

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0160102</b>	<b>BURNHAM SCHOOL</b>	NTNC	121	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
MAIN STREET			1				

Towns Served: BRIDGEWATER

### 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	1/1/20 - 12/31/28		

#### 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	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

#### 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	
	1/1/26 - 12/31/28	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	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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>
ENTRY POINT (3)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	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)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

#### 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		
	1/1/26 - 12/31/28		

#### 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		
	1/1/26 - 12/31/28		

#### Organic Chemicals (VOCS) 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>

*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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MAIN STREET			1				

Towns Served: BRIDGEWATER

## Monitoring Requirements

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

Organic Chemicals (VOCS)	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)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	
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	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BURNS001	NURSES OFFICE	A	Y	2	Y	
		BURNS002	KINDERGARDEN	A	Y	2	Y	
		BURNS003	STAFF KITCHEN	A	Y	2		
		BURNS004	STAFF LADIES ROOM	A	Y	2	Y	
		BURNS005	SECOND GRADE	I	Y	2	Y	
		BURNS006	ROOM 205	A	Y	2	Y	
		BURNS007	ROOM 202	A	Y	2	Y	
		BURNS008	LAV 1	A	Y	2	Y	
		BURNS009	LAV 2	A	Y	2	Y	
		BURNS010	CUSTODIAN 2	A	Y	2	Y	
		BURNS011	CUSTODIAN 1	A	Y	2	Y	
		BURNS012	BOYS LAV 1	A	Y	2	Y	
		BURNS013	GIRLS LAV 1	A	Y	2	Y	
		BURNS014	HALL LAV	A	Y	2	Y	
		BURNS015	STAFF MENS ROOM	A	Y	2	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10062	WELL	2	WELL	A				
53411	BOOSTER STATION							
62175	DUAL BLADDER TANKS							

## Certified Operator Information

*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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MAIN STREET			1				

Towns Served: BRIDGEWATER

### Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025
KILBOURN, JORDAN H	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024

### Contact Information

Name			Organization			Job Title		
<b>Mr. Donald J. O'leary</b>			Regional School District - 12			Facility Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
11A School St						Washington	CT	06794
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-868-6174		860-868-6103		860-868-6100	olearyd@region-12.org			

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

Name			Organization			Job Title		
<b>Ms. Patricia Cosentino</b>			Regional School District 12			Superintendent		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
11A School St						Washington	CT	06794
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-868-6108		860-868-6103		860-868-6100	cosentinop@region-12.org			

Contact Role(s): **Owner**

Name			Organization			Job Title		
<b>Ms. Megan Bennett</b>			Regional School District #12			Superintendent		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
11A School St						Washington Depot	CT	06794
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-868-6100		860-868-6103		860-671-9028	bennettm@region-12.org			

Contact Role(s): **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 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**