



Charles D. Baker, Governor
 Karyn E. Polito, Lieutenant Governor
 Stephanie Pollack, Secretary & CEO
 Jonathan L. Gulliver, Acting Highway Administrator



**ENVIRONMENTAL SERVICES
 Salt Remedation Program
 Public Water Supply Data Form**

Please complete this form, attach all requested data and send to: Laurene Poland, MassDOT, Highway Division,
 Ten Park Plaza, Room 4260, Boston MA 02116.

If you have any questions please call Cate Kenna, Salt Remediation Program Coordinator at 857-368-8804.

I. Water Department	
Name of Water Department:	Phone:
Address:	City/Town:
Zip code	Name of Superintendent:
Email Address:	
II. Location of Municipal wells(s) and /or reservoir(s) containing more than 20 milligrams per liter of sodium. <i>Please attach a map showing :</i>	
A.) The Well and /or Reservoir Locations(s)	
B.) The State Highway(s)	
C.) The "Zone II" area of the Aquifer and Drainage Basin Boundaries	
III. Location of other municipal well(s) and /or reservoir(s) operated by your Water Department.	
A.) The Well(s) and /or Reservoir Locations	
B.) The State Highways	
C.) Town Roads	
D.) Municipal & Private Salt Storage Areas	
IV. Analytical Data	
Please attach copies of <u>all</u> water analyses for the well(s) and /or reservoir(s) with 20 mg/L or more of sodium for at least the past ten years. Please include analyses for all constituents tested as well as the sodium.	
Please attach similar data from the water analyses of sample collected at the "free-flowing tap".	

V. Water Treatment

List, on a separate page, all water treatment equipment and chemicals used. Include annual quantities of chemicals used and the concentration of sodium in mg/L that is added to the water through the use of these chemicals.

VI. Geohydrologic Data

Attach a copy of all boring logs, engineering studies, pumping tests, well completion reports, hydrologic studies, etc. for the well(s) and /or reservoir(s) containing more than 20 mg/L of sodium.

VII. Pumpage Data

List by month, the annual pumpage for at least the past ten years for all municipal Well(s) and /reservoir(s) operated by your water department.

VIII. Certification

I hereby certify that all of the statement and information on and supplied with this form are true and complete to the best of my knowledge and belief and that no information necessary to the resolution of this complaint is withheld.

Signature of water superintendent or water commissioner:

Name:

Date:

Title: