	Connecticut Department	of Public I	Health D	rinkin	ng W	/ater	Sectio	n	
	Water Quality Mon	itoring an	d Compl	liance	Sch	nedule	e		
PWS ID	PWS Name		Cla	ssification	n Pop	ulation	Owner Ty	pe Pri	mary Source
CT0780122	MOUNT HOPE MONTESSORI SCHOOL			NTNC		88	Р		GW
Local Address (v	where applicable)	Service	Residential	Commer	cial	Industria	I Comb	ined	Agricultural
48 BASSETTS BR	RIDGE ROAD	Connections	1						_
Towns Served: I	MANSFIELD						l		
	Moni	itoring Requ	uirements	;					
Water System	Facility: DISTRIBUTION SYSTEM (WSF								
Asbestos (10	94)					1 ro	utine (RT	) per	nine years
Sampling I	Point (Sampling Point ID)		<b>Monitoring F</b>	Period	Colle	ction Peri	iod Co	mplia	ince Status
Select fron	n Inventory of Active Sampling Points		1/1/20 - 12/3	31/28				Cor	nplete
<b>Total Coliforn</b>	n (3100)					1	routine	(RT) p	er quarter
Sampling I	Point (Sampling Point ID)		<b>Monitoring F</b>	Period	Colle	ction Peri	iod Co	mplia	nce Status
Select fron	n Inventory of Active Sampling Points		4/1/25 - 6/3	0/25			nplete		
			7/1/25 - 9/3	0/25				Cor	nplete
			10/1/25 - 12/	31/25					
			1/1/26 - 3/3	1/26					
			4/1/26 - 6/3	0/26					
Lead And Cop	pper (PBCU)					5 rou	tine (RT)	per t	hree years
Sampling I	Point (Sampling Point ID)		<b>Monitoring F</b>	iod Co	Compliance Status				
Select fron	n Inventory of Active Sampling Points		1/1/23 - 12/3	31/25	6	/1-9/30		Cor	nplete
			1/1/26 - 12/3	31/28	6	/1-9/30			
<b>Physical Para</b>	meters (PPS)					1	routine	(RT) p	er quarter
Sampling I	Point (Sampling Point ID)		<b>Monitoring F</b>	Period	Colle	ction Peri	iod Co	mplia	ince Status
Select fron	n Inventory of Active Sampling Points		4/1/25 - 6/3	0/25				Cor	nplete
			7/1/25 - 9/3	0/25				Cor	nplete
			10/1/25 - 12/	31/25					
			1/1/26 - 3/3	1/26					
			4/1/26 - 6/3	0/26					
Water System	Facility: ENTRY POINT (WSF ID: 00700	0)							
Inorganic Che	emicals (IOCS)					1 rou	tine (RT)	per t	hree years
Sampling I	Point (Sampling Point ID)		<b>Monitoring F</b>	Period	Colle	ction Peri	iod Co	mplia	ince Status
ENTRY POI	NT (3)		1/1/23 - 12/3	31/25				Cor	nplete
			1/1/26 - 12/3	31/28					
Nitrate And N	litrite (NOX)							_	Γ) per year
Sampling I	Point (Sampling Point ID)		Monitoring F	Period	Colle	ction Peri	iod Co	mplia	ince Status
ENTRY POI	NT (3)		1/1/24 - 12/3						nplete
			1/1/25 - 12/3	-				Cor	nplete
			1/1/26 - 12/3	31/26					
	erbicides and Polychlorinated Biphenyls	(PCBs) (SOCS	-					-	hree years
	mpling Point (Sampling Point ID)  Monitoring Period						iod Co		ince Status
ENTRY POI	, ,		1/1/23 - 12/3	31/25	1/	1-12/31			aiver
	erbicides and Polychlorinated Biphenyls	s (PCBs) (SOCS	=					-	hree years
	Point (Sampling Point ID)		Monitoring F		Colle	ction Peri	iod Co	mplia	ince Status
ENTRY POI			1/1/26 - 12/3	31/28					_
Organic Chem					_			-	hree years
	Point (Sampling Point ID)		Monitoring F		Colle	ction Peri	iod Co		nce Status
ENTRY POI	N1 (3)		1/1/23 - 12/3	31/25				Cor	nplete

	Connectic	ut Departme	nt of	f Public l	Health	Dr	inkin	g W	ater	Se	ction	
	Wa	ter Quality M	onit	oring an	nd Con	npli	ance	Sch	edul	e		
PWS ID	PWS Name					-	ification	_	1		ner Type P	rimary Source
CT0780122	MOUNT HOPE M	ONTESSORI SCHOOL				N	ITNC		88		Р	GW
Local Address (\	where applicable)			Service	Residen	tial (	Commerc	ial I	ndustria	al	Combined	Agricultural
48 BASSETTS BE	RIDGE ROAD			Connections	1							
Towns Served: I	MANSFIELD				·			·				
		N	lonit	oring Req	uireme	nts						
•		Y POINT (WSF ID: 0										
Organic Chen	= -								1 rou	ıtine		three years
Sampling I	Point (Sampling P	oint ID)			Monitor			Collect	tion Pei	riod	Compli	ance Status
					1/1/26 -	12/31	./28					
		Otl	ner C	omplianc	e Sched	dules	5					
Compliance Sch	nedule Activity					Due D	ate		Achie	ved I	Date	
CROSS CONNEC	TION EXEMPTION					3/1/2	026					
		<b>Water System</b>	Facil	ity and Sa	mpling	Poi	nt Inv	ento	ry			
Water							-	otal	Lead	and		
*	er System Facility			Sampling Po	oint			liform				Stage
Facility ID		ID	)	Description			tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM			DISTRIBUTIO			Α	Υ				
				WITHIN 5 SE		N	Α					
		MW		KITCHEN SIN	IK		Α	Υ				
		MW0	03-S	KITCHEN SIN	IK		Α	Υ	1		Υ	
		MW00		DOWNSTAIR		_	Α	Υ	1			
		MW00!		FRONT CHILI			Α	Υ	1			
		MW0		REAR CLASSI		K	Α	Υ	1			
		MW02		ADULT BATH			Α	Υ	1			
		MW027	_	DOWNSTAIR			Α	Υ	1			
		MW02		DOWNSTAIR			Α	Υ	1		Υ	
		MW0		RESOURCE R			Α	Υ	1			
		UPSTR	EAM	WITHIN 5 SE		V	Α					
	RY POINT	3		ENTRY POIN	Т		Α					
10371 WEL	L	2		WELL			Α					
				Operator	Inform	natio	n					
-		IBUTION SYSTEM (	WSF II	D: 00600)								
Operator Name	cation: SMALL WA	ATER SYSTEM <i>Opera</i> :	tor Tun	<i>p</i>	Certificatio	nn/sl						Certification Expiration
LAFRAMBOISE,		CHIEF OF			ISTRIBUTI		STEM OI	DEDAT		۸۵۵	<u> </u>	9/30/2027
LAFRAIVIBUISE,	PAUL F.	CHIEF O	PERAIC									9/30/2027
			<u> </u>		VATER TRE		.ivi PLAľ	VI OPE	-NATUR	\ - CL	MJJ II	J/ 3U/ 2U2 /
				tact Infor	mation	1						
Name				rganization							Job Title	
Ms. Erin Clark				ount Hope M	ontessori	Schoo	I		fice Adr	ninis		
Mailing Address	s Line One	Mailing A	Addres	s Line Two					City		State	Zip Code
P.O. Box 267		_				D.	Mans				CT	06250
Business Pho		Fax	Mobi	le Phone E	Emergency	/ Phon						
860-423-107							mtho	emor	ntessori	@sn	et.net	
Contact Role(s):	: Administrative	Contact, Legal Contac	ct									

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		_								
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0780122	MOUNT HOPE MONT	ESSORI	SCHOOL			NTNC	88	Р	GW	
Local Address (where applicable)			Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural	
48 BASSETTS BR	IDGE ROAD			Connections	1					
Towns Served: N	MANSFIELD								·	

#### 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 schedule.

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 Departmen					_			ction		
	Water Quality Mo	nitoring an	d Con	npl	iance	Sch	nedul	e			
PWS ID	PWS Name			Clas	ssification	Pop	oulation	Owr	ner Type	Primary Source	
СТ0780752	MANSFIELD PROFESSIONAL PARK				NTNC		100		Р	GW	
Local Address (	where applicable)	Service	Residen	ntial	Commerc	ial	Industria	al	Combine	d Agricultural	
11, 22, 28, &AN	ИР; 34 EAST PARK ROAD	Connections	4								
Towns Served:	MANSFIELD			_		_		_			
	Mo	nitoring Requ	iireme	nts							
Water System	Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)									
Asbestos (10	-									er nine years	
	Point (Sampling Point ID)		Monitor			Colle	ction Per	iod	Comp	liance Status	
	m Inventory of Active Sampling Points		1/1/20 -	12/3	31/28						
Total Colifor	m (3100) Point (Sampling Point ID)					- "			-	per quarter	
		Monitor			Colle	ction Per	lod		liance Status		
Select from	m Inventory of Active Sampling Points		4/1/25 -							omplete	
			7/1/25 - 10/1/25 -							omplete omplete	
			10/1/25 - 12/31/25				Complete				
			1/1/26 - 3/31/26 4/1/26 - 6/30/26								
Lead And Co	oper (PBCU)		., _, _ = 0	5,5	o, _ o		5 rou	tine	e (RT) pe	r three years	
	Point (Sampling Point ID)		Monitor	ing P	Period (	Colle	ction Per			liance Status	
	m Inventory of Active Sampling Points		1/1/25 -			6	/1-9/30				
Physical Para	imeters (PPS)						1	rou	itine (RT	per quarter	
Sampling	Point (Sampling Point ID)		Monitor	ing P	eriod (	Colle	ction Per	iod	Comp	liance Status	
Select fror	m Inventory of Active Sampling Points		4/1/25 - 6/30/25 7/1/25 - 9/30/25						C	Complete	
							Complete				
			10/1/25 -	- 12/	31/25				omplete		
			1/1/26 -								
			4/1/26 -	- 6/30	0/26						
•	Facility: ENTRY POINT (WSF ID: 00)	700)									
~	emicals (IOCS)					- "				r three years	
	Point (Sampling Point ID)		Monitori			Colle	ction Per	iod		liance Status	
ENTRY PO	IIN I (3)		1/1/23 - 1/1/26 -		-				C	omplete	
Nitrata And I	Nitrito (NOV)		1/1/26 -	12/3	51/28			1	routing	DT) por voor	
	Nitrite (NOX) Point (Sampling Point ID)		Monitor	ina P	Period (	Colle	ction Per			RT) per year liance Status	
ENTRY PO			1/1/24 -			20116	23,011 1 61			omplete	
2		1/1/25 -		-					omplete		
			1/1/26 -							l	
Pesticides, H	erbicides and PCBs-Phase II (SOC2)						1 rou	tine	e (RT) pe	r three years	
-	Point (Sampling Point ID)		Monitor	ing P	Period (	Colle	ction Per			liance Status	
ENTRY PO		1/1/23 - 12/31/25						C	omplete		
			1/1/26 - 12/31/28								
	erbicides and PCBs-Phase V (SOC5)						1 rou	tine	(RT) pe	r three years	
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period (	Colle	ction Per	iod	Comp	liance Status	
=	(2)		4 14 15 5	4	/				_		

1/1/23 - 12/31/25

1/1/26 - 12/31/28

**Monitoring Period** 

Schedule Generation Date: 12/12/2025

**Organic Chemicals (VOCS)** 

Sampling Point (Sampling Point ID)

**ENTRY POINT (3)** 

Complete

**Compliance Status** 

1 routine (RT) per three years

**Collection Period** 

	Connecticut Do	epartment of	Public Health	Drink	ing Wa	ater Se	ction		
		•	oring and Com						
PWS ID	PWS Name	<u> </u>	0				ner Type P	Primary Source	
CT078075	2 MANSFIELD PROFESSIO	NAL PARK		NTNC	-	00	P	GW	
Local Add	ress (where applicable)		Service Resident	tial Comn	nercial In	dustrial	Combined	Agricultura	
	, & 34 EAST PARK ROAD		Connections 4					0	
	rved: MANSFIELD								
		Monito	oring Requireme	nts					
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Organic	Chemicals (VOCS)					1 routine	(RT) per	three years	
Sam	pling Point (Sampling Point ID)		Monitori	ng Period	Collect	ion Period	Compl	liance Status	
ENTR	RY POINT (3)	1/1/23 - 12/31/25							
			1/1/26 - :	12/31/28					
		Other C	ompliance Sched	ules					
Complian	ce Schedule Activity		L	Due Date		Achieved	Date		
CROSS CO	NNECTION EXEMPTION		3	3/1/2026					
	Wate	er System Facili	ity and Sampling	Point I	nvento	ry			
Water					Total	Lead and			
System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform Rule	Copper Rule Tier	Asbestos	Stage WQP 2 DBPI	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	I A					
		MPP001	B1 DS LADIES ROOM	Α	Υ	1	Υ	Υ	
		MPP002	B1 DS MENS ROOM	Α	Υ	1		Υ	
		MPP003	B1 US LADIES ROOM	Α	Y	1		Υ	
		MPP004	B1 US MENS ROOM	Α	Υ	1		Υ	
		MPP005	MED BLDG STAFF BATH		Y	1	Υ	Υ	
		MPP006	MED BLDG WAIT RM	A	Y	1	Y	Υ	
		MPP007	B3 DS LADIES ROOM	A	Y	1	Y	Υ	
		MPP008	B3 DS MENS ROOM	A	•	1	•	Υ	
		MPP009	B3 US LADIES ROOM	A	Υ	1		Υ	
		MPP010	B3 US LADIES ROOM	A	Y	1		Υ	
		MPP011	B3 DS UNISEX BR	A	Y	1	Υ	Υ	
		MPP012	B3 US UNISEX BR	A	Y	1	Y	Υ	
		MPP015 A	B3 HANDICAP BR	1	Y	-	•	•	
		MPP016	B3 OUTSIDE FAUCET	i	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	ı I A	•				
00700	ENTRY POINT	3	ENTRY POINT	A					
10372		2	WELL	A					
10372		_	Operator Inform						
Water Sv	stem Facility: DISTRIBUTIO		• •						
-	assification: SMALL WATER SYS							Certification	
Operator .	-							Expiration	
COSSETTE, EVAN J CHIEF OPERATOR WATER TREATMENT PLANT OPERA					RATOR - CL	ASS IV	6/30/2027		
		DISTRIBUTIO	DISTRIBUTION SYSTEM OPERATOR IN TRAINING						

**DISTRIBUTION SYSTEM OPERATOR - CLASS II** 

9/30/2027

	Connecticut Dep	oartment of Public H	lealth	$\mathbf{D}$	rinking	g Water	Sect	ion	
	Water Qu	ality Monitoring an	d Con	npl	liance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner	Type F	Primary Source
CT0780752 MANSFIELD PROFESSIONAL PARK NTNC 100 P								GW	
Local Address	Service	Resider	ential Commercial		al Industri	al Cor	nbined	d Agricultural	
11, 22, 28, &A	Connections	4							
Towns Served:	MANSFIELD								
		Contact Infor	matior	1					
Name Organization				Job Title					
Mr. Michael M. Taylor M P Park LLC						Owner			
Mailing Address Line One Mailing Address Line Two				City State Zip C				Zip Code	

Storrs

Emergency Phone Email Address

Extension

Contact Role(s): Le	gal Contact, C	Owner								
Name				Organiz	ation		Job Title			
Mr. Ed Pavliscsak III					Taylor Management Corporation Maint. Supervisor					
Mailing Address Line One Mailing Address					ress Line Two			City	State	Zip Code
PO Box 476	PO Box 476						Storrs		СТ	06268
Business Phone	Extension	Fax		Mobile Pho	one	Emergency Phone	dress			
860-429-8891							tmcorp@	tmcorp.inf	0	

**Mobile Phone** 

Contact Role(s): Administrative Contact

#### Please note the following:

12 Stonemill Road

**Business Phone** 

860-429-8891

- 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.

Fax

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 schedule.

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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CT

06268

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name	PWS Name						Primary Source
CT0781192	<b>0781192 PERKINS CORNER</b> NTNC 45 P							
Local Address	Service	Residen	ntial Commerci		al Industri	al Combine	ed Agricultural	

Local Address (where applicable)	Service	Residential	Commerci	al industrial	Combined	Agricultural		
10 HIGGINS HWY (JCT RT 31 & RT 32)	Connections	1						
Towns Served: MANSFIELD								
Mor	nitoring Requ	uirements	5					
Water System Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)							
Asbestos (1094)				1 rout	ine (RT) per	nine years		
Sampling Point (Sampling Point ID)		Monitoring I	Period C	Collection Period Compliance Status				
Select from Inventory of Active Sampling Points		1/1/20 - 12/3	31/28					
Total Coliform (3100)				1 rc	outine (RT)	per quarter		
Sampling Point (Sampling Point ID)		Monitoring I	Period C	ollection Perio	d Compli	ance Status		
Select from Inventory of Active Sampling Points		4/1/25 - 6/3	0/25		Со	mplete		
		7/1/25 - 9/3	0/25		Со	mplete		
		10/1/25 - 12/	/31/25					
		1/1/26 - 3/3						
		4/1/26 - 6/3	0/26					
Lead And Copper (PBCU)					5 routine (R	T) per year		
Sampling Point (Sampling Point ID)		Monitoring I	Period C	ollection Perio	d Compli	ance Status		
Select from Inventory of Active Sampling Points		1/1/24 - 12/3	31/24	6/1-9/30	Co	mplete		
		1/1/25 - 12/3	31/25	6/1-9/30	Co	mplete		
		1/1/26 - 12/3	31/26	6/1-9/30				
Physical Parameters (PPS)				1 rc	outine (RT)	per quarter		
Sampling Point (Sampling Point ID)		Monitoring I	Period C	ollection Perio		ance Status		
Select from Inventory of Active Sampling Points		4/1/25 - 6/3	0/25		Со	mplete		
		7/1/25 - 9/3	0/25		Со	mplete		
		10/1/25 - 12/	/31/25					
		1/1/26 - 3/3	1/26					
		4/1/26 - 6/3	0/26					
Water System Facility: ENTRY POINT (WSF ID: 007	00)							
Inorganic Chemicals (IOCS)				1 routi	ne (RT) per	three years		
Sampling Point (Sampling Point ID)		Monitoring I	Period C	ollection Perio		ance Status		
ENTRY POINT (3)		1/1/23 - 12/3	31/25		Со	mplete		
		1/1/26 - 12/31/28						
Nitrate And Nitrite (NOX)					1 routine (R	T) per year		
Sampling Point (Sampling Point ID)		Monitoring I	Period C	ollection Perio	=	ance Status		
ENTRY POINT (3)		1/1/24 - 12/3	31/24		Co	mplete		
		1/1/25 - 12/3	31/25			mplete		
		1/1/26 - 12/3	31/26			<u> </u>		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		•		1 routi	ne (RT) per	three vears		
Sampling Point (Sampling Point ID)		Monitoring I	Period C	ollection Perio		ance Status		
ENTRY POINT (3)		1/1/23 - 12/3			•			
• •		1/1/26 - 12/3						
Pesticides, Herbicides and PCBs-Phase V (SOC5)			,	1 routi	ne (RT) per	three vears		
Sampling Point (Sampling Point ID)		Monitoring I	Period C					
ENTRY POINT (3)		1/1/23 - 12/3			•			
• •		1/1/26 - 12/3						

	Connectic	•					`	_			ction		
	Wa	ter Qual	lity Monit	coring ar	nd Con	ıplia	nce	Sch	edul	e			
PWS ID	PWS Name					Classif	ication	Pop	ulation	Owr	ner Type	Primar	y Source
CT0781192	PERKINS CORNE	R				NT	NC		45		Р	G	W
Local Address (w	vhere applicable)			Service	Residen	tial Co	mmerc	ial I	ndustri	al	Combine	d Agr	icultural
10 HIGGINS HW	Y (JCT RT 31 &AM	P; RT 32)		Connections	1								
Towns Served: N	MANSFIELD												
			Monit	oring Req	uireme	nts							
Water System	Facility: ENTRY	Y POINT (W	/SF ID: 00700)										
<b>Organic Chem</b>	icals (VOCS)								1 rou	utine	e (RT) pe	r three	e years
Sampling P	Point (Sampling P	oint ID)			Monitori	ng Peri	od C	Collec	tion Pe	riod	Comp	oliance	Status
ENTRY POI	NT (3)				1/1/23 -	12/31/	25				C	Comple	te
					1/1/26 -	12/31/	28						
			Other C	omplianc	e Sched	lules							
Compliance Sch	edule Activity				ı	Due Da	te		Achie	ved	Date		
SUBMIT LEAD CO	ONSUMER NOTICE	E CERTIFICAT	E		1:	2/29/20	)25						
CROSS CONNEC	TION EXEMPTION				;	3/1/202	26						
		Water Sy	stem Facil	ity and Sa	mpling	Poin	t Inve	ento	ry				
Water							Т	otal	Lead	and			
System Wate	er System Facility		Sampling Point		oint			iform					Stage
Facility ID			ID	Description		Sto	itus F	Rule	Rule	Tier	Asbesto	s WQF	2 DBPR
00600 DISTR	RIBUTION SYSTEM	l	4	DISTRIBUTIO	N SYSTEM	,	4	Υ					
			DOWNSTREAM	WITHIN 5 SE	RVICE CON	1 /	4						
			PBR001	SUITE 8 LAV		,	Д	Υ	1				
			PBR002	SUITE 8 BAT	HROOM	,	4	Υ	1	•			
			PBR003	SUITE 8 KITC	HENETTE	,	4	Υ	1				
			PBR004	SUITE 9 KITC	HENETTE	,	4	Υ	1				
			PBR005	SUITE 9 LAV		,	Д	Υ	1				
			UPSTREAM	WITHIN 5 SE	RVICE CON	۱ ،	4						
00700 ENTR	Y POINT		3	ENTRY POIN	Т	,	4						
10373 WELL	-		2	WELL		,	4						
			Certified	Operator	Inform	atior	1						
Water System	Facility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)									
	ation: SMALL WA	TER SYSTEM										Certi	fication
Operator Name			Operator Typ	e (	Certificatio	n(s)						Ехр	iration
COSSETTE, EVAN	N J		CHIEF OPERATO	OR V	VATER TRE	ATMEN	IT PLAN	ТОР	ERATOR	R - CL	ASS IV	6/3	0/2027
				0	DISTRIBUTION	ON SYS	TEM OP	ERAT	OR IN T	RAII	NING	6/3	0/2027
					DISTRIBUTION	ON SYS	TEM OP	ERAT	OR - CL	.ASS	II	9/3	0/2027
			Con	ntact Infor	rmation								
Name			0	rganization							Job Title		
Mr. Joshua Rich	<u> </u>		Pl	or Investment	s Lp			Ge	neral P	artne	er		
Mailing Address	Line One		Mailing Addres	s Line Two					City		State	Zip	Code
327 Back Rd							Windh	am			СТ	06	280
Business Phon	ne Extension	Fax	Mob	ile Phone I	Emergency	Phone	Email /	Addre	ess				
508-292-2917	7						dearm	er@r	nail.con	n			
Contact Role(s):	Administrative	Contact, Leg	al Contact, Owi	ner									

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C						Population	Owner Type	Primary Source
CT0781192	PERKINS CORNER				NTNC	45	Р	GW
Local Address (w	here applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
10 HIGGINS HW	Y (JCT RT 31 & RT 32)	Connections	1					

Towns Served: MANSFIELD

## 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 schedule.

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

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

End of schedule

Common	tiont Donoutus out	of Dulalia I	Tool Lle	D.	ماندا ماند	~ TA	7 a b a se	Ca	aki a sa	
	ticut Department					_			ection	
	<b>Vater Quality Mor</b>	ntoring an	a Con	_						
PWS ID PWS Name						-		Owr	ner Type Pi	rimary Source
	ELEMENTARY SCHOOL	T			NTNC		688		L	GW
Local Address (where applica	ble)	Service	Residen	ntial	Commerc	cial	Industri	al	Combined	Agricultural
134 WARRENVILLE ROAD		Connections	1							
Towns Served: MANSFIELD				_		_		_		
Maria Carla Service B		itoring Requ	iireme	nts						
	STRIBUTION SYSTEM (WS	F ID: 00600)							<b>/</b> >	•
Asbestos (1094)	- 41					- "				nine years
Sampling Point (Sampli	-		Monitor			Collec	tion Pe	riod	Compli	ance Status
Select from Inventory of	Active Sampling Points		1/1/20 -	12/3	1/28					
Total Coliform (3100)										per quarter
Sampling Point (Sampli			Monitor			Collec	tion Pe	riod		ance Status
Select from Inventory of	Active Sampling Points		4/1/25 -	•	•					mplete
			7/1/25 -							mplete
			10/1/25 -		-				Со	mplete
			1/1/26 -		-					
			4/1/26 -	- 6/30	0/26					
Lead And Copper (PBCU)							20 ro	utin	e (RT) per	six months
Sampling Point (Sampli	ng Point ID)		Monitor	ing P	eriod	Collec	ction Pe	riod	Compli	ance Status
Select from Inventory of	Active Sampling Points		1/1/25 - 6/30/25						Со	mplete
			7/1/25 -	12/3	1/25					
			1/1/26 -	- 6/30	0/26					
Physical Parameters (PPS	S)						1	rou	itine (RT)	per quarter
Sampling Point (Sampli	ng Point ID)		Monitor	ing P	eriod (	Collec	tion Pe	riod	Compli	ance Status
Select from Inventory of	Active Sampling Points		4/1/25 -	- 6/30	0/25				Co	mplete
			7/1/25 -	- 9/30	0/25				Со	mplete
			10/1/25 -	- 12/3	31/25				Co	mplete
			1/1/26 -	- 3/3:	1/26					
			4/1/26 -	- 6/30	0/26					
Water Quality Parameter	s Orthophosphate and Tot	al Alkalinity (W	/QP9)				4 ro	utin	e (RT) per	six months
Sampling Point (Sampli	•	• •	Monitor	ing P	eriod	Collec	ction Pe			ance Status
Select from Inventory of	Active Sampling Points		7/1/25 -						Co	mplete
,	, ,		1/1/26 -							•
Water Quality Parameter	s (WOPD)				•		4 ro	utin	e (RT) ner	six months
Sampling Point (Sampli			Monitori	ina P	eriod	Collec	tion Pe			ance Status
Select from Inventory of	· · · · · · · · · · · · · · · · · · ·		1/1/25 -							mplete
-	NTRY POINT WELLS A & B	(WSF ID: 00701)	· ·	, - ,						
Inorganic Chemicals (IOC							1 rou	ıtine	(RT) per	three years
Sampling Point (Sampli	<del>-</del>		Monitor	ina P	eriod	Collec	tion Pe			ance Status
ENTRY POINT WELLS A 8			1/1/23 -							mplete
	··· \-'/		1/1/26 -							h
Nitrate And Nitrite (NOX	1		-, -, 20	, 3	_, _0			1	routine (P	T) per year
Campling Point (Campli	-		Monitor	· 0		C-11-	-4' D		Compli	

**Monitoring Period** 

1/1/24 - 12/31/24

1/1/25 - 12/31/25

1/1/26 - 12/31/26

**Collection Period** 

Sampling Point (Sampling Point ID)

ENTRY POINT WELLS A & B (3)

**Compliance Status** 

Complete

Complete

Connecticut Department of Publi		- C	ection
Water Quality Monitoring	and Compliand	ce Schedule	
PWS ID PWS Name	Classificat	ion Population Ow	ner Type Primary Sourc
CT0781233 MANSFIELD ELEMENTARY SCHOOL	NTNC	688	L GW
Local Address (where applicable) Service	Residential Comn	nercial Industrial	Combined Agricultura
134 WARRENVILLE ROAD Connecti	ions 1		
Towns Served: MANSFIELD			
Monitoring R	equirements		
Water System Facility: ENTRY POINT WELLS A & B (WSF ID: 00	701)		
Lead And Copper (PBCU)		1 routin	e (RT) per six months
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT WELLS A & B (3)	1/1/25 - 6/17/25	1/1-6/17	
	1/1/25 - 6/30/25	6/25-6/30	Complete
	7/1/25 - 12/25/25	7/1-12/25	Complete
Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (S			routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT WELLS A & B (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
Organic Chemicals (VOCS)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	
ENTRY POINT WELLS A & B (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
Water Quality Parameters - Basic (WQP1)		2 routin	e (RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT WELLS A & B (3)	1/1/25 - 6/30/25		Complete
Water System Facility: WELL A (WSF ID: 62314)			
E. Coli (3014)		1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	
WELL A (2)	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		·
	4/1/26 - 6/30/26		
Water System Facility: WELL B (WSF ID: 62316)	, ,,		
E. Coli (3014)		1 roi	utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	
WELL B (2)	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		
Monthly Water System Facility (WS		ing Requireme	ntc
Water System Facility: ENTRY POINT WELLS A & B (WSFID: 007		ing Requireme	1103
Analyte Monitoring Requirement (Summary Type)	Operating Limi	+	Samples Req/Month
Chlorine Entry Point Chlorine Residual Monitoring (0			
	npliance History:	-	Daily
• •	nitoring Period	Operating Limit	Monitoring Compliance Status:
		Compliance Status Y	: Compliance Status:
	/2025 - 9/30/2025	Y	
	1/2025 - 10/31/2025	Ť	
11/:	1/2025 - 11/30/2025		

	Conne	•	partment of ality Monit					_			ction		
PWS ID	PWS Name		anty Monn	toring and	u Con						ner Type P	rimary	Source
CT0781233		D ELEMENTARY	SCHOOL				NTNC		688	-	L	GV	
ocal Address (v				Service	Residen			rcial	Industri	al	Combined	1	cultura
.34 WARRENVII		,		Connections	1								
owns Served: I	MANSFIELD												
Vater System	Facility:	ENTRY POINT V	VELLS A & B (W	SFID: 00701)									
Analyte	,	Monitoring Red	quirement (Summ	ary Type)	Ope	ratin	ng Limit				Samples R	eq/Mo	nth
Orthophosp	hate		sphate Monitorin		-		m: 3.0 M	1G/L			. 2	-	
Start Date:	9/1/2025			Complia	nce Histo	ory:		Opera	ating Limi	t	Monito	ring	
				Monitor	ing Perio	d		-	liance St			_	atus:
				9/1/202	5 - 9/30/2	2025	ı	_					
				10/1/20	25 - 10/3	1/20	25						
				11/1/20	25 - 11/30	0/20	25						
Analyte		Monitoring Red	quirement (Summ	ary Type)	Ope	ratin	ng Limit				Samples R	eq/Mo	nth
Orthophosp	hate	Entry Point Pho	sphate Monitorin				n: 1.0 M	G/L			2	2	
Start Date:	9/1/2025			•	nce Histo	-	(	Opera	ating Limi	t	Monito	_	
				Monitor	ing Perio	d	(	Comp	liance St	atus:	Complia	nce St	atus:
					5 - 9/30/2				Υ				
					25 - 10/3:	-			N				
					25 - 11/30	0/20	25						
Analyte		_	quirement (Summ		-		ng Limit				Samples R	-	nth
рН		Entry Point pH	Monitoring (PHRI	•			m: 8.0 Pl	Н			Da	ily	
Start Date:	9/1/2025			Compliance Histor					ating Limi		Monito	_	
				Monitoring Period 9/1/2025 - 9/30/2025				Comp	liance St	atus:	Complia	ince St	atus:
					25 - 10/3:								
Analuta		Monitoring Dog	william ant 15 man		25 - 11/30						Camples D	o	
Analyte		_	quirement (Summ		-		n <mark>g Limit</mark> n: 7.4 PH				Samples R	•	ontn
pH Start Date:	0/1/2025	Entry Point pri	Monitoring (PHRI		nce Histo						Da	•	
Start Date:	9/1/2025				ing Perio			-	ating Limi liance St		Monitor Complia	_	atus
					5 - 9/30/2			comp	Y	atus.	Compile	ince se	atus.
					25 - 10/3:				<u>.</u> Ү				
					25 - 11/30				<u> </u>				
			Other C	ompliance	•								
Compliance Sch	edule Activ	rity				Due	Date		Achie	ved	Date		
CCTS 7: DWS TO	SPECIFY O	PTIMAL WQPS											
CCTS 6: PWS MC	ONITOR AFT	TER OCCT INSTAL	L										
WTS 2: DWS RI	EVIEW & AF	PROVAL OF SOV	VT	-	6	5/27/	/2025		7/1	1/20	24		
WTS 1: PWS TO	RECOMM	END SOWT			1:	2/27	/2025		11/2	2/20	023		
CTS 1: PWS TO	RECOMME	END OCCT			1:	2/31	./2025		11/2	2/20	023		
ROSS CONNEC	TION SURV	EY REPORT					2026						
CCTS 2: DWS RE	VIEW & AP	PROVAL OF OCC	Г		6	30/	/2026		7/1	1/20	24		
		Water	System Facil	ity and Sar	npling	Po	int Inv	<i>r</i> ent	ory				
Water System Wate	er System F	acility	Sampling Point	Sampling Poi	nt		C	Tota olifor					Stage
acility ID			ID	Description			Status	Rule			Asbestos	MOD	

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0781233	MANSFIELD ELEMENTARY SCHOOL				NTNC	688	L	GW
Local Address (	Local Address (where applicable) Service Resid				Commerci	al Industri	al Combine	ed Agricultural
13/1 W/ARRENIV	ILLE ROAD	Connections	1					

Towns Ser	ved: MANSFIELD								
	Wate	er System Facili	ity and Sampling P	oint In	ventor	У			
Water System Facility ID	Water System Facility		Sampling Point Description		Total Coliform Rule	Lead and Copper	Asbestos	WOR	Stage
_			<u> </u>	Status	Kule		ASDESIOS	WQP	2 DBPK
00600	DISTRIBUTION SYSTEM	125	125 CLASSROOM 16	A		N			
		127	127 CLASSROOM 15	Α		N			
		131	131 CLASSROOM 8	A		N			
		133	133 CLASSROOM 7	Α		N			
		4	DISTRIBUTION SYSTEM	Α .	Y	_			
		4-1	BOYS ROOM	ı	Υ	2			
		4-10	ROOM 9	1	Υ	N			
		4-14	ROOM 16	I	Υ	2			
		4-15	ROOM 17	I	Υ	2			
		4-16	ROOM 19	I	Υ	N			
		4-17	ROOM 20	I	Υ	N			
		4-18	ROOM 21	1	Υ	N			
		4-19	DRINKING FOUNTAIN	1	Υ	2			
		4-2	GIRLS ROOM	1	Υ	2			
		4-20	CONCESSION STAND	Α	Υ	N			
		4-3	ROOM #18	1	Υ	N			
		4-4	TEACHER S LOUNGE	1	Υ	2			
		4-5	KITCHEN HAND SINK	1		2			
		4-6	NURSE'S OFFICE	1	Υ	2	Υ	Υ	
		4-7	ROOM 6	1	Υ	2			
		4-8	ROOM 7	1	Υ	2			
		4-9	ROOM 8	1	Υ	N			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α	Υ				
		MES011	011 CLASSROOM 48	Α		N			
		MES025	025 CLASSROOM 42	Α		N			
		MES026	026 CUSTODIAL	Α		N			
		MES027	027 CLASSROOM 41	Α		N			
		MES029	029 ART ROOM SINK 1	Α		N	Υ	Υ	
		MES029-2	029 ART ROOM SINK 2	Α		N			
		MES036	036 STAFF LUNCH	Α	Υ	N	Υ	Υ	
		MES107	107 CLASSROOM 24	Α		N			
		MES108	108 CLASSROOM 28	Α		N			
		MES109	109 CLASSROOM 23	Α		N			
		MES111	111 CLASSROOM 22	Α		N			
		MES115	115 CLASSROOM 21	Α		N			
		MES123	123 CLASSROOM 17	Α		N			
		MES126	126 CUSTODIAL	Α		N			
		MES132A	132A CUSTODIAL	Α		N			
		MES135	135 CLASSROOM 6	Α		N		Υ	
NOTE THE	nformation has been provided to belo				10. 4.1.11				

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.

	Co	onnectic	ut Depa	artmer	nt of	f Public	Healt	h D	rinl	king V	Vater S	Section		
		Wa	ter Qua	litv M	onit	oring a	nd Co	mp	lian	ce Sc	hedule	<u>,</u>		
PWS ID	PW	/S Name	(330			0 0		_				wner Type	Primary	v Source
CT078123		NSFIELD ELEI	MENTARY S	CHOOL					NTNO		688	L	G'	
		e applicable)				Service	Reside	ential		mercial	Industrial	Combine		icultural
134 WARR						Connectio			-					
Towns Ser														
			Water S	ystem l	Facili	ity and S	Samplin	g Pc	oint I	Invent	ory			
Water										Total	Lead a	nd		
System Facility ID	_	stem Facility		Sampling ID	Point	Sampling I Description			Statu	Colifor Rule		er ier Asbesto	s WQP	Stage 2 DBPR
				MES1	37	137 CLASSI	ROOM 5		Α		N			
				MES1	41	141 CLASSI	ROOM 3		Α		N			
				MES1	43	143 CLASSI	ROOM 2		Α		N			
				MES1	47	147 HEALT	Ή		Α	Υ	N	Υ	Υ	
				MESKO	001	KITCHEN S	INK 1		Α	Υ	N		Υ	
				MESKO	002	KITCHEN S	INK 2		Α	Υ	N			
				MESKO	003	KITCHEN S	INK 3		Α	Υ	N			
				MESKO	004	KITCHEN S	INK 4		Α	Υ	N			
				MESKO	005	KITCHEN S	INK 5		Α	Υ	N			
				MESKO	006	KITCHEN S	INK 6		Α	Υ	N			
				MESKO	007	KITCHEN S	LOP SINK		Α		N			
				UPSTRE	AM	WITHIN 5 S	SERVICE CO	NC	Α	Υ				
00701	ENTRY PO	DINT WELLS A	. & B	3		ENTRY POI	NT WELLS	Α	Α					
62314	WELL A			2		WELL A			Α					
62316	WELL B			2		WELL B			Α					
62735	ATM STO	RAGE TANK												
62737	PUMPS													
62739	BLADDER	TANK												
63319	TREATME	ENT PLANT												
				Certi	ified	Operato	or Infor	mati	ion					
Water Sys	stem Fac	ility: DISTR	IBUTION S	YSTEM (\	WSF II	D: 00600)								
Facility Cla	assificatio	n:											Certij	fication
Operator I	Name			Operat	or Typ	е	Certificat	ion(s	)				Ехр	iration
SEHL, ROB	BERT			CHIEF OP	ERATO	)R	WATER TI	REATN	MENT	PLANT O	PERATOR -	CLASS II	3/3	1/2026
							DISTRIBU	TION :	SYSTE	M OPERA	TOR - CLA	SS II	3/3:	1/2028
SIMS, GRE	G			ASSIGNED	O OPER	RATOR	DISTRIBU	TION :	SYSTE	M OPERA	TOR - CLA	SS II	3/3	1/2028
							WATER TI	REATN	MENT	PLANT O	PERATOR -	CLASS III	9/30	0/2028
					Con	tact Info	ormatio	n						
Name					Oı	rganization						Job Title		
Mr. Ryan J	J. Ayleswo	orth			To	own of Mans	sfield			Т	own Mana	ger		
Mailing Ad	ddress Line	e One		Mailing A	ddress	s Line Two					City	State	Zip (	Code
4 S Eaglevi	ille Road			Town Ma	nager	s Office			N	1ansfield		СТ	062	268
Business	s Phone	Extension	Fax		Mobi	le Phone	Emergen	cy Pho	one E	mail Add	ress			
											01111			

TownMngr@MANSFIELDCT.ORG

Schedule Generation Date: 12/12/2025 Page 14

860-429-6863

860-429-3337

Contact Role(s): Legal Contact

C	Connecticut Department of Public Health Drinking water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID PV	VS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0781233 M	ANSFIELD ELEI	MENTARY SC	CHOOL			NT	NC	688	L	GW		
Local Address (whe	Local Address (where applicable)  Service Residential Commercial Industrial Combined Agricultural											
134 WARRENVILLE ROAD Connections 1												
Towns Served: MA	Towns Served: MANSFIELD											
Name			Org	ganization					Job Titl	е		
Mrs. Candace Mor	ell		Ma	ansfield Publi	c Schools			Superinte	ndent			
Mailing Address Lir	ie One		Mailing Address	Line Two				City	State	Zip Code		
4 South Eagleville F	load						Mansfi	eld	СТ	06268		
Business Phone	Extension	Fax	Mobil	e Phone E	mergency	/ Phone	Email A	ddress	,			
860-429-3350	860-429-3350 860-335-1165 morellcv@mansfieldct.org											
Contact Role(s): Administrative Contact												

Connecticut Department of Dublic Health Drinking Water Costion

## 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 schedule.

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

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

End of schedule

	C D	. CD lli I	r l.l D	1.1.	<b>TA7</b> . C		
	Connecticut Departmen	t of Public F	iealth D	rinking	water S	ection	
	Water Quality Mo	onitoring an	d Compl	liance So	chedule		
PWS ID	PWS Name					wner Type Pr	imary Source
CT0781243	MANSFIELD MIDDLE SCHOOL			NTNC	715	L	GW
Local Address (	where applicable)	Service	Residential	Commercial		Combined	Agricultural
205 SPRING HIL		Connections	1				8
Towns Served:	MANSFIELD	l l					1
	Ma	onitoring Requ	iiramanta	•			
Water System	Facility: DISTRIBUTION SYSTEM (V		an ements	•			
Asbestos (10		<b>,</b>			1 rout	ine (RT) per	nine vears
•	Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio		ance Status
	m Inventory of Active Sampling Points		1/1/20 - 12/3			<u></u>	
Total Coliforn				,	1 r	outine (RT) p	er quarter
	Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio		ance Status
	m Inventory of Active Sampling Points		4/1/25 - 6/3				nplete
	,		7/1/25 - 9/3				nplete
			10/1/25 - 12/				nplete
			1/1/26 - 3/3				, ,
			4/1/26 - 6/3				
Lead And Cop	pper (PBCU)		, ,,-	-, -	10 routi	ne (RT) per t	hree vears
	Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio		ance Status
	m Inventory of Active Sampling Points		1/1/25 - 12/3		6/1-9/30	· · · · · ·	
	ameters (PPS)			,		outine (RT) p	per quarter
_	Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio		ance Status
	m Inventory of Active Sampling Points		4/1/25 - 6/3				mplete
	, , ,		7/1/25 - 9/3				nplete
			10/1/25 - 12/				nplete
			1/1/26 - 3/3				•
			4/1/26 - 6/3				
Water System	Facility: ENTRY POINT (WSF ID: 00	701)		,			
•	emicals (IOCS)	•			1 routi	ne (RT) per t	hree years
•	Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio		ance Status
EP - 1, 3, 4			1/1/23 - 12/3				mplete
			1/1/26 - 12/3				•
Nitrate And I	Nitrite (NOX)					1 routine (R	T) per vear
	Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio	•	ance Status
EP - 1, 3, 4	1 (3)		1/1/24 - 12/3	31/24		Cor	mplete
			1/1/25 - 12/3	31/25		Cor	mplete
			1/1/26 - 12/3	31/26			
Pesticides, H	erbicides and Polychlorinated Bipher	nyls (PCBs) (SOCS	)		1 routi	ne (RT) per t	three years
	Point (Sampling Point ID)	• • •	Monitoring I	Period Col	lection Perio		nnce Status
EP - 1, 3, 4	1 (3)		1/1/23 - 12/3	31/25		Cor	mplete
			1/1/26 - 12/3	31/28			
Organic Cher	micals (VOCS)				1 routi	ne (RT) per t	hree years
•	Point (Sampling Point ID)		Monitoring I	Period Col	lection Perio		ance Status
EP - 1, 3, 4	1 (3)		1/1/23 - 12/3	31/25		Cor	mplete
				1			

1/1/26 - 12/31/28

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0781243	MANSFIELD MIDDLE SCHOOL				NTNC	715	L	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
205 SPRING H	ILL ROAD	Connections	1					

Towns Served: MANSFIELD

## **Other Compliance Schedules**

Compliance Schedule Activity Due Date Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2026

CROSS CO	NNECTION SURVEY REPORT			1/2026					
	Wat	ter System Facili	ity and Sampling P	oint Ir	iventoi	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MMS03	LADIES ROOM SINK 2F	Α	Υ	2			
		MMS04	MEN'S ROOM SINK 2F	Α	Υ	2			
		MMS104	ROOM 104	Α		2			
		MMS120	LIBRARY WORKROOM OFC	Α	Υ	2			
		MMS121	MENS ROOM SINK OFC	Α	Υ	2	Υ	Υ	
		MMS122	WOMENS ROOM SINK OFC	Α	Υ	2	Υ	Υ	
		MMS14	CLASSROOM SINK 208	Α	Υ	2			
		MMS206	ROOM 206	Α		2			
		MMS207	ROOM 207	Α		2			
		MMS209	ROOM 209	Α		2			
		MMS214	ROOM 214	Α		2			
		MMS34	LAB SINK 1F	Α	Υ	2			
		MMS35	MENS BEFORE LIBRARY	Α	Υ	2			
		MMS36	NURSES OFFICE	Α	Υ	2	Υ	Υ	
		MMS57	PREP SINK	Α	Υ	2			
		MMS62	KITCHEN HAND WASH SI	Α	Υ	2			
		MMS64	POT WASH SINK	Α	Υ	2			
		MMS96	MENS SINK 3F	Α	Υ	2			
		MMS97	LADIES SINK 3F	Α	Υ	2			
		ROOM 102	ROOM 102	Α		2			
		ROOM 103	MMS 103	Α		2			
		ROOM 210	ROOM 210	Α		2			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00701	ENTRY POINT	3	EP - 1, 3, 4	Α					
10377	WELL	2	WELL	Α					
53984	WELL 3	2	WELL 3	Α					
53989	ATMOSPHERIC TANK								
53993	PUMP STATION								

## **Certified Operator Information**

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.

Co	onnectic	ut Depa	rtme	ent of Public	Health	Drir	nking	Water	Section	1
	Wat	ter Qual	ity N	Monitoring a	and Con	nplia	nce S	chedul	.e	
PWS ID PV	VS Name			<u> </u>		_				Primary Source
CT0781243 MA	ANSFIELD MID	DLE SCHOOL				NT		715	L	GW
Local Address (whe	re applicable)			Service	Resider	ntial Co	mmercial	Industri	al Combin	ed Agricultural
205 SPRING HILL RO	DAD			Connectio	ns 1					
Towns Served: MAN	NSFIELD			,	1					1
			Cer	tified Operato	or Inform	nation	1			
Water System Fac	cility: DISTR	BUTION SY	STEM	(WSF ID: 00600)						
Facility Classification	on: SMALL WA	TER SYSTEM								Certification
Operator Name			Opera	ator Type	Certification	on(s)				Expiration
SEHL, ROBERT		(	CHIEF C	PERATOR	WATER TRE	EATMEN	T PLANT	OPERATOR	R - CLASS II	3/31/2026
					DISTRIBUTI	ON SYS	ГЕМ ОРЕГ	RATOR - CL	ASS II	3/31/2028
SIMS, GREG		,	ASSIGN	ED OPERATOR	DISTRIBUTI	ON SYS	ГЕМ ОРЕГ	RATOR - CL	ASS II	3/31/2028
					WATER TRE	EATMEN	T PLANT	OPERATOR	R - CLASS III	9/30/2028
				Contact Info	ormation	1				
Name				Organization					Job Tit	le
Mr. Ryan J. Aylesw	orth			Town of Man	sfield			Town Mai	nager	
Mailing Address Lin	e One		Mailing	Address Line Two				City	State	Zip Code
4 S Eagleville Road			Town N	Nanagers Office			Mansfiel	d	СТ	06268
Business Phone	Extension	Fax		Mobile Phone	Emergency	/ Phone	Email Ad	dress		
860-429-3337		860-429-6	863				TownMr	gr@MANS	SFIELDCT.OR	G
Contact Role(s): Le	gal Contact									
Name				Organization					Job Tit	le
Mrs. Candace More				Mansfield Pu	blic Schools			Superinte	ndent	
Mailing Address Lin			Mailing	Address Line Two				City	State	•
4 South Eagleville R	oad						Mansfiel		СТ	06268
Business Phone	Extension	Fax		Mobile Phone	Emergency					
860-429-3350					860-335	-1165	morellcv	@mansfie	ldct.org	
Contact Role(s): A	dministrative	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 schedule.

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

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

End of schedule

			. 1.1	D . 1.	<b>.</b>					
	Connecticut Department Water Quality Mo				_					
PWS ID	PWS Name	intoring and	u don				wner Type Pi	imary Source		
CT0781263	OAK GROVE MONTESSORI SCHOOL			NTNC	7		P P	GW		
	(where applicable)	Service	Residen	itial Comme		dustrial	Combined	Agricultura		
132 PLEASAN		Connections	1					0		
Towns Served										
	Мо	nitoring Requ	iireme	nts						
Water Syster	m Facility: DISTRIBUTION SYSTEM (W	'SF ID: 00600)								
Asbestos (1	.094)					1 rou	tine (RT) pei	nine years		
Sampling	g Point (Sampling Point ID)		Monitori	ing Period	Collecti	on Perio	od Compli	ance Status		
Select fro	om Inventory of Active Sampling Points		1/1/20 -	12/31/28						
Total Colifor	•					1 r	outine (RT)	-		
	Point (Sampling Point ID)			ing Period	Collecti	on Perio		Compliance Status		
Select fro	om Inventory of Active Sampling Points			- 6/30/25				mplete		
				- 9/30/25			Со	mplete		
				- 12/31/25						
				- 3/31/26						
			4/1/26 -							
	opper (PBCU)						5 routine (R			
	g Point (Sampling Point ID)			ing Period		on Perio		ance Status		
Select from Inventory of Active Sampling Points				12/31/24		-9/30		Complete Complete		
				12/31/25	-	-9/30	Co	mpiete		
Dharataal Daw	(DDC)		1/1/26 -	12/31/26	6/1	-9/30	ti (DT)			
-	ameters (PPS)  g Point (Sampling Point ID)		Monitori	ing Period	Collecti	on Perio	outine (RT)	per quarter ance Status		
	om Inventory of Active Sampling Points			- 6/30/25	Conecti	on rend		mplete		
361661116	on inventory of Active Sampling Foilits			- 9/30/25				mplete		
				- 12/31/25			CO	impiete		
		·		- 3/31/26						
				- 6/30/26						
Water Syster	m Facility: ENTRY POINT (WSF ID: 007	700)	1, 1, 20	0,00,20						
•	nemicals (IOCS)					1 routi	ine (RT) per	three vears		
_	g Point (Sampling Point ID)		Monitori	ing Period	Collecti	on Perio		Compliance Status		
ENTRY PO				12/31/25				mplete		
				12/31/28				•		
Nitrate And	Nitrite (NOX)						1 routine (R	T) per year		
	Point (Sampling Point ID)		Monitoring Period		Collecti	on Perio	' <del>-</del> '	ance Status		
ENTRY PO	OINT (3)		1/1/24 - 12/31/24				Со	mplete		
			1/1/25 -	12/31/25			Co	mplete		
			1/1/26 -	12/31/26						
Pesticides, I	Herbicides and PCBs-Phase II (SOC2)					1 routi	ine (RT) per	three years		
	g Point (Sampling Point ID)			ing Period	Collecti	on Perio		Compliance Status		
ENTRY PO	OINT (3)			12/31/25			Со	mplete		
			1/1/26 -	12/31/28						

**Monitoring Period** 1/1/23 - 12/31/25

1/1/26 - 12/31/28

**ENTRY POINT (3)** 

Pesticides, Herbicides and PCBs-Phase V (SOC5)

Sampling Point (Sampling Point ID)

1 routine (RT) per three years

**Compliance Status** 

Complete

**Collection Period** 

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name	dancy 1-10111			_		_			er Type	Primary Source
CT078126		RI SCHOOL				NTNC		77		P	GW
Local Addr	ress (where applicable)		Service	Residen	tial	Commer	cial I	ndustri	al	Combine	d Agricultural
132 PLEAS	ANT VALLEY		Connection	s <u>1</u>							
Towns Ser	ved: MANSFIELD										
		Monit	oring Rec	uireme	nts						
Water System Facility: ENTRY POINT (WSF ID: 00700)											
Organic	Chemicals (VOCS)							1 rou	utine	(RT) pe	r three years
Samp	oling Point (Sampling Point ID)			Monitori	ng P	eriod	Collec	tion Pe	riod	Comp	liance Status
ENTR	Y POINT (3)			1/1/23 -	12/3	1/25				C	omplete
				1/1/26 -	12/3	1/28			_		
		Other C	ompliand	e Sched	lule	es es					
Compliand	ce Schedule Activity				Due	Date		Achie	ved L	Date	
CROSS CO	NNECTION EXEMPTION				3/1/2	2029					
Water System Facility and Sampling Point Inventory											
Water							Total	Lead	and		
System	Water System Facility	Sampling Point					oliform				Stage
Facility ID		ID	Description			<u>Status</u>	Rule			Aspesto	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	2 4	DRINKING F			A	Y Y	2			
		DOWNSTREAM			J	A	ī				
		MSP0001	NURSE'S SIN		•	P	Υ	3	;		
		MSP0002	6-9 CLASSRO			A	Y	3			
		MSP0003	KITCHEN	Δ			Υ	3			
		MSP0004	SINK 3-6			Α	Υ	3	,	Υ	
		MSP0005	STAFF BATH	IROOM		Α	Υ	3	}		
		MSP0006	BOYS BATHI	ROOM		Α	Υ	3	}		
		MSP0007	GIRLS BATH			Α	Υ	3			
		UPSTREAM	WITHIN 5 SE		1	Α					
00700	ENTRY POINT	3	ENTRY POIN	IT		Α					
10379	WELL	2	WELL			A					
		Certified	Operato	r Inform	ati	on					
Water Sys	stem Facility: <b>DISTRIBUTION</b>	N SYSTEM (WSF I	D: 00600)								
_	assification: SMALL WATER SYST										Certification
Operator I		Operator Typ		Certification(s)							Expiration
STAVENS,	JOEL	CHIEF OPERATO	OR S	SMALL WA	TER S	SYSTEM C	PERAT	OR			6/30/2026
		Con	tact Info	rmation	)						
Name Organization Job Title								Job Title			
Ms. Cindy			ak Grove Mo	ntessori Scl	nool		Administrative Assis				
	Idress Line One	Mailing Addres	s Line Two					City		State	Zip Code
	ant Valley Road	_		-	<b>D</b> 1	Mans				СТ	06250
Business			ile Phone	Emergency	Pho						
860-450	6-1031 860-4 ble(s): Legal Contact	56-2907				cindy	@ogm	s.org			
COIIIaCI RO	ore(o). Legal Contact										

Connecticut Department of Public Health Drinking water Section											
	Wa	ter Qua	lity Monite	oring a	nd Con	npl	iance S	Schedul	le		
PWS ID	PWS Name	PWS Name						Population	Own	ner Type P	Primary Source
CT0781263	OAK GROVE MO	NTESSORI S		NTNC		77		Р	GW		
Local Address (w	ocal Address (where applicable)					dential Comme		al Industri	ial	Combined	Agricultural
132 PLEASANT V	ALLEY		Connection	ions 1							
Towns Served: M	1ANSFIELD										
Name			Org	ganization		Job Title					
Ms. Leela Pahl			Oa	k Grove Mo		Head of School					
Mailing Address	Line One		Mailing Address	Line Two				City		State	Zip Code
132 Pleasant Valley Road						Mansfi	eld Center		СТ	06250	
Business Phon	e Extension	Fax	Mobil	e Phone	Emergency Phone Email Address						
860-456-1031					860-705-	6173	3 leela@	ogms.org			
Contact Bolo/s)	A dualisistuativa	Contact Lac	ol Contact								

Connecticut Department of Dublic Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

Connecticut Departme	nt of Public Health	Drinking	g Water So	ection							
Water Quality M	Ionitoring and Con	npliance	Schedule								
PWS ID PWS Name		Classification	Population Ow	vner Type Primary Source							
CT0787023 COMMUNITY CHILDRENS CENTER IN	C	NTNC	52	P GW							
Local Address (where applicable)	Service Resider	ntial Commerc	ial Industrial	Combined Agricultural							
797 MANSFIELD CITY ROAD	Connections	1									
Towns Served: MANSFIELD											
Monitoring Requirements											
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)										
Asbestos (1094)			1 routi	ne (RT) per nine years							
Sampling Point (Sampling Point ID)			Collection Period	Compliance Status							
DISTRIBUTION SYSTEM (4)	1/1/23 -	12/31/31									
Total Coliform (3100)			1 ro	utine (RT) per quarter							
Sampling Point (Sampling Point ID)			Collection Period	•							
Select from Inventory of Active Sampling Points		- 6/30/25		Complete							
		- 9/30/25		Complete							
		- 12/31/25		Complete							
		- 3/31/26									
	4/1/26	- 6/30/26									
Lead And Copper (PBCU)	8.6 14	in a Dania d		ne (RT) per three years							
Sampling Point (Sampling Point ID)			Collection Period	•							
Select from Inventory of Active Sampling Points		12/31/25	6/1-9/30	Complete							
Dhariad Danamatana (DDC)	1/1/26 -	12/31/28	6/1-9/30								
Physical Parameters (PPS)  Sampling Point (Sampling Point ID)	Monitor	ing Daried (	1 ro Collection Period	utine (RT) per quarter  Compliance Status							
Select from Inventory of Active Sampling Points		<b>ing Period (</b> - 6/30/25	Conection Period	Complete							
Select from inventory of Active Sampling Points		- 9/30/25		Complete							
		- 12/31/25		Complete							
		- 3/31/26		Complete							
		- 6/30/26									
Water System Facility: ENTRY POINT (WSF ID: 0		0,30,20									
Inorganic Chemicals (IOCS)	707001		1 routin	ne (RT) per three years							
Sampling Point (Sampling Point ID)	Monitor	ing Period C	Collection Period	•							
ENTRY POINT (3)		12/31/25		Complete							
		12/31/28									
Nitrate And Nitrite (NOX)	,, -	, , , ,		l routine (RT) per year							
Sampling Point (Sampling Point ID)	Monitor	ing Period C	Collection Period	• • • •							
ENTRY POINT (3)	1/1/24 -	12/31/24		Complete							
		12/31/25		Complete							
		12/31/26		· ·							
Pesticides, Herbicides and Polychlorinated Biph	enyls (PCBs) (SOCS)			1 (RT) per three years							
Sampling Point (Sampling Point ID)		ing Period (	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/26 -	12/31/28	1/1-12/31	Waiver							
Pesticides, Herbicides and Polychlorinated Biph	enyls (PCBs) (SOCS)		1 routin	ne (RT) per three years							
Sampling Point (Sampling Point ID)	Monitor	ing Period C	Collection Period	Compliance Status							

1/1/23 - 12/31/25

**Monitoring Period** 

1/1/24 - 12/31/26

**ENTRY POINT (3)** 

**ENTRY POINT (3)** 

Organic Chemicals (VOCS)

Sampling Point (Sampling Point ID)

Complete

**Compliance Status** 

1 routine (RT) per three years

**Collection Period** 

Co	nnoctic	ut Donartme	nt of	f Dublic	Hoalth	Drin	lzina V	Vator So	ction		
C		ut Departme					_		CUOII		
		ter Quality N	Ionit	oring ai							
	'S Name							cation Population Owner Type F			
		HILDRENS CENTER IN	C.			NTI		52	Р	GW	
Local Address (wher				Service Connection	Resident	ial Coi		Industrial	Combined	Agricultural	
797 MANSFIELD CIT				Connection	5		1				
Towns Served: MAN	ISFIELD										
Monitoring Requirements											
Water System Fac	ility: ENTR	Y POINT (WSF ID:	00700)								
<b>Organic Chemical</b>	ls (VOCS)							1 routine	(RT) per	three years	
Sampling Point	t (Sampling P	oint ID)			Monitorir	ng Perio	od Colle	ction Period	Compl	iance Status	
					1/1/27 - 1	12/31/2	19				
		Ot	her C	ompliand	e Sched	ules					
Compliance Schedu	le Activity				E	ue Dat	e	Achieved	Date		
RESPOND TO SANITA	ARY SURVEY				4,	/20/200	)5				
CROSS CONNECTION	N EXEMPTION				3	3/1/202	8				
		Water System	Facili	ity and Sa	ampling	Point	Invent	ory			
Water		•					Total	Lead and			
System Water Sy	stem Facility	Samplin	g Point	Sampling Po	oint		Colifori	m Copper		Stage	
Facility ID		11	D	Description		Sta	tus Rule	Rule Tier	Asbestos	WQP 2 DBPR	
00600 DISTRIBU	TION SYSTEM	1 4	1	DISTRIBUTIO	ON SYSTEM	Δ	Y				
		CCC	001	TODDLER RO	OOM FRON	Т А	Y	N			
		CCC	002	KITCHEN SIN	١K	Δ	Y	N			
		CCC	003	STAFF BATH		Α	Y	N			
		CCC	004	PRESCHOOL	. SINK	Α	Y	N			
		CCC	005	BACK TODD	LER LEFT	Α	Y	N			
		CCC	006	BACK TODD	LER RIGHT	Α	Y	N			
		CCC	007	PRESCHOOL	OL BATH A		Y	N			
		DOWNS	TREAM	WITHIN 5 SE	ERVICE CON	Α	١				
		UPSTI	REAM	WITHIN 5 SE	ERVICE CON	Α	١				
00700 ENTRY PO	TNIC	3	3	ENTRY POIN	IT	Δ	١				
48709 WELL #1		2	2	WELL #1		Α	١				
		Cer	tified	Operato	r Inform	ation					
Water System Fac	ility: DISTR	IBUTION SYSTEM	(WSF II	D: 00600)							
Facility Classificatio	n: SMALL WA	ATER SYSTEM								Certification	
Operator Name		Opera	itor Typ	e	Certification	n(s)				Expiration	
NIGRO, JR., VICTOR	N.	CHIEF C	PERATO	DR \	WATER TREA	ATMEN	T PLANT OF	PERATOR - CL	ASS II	6/30/2027	
				ſ	DISTRIBUTIO	ON SYST	EM OPERA	III	6/30/2026		
NIGRO, SCOTT A.		ASSIGN	ED OPER	RATOR [	DISTRIBUTIO	I	6/30/2028				
				١	WATER TREA	ATMEN	T PLANT O	PERATOR - CL	ASS II	6/30/2026	
NIGRO, DAVID		ASSIGN	ED OPEF	RATOR \	WATER TREA	ATMEN	T PLANT O	PERATOR - CL	ASS I	3/31/2028	
			Con	tact Info	rmation						
Name			Oı	rganization					Job Title		
Ms. Lisa Dahn				ommunity Ch	ildren Cente	er	D	irector			
Mailing Address Line	e One	Mailing		s Line Two				City	State	Zip Code	
797 Mansfield City F							Storrs		СТ	06268	
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Addı	ress			
860-456-7171					860-933-8	3900	director@d	communitych	ildrenscen	ter.org	

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Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name	PWS Name						Population	Owner Type Pr		mary Source
СТ0787023	COMMUNITY CH	IILDRENS CE			NT	NC	52	Р		GW	
Local Address (w	Service	Residen	Residential Co		al Industri	al Combir	ned	Agricultural			
797 MANSFIELD	Connection	ıs		1							
Towns Served: N	1ANSFIELD							,	'		
Contact Role(s):	Administrative	Contact, Leg	al Contact						•		
Name				Organization				Job Title			
Community Chil	drens Center Inc										
Mailing Address	Line One		Mailing Addr	ress Line Two			City		State	!	Zip Code
797 Mansfield Ci	ty Rd P. O. Box 1	.08					Mansfie	eld	СТ		06268
Business Phon	e Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	ddress	,		
860-456-7171							comm.childrens.ctrsnet.net				
Contact Role(s):	Owner										

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End of schedule