

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1100112	AQUARION-NORTH MOUNTAIN	NTNC	370	L	SWP
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
201 NORTH MOUNTAIN ROAD PLAINVILLE	Connections			3	

Towns Served: PLAINVILLE

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>
DISTRIBUTION (4)	1/1/17 - 12/31/25		Complete
	1/1/26 - 12/31/34		
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	1/1/25 - 12/31/27	6/1-9/30	
	1/1/28 - 12/31/30	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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT		3/1/2025

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Lead and Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	07236	NORTH MOUNTAIN INTER	A	Y				
		07237	HHC ROOM 1108	A	Y	N			
		07238	HHC ROOM 1116	A		N			
		07239	HHC ROOM 1544	A	Y	N			
		07240	HHC ROOM 1616	A	Y	N			
		07241	HHC ROOM B109	A	Y	N			
		4	DISTRIBUTION	A	Y				
	DOWNSTREAM		DISTRIBUTION	A	Y				
		HHC1108	HHC ROOM 1108	A	Y				
		HHC1116	HHC ROOM 1116	A	Y				
		HHC1544	HHC ROOM 1544	A	Y				

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.

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Towns Served: PLAINVILLE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Y	N	N	Y
		HHC1616	HHC ROOM 1616	A	Y			
		HHCB109	HHC ROOM B109	A	Y			
		NMPS1108	NMPS-ROOM 1108	A	Y	N		
		NMPS1116	NMPS-ROOM 1116	A	Y	N		
		NMPS1544	NMPS-ROOM 1544	A	Y	N		
		NMPS1616	NMPS ROOM 1616	A	Y	N		
		NMPSB109	NMPS-ROOM B109	A	Y	N		
		UPSTREAM	DISTRIBUTION	A	Y			

60462 INTERCONNECTON - CT0890011

Certified Operator Information

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

Facility Classification:	Facility ID	Operator Name	Operator Type	Certification(s)	Certification Expiration
SMALL WATER SYSTEM		HAVEL, DOUGLAS G.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III WATER TREATMENT PLANT OPERATOR - CLASS III	6/30/2027 6/30/2027
		HELMING, TRAVIS	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS III DISTRIBUTION SYSTEM OPERATOR - CLASS III	9/30/2028 9/30/2028
		FARRELLY, MARC	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2027 6/30/2027 8/26/2024
		HOGE, TYLER N	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2027

Contact Information

Name	Organization	Job Title		
Mr. Robert J. Ulrich	Aquarion Water Company of Ct	Vp-Supply & Utility		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
505 Huntington St.		Shelton	CT	06484
Business Phone	Extension	Fax	Mobile Phone	Email Address
203-926-4320		203-929-5297		203-395-3205 rulrich@aquarionwater.com

Contact Role(s): Administrative Contact, 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

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