	Connecticut De	epartment of	Public H	lealth	Drii	nkin	g Wa	ater S	Sectio	n		
		uality Monit										
PWS ID	PWS Name	dancy 1-10111c	oring and	u don			_			Pri	imary Source	
CT1100112	AQUARION-NORTH MO	IINTAIN				ΓNC	37		L	111	SWP	
	(where applicable)	ONTAIN	Service	Residen		ommero		dustrial	Combi	nod	Agricultural	
	OUNTAIN ROAD PLAINVILLI		Connections	Residen	tiai CC	Jilliller	lai III	3	COIIIDI	neu	Agricultural	
Towns Served		<u> </u>	20111120110113					3				
TOWIIS SELVEU	. PLAINVILLE	B.O. *1	• •	•								
Water Syster	n Facility: DISTRIBUTIO		oring Requ	iireme	nts							
Asbestos (1	•	(,					1 rou	tine (RT)	ner	nine years	
-	Point (Sampling Point ID)			Monitori	na Peri	ind (Collecti			-	ince Status	
DISTRIBU				1/1/17 -			Collection Period			Complete		
2.011.120				1/1/26 -							p.ccc	
Total Colifor	rm (3100)			_, _, _0	, 5 1/	J .		1 r	outine (RT) r	er quarter	
	Point (Sampling Point ID)			Monitori	na Peri	iod	Collecti	on Perio	-		ince Status	
	om Inventory of Active Sam	nling Points		4/1/25 -			20.10011	J. 1 C11C			nplete	
Jeiett II t	inventory of Active Sain	B 1 011110		7/1/25 -						Complete		
											nplete	
				10/1/25 - 12/31/25						COI	прісс	
					1/1/26 - 3/31/26 4/1/26 - 6/30/26							
Load And Co	opper (PBCU)			4/1/20-	0/30/2	20		E rout	ino (PT)	nor t	hroo yoars	
	• • • •			Monitoring Period			Collection Period			(RT) per three years Compliance Status		
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points				1/1/25 - 12/31/27			6/1-9/30		id Col	compliance status		
Select II C	in inventory of Active Samp	olling Pollits		1/1/28 -				-9/30 -9/30				
Lood And Co	Amor (DDCII)			1/1/20-	12/31/	30	0/ 1	-9/30	C volution	~ /D:	T)	
	opper (PBCU)			Monitori	na Dari	iod i	Collecti	on Daria		_	T) per year	
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points					Monitoring Period 1/1/24 - 12/31/24			Collection Period 6/1-9/30			Compliance Status Complete	
	· · · · · · · · · · · · · · · · · · ·	olling Pollits		1/1/24-	12/31/	24	0/ 1		outing (•	
-	ameters (PPS) Point (Sampling Point ID)			Monitori	na Dari	iod i	Collecti	ז ב on Perio	-		er quarter Ince Status	
	om Inventory of Active Sam	aling Points		4/1/25 -			Conecti	on Penc	ou Col		nplete	
Select II C	on inventory of Active Samp	uning Points		7/1/25 -							nplete	
				- 1/1/25 - 1/1/26						Cor	nplete	
		Other Co	ompliance	4/1/26 -								
Compliance C	chedule Activity		Jp.iianiec		Due Da			Achieve	od Date			
-	ECTION SURVEY REPORT			3/1/2025				ACHIEVE	.u Dute			
CROSS CONNE		. C										
	wate	r System Facili	ity and Sar	npling	Poin			•				
Water	stor Custom Facility	Committee Delet	Committee Det	a t				Lead a			6.	
System Work Facility ID	ter System Facility	Sampling Point ID	Description	π			liform Rule	Coppe		toc l	Stage WQP 2 DBPR	
	TDIDIITION CVCTCN4			יאו ואו אדא.		itus	Y	nuie II	er Asues	103	NUT ZUDPN	
טטסטט טוא	TRIBUTION SYSTEM	07236 07237	NORTH MOUNTED			Α ^	Y Y	NI.				
		07237	HHC ROOM 1			Α ^	ı	N N				
		07238	HHC ROOM 1			Α ^	Υ	N N				
						Α ^		N N				
		07240	HHC ROOM D			A ^	Y	N				
		07241	HHC ROOM B	103		A	Υ	N				

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.

DISTRIBUTION

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Schedule Generation Date: 12/12/2025

	Connecticut Dep	artment of	Public	Health	ı D	rinkii	ng W	/ater	Secti	on		
	*	ality Monit					U					
PWS ID	PWS Name	<u>J</u>	0		_	ssificatio				ype P	rimary	Source
CT1100112	AQUARION-NORTH MOUN	TAIN				NTNC		370	L		SW	
Local Address (v	where applicable)		Service	Resider	ntial	Comme	rcial	Industria	al Con	nbined	Agric	ultural
			Connection	ıs				3				
Towns Served: I	PLAINVILLE											
Water System Facility and Sampling Point Inventory												
Water System Water System Facility Sampling Point Facility ID ID			Sampling Po	ampling Point Co			Total Coliforn Rule	liform Copper				Stage 2 DBPR
	. demity 15		DISTRIBUTION	Status			Υ				•	
		HHC1108	HHC ROOM			Α	Υ					
		HHC1116	HHC ROOM	1116		Α	Υ					
		HHC1544	HHC ROOM	1544		Α	Υ					
		HHC1616	HHC ROOM	1616		Α	Υ					
		HHCB109	HHC ROOM	B109		Α	Υ					
		NMPS1108	NMPS-ROO	M 1108		Α	Υ	N				
		NMPS1116	NMPS-ROO	M 1116		Α	Υ	N				
		NMPS1544	NMPS-ROO	M 1544		Α	Υ	N				
		NMPS1616	NMPS ROO	M 1616		Α	Υ	N				
NMPSB109		NMPS-ROO		Α	Υ	N						
		UPSTREAM	DISTRIBUTION	NC		Α	Υ					
60462 INTE	RCONNECTON - CT0890011											
		Certified	Operato	r Inform	nati	ion						
Water System	Facility: DISTRIBUTION S	SYSTEM (WSF II	D: 00600)									
Facility Classific	tation: SMALL WATER SYSTE	M									Certifi	cation
Operator Name	!	Ореrator Тур			Certification(s)						Expir	ation
HAVEL, DOUGLAS G. CHIEF OPERATO		CHIEF OPERATO	OR I	DISTRIBUTION SYSTEM OPER				RATOR - CLASS III			6/30	/2027
			,	WATER TRI	EATN	/IENT PLA	ANT OP	ERATOR	- CLASS	Ш	6/30,	/2027
HELMING, TRAVIS ASSIGNED OPER		RATOR	WATER TREATMENT PLANT				OPERATOR - CLASS III			9/30	/2028	
			DISTRIBUT			RIBUTION SYSTEM OPERATOR - CLA					9/30,	/2028
FARRELLY, MARC ASSIGNED OPER		RATOR	OR DISTRIBUTION SYSTEM OPE			OPERA	RATOR - CLASS III			6/30	/2027	
			,	WATER TRI	EATN	/IENT PLA	ANT OP	ERATOR	- CLASS	II	6/30	/2027
				DISTRIBUTI	ION S	SYSTEM (OPERA	TOR - CL	ASS II		8/26	/2024
HOGE, TYLER N		ASSIGNED OPER	RATOR	DISTRIBUTI	ION S	SYSTEM (OPERA ⁻	TOR - CL	ASS I		9/30,	/2027
		Con	tact Info	rmation	1							
Name		Or	rganization						Job	Title		

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.

Aquarion Water Company of Ct

Vp-Supply & Utility

State

 CT

Zip Code

06484

Page 2

City

rulrich@aquarionwater.com

Shelton

Emergency Phone Email Address

203-395-3205

Schedule Generation Date: 12/12/2025

Mailing Address Line Two

Mobile Phone

Mr. Robert J. Ulrich

505 Huntington St.

Business Phone

203-926-4320

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

203-929-5297

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

PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source
CT1100112	12 AQUARION-NORTH MOUNTAIN				NTNC	370	L	SWP
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
201 NORTH MOUNTAIN ROAD PLAINVILLE		Connections				3		

Towns Served: PLAINVILLE

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

Schedule Generation Date: 12/12/2025 Page 3