

**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	Residential	Commercial	Industrial	Combined
350 MONTEVIDEO RD	Connections	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>

*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	Residential	Commercial	Industrial	Combined
350 MONTEVIDEO RD	Connections	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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
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 ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and	Stage
					Coliform Rule	Copper Rule Tier	
00600	DISTRIBUTION SYSTEM	3	ENTRY POINT	A			
		4	DISTRIBUTION SYSTEM	A	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	Certification Expiration
Operator Name	Operator Type	Certification(s)
NIGRO, DAVID	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I
		3/31/2028

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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	Residential	Commercial	Industrial	Combined
350 MONTEVIDEO RD	Connections	4			Agricultural

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 WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2028 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
860-677-8571				860-676-0421	jmartin@tmsc.org

### Contact Role(s): Legal Contact

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					sconlin@tmsc.org

### Contact Role(s): Administrative 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

### 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	Residential	Commercial	Industrial	Combined
MONTEVIDEO ROAD	Connections	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: <b>ENTRY POINT</b> (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	Residential	Commercial	Industrial	Combined
MONTEVIDEO ROAD	Connections	1			

Towns Served: AVON

### Monitoring Requirements

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

Nitrate And Nitrite (NOX)				1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
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
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
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
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
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
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
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	
		Minimum:	0.55 MG/L	Daily	
Start Date:	Entry Point RDC (EPRD)	Monitoring Period	Compliance Status:	Compliance Status:	Monitoring
		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

Compliance Schedule Activity	Due Date	Achieved Date
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	Residential	Commercial	Industrial	Combined
MONTEVIDEO ROAD	Connections	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:		Certification Expiration
Operator Name	Operator Type	Certification(s)
NIGRO, DAVID	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I
		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
324 Montevideo Road		State
		Zip Code
Business Phone	Extension	Fax
860-677-8571		
		Mobile Phone
		Emergency Phone
		Email Address
		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
324 Montevideo Road		State
		Zip Code
Business Phone	Extension	Fax
860-677-8571		
		Mobile Phone
		Emergency Phone
		Email Address
		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
<b>CT0040483</b>	<b>TALCOTT MOUNTAIN SCIENCE CENTER #2</b>			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.*

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

**End of schedule**

# 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
255 OLD MOUNTAIN ROAD	Connections	3			

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	Complete
	1/1/25 - 12/31/27	6/1-9/30	
	1/1/28 - 12/31/30	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>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)	1/1/24 - 12/31/26		Complete
	1/1/27 - 12/31/29		
<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>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
<b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</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
CT0040493	THE ARC OF THE FARMINGTON VALLEY	NTNC	50	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
255 OLD MOUNTAIN ROAD	Connections	3			

Towns Served: AVON

## Monitoring Requirements

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

Organic Chemicals (VOCS)	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	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
E. Coli	1/1/25 - 9/19/25	3	10/1/2026		10/11/2026	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Lead and Coliform Rule	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	Certification Expiration
Operator Name	Operator Type	Certification(s)
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
255 OLD MOUNTAIN ROAD	Connections	3			

Towns Served: AVON

## Certified Operator Information

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

Facility Classification:		Certification Expiration
CLASS 1 TREATMENT PLANT		
Operator Name	Operator Type	Certification(s)
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		City CT Zip Code
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		City CT Zip Code
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
860-693-6662	123	860-693-8662 860-641-4560 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		City CT Zip Code
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 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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