

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0360012	VALLEY REGIONAL HIGH SCHOOL	NTNC	565	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
256 KELSEY HILL ROAD	Connections	1			

Towns Served: DEEP RIVER

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 Alkalinity (1927)	4 routine (RT) per six months		
<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		
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)	20 routine (RT) per six months		
<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 - 12/31/25		Complete
	1/1/26 - 6/30/26		
	7/1/26 - 12/31/26		
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 Quality Parameters (WQPD)	2 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 - 12/31/23	6/1-9/30	Complete
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)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
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		
Lead And Copper (PBCU)	1 routine (RT) per six months		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

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CT0360012	VALLEY REGIONAL HIGH SCHOOL	NTNC	565	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
256 KELSEY HILL ROAD	Connections	1			

Towns Served: DEEP RIVER

Monitoring Requirements

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

Lead And Copper (PBCU)		1 routine (RT) per six months		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT (3)		7/1/25 - 12/31/25	Complete	
Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)			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)		1/1/25 - 12/31/27		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
			Compliance History:	Monitoring
pH	Entry Point pH Monitoring (PHRD)	Maximum: 7.8 PH		Daily
Start Date: 2/1/2026		Monitoring Period	Operating Limit	Compliance Status:
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.2 PH	Daily	
Start Date: 2/1/2026		Monitoring Period	Operating Limit	Monitoring
			Compliance Status:	Compliance Status:

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SWTS 1: PWS TO RECOMMEND SOWT	12/27/2025	3/28/2024
CCTS 1: PWS TO RECOMMEND OCCT	12/31/2025	3/28/2024
CCTS 5: PWS OCCT INSTALLATION	2/13/2026	
CROSS CONNECTION SURVEY REPORT	3/1/2026	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2026	
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	6/27/2026	2/13/2025
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	6/30/2026	2/13/2025
CCTS 5: PWS OCCT INSTALLATION	6/30/2027	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Water Quality Parameters - Basic M&R Violation	1/1/25 - 6/30/25	3	10/10/2026		10/20/2026	
Water Quality Parameters M&R Violation	1/1/25 - 6/30/25	3	10/10/2026		10/20/2026	

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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
CT0360012	VALLEY REGIONAL HIGH SCHOOL	NTNC	565	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
256 KELSEY HILL ROAD	1				

Towns Served: DEEP RIVER

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point		Status	Total Coliform Rule	Lead and Copper Rule Tier		Asbestos	WQP 2	DBPR	Stage
		ID	Description								
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y						
		DOWNSTREAM	WITHIN 5 SERVICE CON	A							
		UPSTREAM	WITHIN 5 SERVICE CON	A							
		VR001	KITCHEN COOK SINK	A	Y	2		Y	Y		
		VR002	LAVATORY SINK 100	I	Y	2					
		VR003	LAVATORY SINK OFFICE	I	Y	2					
		VR004	LAVATORY SINK 400	I	Y	2					
		VR005	LAVATORY SINK FAC	I	Y	2					
		VR006	LAVATORY SINK 500	I	Y	2					
		VR007	TECH ED	A	Y	2			Y		
		VR008	FACULTY LOUNGE	A	Y	2			Y		
		VR009	CHORUS ROOM	A	Y	2			Y		
		VR010	HOME EC E	A	Y	2			Y		
		VR011	HOME EC W	A	Y	2			Y		
		VR012	OFFICE COFFEE SINK	A	Y	2		Y	Y		
		VR013	802 WOOD SHOP	A	Y	2			Y		
		VR014	801 ART	A	Y	2			Y		
		VR016	214 SCIENCE	A	Y	2			Y		
		VR017	PE TRAINING	A	Y	2			Y		
		VR018	AL A CARTE	A	Y	2			Y		
		VR019	NURSE OFFICE	A	Y	2			Y		
		VR020	CUSTODIAL X OFFICE	A	Y	2			Y		
		VR021	202 SCIENCE	A	Y	2			Y		
		VR022	415 SPEC NEEDS	A	Y	2			Y		
		VR023	310 LIBRARY	A	Y	2			Y		
		VR024	407 HOME EC N	A	Y	2			Y		
		VR026	702 BAND	A	Y	2			Y		
		VR028	DRAMA	A	Y	2			Y		
		VR029	LIBRARY OFFICE	A	Y	2			Y		
00700	ENTRY POINT	3	ENTRY POINT	A							
10176	WELL 1	2	WELL 1	A							
51753	WELL 2	2	WELL 2	A							
51757	ATMOSPHERIC TANK										
51760	HYDROSTATIC TANK										
51761	PUMP STATION										
62817	GAC TREATMENT										

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CT0360012	VALLEY REGIONAL HIGH SCHOOL	NTNC	565	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
256 KELSEY HILL ROAD	Connections	1			

Towns Served: DEEP RIVER

Certified Operator Information

Water System Facility: **GAC TREATMENT (WSF ID: 62817)**

Facility Classification: CLASS 1 TREATMENT PLANT

**Certification
Expiration**

Operator Name	Operator Type	Certification(s)	
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2027

Contact Information

Name	Organization	Job Title		
Mr. Bob Grissom	Region 4 Schools	Finance Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1 Winthrop Road		Deep River	CT	06417
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-526-2417	1462		860-661-6150	rgrissom@reg4.k12.ct.us

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

Name	Organization	Job Title		
Mr. Fred Gerber	Regional School District #4	Facilities Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1 Winthrop Road		Deep River	CT	06417
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-526-2417	1512		475-321-3312	fgerber@reg4.k12.ct.us

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
CT0360022	JOHN WINTHROP JUNIOR HIGH SCHOOL	NTNC	400	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1 WINTHROP ROAD	Connections	1			

Towns Served: DEEP RIVER

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	1/1/24 - 12/31/26	6/1-9/30	
	1/1/27 - 12/31/29	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)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
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 Polychlorinated Biphenyls (PCBs) (SOCS)	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)	1/1/25 - 12/31/27		

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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
CT0360022	JOHN WINTHROP JUNIOR HIGH SCHOOL	NTNC	400	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1 WINTHROP ROAD	Connections	1			

Towns Served: DEEP RIVER

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT		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	Lead and Coliform Rule	Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		JW001	KITCHEN SINK 712	A	Y	2	Y		
		JW002	LAVATORY SINK 700	A	Y	2			
		JW003	LAVATORY SINK 200	A	Y	2			
		JW004	LAVATORY SINK 122	A	Y	2			
		JW005	LAVATORY SINK 100	A	Y	2			
		JW006	WELL HEAD	A		2			
		JW007	OFFICE SINK	A	Y	2			
		JW008	FACULTY WORK ROOM	A	Y	2			
		JW009	HOME EC ROOM	A	Y	2			
		JW010	PROJECT LEARN ROOM	A	Y	2			
		JW011	FACULTY LOUNGE	A	Y	2			
		JW012	TEAM ROOM	A	Y	2			
		JW013	ADMIN BLDG KITCHEN	A	Y	2			
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
10177	WELL 1	2	WELL 1	A					
51815	WELL 2	2	WELL 2	A					
51819	ATMOSPHERIC TANK								
51822	HYDROSTATIC TANK								
51823	PUMP STATION								

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)
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Facility Classification: SMALL WATER SYSTEM	Operator Name	Operator Type	Certification(s)	Certification Expiration
COSSETTE, EVAN J		CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2027
			DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2027
			DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2027

Contact Information

Name	Organization	Job Title		
Mr. Bob Grissom	Region 4 Schools	Finance Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1 Winthrop Road		Deep River	CT	06417

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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
CT0360022	JOHN WINTHROP JUNIOR HIGH SCHOOL	NTNC	400	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1 WINTHROP ROAD		1			

Towns Served: DEEP RIVER

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-526-2417	1462			860-661-6150	rgrissom@reg4.k12.ct.us

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

Name	Organization	Job Title
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Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
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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
CT0363023	INCARNATION CENTER, INC	NTNC	42	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
253 BUSHY HILL ROAD	Connections	18			

Towns Served: DEEP RIVER

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	1/1/24 - 12/31/32		
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 year		
<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 - 12/31/25	6/1-9/30	Complete
	1/1/26 - 12/31/26	6/1-9/30	
	1/1/27 - 12/31/27	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		
	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 Polychlorinated Biphenyls (PCBs) (SOCS)	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		

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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
CT0363023	INCARNATION CENTER, INC	NTNC	42	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
253 BUSHY HILL ROAD	Connections	18			

Towns Served: DEEP RIVER

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit		Samples Req/Month	
		Minimum:	7.0 PH	4	Monitoring
pH	Entry Point pH Monitoring (PHRD)				Compliance Status:
Start Date:	6/1/2008	Compliance History:	Operating Limit	Monitoring	
		Monitoring Period	Compliance Status:	Compliance Status:	
		8/1/2025 - 8/31/2025			
		9/1/2025 - 9/30/2025			
		10/1/2025 - 10/31/2025			
		11/1/2025 - 11/30/2025			
		12/1/2025 - 12/31/2025			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y			
		DOWNTSTREAM	WITHIN 5 SERVICE CON	A				
		IC01	MAIN OFFICE KIT	A	Y	3	Y	
		IC02	ACTVTY CTR BOYS LEFT	A	Y	3	Y	
		IC03	LODGE DINING ROOM	A	Y	3		
		IC04	NATURES PLG KIT	A	Y	3		
		IC05	NATURES PLG SOBR RT	A	Y	3		
		IC06	GIBNEY DNG HALL KIT	A	Y	3		Y
		IC07	LAKESIDE BLDG N BR	A	Y			
		IC08	BROOKS BLDG SVC SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22782	WELL 2	2	WELL 2	A				
22783	WELL 4	2	WELL 4	A				
54868	TREATMENT PLANT							
54870	ATMOSPHERIC TANKS							
54874	PUMP STATION							
58479	WELL 1	2	WELL 1	A				

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 54868)

Facility Classification:	CLASS 2 TREATMENT PLANT	Certification Expiration
Operator Name	Operator Type	Certification(s)

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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
CT0363023	INCARNATION CENTER, INC	NTNC	42	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
253 BUSHY HILL ROAD	Connections	18			

Towns Served: DEEP RIVER

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 54868)

Facility Classification: CLASS 2 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
SEHL, ROBERT	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS II	3/31/2026 3/31/2028
SIMA, III, JOHN F.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2026 6/30/2026

Contact Information

Name	Organization	Job Title		
Dr. Nancy Pilon	Incarnation Center	Executive Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
PO Box 577		Ivoryton	CT	06442
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-767-0848		860-767-8432		860-304-9156
				npilon@incarnationcenter.org

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

Name	Organization	Job Title		
Incarnation Center Inc				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P. O. Box 577	253 Bushy Hill Rd	Ivoryton	CT	06442
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone

Contact Role(s): **Owner**

Name	Organization	Job Title		
Reverend John Douglas Ousley	Incarnation Center Inc	Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
209 Madison Ave		New York	NY	10016
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone

Contact Role(s): **Legal 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

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.