute reasonable time periods by which the actions required shall be accomplished.

15. This Consent Order shall constitute an admission by PWS of the violations listed in the Compliance Schedule.

Note: If PWS's object to this paragraph it may be omitted. The following may also be substituted:

"This Consent Order shall not constitute an admission of liability on the part of the PWS."

16. Each undersigned representative hereby certifies that he or she is fully authorized to enter into this Consent Order and to legally bind the respective parties to the terms and conditions of this Order.

17. This Consent Order shall be binding on the PWS and all its heirs, successors and assigns. No change in ownership of PWS shall alter the responsibility of PWS under this Order. PWS shall not violate this Consent Order and shall not allow or suffer its employees, agents, or contractors to violate this Consent Order.

18. Nothing in this Consent Order shall be construed as, or operate as, barring, diminishing, or in any way affecting any legal or equitable right of the Department to issue any future Order with respect to the subject matter of this Consent Order, or in any way affecting any other claim, action, suit, cause of action or demand that the Department may have with respect thereto.

19. optional: If any event occurs beyond the reasonable control and without the fault of PWS and any entity PWS controls, which causes or contributes to a delay in PWS achieving compliance with this Consent Order which could not have been avoided with the exercise of due care, foresight or due diligence on the part of PWS, PWS shall notify the Department in writing within 15 days of the occurrence. Such notice shall include the cause of the delay, the anticipated length of the delay, and measures taken or planned to be taken to minimize the delay, and may include a

request to revise the Compliance Schedule deadlines for implementing the required measures. If such a request is made it shall include a proposed revised Compliance Schedule for implementing the required measures. The Department may extend the performance dates in question for a period of time up to the length of the anticipated delay. Upon approval of the request to revise the Compliance Schedule, PWS shall implement such measures approved by the Department, including any requirements to avoid or minimize any delay.

20. Optional, but please use if you use Paragraph 19 Unanticipated or increased costs associated with the implementation of the required actions, or changes financial circumstances of PWS shall not be considered circumstances beyond the control of PWS for the purposes of this Consent Order.

21. PWS shall be responsible for procuring all federal, state and local permits, licenses and approvals necessary to perform the work required by this Consent Order and agrees to exert its best efforts to obtain all such necessary permits, licenses and approvals in a timely fashion. All work required by the terms of this Order shall be performed in accordance with applicable federal, state and local laws, regulations and approvals.

22. Any written submittal required of PWS pursuant to this Consent Order shall be delivered or mailed to:

(name) _____
Department of Environmental Protection
_____ Region
Division of Water Supply
_____, MA _____

23. This Consent Order shall be considered a Notice of Noncompliance issued pursuant to M.G.L. c.21A, §16 and 310 C.M.R. 5.00. PWS is advised that if it fails to comply with this Consent Order, M.G.L. c.21A, §16 and M.G.L. c. 111, §160 provide for civil administrative penalties of up to \$25,000 for each day after the effective date of this Consent Order during which each violation covered by this Order continues or is repeated.

24. Commencing on _____ (date) and continuing every three months thereafter, PWS shall submit a quarterly progress report to the Department summarizing the progress made in completing the required actions set out in Attachment A to this Order.

25. The Department expressly reserves its right pursuant to M.G.L. c.111, §165, and 310 C.M.R. 22.18 to inspect the system and enter any system facility to monitor PWS's compliance with this Consent Order, M.G.L. c.111, §160 and 310 C.M.R. 22.00.

26. If any term of this Consent Order shall be held to be invalid or unenforceable, the remainder of this Order shall not be affected by such validity or enforceability.

27. The effective date of this Order shall be the date of the last signature below.

For the Department
of Environmental Protection,

Name: _____

Date

Title: _____

For _____,
Public Water System:

Name: _____

Date

Title: _____

Attachment A: Sanitary Survey Findings
Attachment B: Compliance Plan