

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250011	SHARON WATER & SEWER COMMISSION	C	803	L	SW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
147 CALKINSTOWN ROAD	Connections	317	71	3	

Towns Served: SHARON

Monitoring Requirements

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

Chlorine Residual (1012)	1 routine (RT) per month		
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
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	1/1/21 - 12/31/29		
Total Haloacetic Acids (2456)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
7 OLD SHARON RD (SSWC20)	7/1/25 - 9/30/25	8/1-8/31	Complete
	10/1/25 - 12/31/25	11/1-11/30	Complete
	1/1/26 - 3/31/26	2/1-2/28	
	4/1/26 - 6/30/26	5/1-5/31	
Total Trihalomethanes (2950)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
1 HERRICK ROAD (SSWC01)	7/1/25 - 9/30/25	8/1-8/31	Complete
	10/1/25 - 12/31/25	11/1-11/30	Complete
	1/1/26 - 3/31/26	2/1-2/28	
	4/1/26 - 6/30/26	5/1-5/31	
Total Coliform (3100)	1 routine (RT) per month		
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		
Lead And Copper (PBCU)	10 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	

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250011	SHARON WATER & SEWER COMMISSION	C	803	L	SW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
147 CALKINSTOWN ROAD	Connections	317	71	3	

Towns Served: SHARON

Monitoring Requirements

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

Physical Parameters (PPS)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		8/1/25 - 8/31/25		Complete
		9/1/25 - 9/30/25		Complete
		10/1/25 - 10/31/25		Complete
		11/1/25 - 11/30/25		Complete
		12/1/25 - 12/31/25		Complete
		1/1/26 - 1/31/26		
		2/1/26 - 2/28/26		
		3/1/26 - 3/31/26		
		4/1/26 - 4/30/26		
		5/1/26 - 5/31/26		
		6/1/26 - 6/30/26		
		7/1/26 - 7/31/26		

Water System Facility: **SHARON WATER TREATMENT PLANT-ENTRY POINT** (WSF ID: 00700)

Net Gross Alpha (4000)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WTPLANT (3)		1/1/23 - 12/31/25		
		1/1/26 - 12/31/28		
		1/1/29 - 12/31/31		

Uranium (4006)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WTPLANT (3)		1/1/23 - 12/31/25		
		1/1/26 - 12/31/28		
		1/1/29 - 12/31/31		

Combined Radium-226/228 (4010)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WTPLANT (3)		1/1/23 - 12/31/25		
		1/1/26 - 12/31/28		
		1/1/29 - 12/31/31		

Inorganic Chemicals (IOCS)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WTPLANT (3)		1/1/25 - 12/31/25		
		1/1/26 - 12/31/26		
		1/1/27 - 12/31/27		

Nitrate And Nitrite (NOX)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT-WTPLANT (3)		1/1/25 - 12/31/25		
		1/1/26 - 12/31/26		
		1/1/27 - 12/31/27		

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250011	SHARON WATER & SEWER COMMISSION	C	803	L	SW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
147 CALKINSTOWN ROAD	Connections	317	71	3	

Towns Served: SHARON

Monitoring Requirements

Water System Facility: SHARON WATER TREATMENT PLANT-ENTRY POINT (WSF ID: 00700)

Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT-WTPLANT (3)	1/1/23 - 12/31/25			
	1/1/26 - 12/31/28			
	1/1/29 - 12/31/31			

Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT-WTPLANT (3)	1/1/23 - 12/31/25			
	1/1/26 - 12/31/28			
	1/1/29 - 12/31/31			

Organic Chemicals (VOCS)		1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
ENTRY POINT-WTPLANT (3)	1/1/25 - 12/31/25			
	1/1/26 - 12/31/26			
	1/1/27 - 12/31/27			

Water System Facility: BEARDSLEY POND RESERVOIR (WSF ID: 2203)

Total Coliform (3100)		1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
BEARDSLEY POND RES (1)	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			

Surface Water Inorganic Chemicals (RIOC)		1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
BEARDSLEY POND RES (1)	1/1/25 - 12/31/25			
	1/1/26 - 12/31/26			
	1/1/27 - 12/31/27			

Surface Water Color and Turbidity (RPPS)		1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
BEARDSLEY POND RES (1)	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			

Surface Water Pesticides (RSOC)		1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
BEARDSLEY POND RES (1)	1/1/25 - 12/31/25			
	1/1/26 - 12/31/26			
	1/1/27 - 12/31/27			

Water System Facility: CALKINSTOWN RESERVOIR (WSF ID: 2204)

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250011	SHARON WATER & SEWER COMMISSION	C	803	L	SW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
147 CALKINSTOWN ROAD	Connections	317	71	3	

Towns Served: SHARON

Monitoring Requirements

Water System Facility: CALKINSTOWN RESERVOIR (WSF ID: 2204)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)			
CALKINSTOWN RES (1)	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		
1 routine (RT) per year			
Sampling Point (Sampling Point ID)			
CALKINSTOWN RES (1)	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		
1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)			
CALKINSTOWN RES (1)	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		
1 routine (RT) per year			
Sampling Point (Sampling Point ID)			
CALKINSTOWN RES (1)	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: SHARON WATER TREATMENT PLANT-ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 6.4 PH	Daily
Start Date: 1/1/2004		Compliance History:	Operating Limit
		Monitoring Period	Monitoring
		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	

Water System Facility: SHARON WATER TREATMENT PLANT (WSFID: 249)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.2 MG/L	Daily
Start Date: 1/1/2004		Compliance History:	Operating Limit
		Monitoring Period	Monitoring
		Compliance Status:	Compliance Status:
		8/1/2025 - 8/31/2025	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.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250011	SHARON WATER & SEWER COMMISSION	C	803	L	SW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
147 CALKINSTOWN ROAD	Connections	317	71	3	

Towns Served: SHARON

Water System Facility: SHARON WATER TREATMENT PLANT (WSID: 249)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.2 MG/L	Daily
Start Date: 1/1/2004			
		Compliance History:	
		Monitoring Period	Operating Limit
			Monitoring Compliance Status:
		9/1/2025 - 9/30/2025	Y
		10/1/2025 - 10/31/2025	Y
		11/1/2025 - 11/30/2025	Y
		12/1/2025 - 12/31/2025	
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Turbidity	CFE Maximum Turbidity (MAXT)	Maximum: 1 NTU	186
Start Date: 1/1/2004			
		Compliance History:	
		Monitoring Period	Operating Limit
			Monitoring Compliance Status:
		8/1/2025 - 8/31/2025	Y
		9/1/2025 - 9/30/2025	Y
		10/1/2025 - 10/31/2025	Y
		11/1/2025 - 11/30/2025	Y
		12/1/2025 - 12/31/2025	
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Turbidity	CFE 95% Turbidity (95PT)	95% Turbidity Limit: 0.3 NTU	186
Start Date: 1/1/2005			
		Compliance History:	
		Monitoring Period	Operating Limit
			Monitoring Compliance Status:
		8/1/2025 - 8/31/2025	Y
		9/1/2025 - 9/30/2025	Y
		10/1/2025 - 10/31/2025	Y
		11/1/2025 - 11/30/2025	Y
		12/1/2025 - 12/31/2025	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
WATERSHED SURVEY REPORT	3/1/2013	
WATERSHED SURVEY REPORT	3/1/2014	
WATERSHED SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
WATERSHED SURVEY REPORT	3/1/2019	
WATERSHED SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
WATERSHED SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
WATERSHED SURVEY REPORT	3/1/2022	
WATERSHED SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2023	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250011	SHARON WATER & SEWER COMMISSION	C	803	L	SW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
147 CALKINSTOWN ROAD	Connections	317	71	3	

Towns Served: SHARON

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2024	
WATERSHED SURVEY REPORT	3/1/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	
WATERSHED SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
MAIL/HAND DELIVER NOTICE TO CONSUMERS	12/31/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	
CERTIFY LEAD SL NOTIFICATION	7/1/2026	

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
					Rule			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SSWC01	1 HERRICK ROAD	A	Y			Y
		SSWC02	FIRE HOUSE	P	Y			
		SSWC03	WKZE	P	Y			
		SSWC04	AUTOSPORTS	P	Y			
		SSWC05	10 HIDDEN LANE	P	Y			
		SSWC06	SHARON HOSPITAL	P	Y			
		SSWC07	N/W ORTHOPEDIC	P	Y			
		SSWC08	18 GREAT ELM	P		3		
		SSWC09	28 GREAT ELM	P		3		
		SSWC10	20 KING HILL	P		3		
		SSWC11	42 NEW STREET	P		3		
		SSWC12	119 MAIN STREET	P		3		
		SSWC13	96 CORNWALL BRIDGE	P		3		
		SSWC14	70 HILLTOP	P		3		
		SSWC15	56 GAY STREET	P		3		
		SSWC16	3 SOUTH MAIN ST	P		3		
		SSWC17	62 UPPER MAIN STREET	P		3		
		SSWC18	WHITFORD ROAD BLDG	P				
		SSWC19	7 WEEDS DAM RD	P	Y			
		SSWC20	7 OLD SHARON RD	A				Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	SHARON WATER TREATMENT PLANT-ENTRY POINT	3	ENTRY POINT-WTPLANT	A				
2203	BEARDSLEY POND RESERVOIR	1	BEARDSLEY POND RES	A				
2204	CALKINSTOWN RESERVOIR	1	CALKINSTOWN RES	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250011	SHARON WATER & SEWER COMMISSION	C	803	L	SW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
147 CALKINSTOWN ROAD		317	71	3	

Towns Served: SHARON

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	Asbestos	Stage WQP 2 DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
249	SHARON WATER TREATMENT PLANT	3	EP - SHARON WTP	A				
		5	CFE - SHARON TP	A				
30080	CALKINSTOWN RESERVOIR INTAKE							
30081	BEARDSLEY RESERVOIR INTAKE							
37189	CLEARWELL							
37191	CALKINSTOWN STANDPIPE							
51864	WHITFORD RD PUMP STATION							
54328	BEARDSLEY RAW WATER TANK							

Certified Operator Information

Water System Facility: SHARON WATER TREATMENT PLANT (WSF ID: 249)

Facility Classification: CLASS 3 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
SWEENEY, MARK	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	12/31/2026

Contact Information

Name	Organization	Job Title		
Mr. Jacob Fricker	Sharon Water And Sewer Commiss	Chairman		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
124 Lambert Road		Sharon	CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
			203-257-3185	EL3LSJF@gmail.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

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250021	SHARON RIDGE APARTMENTS	C	62	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
12 SHARON RIDGE RD	Connections	20			

Towns Served: SHARON

Monitoring Requirements

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

Chlorine Residual (1012)	1 routine (RT) per month		
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
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	1/1/22 - 12/31/30		
Total Coliform (3100)	1 routine (RT) per month		
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		
Disinfectant Byproducts - TTHM & HAAs (DBP)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
OFFICE BATH SINK (SRA-01)	7/1/25 - 9/30/25	7/1-7/31	Complete
	10/1/25 - 12/31/25	10/1-10/31	Complete
	1/1/26 - 3/31/26	1/1-1/31	
	4/1/26 - 6/30/26	4/1-4/30	
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	
Physical Parameters (PPS)	1 routine (RT) per month		
<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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250021	SHARON RIDGE APARTMENTS	C	62	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
12 SHARON RIDGE RD	Connections	20			

Towns Served: SHARON

Monitoring Requirements

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

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Net Gross Alpha (4000)	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		

Uranium (4006)	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		

Combined Radium-226/228 (4010)	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		

Inorganic Chemicals (IOCS)	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		

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
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		

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250021	SHARON RIDGE APARTMENTS	C	62	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
12 SHARON RIDGE RD	Connections	20			

Towns Served: SHARON

Monitoring Requirements

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

Organic Chemicals (VOCS)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 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	
		Minimum:	0.25 MG/L	Continuous	Monitoring
Chlorine	Entry Point RDC (EPRD)				Compliance Status:
Start Date: 6/1/2012		Compliance History:	Operating Limit	Monitoring	Compliance Status:
		Monitoring Period	Compliance Status:		
		8/1/2025 - 8/31/2025	Y		
		9/1/2025 - 9/30/2025	Y		
		10/1/2025 - 10/31/2025	Y		
		11/1/2025 - 11/30/2025	Y		
		12/1/2025 - 12/31/2025			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2030	

Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
	DOWNSTREAM	WITHIN 5 SERVICE CON	A				
	SRA-01	OFFICE BATH SINK	A	Y			Y
	SRA-02	6B KITCHEN SINK	A	Y	2		Y
	SRA-03	8D KITHCEN SINK	A	Y	2		Y
	SRA-04	10B KITCHEN SINK	A	Y	2		Y
	SRA-05	12D KITCHEN SINK	A	Y	2		Y
	SRA-06	14B KITCHEN SINK	A	Y	2		Y
	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY POINT	A				
19 WELL 2	2	WELL 2	A				
1915 WELL 3	2	WELL 3	A				
36522 TREATMENT PLANT							
45406 ATMOSPHERIC TANK							

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1250021	SHARON RIDGE APARTMENTS	C	62	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
12 SHARON RIDGE RD	20				

Towns Served: SHARON

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 36522)

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2028 12/31/2028
KILBOURN, JORDAN H	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2026 9/30/2027

Contact Information

Name	Organization	Job Title
Sharon Ridge Apartments		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
Emergency Contact		Emergency Contact CT 06000
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
860-485-2725		
Contact Role(s): Owner		
Name	Organization	Job Title
Ms. Tammy Broderick	CT Real Estate Management LLC.	Site Manager
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
12-E Sharon Ridge Road		Sharon CT 06069
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
203-233-5941		tbroderick@ctrealestatemanagement.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

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.