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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0360012	VALLEY REGIONAL HIGH SCHOOL				NTNC	565	L	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
256 KELSEY HILL	ROAD	Connections	1					

Towns Served: DEEP RIVER			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)		
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
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
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/21 - 12/31/23	6/1-9/30	Complete
Lead And Copper (PBCU)		20 routine	(RT) per six months
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	tine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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 Quality Parameters (WQPD)		2 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23	6/1-9/30	Complete
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Lead And Copper (PBCU)		1 routine	(RT) per six months
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 3/31/24		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
	-		

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.

Page 1 Schedule Generation Date: 4/3/2024

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name				Classification Population		Owner Type	Primary Source		
СТ0360012	VALLEY REGIONAL HIGH SCHOOL				NTNC	565	L	GW		
Local Address (where applicable) Service Resid					Commerci	al Industri	al Combine	ed Agricultural		
256 KELSEY HI	L ROAD	1								

Monitoring Requirements							
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status				
ENTRY POINT (3)	1/1/23 - 12/31/25						
	1/1/26 - 12/31/28						
Organic Chemicals (VOCS)		1 routine	(RT) per three years				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status				
ENTRY POINT (3)	1/1/22 - 12/31/24						
	1/1/25 - 12/31/27						
Water Quality Parameters - Basic (WQP1)		2 routine	(RT) per three years				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status				
ENTRY POINT (3)	1/1/21 - 12/31/23	6/1-9/30	Complete				
Other Comp	liance Schedules						
Compliance Schedule Activity	Due Date	Achieved D	ate				
SAMPLING SITE PLAN	12/3/2023						
CROSS CONNECTION SURVEY REPORT	3/1/2024						
SWTS 1: PWS TO RECOMMEND SOWT	3/28/2024						
CCTS 1: PWS TO RECOMMEND OCCT	3/31/2024						
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	9/28/2024						
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	9/30/2024						
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024						
COMPLETE INITIAL LSL INVENTORY	10/16/2024						
CCTS 5: PWS OCCT INSTALLATION	9/30/2025						

	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	Α	Υ			_		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
		VR001	KITCHEN COOK SINK	Α	Υ	2	Υ			
		VR002	LAVATORY SINK 100	1	Υ	2				
		VR003	LAVATORY SINK OFFICE	1	Υ	2				
		VR004	LAVATORY SINK 400	1	Υ	2				
		VR005	LAVATORY SINK FAC	1	Υ	2				
		VR006	LAVATORY SINK 500	1	Υ	2				
		VR007	TECH ED	Α	Υ	2				
		VR008	FACULTY LOUNGE	Α	Υ	2				
		VR009	CHORUS ROOM	Α	Υ	2				
		VR010	HOME EC E	Α	Υ	2				
		VR011	HOME EC W	Α	Υ	2				

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	1 1 N N 1	1.0			,				
	Water Quality Monitoring and Compliance Schedule								
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source	
СТ0360012	VALLEY REGIONAL HIGH SCHOOL				NTNC	565	L	GW	
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industria	al Combine	ed Agricultural	
256 KELSEY HI	LL ROAD	Connections	1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: DEEP RIVER

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage 2 DBPR	
		VR012	OFFICE COFFEE SINK	Α	Υ	2	Υ			
00700	ENTRY POINT	3	ENTRY POINT	А						
10176	WELL 1	2	WELL 1	Α						
51753	WELL 2	2	WELL 2	А						
51757	ATMOSPHERIC TANK									
51760	HYDROPNEUMATIC TANK									
51761	PUMP STATION									
62817	GAC TREATMENT									

Certified	Operator	Information
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Water System Facility: GAC TREATMENT (WSF ID: 62817)

Facility Classification: CLASS 1 TREA	ATMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2024
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2024
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2024

**Contact Information** 

Name			Organization			Job Title			
Mr. Bob Grissom			Region 4 Scho	ools		Finance Director			
Mailing Address Lin	e One		Mailing Address Line Two			City State Zip Coo			
1 Winthrop Road					Deep Riv	er er	СТ	06417	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-526-2417	1462			860-661-6150	rgrissom@reg4.k12ct.uc				
Contact Role(s): Le	gal Contact		-						
Name			Organization				Job Title		
Mr. Jim Jake			Region 4 Scho	ool District		Facilities M	anager		
Mailing Address Lin	e One		Mailing Address Line Two			City	State	Zip Code	
256 Kelsey Hill Road	j				Deep Riv	⁄er	СТ	06417	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Ad	ldress			

860-575-3400

jjake@reg4.k12.ct.us

Contact Role(s): Administrative Contact

#### Please note the following:

860-526-5328

- 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

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule						
PWS Name	Classification	Population	Owner Type	Primary So		

PWS ID PWS Name C					ssification	Popul	lation	Owner Type	Prir	mary Source
CT0360022	JOHN WINTHROP JUNIOR HIGH SCHOOL				NTNC	40	00	L		GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al In	dustria	al Combine	ed	Agricultural
1 WINTHROP RO	)AD	Connections	1							

Towns Served: DEEP RIVER			
Monitoring R	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/21 - 12/31/23	6/1-9/30	Complete
	1/1/24 - 12/31/26	6/1-9/30	
	1/1/27 - 12/31/29	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	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
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/22 - 12/31/24		
	1/1/25 - 12/31/27		

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0360022	JOHN WINTHROP JUNIOR HIGH SCHOOL				NTNC	400	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1 WINTHROP RO	)AD	Connections	1					

Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date								
CROSS CONNECTION SURVEY REPORT	3/1/2024									
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024									
COMPLETE INITIAL LSL INVENTORY	10/16/2024									

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	А	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		JW001	KITCHEN SINK 712	Α	Υ	2	Υ					
		JW002	LAVATORY SINK 700	Α	Υ	2						
		JW003	LAVATORY SINK 200	Α	Υ	2						
		JW004	LAVATORY SINK 122	Α	Υ	2						
		JW005	LAVATORY SINK 100	Α	Υ	2						
		JW006	WELL HEAD	Α		2						
		JW007	OFFICE SINK	Α	Υ	2						
		JW008	FACULTY WORK ROOM	Α	Υ	2						
		JW009	HOME EC ROOM	Α	Υ	2						
		JW010	PROJECT LEARN ROOM	Α	Υ	2						
		JW011	FACULTY LOUNGE	Α	Υ	2						
		JW012	TEAM ROOM	Α	Υ	2						
		JW013	ADMIN BLDG KITCHEN	Α	Υ	2						
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
10177	WELL 1	2	WELL 1	Α								
51815	WELL 2	2	WELL 2	Α								
51819	ATMOSPHERIC TANK											
51822	HYDROPNEUMATIC TANK	(										
51823	PUMP STATION											

Certified Oper	ator Information
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Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM							
Operator Name	Operator Type	Certification(s)	Expiration				
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2024				
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2024				
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2024				

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Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
CT0360022 JOHN WINTHROP JUNIOR HIGH SCHOOL					NTNC	400	L	GW				
Local Address (w	Service	Residen	tial	Commercia	al Industri	al Combine	ed Agricultural					
1 WINTHROP RO	Connections	1										

Connecticut Department of Public Health Drinking Water Section

			_					
			Co	ontact Inf	ormation			
Name				Organization	1		Job Title	
Mr. Bruce Glowac				Regional Sch	ool District #4	Director of	Faciliti	
Mailing Address Line	e One		Mailing Addr	ress Line Two		City	State	Zip Code
1 Winthrop Road			P.O. Box 187	,		Deep River	СТ	06417
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address		
860-526-2417		860-526-3	3631		860-767-0650	BRUCEGLOWAC@A	OL.COM	
Contact Role(s): Ov	wner				•			
Name				Organization	1		Job Title	
Mr. Bob Grissom				Region 4 Sch	ools	Finance Di	rector	
Mailing Address Line	Line One Mailing Address Line Two			City	State	Zip Code		
1 Winthrop Road						Deep River	СТ	06417
<b>Business Phone</b>	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address		
860-526-2417	1462				860-661-6150	rgrissom@reg4.k12	ct.uc	
Contact Role(s): Le	gal Contact		·					
Name				Organization	1		Job Title	
Mr. Jim Jake				Region 4 Sch	ool District	Facilities M	1anager	
Mailing Address Line	e One		Mailing Addr	ress Line Two		City	State	Zip Code
256 Kelsey Hill Road						Deep River	СТ	06417
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address		
					860-575-3400	jjake@reg4.k12.ct.u	ıc	

#### Please note the following:

Towns Served: DEEP RIVER

- 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.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Schedule Generation Date: 4/3/2024

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0363023	INCARNATION CENTER, INC				NTNC	42	Р	GW
Local Address (where applicable)		Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
253 BUSHY HILL	ROAD	Connections	18					

233 BOSITI HILL ROAD	10		
Towns Served: DEEP RIVER			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/15 - 12/31/23		Complete
	1/1/24 - 12/31/32		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
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 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23	6/1-9/30	Complete
	1/1/24 - 12/31/24	6/1-9/30	
	1/1/25 - 12/31/25	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
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
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
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 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		

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Connecticut Department of Public Health Drinking Water Se	ction
Water Quality Monitoring and Compliance Schedule	

PWS ID PWS Name CI					ssification	Population	Owner Type	Primary Source
CT0363023 INCARNATION CENTER, INC					NTNC	42	Р	GW
Local Address (where applicable)		Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
253 BUSHY HILL ROAD		Connections	18					

54868 TREATMENT PLANT

## **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

1/1/25 - 12/31/25

# Monthly Water System Facility (WSF) Level Monitoring Requirements

Water	System Facility:	ENT	RY F	POI	NT	(WSF	ID: 00700)	
_							. 10	

**Monitoring Requirement (Summary Type) Operating Limit** Samples Req/Month **Analyte** 4 рΗ Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH **Start Date: 6/1/2008 Compliance History: Monitoring Operating Limit Compliance Status: Compliance Status: Monitoring Period** 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 1/1/2024 - 1/31/2024 2/1/2024 - 2/29/2024

3/1/2024 - 3/31/2024

### **Other Compliance Schedules**

	<u> </u>	
Compliance Schedule Activity	Due Date	Achieved Date
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
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		Asbestos	Stage WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		IC01	MAIN OFFICE KIT	Α	Υ	3	Υ			
		ICO2	ACTVTY CTR BOYS LEFT	Α	Υ	3	Υ			
		IC03	LODGE DINING ROOM	Α	Υ	3				
		ICO4	NATURES PLG KIT	Α	Υ	3				
		IC05	NATURES PLG SOBR RT	Α	Υ	3				
		IC06	GIBNEY DNG HALL KIT	Α	Υ	3	Υ			
		IC07	LAKESIDE BLDG N BR	Α	Υ					
		IC08	BROOKS BLDG SVC SINK	Α	Υ					
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
22782	WELL 2	2	WELL 2	Α						
22783	WELL 4	2	WELL 4	Α						

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.

С		•			: Health Drir				
	Wa	ter Qual	ity Mor	nitoring a	ınd Complia	nce So	chedi	ıle	
PWS ID P\	VS Name				Classifi	ication P	opulatio	n Owner Type	Primary Source
CT0363023 IN	CARNATION C	ENTER, INC			NT	NC	42	Р	GW
Local Address (whe	ere applicable)			Service	Residential Co	mmercial	Indust	rial Combine	ed Agricultural
253 BUSHY HILL RO	AD			Connectio	ons 18				
Towns Served: DEE	P RIVER								
		Water Sy	stem Fa	cility and S	Sampling Point	t Inven	tory		
Water						Tot		d and	
•	ystem Facility	5		int Sampling		Colife		pper	Stage
Facility ID			ID	Descriptio	n Sta	itus Ru	le Rui	le Tier Asbesto	s WQP 2 DBPR
	PHERIC TANKS								
54874 PUMP S	TATION								
58479 WELL 1			2	WELL 1	<i>F</i>	4			
			Certifie	ed Operato	or Information	1			
Water System Fa	cility: TREAT	TMENT PLAN	NT (WSF I	): 54868)					
Facility Classificati	on: CLASS 2 TF	REATMENT PL	ANT						Certification
Operator Name			<b>Operator</b>	Туре	Certification(s)		Expiration		
O'SHAUGHNESSY,	NILLIAM J.	(	CHIEF OPERATOR WATER TREATMEN			IT PLANT	6/30/2024		
SIMA, III, JOHN F.			ASSIGNED OPERATOR WATER TREATMEN			NT PLANT OPERATOR - CLASS II			9/30/2026
			DISTRIBUTION SYST			TEM OPERATOR - CLASS I			6/30/2026
			С	ontact Info	ormation				
Name				Organization				Job Title	2
Dr. Nancy Pilon				Incarnation C	Center		Executiv	e Director	
Mailing Address Lir	ne One		Mailing Add	ress Line Two			City	State	Zip Code
PO Box 577						Ivoryton		СТ	06442
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
860-767-0848		860-767-8	432		860-304-9156	npilon@	incarnat	ioncenter.org	
Contact Role(s): A	dministrative	Contact, Lega	l Contact						
Name				Organization				Job Title	<u> </u>
Incarnation Center	· Inc								
Mailing Address Lir	ne One		Mailing Add	ress Line Two			City	State	Zip Code
P. O. Box 577			253 Bushy H	Iill Rd		Ivoryton		СТ	06442
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
Contact Role(s): C	wner	I.			1	1			
Name				Organization				Job Title	٤
Reverend John Do	uglas Ousley			Incarnation C	Center Inc		Director	-	
Mailing Address Lir	ne One		Mailing Add	ress Line Two			City	State	Zip Code
209 Madison Ave						New Yor		NY	10016
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
						1			

Contact Role(s): Legal Contact

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

		8		- P -		0 2 2 0 0 0 0 0 1		
PWS ID PWS Name					ssification	Population	Owner Type	<b>Primary Source</b>
СТ0363023	CT0363023 INCARNATION CENTER, INC					42	Р	GW
Local Address (where applicable)		Service	Resider	itial Commerc		al Industri	al Combine	ed Agricultural
253 BUSHY HIL	L ROAD	Connections	18					
T	Towns County DEED DIVED							

#### 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