

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1340032	JOHNSON MEMORIAL HOSPITAL, INC			C	250	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
201 CHESTNUT HILL ROAD				8				

Towns Served: STAFFORD

### Monitoring Requirements

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

<b>Chlorine Residual (1012)</b>		<b>1 routine (RT) per month</b>	
<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
<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<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	1/1/23 - 12/31/31		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>	
<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		
<b>Disinfectant Byproducts - TTHM &amp; HAA5 (DBP)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
1ST FLOOR KITCHEN OB (JMH01)	1/1/25 - 12/31/25	9/1-9/30	Complete
	1/1/26 - 12/31/26	9/1-9/30	
	1/1/27 - 12/31/27	9/1-9/30	
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>	
<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	
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>	
<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		

*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

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PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1340032	JOHNSON MEMORIAL HOSPITAL, INC			C	250	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
201 CHESTNUT HILL ROAD			Connections	8				
Towns Served: STAFFORD								

### Monitoring Requirements

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

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>
	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 quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	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		

Uranium (4006)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	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		

Combined Radium-226/228 (4010)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	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		

Inorganic Chemicals (IOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/27		

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1340032	JOHNSON MEMORIAL HOSPITAL, INC			C	250	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
201 CHESTNUT HILL ROAD			Connections	8				
Towns Served: STAFFORD								

### Monitoring Requirements

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

Organic Chemicals (VOCS)		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		

### 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
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.3 MG/L	Continuous
Start Date: 4/1/2020	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	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	Y	

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT FISCAL AND ASSET MANAGEMENT CERT	1/1/2021	
RESPOND TO SANITARY SURVEY	1/22/2026	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		JMH01	1ST FLOOR KITCHEN OB	A		2		Y
		JMH02	2 ND FLOOR PANTRY	A		3		
		JMH03	3 RD FLOOR PANTRY	P		3		
		JMH04	PUMP HOUSE	P	Y			
		JMH09	GND FLOOR MAIN KIT	P	Y	3		
		JMH10	BOILER ROOM	P				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
1471	WELL 5	2	WELL 5	A				
1472	WELL 8	2	WELL 8	A				
1473	WELL 7	2	WELL 7	A				
1474	WELL 6	2	WELL 6	A				

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1340032	JOHNSON MEMORIAL HOSPITAL, INC			C	250	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
201 CHESTNUT HILL ROAD			Connections	8				
Towns Served: STAFFORD								

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
36704	JMH TREATMENT PLANT						
53695	STORAGE TANK						
60816	PUMP STATION						

### Certified Operator Information

Water System Facility: **JMH TREATMENT PLANT (WSF ID: 36704)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2028

### Contact Information

Name				Organization			Job Title		
Johnson Memorial Hospital, Inc									
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				
860-684-4251									

Contact Role(s): **Owner**

Name				Organization			Job Title		
Mr. Tony Armelin				Trinity Health of New England			Manager of Facilities		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
201 Chestnut Hill Road						Stafford Springs		CT	06074
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-684-8583							tony.armelin@trinityhealthofne.org		

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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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1341303	STAFFORD HOLLOW WATER ASSOCIATION			C	429	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			9	4	1		

Towns Served: STAFFORD

### 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>
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/26		
	1/1/27 - 12/31/35		

**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	1/1/23 - 12/31/25	6/1-9/30	Complete
	1/1/26 - 12/31/28	6/1-9/30	
	1/1/29 - 12/31/31	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		

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

**Net Gross Alpha (4000)** 1 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/26		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1341303	STAFFORD HOLLOW WATER ASSOCIATION			C	429	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				9	4	1		

Towns Served: STAFFORD

### Monitoring Requirements

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

Inorganic Chemicals (IOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/27 - 12/31/29		
Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 PCBs-Phase II (SOC2)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
Organic Chemicals (VOCS)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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: TREATMENT PLANT (WSFID: 11375)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 6.8 PH	4	
Start Date: 9/1/2007		Compliance History:	Operating Limit	Monitoring
		Monitoring Period	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		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT FISCAL AND ASSET MANAGEMENT CERT	1/1/2021	
MAIL/HAND DELIVER NOTICE TO CONSUMERS	12/31/2025	2/6/2025
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1341303	STAFFORD HOLLOW WATER ASSOCIATION			C	429	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				9	4	1		

Towns Served: STAFFORD

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CERTIFY LEAD SL NOTIFICATION	7/1/2026	2/13/2025
MAIL/HAND DELIVER NOTICE TO CONSUMERS	12/31/2026	
CERTIFY LEAD SL NOTIFICATION	7/1/2027	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SHWA001	MILLPOND RAW	A	Y	N	Y	
		SHWA002	MILLPOND KIT SINK	A	Y	N	Y	
		SHWA003	MILLPOND BATHROOM	A	Y	N	Y	
		SHWA004	POST OFFICE 216 EAST	A	Y	N	Y	
		SHWA005	HAIRDRESSER 216 EAST	A	Y	N	Y	
		SHWA006	TYCO	A	Y	N	Y	
		SHWA007	TOWN BUILDING	A	Y	N	Y	
		SHWA008	TOWN GARAGE	A	Y	N	Y	
		SHWA009	163 ORCUTTVILLE	A	Y	N		
		SHWA010	277 ORCUTTVILLE	A	Y	N	Y	
		SHWA011	265 ORCUTTVILLE	A	Y	N	Y	
		SHWA012	266 ORCUTTVILLE	A	Y	N	Y	
		SHWA013	268 ORCUTTVILLE	A	Y	N	Y	
		SHWA014	267 ORCUTTVILLE	A	Y	N	Y	
		SHWA015	212 ORCUTTVILLE	A	Y	N	Y	
		SHWA016	262 ORCUTTVILLE	A	Y	N	Y	
		SHWA017	263 ORCUTTVILLE	A	Y	N	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
11375	TREATMENT PLANT							
50787	WELL 2	2	WELL 1A	A				

### Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 11375)

Facility Classification: CLASS 2 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2026
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026
NIGRO, DAVID	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	3/31/2028

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			9	4	1		

Towns Served: STAFFORD

### Contact Information

Name				Organization		Job Title			
Mr. Todd B. Schull				Ttm Printed Circuit Group, Inc		Cfo			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1665 Scenic Avenue			Suite 250			Costa Mesa		CA	92626
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
714-327-3000									

Contact Role(s): **Legal Contact, Owner**

Name				Organization			Job Title		
Mr. Brian Santos				Ttm Technologies			Eh&S Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
4 Old Monson Road						Stafford		CT	06076
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-746-6289			860-684-0714			413-813-9707	brian.santos@ttmtech.com		

Contact Role(s): **Administrative Contact**

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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

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