

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0040442	TALCOTT MOUNTAIN SCIENCE CENTER #1			NTNC	59	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
350 MONTEVIDEO RD			4				

Towns Served: AVON

### Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/25	6/1-9/30	
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/26 - 6/30/26		
	7/1/26 - 12/31/26		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

<b>Di(2-Ethylhexyl) - Phthalate (2039)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		
<b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0040442	TALCOTT MOUNTAIN SCIENCE CENTER #1			NTNC	59	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
350 MONTEVIDEO RD				4				
Towns Served: AVON								

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
Organic Chemicals (VOCS)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN	2/1/2026	
CROSS CONNECTION EXEMPTION	3/1/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	3	ENTRY POINT	A				
		4	DISTRIBUTION SYSTEM	A	Y		Y	Y
		B 1	BOYS ROOM	A		2		
		CRF	CLASS ROOM FAUCET	A		2		
		DF 1	DRINKING FOUNTAIN	A		2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		G 1	GIRLS ROOM	A		2		
		LAB 1	LAB FAUCET 1	A	Y	2		Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10012	WELL	2	WELL	A				

### Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, DAVID	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	3/31/2028

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0040442	TALCOTT MOUNTAIN SCIENCE CENTER #1			NTNC	59	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
350 MONTEVIDEO RD			4				
Towns Served: AVON							

### Certified Operator Information

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026

### Contact Information

Name				Organization			Job Title		
Talcott Mtn Science Ctr									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
350 Montevideo Rd						Avon		CT	06001
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Owner**

Name				Organization		Job Title			
Mr. Jeffrey Martin				Talcott Mountain Science Cntr		Executive Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
324 Montevideo Road						Avon		CT	06001
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-677-8571					860-676-0421	jmartin@tmcs.org			

Contact Role(s): **Legal Contact**

Name				Organization		Job Title			
Mr. Sean Conlin				Talcott Mountain Science Cntr		Facilities Lead			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
324 Montevideo Road						Avon		CT	06001
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-677-8571							sconlin@tmcs.org		

Contact Role(s): **Administrative Contact**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

**If you have any questions, please contact the Drinking Water Section at (860) 509-7333.**

<http://www.ct.gov/dph/publicdrinkingwater>

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0040483	TALCOTT MOUNTAIN SCIENCE CENTER #2			NTNC	59	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
MONTEVIDEO ROAD				1				

Towns Served: AVON

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Chlorine Residual (1012)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
<b>Disinfectant Byproducts - TTHM &amp; HAA5 (DBP)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
BOYS ROOM (BRF2)	1/1/25 - 12/31/25	8/1-8/31	Complete
	1/1/26 - 12/31/26	8/1-8/31	
	1/1/27 - 12/31/27	8/1-8/31	
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/25 - 12/31/27	6/1-9/30	
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Di(2-Ethylhexyl) - Phthalate (2039)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0040483	TALCOTT MOUNTAIN SCIENCE CENTER #2			NTNC	59	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
MONTEVIDEO ROAD			1				
Towns Served: AVON							

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
Organic Chemicals (VOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: WATER TREATMENT PLANT (WSFID: 1065)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.55 MG/L	Daily	
Start Date: 3/1/2022				
		Compliance History: Monitoring Period	Operating Limit Compliance Status:	Monitoring Compliance Status:
		8/1/2025 - 8/31/2025	Y	
		9/1/2025 - 9/30/2025	Y	
		10/1/2025 - 10/31/2025	Y	
		11/1/2025 - 11/30/2025	Y	
		12/1/2025 - 12/31/2025	Y	

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
MAIL/HAND DELIVER NOTICE TO CONSUMERS	12/31/2025	6/30/2025
CROSS CONNECTION SURVEY REPORT	3/1/2026	
CERTIFY LEAD SL NOTIFICATION	7/1/2026	6/30/2025
MAIL/HAND DELIVER NOTICE TO CONSUMERS	12/31/2026	
CERTIFY LEAD SL NOTIFICATION	7/1/2027	

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0040483	TALCOTT MOUNTAIN SCIENCE CENTER #2			NTNC	59	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
MONTEVIDEO ROAD			1				
Towns Served: AVON							

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	3	ENTRY POINT	A				
		4	DISTRIBUTION SYSTEM	A	Y		Y	Y
		BRF2	BOYS ROOM	A	Y	2		Y
		BRFA2	BREAK ROOM	A		2		
		DF2	DRINKING FOUNTAIN	A		2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GRF2	GIRLS ROOM	A		2		
		KF	KITCHEN FAUCET	A		2		
		OF	OUTSIDE FAUCET	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10014	WELL	2	WELL	A				
1065	WATER TREATMENT PLANT							

### Certified Operator Information

**Water System Facility:** WATER TREATMENT PLANT (WSF ID: 1065)

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, DAVID	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	3/31/2028
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026

### Contact Information

Name				Organization		Job Title			
Mr. Jeffrey Martin				Talcott Mountain Science Cntr		Executive Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
324 Montevideo Road						Avon		CT	06001
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-677-8571					860-676-0421	jmartin@tmsc.org			

**Contact Role(s):** Legal Contact

Name				Organization		Job Title			
Mr. Sean Conlin				Talcott Mountain Science Cntr		Facilities Lead			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
324 Montevideo Road						Avon		CT	06001
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-677-8571							sconlin@tmsc.org		

**Contact Role(s):** Administrative Contact

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0040483	TALCOTT MOUNTAIN SCIENCE CENTER #2			NTNC	59	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
MONTEVIDEO ROAD		Connections	1				
Towns Served: AVON							

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

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***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0040493	THE ARC OF THE FARMINGTON VALLEY			NTNC	50	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
255 OLD MOUNTAIN ROAD		Connections	3				
Towns Served: AVON							

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

**Asbestos (1094)** 1 routine (RT) per nine years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		

**Total Coliform (3100)** 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

**Lead And Copper (PBCU)** 5 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/25	6/1-9/30	Complete
	1/1/25 - 12/31/27	6/1-9/30	
	1/1/28 - 12/31/30	6/1-9/30	

**Physical Parameters (PPS)** 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

**Inorganic Chemicals (IOCS)** 1 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/26		Complete
	1/1/27 - 12/31/29		

**Nitrate And Nitrite (NOX)** 1 routine (RT) per year

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

**Pesticides, Herbicides and PCBs-Phase II (SOC2)** 1 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		

**Pesticides, Herbicides and PCBs-Phase V (SOC5)** 1 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0040493	THE ARC OF THE FARMINGTON VALLEY			NTNC	50	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
255 OLD MOUNTAIN ROAD			3				

Towns Served: AVON

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Organic Chemicals (VOCS)	1 routine (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/26		Complete
	1/1/27 - 12/31/29		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification
E. Coli	1/1/25 - 9/19/25	3	10/1/2026	Due to DPH Received

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		ARC11	BATHROOM OFF KITCHEN	A	Y	2	Y	
		ARC12	BATHROOM BUILD 1 #2	A	Y	2	Y	
		ARC13	BATHROOM BUILD 1 #3	A	Y	2	Y	
		ARC20	KITCHEN SINK BUILD 1	A	Y	2	Y	
		ARC21	BATHROOM BUILD 2 #1	A	Y	2	Y	
		ARC22	BATHROOM BUILD 2 #2	A	Y	2	Y	
		ARC23	BATHROOM BUILD 2 #3	A	Y	2	Y	
		ARC30	KITCHEN SINK BUILD 2	A	Y	2	Y	
		ARC31	BATHROOM BUILD 3 #1	A	Y	2	Y	Y
		ARC32	BATHROOM BUILD 3 #2	A	Y	2	Y	Y
		ARC33	BATHROOM BUILD 3 #3	A	Y	2	Y	Y
		ARC40	KITCHEN SINK BUILD 3	A	Y	2	Y	Y
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10015	WELL	2	WELL	A				
46870	TREATMENT PLANT							

### Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 46870)

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
WEID, JEREMIAH J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0040493	THE ARC OF THE FARMINGTON VALLEY			NTNC	50	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
255 OLD MOUNTAIN ROAD		Connections	3				
Towns Served: AVON							

### Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 46870)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2027

### Contact Information

Name				Organization			Job Title		
Ms. Patricia Nadeau				Arc of The Farmington Valley			Dir. of Res Services		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
225 Commerce Dr						Canton		CT	06019
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-693-6662	106	860-693-8662		860-641-4560	pnadeau@favarh.org				

Contact Role(s): **Legal Contact**

Name				Organization			Job Title		
Mr. Stephen E. Morris				Arc of Farmington Valley			Exe Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 1099						Canton		CT	06019
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-693-6662	123				smorris@favarh.org				

Contact Role(s): **Legal Contact**

Name				Organization			Job Title		
Mr. John Annis				Arc of The Farmington Valley			Facility Coordinator		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
225 Commerce Drive						Canton		CT	06019
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-693-6662		160				860-221-5765	facilitiescoord@favarh.org		

Contact Role(s): **Administrative Contact**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

*If you have any questions, please contact the Drinking Water Section at (860) 509-7333.*

<http://www.ct.gov/dph/publicdrinkingwater>

**End of schedule**

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