	Connecticut Departmen	nt of Public H	lealth	ı Dı	rinkin	g V	Vater	Se	ection	
	Water Quality Mo	onitoring an	d Con	npl	iance	Sc	hedul	e		
PWS ID	PWS Name	<u> </u>							ner Type Pr	imary Source
CT1080011	AQUARION-HAWKSTONE				С		120		P	SWP
Local Address	(where applicable)	Service	Resider	ntial	Commerc	cial	Industria	al	Combined	Agricultural
		Connections	65							
Towns Served:	OXFORD, SEYMOUR		I							
	M	onitoring Requ	ıireme	nts						
Water Systen	n Facility: DISTRIBUTION SYSTEM (\)									
Asbestos (1	094)						1 ro	uti	ne (RT) per	nine years
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period	Colle	ction Per			ance Status
Select fro	m Inventory of Active Sampling Points		1/1/23 -	12/3	31/31					
Total Colifor	m (3100)							1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period	Colle	ction Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	- 7/3	1/25				Со	mplete
			8/1/25 -	- 8/3	1/25				Со	mplete
			9/1/25 -	- 9/3	0/25				Со	mplete
			10/1/25 -	- 10/	31/25				Со	mplete
			11/1/25 -	- 11/	30/25				Со	mplete
			12/1/25 -	- 12/	31/25					
			1/1/26 -	- 1/3	1/26					
			2/1/26 -	- 2/2	8/26					
			3/1/26	- 3/3	1/26					
			4/1/26	- 4/3	0/26					
			5/1/26	- 5/3	1/26					
			6/1/26	- 6/3	0/26					
Disinfectant	Byproducts - TTHM & HAA5 (DBP)							1	routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period	Colle	ction Per	riod	Compli	ance Status
HAWKSTO	ONE SS 2008 (02916)		1/1/24 -	12/3	31/24	8	3/1-8/31		Со	mplete
			1/1/25 -	12/3	31/25	8	3/1-8/31		Co	mplete
			1/1/26 -	12/3	31/26	8	3/1-8/31			
Lead And Co	pper (PBCU)						5 rou	ıtin	e (RT) per	three years
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period	Colle	ction Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		1/1/25 -	12/3	31/27	(5/1-9/30			
Physical Para	ameters (PPS)							1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period	Colle	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	- 7/3	1/25				Со	mplete
			8/1/25 -	- 8/3	1/25				Со	mplete
			9/1/25 -	- 9/3	0/25				Со	mplete
			10/1/25 -	- 10/	31/25				Со	mplete
			11/1/25 -	- 11/	30/25				Co	mplete
			12/1/25 -	- 12/	31/25					
			1/1/26	- 1/3	1/26					
			2/1/26	- 2/2	8/26					
			3/1/26	- 3/3	1/26					
			4/1/26	- 4/3	0/26					
			5/1/26	- 5/3	1/26					

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.

6/1/26 - 6/30/26

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1080011	AQUARION-HAWKSTONE			С	120	Р	SWP
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections	65				

Towns Served: OXFORD, SEYMOUR

Other Compliance Schedules						
Compliance Schedule Activity	Due Date	Achieved Date				
CROSS CONNECTION SURVEY REPORT	3/1/2025					
CERTIFY LEAD SL NOTIFICATION	7/1/2025	4/21/2025				
MAIL/HAND DELIVER NOTICE TO CONSUMERS	12/31/2025					
CERTIFY LEAD SI NOTIFICATION	7/1/2026					

	Wat	er System Facili	ity and Sampling Po	oint Ir	vento	у			
Water					Total	Lead and			
System	Water System Facility	Sampling Point			Coliform	Copper		Sto	age
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 D)BPF
00600	DISTRIBUTION SYSTEM	02914	HAWKSTONE SS	Α	Υ				
		02915	BIRMINGHAM MP	Α	Υ				
		02916	HAWKSTONE SS 2008	Α					Υ
		02916D	HAWKSTONE SS 2008 -	Α	Υ				
		02916U	HAWKSTONE SS 2008 -	Α	Υ				
		4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		PB5696	22 PALMER LN OXFD	Α		3			
		PB5697	10 PALMER LN OXFORD	Α		3			
		PB5698	15 PALMER LN OXFORD	Α		1			
		PB5699	12 HAWKSTONE TE OXFD	Α		3			
		PB5700	3 HAWKSTONE TE OXFD	Α		3			
		PB6225	21 PALMER LN OXFD	Α		3			
		PB6226	8 HAWKSTONE TE OXFD	Α		3			
		PB6316	3 PALMER LANE	Α		1			
		PB6964	6 HAWKSONTE TERR	Α	Υ	3			
		PB8606	12 PALMER LN	Α		1			
		PB8607	13 PALMER LN	Α		1			
		PB8608	14 PALMER LN	Α		1			
		PB8609	17 PALMER LANE	Α		1			
		PB8610	19 PALMER LANE	Α		1			
		PB8611	23 PALMER LN	Α		1			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					

45896 INTERCONNECTION - CT0930011 - RWA

Certified Operator Information

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

Facility Classification: SMALL W	/ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
HORN, ROBERT	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS III	6/30/2028

Schedule Generation Date: 12/12/2025 Page 2

	Connectic	ut Depa	rtmen	nt of	Public	Health	Di	inking	. Water	Sect	tion	
		ter Qua						_				
PWS ID	WS Name				0					1	Type I	Primary Source
CT1080011	QUARION-HAV	VKSTONE						С	120	Р		SWP
Local Address (wh	ere applicable)				Service	Resider	itial	Commerci	al Industri	al Co	mbine	d Agricultural
					Connection	ns 65						
Towns Served: O	FORD, SEYMOL	JR										
				Cont	tact Info	rmation	1					
Name			Org	ganization					Jo	b Title		
Mr. John P. Wals	า			Aqı	uarion Wate	er Compan	У		Vice Presi	dent		
Mailing Address L	ine One		Mailing A	ddress	Line Two	City State Zi			Zip Code			
835 Main Street			Mail Stop	700				Bridge	geport CT 06604			06604
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Pho	ne Email <i>A</i>	Address			
203-337-5852		203-337-5	5938			781-413	-6175	jwalsh(@aquarionw	vater.co	m	
Contact Role(s):	Legal Contact											
Name				Org	ganization					Jo	b Title	
Mr. Robert J. Ulrich A				Aqı	uarion Wate	er Compan	y of C	Ct	Vp-Supply	/ & Utili	ty	
Mailing Address L	ine One		Mailing A	ddress	Line Two		City State Zip Coo			Zip Code		
505 Huntington S	t.					Shelton CT 06484				06484		
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Pho	ne Email A	Address		,	

Contact Role(s): Administrative Contact

Please note the following:

203-926-4320

- 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.

203-929-5297

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.

203-395-3205

rulrich@aquarionwater.com

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

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

End of schedule

Page 3

	C	- (D 1.1:- I	r - 141.	D.		TA7 -4-	- C		
	Connecticut Department				_			ection	
	Water Quality Mo	nitoring an	a Con	_					
PWS ID	PWS Name			Class		on Population Own			
CT1085061	AQUARION-OXFORD TOWNE CENTER				С	449		Р	GWP
	(where applicable)	Service	Residen	ntial (Commerci	ial Indus	trial	Combined	Agricultural
	OAD, OXFORD	Connections	5		17				
Towns Served:	OXFORD								
	Мо	nitoring Requ	iireme	nts					
	n Facility: DISTRIBUTION SYSTEM (W	'SF ID: 00600)							
Asbestos (1	•								nine years
	Point (Sampling Point ID)		Monitori			Collection I	Period	l Complic	ance Status
Select fro	m Inventory of Active Sampling Points		1/1/17 -	•	•				
			1/1/26 -	12/31	1/34				
Total Colifor	•								oer quarter
	Point (Sampling Point ID)		Monitori			Collection I	Period		ance Status
Select fro	m Inventory of Active Sampling Points		4/1/25 - 6/30/25						mplete
			7/1/25 -	•	•				mplete
			10/1/25 -					Coi	mplete
<u> </u>		1/1/26 -							
			4/1/26 -	- 6/30	/26				
	Byproducts - TTHM & HAA5 (DBP)							-	T) per year
	Point (Sampling Point ID)		Monitori			Collection I		-	ance Status
OTC 357	OXFORD RD SS (00572)		1/1/24 -			<u> </u>		mplete	
			1/1/25 -			9/1-9/3		Соі	mplete
			1/1/26 -	12/31	1/26	9/1-9/3			
	pper (PBCU)							•	T) per year
	Point (Sampling Point ID)		Monitori			Collection F		-	ance Status
Select fro	m Inventory of Active Sampling Points		1/1/24 -			6/1-9/30 Cor			mplete
			1/1/25 -		<u> </u>	6/1-9/3		Соі	mplete
			1/1/26 -	12/31	1/26	6/1-9/3			
•	ameters (PPS)								er quarter
	Point (Sampling Point ID)		Monitori			Collection F	Period		ance Status
Select fro	m Inventory of Active Sampling Points		4/1/25 -		•				mplete
			7/1/25 -		•				mplete
			10/1/25 -					Соі	mplete
			1/1/26 -	•	•				
			4/1/26 -						
	Othe	r Compliance	Scheo	dule	S				
	hedule Activity			Due D	Date	Ach	ievea	Date	
CCTS 7: DWS T	O SPECIFY OPTIMAL WQPS		ϵ	5/30/2	2019				
CROSS CONNE	CTION SURVEY REPORT			3/1/2	025				
	Water System Fa	acility and Sar	npling	Poi	nt Inve	ntory			
Water							ıd and	1	
System Wa	ter System Facility Sampling P	oint Sampling Poi	nt		Col	iform Co	pper		Stage

System Water System Facility
Sampling Point
Sampling Point
Sampling Point
Sampling Point
Status
Status
Rule
Rule Tier Asbestos WQP 2 DBPR
O0600 DISTRIBUTION SYSTEM
O0571 OXFORD TOWN CENTER
M

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 Dep	artment o	f Public H	lealth	Dı	rinkin	gV	Vater	Section			
	•	ality Moni					_					
PWS ID	PWS Name	<u>J</u> -	0 -			ssification				Prima	rimary Source	
CT1085061	AQUARION-OXFORD TOW	NE CENTER				С		449	Р		iWP	
ocal Addre	ss (where applicable)		Service	Residen	tial	Commerc	cial	Industria	l Combine	d Ag	ricultura	
300 OXFORI	D ROAD, OXFORD		Connections	5		17						
Towns Serve	ed: OXFORD		<u> </u>							'		
	Water	System Facil	ity and Sai	npling	Ро	int Inv	ent	ory				
Water		-				7	Total	Lead o	and			
•	Nater System Facility	Sampling Point		nt		Co	lifori				Stage	
Facility ID		ID	Description			Status	Rule	Rule	Tier Asbesto	s WQ	P 2 DBP	
		00572	OTC 357 OXF	ORD RD S	S	Α	Υ	N	Υ	Υ	Υ	
		00573	140 MAIN ST	M32		Α	Υ	N		Υ		
		4	DISTRIBUTIO	I SYSTEM		Α						
		PB8053	OTC 170 OXF	ORD RD		I		N				
		PB8081	OTC 150 MAI	N ST		I		N				
		PB8084	OTC 154 MAI	N ST		1		N				
		PB8085	OTC 160 MAI	N ST		I		N				
		PB8086	OTC 304 OXF	ORD RD		I		N				
		PB8087	OTC 274 OXF	ORD RD		I		N				
		PB8088	OTC 280 OXF	ORD RD		I		N				
		PB8089	OTC 159 MAI	N ST		I		N				
		PB9467	400 BOULDER	PASS UN	II	Α		N				
		PB9468	400 BOULDER	PASS UN	II	Α		N				
		PB9469	400 BOULDER	PASS UN	II	Α		N				
		PB9470	400 BOULDER	PASS UN	II	Α		N				
		PB9471	400 BOULDER	PASS UN	II	Α		N				
		PB9472	500 BOULDER	PASS UN	II	Α		N				
		PB9473	500 BOULDER	PASS UN	II	Α		N				
		PB9474	500 BOULDER			Α		N				
		PB9475	500 BOULDER	PASS UN	II	Α		N				
		PB9476	500 BOULDER	PASS UN	II	Α		N				
	NTERCONNECTION - HERITAGE WATER CO.	00571	OXFORD TOW M	'N CENTE	R	Α	Υ					

Cortified	Operator	Information
Certified	Operator	intormation

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

Facility Classification: SMALL W	ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
BURKE, JONATHAN	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2028
HORN, ROBERT	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS III	6/30/2028

 DIDCE	Information	
III at I	11 II CH III AI ICH	

			Contact	iiioiiiatioii					
Name				tion		Job Title			
Mr. John P. Walsh				Water Company	Vice Presi	dent			
Mailing Address Line	e One	Maili	ng Address Line T	wo	City	State	Zip Code		
835 Main Street		Mail	Stop 700		Bridgeport	СТ	06604		
Business Phone	Extension	Fax	Mobile Phor	ne Emergency Phone	Email Address				
203-337-5852	203-337-5852 203-337-5			781-413-6175	jwalsh@aquarionw	ater.com			
Contact Role(s): Le	gal Contact, C)wner							

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(Connectic	ut Depa	ırtmen	it of	Public	Health	l Di	rinking	g Water	· Se	ection			
	Wa	ter Qua	lity Mo	onit	oring a	nd Con	npl	liance S	Schedu	le				
PWS ID P	PWS Name						Classification F		Population	Owner Type		Primar	y Source	
CT1085061 A	AQUARION-OXFORD TOWNE CENTER							С	449		P GW		WP	
Local Address (where applicable)					Service	Resider	ntial	Commerci	al Industri	ial	Combine	d Agı	Agricultural	
300 OXFORD ROAD, OXFORD					Connection	is 5	5							
Towns Served: OX	FORD					·			·					
Name				Oı	Organization				Job Title					
Mr. Robert J. Ulrich				Ac	Aquarion Water Company of Ct				Vp-Supply & Utility					
Mailing Address Line One Mailing Addr				ddress	ress Line Two				City		State	Zip	Code	
505 Huntington St.							Shelto	Shelton		СТ	06	484		
Business Phone	Extension	Fax		Mobile Phone		Emergency Phone		one Email A	Email Address					
203-926-4320		203-929-5297				203-395-3205		5 rulrich	rulrich@aquarionwater.com					
Contact Role(s):	Administrative	Contact			,									

Contact Role(s): Administrative Contact

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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.

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 6