Ground Water Rule Source Water Fecal Indicator Monitoring Plan

Connecticut Department of Public Health Drinking Water Section

410 Capitol Avenue, MS #51WAT P.O. Box 340308 Hartford, CT 06134-0308

Section 1: Public	Water System Inforn	nation			
Public Water System ID		Public Water System Name			Date
Primary Town/City		PWS Classification O Community O NTNC O TNC			Population Served
Section 2: Public	Water System Owne	r/Legal Contact	Information	<u>'</u>	
Salutation	First Name		Last Name		
Organization			Job Title		
Mailing Address Li	ne One	Mailing Address Line Tw		WO	
City		State	ZIP Code		
Business Phone (E	Ext) Fax	Mobile Phon	e Emergency Phone	E-mail Addres	SS
Section 3: Ground	d Water Sources and	Monitoring Fre	equency		
	System Total Colifori			/ O Quai	rterly
Treatment Plant ID (WSF ID)	Treatment Plant Name	Source ID (WSF ID)	Source Name	Source Status	Annual Operating Period (i.e. 1/1-12/31)
					+
	e attached (if necessary)				
 The source water m If a sample collected source water sample 	d under this Source Wate es from the same source	I be the same as t er Fecal Indicator	he PWS's routine monitoring Monitoring Plan that is E. coli th RCSA 19-13-B102(e)(12)(positive the PW	S shall collect 5 additional
provide public notifice of any of the 5 addition		les are El coli nos	itive, the PWS shall provide p	ublic notification	under RCSA 19-13-
B102(i)(1) and imple	ement 1 or more correcti	ve actions in acco	rdance with RCSA 19-13-B10 e valid and the source shall b	02(j)(14)(A). The	PWS's Source Water
Section 4: Certific	ation				
water regulatory com	npliance purpose is comp	olete and accurate	bmitted to the Connecticut De and understand that any fals Connecticut General Statute	se statement cor	
Printed Name of P	ublic Water System O	wner/Legal Con	tact:		
Signature of Public	Water System Owne	r/Legal Contact:		D	ate:
Drinking Water Sec	tion Use Only				• • • • • •
Reviewed By: Monitoring Start Da	te:	Monitoring F	Plan Accepted: ○Y ○N	SDWIS Updat	te Complete: OY ON

GWR-SWFIMP Rev. 6/2/2015