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

| | <u> </u> | | | | | | | |
|------------------|--------------------------------|-------------|---------|-------|------------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | Clas | sification | Population | Owner Type | Primary Source |
| CT0860011 | SCWA, MONTVILLE DIVISION (MTV) | | | | С | 2,570 | L | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| | | Connections | 416 | i | 6 | | | |

| | 416 | 6 | |
|---|------------------|-----------------------|-----------------------|
| Towns Served: MONTVILLE | | | 1 |
| Monitor | ing Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Chlorine Residual (1012) | | 3 roi | utine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Per | | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30 | /23 | Complete |
| | 12/1/23 - 12/31 | /23 | Complete |
| | 1/1/24 - 1/31/ | 24 | Complete |
| | 2/1/24 - 2/29/ | 24 | Complete |
| | 3/1/24 - 3/31/ | 24 | Complete |
| Asbestos (1094) | | 1 routin | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Per | | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/21 - 12/31, | /29 | |
| Total Haloacetic Acids (2456) | | 1: | routine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Per | | Compliance Status |
| 29 PENNSYLVANIA AVE (MTV-25) | 1/1/23 - 12/31, | /23 7/1-7/31 | Complete |
| | 1/1/24 - 12/31 | /24 7/1-7/31 | |
| | 1/1/25 - 12/31, | /25 7/1-7/31 | |
| Total Trihalomethanes (2950) | | 1: | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Per | iod Collection Period | Compliance Status |
| 20 WILLIAMS ROAD (MTVTTHM) | 1/1/23 - 12/31 | /23 7/1-7/31 | Complete |
| | 1/1/24 - 12/31 | /24 7/1-7/31 | |
| | 1/1/25 - 12/31 | /25 7/1-7/31 | |
| Total Coliform (3100) | | 3 roi | utine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Per | iod Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30 | /23 | Complete |
| | 12/1/23 - 12/31 | /23 | Complete |
| | 1/1/24 - 1/31/ | 24 | Complete |
| | 2/1/24 - 2/29/ | 24 | Complete |
| | 3/1/24 - 3/31/ | 24 | Complete |
| | 4/1/24 - 4/30/ | 24 | |
| | 5/1/24 - 5/31/ | 24 | |
| | 6/1/24 - 6/30/ | 24 | |
| | 7/1/24 - 7/31/ | 24 | |
| | 8/1/24 - 8/31/ | 24 | |
| | 9/1/24 - 9/30/ | 24 | |
| | 10/1/24 - 10/31 | /24 | |
| Lead And Copper (PBCU) | | 10 : | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Per | iod Collection Period | Compliance Status |
| 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 | |

| | Water Quality Mor | | | | C | , | | | |
|-----------------|--------------------------------|-------------|-------|----------|-------------|------------|------------|--------------|-------------|
| PWS ID PWS Name | | | | | ssification | Population | Owner Type | Pri | mary Source |
| CT0860011 | SCWA, MONTVILLE DIVISION (MTV) | | | | С | 2,570 | L | | GW |
| Local Address | Service | Resider | ntial | Commerci | al Industri | al Combin | ed | Agricultural | |
| | | Connections | 416 |) | 6 | | | | |

Connecticut Department of Public Health Drinking Water Section

| Towns Served: MONTVILLE | | | , the state of the |
|---|--------------------|--------------------------|--|
| Monitori | ing Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | | | |
| Physical Parameters (PPS) | • | 3 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Water System Facility: ENTRY POINT (MTV) (WSF ID: 007 | 700) | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | · |
| | 1/1/26 - 12/31/28 | | |
| 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 | | - |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 & V (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 | | |
| | 1/1/26 - 12/31/28 | | |

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.

| | Conne | ecticut Department of Pu | ablic He | ealth Drinl | king Wa | ter Se | ction | |
|----------------|-------------|------------------------------------|--------------------|--------------------------------------|--------------|------------|------------|-------------|
| | | Water Quality Monitori | ing and | Complian | ce Sche | dule | | |
| PWS ID | PWS Nam | | | | ation Popula | T | er Type Pr | imary Sour |
| T0860011 | SCWA, M | ONTVILLE DIVISION (MTV) | | С | 2,5 | 70 | L | GW |
| ocal Address (| where appl | | rvice nnections | Residential Com 416 | mercial Ind | dustrial | Combined | Agricultur |
| owns Served: | MONTVILLE | | 1 | 1 | 1 | 1 | | |
| | | Monitorir | | rements | | | | |
| - | | ENTRY POINT (MTV) (WSF ID: 0070 | 00) | | | | | |
| Organic Cher | - | • | | | | | · - | three year |
| | | pling Point ID) | | Monitoring Period | | on Period | Complic | ance Status |
| ENTRY PO | IINT (3) | | | /1/23 - 12/31/25 /1/26 - 12/31/28 | | | | |
| | 040 | athly Matau Cyataus Facility | | | | .: | | |
| | | nthly Water System Facility | • | evei ivionito | ring Kequ | ııremer | its | |
| • | n Facility: | ENTRY POINT (MTV) (WSFID: 00700 | - | | | | | |
| Analyte | | Monitoring Requirement (Summary T | Гуре) | Operating Lin | | | Samples Re | - |
| Chlorine | | Entry Point RDC (EPRD) | | Minimum: 0. | 4 MG/L | | Contin | |
| Start Date: | 10/1/2020 |) | - | ce History: | Operating | | Monitor | _ |
| | | | Monitorin | _ | • | ce Status: | Complia | nce Status |
| | | | | 3 - 11/30/2023 | | Y | | |
| | | | | 3 - 12/31/2023 | | Y | | |
| | | | | - 1/31/2024 | | Υ | | |
| | | | | - 2/29/2024 | | | | |
| | | | | - 3/31/2024 | •• | | | /n.a1 |
| Analyte | | Monitoring Requirement (Summary T | ype) | Operating Lin | | 3 | Samples Re | - |
| pH | 2/4/2002 | Entry Point pH Monitoring (PHRD) | Complian | Maximum: 8. | | | Dai | • |
| Start Date: | 2/1/2003 | | | ce History: | Operating | - | Monitor | _ |
| | | | Monitorir | 3 - 11/30/2023 | Complian | ce Status: | Compila | nce Status: |
| | | | | 3 - 12/31/2023 3 - 12/31/2023 | | | | |
| | | | | - 1/31/2024 | | | | |
| | | | | - 2/29/2024 | | | | |
| | | | | - 3/31/2024 | | | | |
| Analyte | | Monitoring Requirement (Summary T | | Operating Lin | nit | | Samples Re | a/Month |
| рН | | Entry Point pH Monitoring (PHRD) | 1001 | Minimum: 7. | | · | Dai | • |
| Start Date: | 9/1/2017 | Entry Forme pri Monitoring (Frind) | Complian | ce History: | | - 1 : :- | Monitor | - |
| otal t Date. | 3, 1, 201, | | Monitorin | | Operating | ce Status: | | nce Status: |
| | | | | 3 - 11/30/2023 | Compilar | ce status. | | |
| | | | | 3 - 12/31/2023 | | | | |
| | | | | - 1/31/2024 | | | | |
| | | | | - 2/29/2024 | | | | |
| | | | | - 3/31/2024 | | | | |
| | | Other Com | pliance S | Schedules | | | | |
| ompliance Sc | hedule Acti | vity | | Due Date | | Achieved L | Date | |
| UBMIT LEAD (| CONSUMER | NOTICE CERTIFICATE | | 12/29/201 | 2 | | | |
| UBMIT CCR TO | THE DEPA | RTMENT | | 6/30/2024 | 1 | | | |
| | | | - | | | | · | |

8/9/2024

10/16/2024

SUBMIT CCR CERTIFICATION FORM

SUBMIT LEAD SERVICE LINE INVENTORY

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

| | | | | <u> </u> | | | |
|-----------------|--------------------------------|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
| CT0860011 | SCWA, MONTVILLE DIVISION (MTV) | | | С | 2,570 | L | GW |
| Local Address (| where applicable) | Service | Resider | ntial Commerc | ial Industri | al Combine | ed Agricultural |
| | | Connections | 416 | 6 | | | |

Towns Served: MONTVILLE

| Other Compliance Schedules | | | | | | | |
|--------------------------------|------------|---------------|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | | | | | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | | | | | | |

| 0.1000 00 | Wi | | ty and Sampling P | oint Ir | ventoi | ٧ | | |
|--------------------------------|-----------------------|------------|----------------------------|---------|---------------------------|--------------------|----------|-----------------|
| Water System Facility IL | Water System Facility | | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper | Asbestos | Stage ! DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | MTV ASBEST | 158 CONN BLVD | Α | Υ | | | |
| | | MTV01 | 32 FLORIDA DR | Α | Υ | | | |
| | | MTV02 | 4 WILLIAMS RD | Α | Υ | | | |
| | | MTV03 | 55 CONNECTICUT BLVD | Α | | 3 | | |
| | | MTV04 | 10 VERMONT DRIVE | Α | | 3 | | |
| | | MTV07 | 22 CONNECTICUT BLVD | Α | | 3 | | |
| | | MTV08 | 7 NEW YORK RD | Α | | 3 | | |
| | | MTV09 | 5 LIBERTY RD | Α | | 3 | | |
| | | MTV-1 | 20 WILLIAMS RD. MTV- | Α | Υ | | | |
| | | MTV10 | 22 VERMONT RD | Α | | 3 | | |
| | | MTV-10 | 36 FLORIDA DR. MTV-1 | Α | Υ | | | |
| | | MTV11 | 36 TEXAS DRIVE | Α | | 3 | | |
| | | MTV-11 | 131 CONN., BLVD MTV- | Α | Υ | | | |
| | | MTV-12 | 7 MANOR RD | Α | | 3 | | |
| | | MTV-13 | 20 WILLIAMS RD | Α | | 3 | | |
| | | MTV-14 | 1270 OLD COLCHESTER | Α | Υ | | | |
| | | MTV-15 | 33 MASS ROAD | Α | Υ | | | |
| | | MTV-16 | DISTRIBUTION SYSTEM | Α | Υ | | | |
| | | MTV-17 | 16 NEW HAMPSHIRE RD | Α | Υ | | | |
| | | MTV-18 | 7 MICHIGAN CIRCLE | Α | Υ | | | |
| | | MTV-19 | 7 MASS RD | Α | Υ | | | |
| | | MTV-2 | 7 MANOR RD. MTV-2 | Α | Υ | | | |
| | | MTV-21 | 7 MANOR RD. MTV-21 | Α | Υ | | | |
| | | MTV-23 | 22 VIRGINIA RD. MTV- | Α | Υ | | | |
| | | MTV-25 | 29 PENNSYLVANIA AVE | Α | Υ | | | Υ |
| | | MTV-3 | 10 VERMONT DR. MTV-3 | Α | Υ | | | |
| | | MTV-4 | 22 CONN., BLVD. MTV- | Α | Υ | | | |
| | | MTV-5 | 158 CONNECTICUT BLVD | Α | | 3 | | |
| | | MTV-6 | 29 MANOR ROAD | Α | | 3 | | |
| | | MTV-7 | 22 CT. BLVD. | Α | Υ | | | |
| | | MTV-8 | 66 MANOR RD. MTV-8 | Α | Υ | | | |
| | | MTV-9 | 22 VIRGINIA RD. MTV- | Α | Υ | | | |

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 Mo | nitoring and | d Con | npl | iance S | Schedul | e | | | |
| PWS ID | PWS Name | PWS Name | | | | | Owner Type | Primary Source | | |
| СТ0860011 | SCWA, MONTVILLE DIVISION (MTV) | | | | С | 2,570 | L | GW | | |
| Local Address (where applicable) | | 1 1 1 | | | Commerci | al Industri | al Combine | ed Agricultural | | |
| Connections 416 6 | | | | | | | | | | |

Towns Served: MONTVILLE

| | Water 9 | System Facili | ity and Sampling P | oint Ir | nventoi | ry | | |
|--------------------------------|---------------------------------------|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|--------------------|
| 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 DBP |
| | | MTVTTHM | 20 WILLIAMS ROAD | A | Υ | | - | Υ |
| | | OAK 01 | 6 LEISURE DRIVE | Α | | | | |
| | | OAK ASBEST | 6 LEISURE DRIVE | Α | Υ | | | |
| | | OAK TTHM | 6 LEISURE DRIVE | Α | Υ | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 | ENTRY POINT (MTV) | 3 | ENTRY POINT | Α | | | | |
| | | MTV ENTRY | MTV PUMPHOUSE | Α | | | | |
| 57481 | MONTVILLE LOWER ATMOSPHERIC TANK | | | | | | | |
| 57483 | MONTVILLE UPPER ATMOSPHERIC TANK 1 | | | | | | | |
| 57485 | MONTVILLE UPPER ATMOSPHERIC TANK 2 | | | | | | | |
| 57487 | MONTVILLE LOWER PRESSURE TANKS | | | | | | | |
| 610 | PUMPHOUSE/TREATMENT BLDG | | | | | | | |
| 761 | WELL 12 | 2 | WELL 12 | А | | | | |
| 762 | WELL 10 | 2 | WELL 10 | А | | | | |
| 763 | WELL 19 | 2 | WELL 19 | А | | | | |
| 764 | WELL 16 | 2 | WELL 16 | А | | | | |
| 765 | WELL 15 | 2 | WELL 15 | А | | | | |
| 766 | WELL 17 | 2 | WELL 17 | Α | | | | |
| 767 | WELL 7 | 2 | WELL 7 | Α | | | | |
| 768 | WELL 13 | 2 | WELL 13 | А | | | | |
| 769 | WELL 6 | 2 | WELL 6 | Α | | | | |
| 770 | WELL 14 | 2 | WELL 14 | Α | | | | |

Certified Operator Information

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

| Facility Classification: CLASS 1 DIS | ation: CLASS 1 DISTRIBUTION SYSTEM | | | | | | |
|--------------------------------------|------------------------------------|---|------------|--|--|--|--|
| Operator Name | Operator Type | Certification(s) | Expiration | | | | |
| BELAIR, BRANDON W. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 | | | | |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 6/30/2024 | | | | |

Water System Facility: PUMPHOUSE/TREATMENT BLDG (WSF ID: 610)

| • | • | • | | | | |
|--|----------------|---|------------|--|--|--|
| Facility Classification: CLASS 1 TREATMENT PLANT | | | | | | |
| Operator Name | Operator Type | Certification(s) | Expiration | | | |
| BELAIR, BRANDON W. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 | | | |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 6/30/2024 | | | |

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.

| | | | | | | , | | |
|------------------|--------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| | Water Quality Monit | oring and | d Con | npl | liance S | Schedul | le | |
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
| CT0860011 | SCWA, MONTVILLE DIVISION (MTV) | | | | С | 2,570 | L | GW |
| Local Address (v | vhere applicable) | Service | Residen | itial | Commerci | al Industri | al Combine | ed Agricultural |
| | | Connections | 416 | | 6 | | | |
| Towns Served: I | MONTVILLE | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

| TOWIS Served. MOI | VIVILLL | | | | | | | | | |
|-------------------------|---------------|--|---------|--------------------|-------------------|-----------|---------------|-----------|---------------|--|
| | | | Cer | tified Operato | or Information | | | | | |
| Water System Fac | ility: PUMP | HOUSE/TRE | ATME | ENT BLDG (WSF II | D: 610) | | | | | |
| Facility Classification | n: CLASS 1 TF | REATMENT PL | ANT | | | | | | Certification | |
| Operator Name | | | Oper | ator Type | Certification(s) | Expire | | | Expiration | |
| RICKEY, JR., RAYMO | ND R | , | ASSIGN | IED OPERATOR | DISTRIBUTION SYST | EM OPE | RATOR - CLASS | | 3/31/2024 | |
| | | | | | WATER TREATMEN | T PLANT | OPERATOR - CL | ASS I | 3/31/2024 | |
| MCGARRY, THOMAS | 5 | ASSIGNED OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS I | | 3/31/2024 | | | | | | |
| | | | | | DISTRIBUTION SYST | EM OPE | RATOR - CLASS | | 3/31/2024 | |
| | | | | Contact Info | ormation | | | | | |
| Name | | | | Organization | | | | Job Title | ile | |
| Mr. Joseph Cansler | | | | SCWA | | | General Mana | ger | | |
| Mailing Address Lin | e One | | Mailing | Address Line Two | | | City | State | Zip Code | |
| P.O. Box 415 | | | 1649 R | oute 12 | | Gales Fe | rry | СТ | 06335-0415 | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ad | ldress | | | |
| 860-464-0232 | | 860-464-2 | 876 | 860-941-3406 | | j.cansler | @waterauthori | ty.org | | |
| Contact Role(s): Ac | dministrative | Contact | | | | | | | | |
| Name | | | | Organization | | | | Job Title | 9 | |
| Dr. Edward C. Mona | ahan | | | Southeastern | CT Wtr. Authority | | Chairman | | | |
| Mailing Address Line | e One | I | Mailing | g Address Line Two | | | City | State | Zip Code | |
| 1649 Route 12 | | | PO Box | 415 | | Gales Fe | rry | СТ | 06335-0415 | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ad | ldress | | | |
| 860-464-0232 | | 860-464-2 | 876 | 860-941-9246 | | ed.mona | ahan@comcast. | net | | |
| Contact Role(s): Le | gal 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

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

| | <u> </u> | | | | | | | |
|------------------|------------------------|-------------|---------|----------|-----------|------------|------------|-----------------|
| PWS ID | PWS Name | | | Classifi | ication F | Population | Owner Type | Primary Source |
| СТ0860021 | SCWA, MOHEGAN DIVISION | | | C | 2 | 1,428 | L | GW |
| Local Address (v | where applicable) | Service | Resider | ntial Co | mmercia | l Industri | al Combine | ed Agricultural |
| | | Connections | 359 | | | | | |

| | 359 | | |
|---|--------------------------|--------------------------|--------------------------|
| Towns Served: MONTVILLE | | | |
| Monitor | ing Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Chlorine Residual (1012) | | 2 rou | itine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| Asbestos (1094) | | 1 routine | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/21 - 12/31/29 | | |
| Total Haloacetic Acids (2456) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 15 PARK AVE., EXT MG (MGN 22) | 1/1/23 - 12/31/23 | 7/1-7/31 | Complete |
| | 1/1/24 - 12/31/24 | 7/1-7/31 | |
| | 1/1/25 - 12/31/25 | 7/1-7/31 | |
| Total Trihalomethanes (2950) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 2029 RT 32 (1T) | 1/1/23 - 12/31/23 | 7/1-7/31 | Complete |
| | 1/1/24 - 12/31/24 | 7/1-7/31 | |
| | 1/1/25 - 12/31/25 | 7/1-7/31 | |
| Total Coliform (3100) | | 2 rou | ıtine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/24 | 6/1-9/30 | |
| | 1/1/25 - 12/31/27 | 6/1-9/30 | |
| Physical Parameters (PPS) | | 2 rou | itine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | |
|-----------|--|----------------|------------|------------|----------------|--|--|--|
| | Water Quality Monitoring and Con | npliance S | Schedul | e | | | | |
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT0860021 | SCWA, MOHEGAN DIVISION | С | 1,428 | L | GW | | | |

Local Address (where applicable)

Service Residential Commercial Industrial Combined Agricultural

Connections 359

| Towns Served: MONTVILLE | | | , the state of the |
|---|--------------------|--------------------------|--|
| Monitori | ng Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0 | <u> </u> | | |
| Physical Parameters (PPS) | • | 2 rou | itine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | • |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 & V (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 | | |
| · · | 1/1/26 - 12/31/28 | | |

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 Departme | ent of Public H | lealth | l Di | rinking | Water | Section | |
|---------------|------------------------|-----------------|---------|-------|-------------|------------|------------|-----------------|
| | Water Quality N | Monitoring and | d Con | npl | liance S | chedul | e | |
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
| СТ0860021 | SCWA, MOHEGAN DIVISION | | | | С | 1,428 | L | GW |
| Local Address | (where applicable) | Service | Residen | ntial | Commercia | l Industri | al Combin | ed Agricultural |
| | | Connections | 359 | | | | | |

Towns Served: MONTVILLE

| 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) | 1/1/22 - 12/31/24 | | | | | | |
| | 1/1/25 - 12/31/27 | | | | | | |
| Monthly Water System Facility (W | SF) Level Monitorii | ng Requiremen | ts | | | | |

| 1110 | The states of sterms are the state of the st | , | CC | ng negan eme | | |
|------------------------|--|---------------------------------------|------------|------------------------|----------------------|--|
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | | |
| Analyte | Monitoring Requirement (Summary Ty | Monitoring Requirement (Summary Type) | | : | Samples Req/Month | |
| Chlorine | Entry Point RDC (EPRD) | Minimum: 0.3 M | | Minimum: 0.3 MG/L | | |
| Start Date: 10/1/202 | 0 | Compliance | History: | Operating Limit | Monitoring | |
| | | Monitoring | Period | Compliance Status | : Compliance Status: | |
| | | 11/1/2023 - | 11/30/2023 | Υ | | |
| | | 12/1/2023 - | 12/31/2023 | Υ | | |
| | | 1/1/2024 - 1 | /31/2024 | Υ | | |
| | · | 2/1/2024 - 2 | 2/29/2024 | · | | |
| | | 3/1/2024 - 3 | 3/31/2024 | | | |

| Other Compliance Schedules | | | | | | | |
|------------------------------------|------------|---------------|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | | | | | | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | | | | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | | | | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | | | | | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | | | | | | |

| CROSS CONNECTION SURVEY REPORT | | 3/ | 1/2025 | | | | |
|--------------------------------|----------|-------------------------------|---------|---------------------------|---------------------------------|----------|--------------|
| Water System | n Facili | ty and Sampling P | oint Ir | ventor | У | | |
| | _ | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | tage DBPR |
| 00600 DISTRIBUTION SYSTEM | 1T | 2029 RT 32 | Α | Υ | | | Υ |
| | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | |
| DOWN | ISTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| MC | 3N 01 | 103 PARK AVE EXT | Р | Υ | | | |
| MC | GN 02 | 15 PARK AVE EXT | Р | | 3 | | |
| MC | 3N 03 | 33 TEECOMWAS DR | Р | | 3 | | |
| MC | 3N 04 | 3 BALDWIN CT | Р | | 3 | | |
| MC | 3N 05 | 50 DRISCOL DR | Р | | 3 | | |
| MC | 3N 06 | 24 TEECOMWAS DR | Р | | 3 | | |
| MC | 3N 07 | 28 LINDA AVE | Р | | 3 | | |
| MC | 3N 08 | 69 DRISCOL DR | Р | | 3 | | |
| MC | 3N 21 | 3 BALDWIN CT. MGN-21 | Α | Υ | | | |
| MC | GN 22 | 15 PARK AVE., EXT MG | Α | Υ | | | Υ |

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.

| | | | | YY 3.7 | D | . 7 . | | N. T. | 0 | | |
|------------------|-----------------------------|-----------------|----------------|--------------|----------|---------------|--------|-----------|---------|-----------|----------------|
| | Connecticut De | • | | | | | _ | | | ction | |
| | Water Q | uality Monit | oring a | nd Com | ıpli | iance | Sc | hedu | le | | |
| PWS ID | PWS Name | | | | Clas | sificatio | n Po | pulation | Own | er Type I | Primary Source |
| CT0860021 | SCWA, MOHEGAN DIVIS | ION | | | | С | | 1,428 | | L | GW |
| Local Address | (where applicable) | | Service | Residen | tial | Comme | rcial | Industri | ial (| Combine | d Agricultura |
| | | | Connection | 359 | | | | | | | |
| Towns Served | : MONTVILLE | | | | | | | | | | |
| | Wate | r System Facil | ity and Sa | ampling | Poi | nt Inv | ent | ory | | | |
| Water | | | | | | | Total | | | | |
| - | ater System Facility | Sampling Point | | | | C | olifor | - | - | | Stage |
| Facility ID | | ID | Description | | | <u>Status</u> | Rule | Rule | Tier | Asbestos | WQP 2 DBPI |
| | | MGN 23 | 69 DRISCOL | | | A | Υ | | | | |
| | | UPSTREAM | WITHIN 5 S | | ١ | A | | | | | |
| | TRY POINT | 3 | ENTRY POIN | NT . | | Α | | | | | |
| | ELL 1 | 2 | WELL 1 | | | Α | | | | | |
| | ELL 2 | 2 | WELL 2 | | | Α | | | | | |
| | MOSPHERIC TANKS | | | | | | | | | | |
| | NCRETE STORAGE TANK | | | | | | | | | | |
| | DROPNEUMATIC TANK | | | | | | | | | | |
| 609 MG | SN PUMPHOUSE | | | | | | | | | | |
| | | Certified | Operato | r Inform | atio | on | | | | | |
| Water Syster | m Facility: DISTRIBUTIO | N SYSTEM (WSF I | D: 00600) | | | | | | | | |
| Facility Classif | fication: CLASS 1 DISTRIBUT | ION SYSTEM | | | | | | | | | Certification |
| Operator Nan | ne | Operator Typ | e | Certificatio | n(s) | | | | | | Expiration |
| BELAIR, BRAN | DON W. | CHIEF OPERATO | DR | WATER TRE | ATM | ENT PLA | NT O | PERATO | R - CLA | ASS II | 6/30/2024 |
| | | | | DISTRIBUTION | ON S | YSTEM C |)PER/ | ATOR - CI | LASS I | l | 6/30/2024 |
| RICKEY, JR., RA | AYMOND R | ASSIGNED OPE | RATOR | DISTRIBUTION | ON S' | YSTEM C |)PER/ | ATOR - CI | LASS I | | 3/31/2024 |
| | | | | WATER TRE | ATM | ENT PLA | NT O | PERATO | R - CLA | ASS I | 3/31/2024 |
| MCGARRY, TH | IOMAS | ASSIGNED OPE | RATOR | WATER TRE | ATM | ENT PLA | NT O | PERATO | R - CLA | ASS I | 3/31/2024 |
| | | | | DISTRIBUTIO | ON S | YSTEM C |)PER/ | ATOR - CI | LASS I | | 3/31/2024 |
| Water Syster | m Facility: MGN PUMPH | OUSE (WSF ID: 6 | 09) | | | | | | | | |
| Facility Classif | fication: CLASS 1 TREATMEN | NT PLANT | | | | | | | | | Certification |
| Operator Nan | ne | Operator Typ | e | Certificatio | n(s) | | | | | | Expiration |
| BELAIR, BRAN | DON W. | CHIEF OPERATO |)R | WATER TRE | ATM | ENT PLA | NT O | PERATO | R - CLA | ASS II | 6/30/2024 |
| | | | | DISTRIBUTION | ON S | YSTEM C |)PER/ | ATOR - CI | LASS I | | 6/30/2024 |
| RICKEY, JR., RA | AYMOND R | ASSIGNED OPE | RATOR | DISTRIBUTION | ON S' | YSTEM C |)PER/ | ATOR - CI | LASS I | | 3/31/2024 |
| | | | | WATER TRE | ATM | ENT PLA | NT O | PERATO | R - CLA | ASS I | 3/31/2024 |
| MCGARRY, TH | IOMAS | ASSIGNED OPE | RATOR | WATER TRE | ATM | ENT PLA | NT O | PERATO | R - CLA | ASS I | 3/31/2024 |
| | | | | DISTRIBUTION | ON S | YSTEM C |)PER/ | ATOR - CI | LASS I | | 3/31/2024 |
| | | Con | tact Info | rmation | | | | | | | |
| Name | | | rganization | | | | | | | Job Title | |
| Mr. Joseph Ca | ansler | | CWA | | | | G | General N | | | |
| Mailing Addre | | Mailing Addres | | | | | | City | | State | Zip Code |
| | | <u> </u> | | | | | | | | | • |

Mobile Phone

860-941-3406

Gales Ferry

j.cansler@waterauthority.org

Emergency Phone Email Address

06335-0415

1649 Route 12

Fax

860-464-2876

P.O. Box 415

Business Phone

860-464-0232

Extension

Contact Role(s): Administrative Contact

| | Connectic | ut Depa | rtme | nt of | Public | Health | Dri | nking | Water | Section | | |
|--------------------|-----------------|------------|---------|---------|---|----------|---------|-----------|------------------------|------------|-----------------|--|
| | Wat | ter Qua | lity M | Ionit | oring a | nd Con | nplia | ance S | chedul | le | | |
| PWS ID P | WS Name | | | | | | Classi | fication | Population | Owner Type | Primary Source | |
| CT0860021 S | CWA, MOHEGA | N DIVISION | | | | | | С | 1,428 | L | GW | |
| Local Address (wh | ere applicable) | | | | Service | Resider | ntial C | ommercia | al Industri | al Combine | ed Agricultural | |
| | | | | | Connection | is 359 |) | | | | | |
| Towns Served: MC | ONTVILLE | | | | | | | | | 1 | 1 | |
| Name | | | | Or | ganization | | | Job Title | | | | |
| Dr. Edward C. Mo | nahan | | | So | Southeastern CT Wtr. Authority Chairman | | | | | | | |
| Mailing Address Li | ne One | | Mailing | Address | Line Two | | | | City | State | Zip Code | |
| 1649 Route 12 | | | РО Вох | 415 | | | | Gales F | erry | СТ | 06335-0415 | |
| Business Phone | Extension | Fax | | Mobil | e Phone | Emergenc | y Phone | e Email A | ddress | | | |
| 860-464-0232 | | 860-464- | 2876 | 860-9 | 41-9246 | | | ed.mon | ed.monahan@comcast.net | | | |
| Contact Role(s): | Legal Contact | | " | | <u>'</u> | | | | | | | |

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

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

| | <u> </u> | | | | | | | |
|------------------|--------------------------------------|-------------|---------|----------------|----------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | Classif | fication | Population | Owner Type | Primary Source |
| CT0860031 | OAKDALE HEIGHTS ASSOCIATION, INC | | | | С | 876 | Р | GW |
| Local Address (v | ocal Address (where applicable) Serv | | Resider | ntial Commerci | | al Industri | al Combine | ed Agricultural |
| | | Connections | 219 | | | | | |

| Select from Inventory of Active Sampling Points 1/1/22 - 12/31/30 Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1/24/24 - 1/29/24 Total Coliform (3100) 1 routine (RT) per more | Towns Served: MONTVILLE | | | · |
|--|---|---|--------------------------|--------------------------|
| Asbestos (1094) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Complete 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | Monitoring | g Requirements | | |
| Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Total Complete Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 000 | 600) | | |
| Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance States (21/1/23 - 11/30/23) Complete 1/1/23 - 11/30/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | Asbestos (1094) | | 1 routine | (RT) per nine years |
| Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1/24/24 - 1/29/24 Complete Monitoring Period Collection Period Compliance State 1/1/23 - 11/30/23 Complete 1/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State Monitoring Period Collection Period Compliance State Compliance State Complete 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Select from Inventory of Active Sampling Points 1/24/24 - 1/29/24 1 routine (RT) per more Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | Total Coliform (3100) | | 3 re | peat (RP) per period |
| Total Coliform (3100) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Sampling Point (Sampling Point ID)Monitoring PeriodCollection PeriodCompliance StateSelect from Inventory of Active Sampling Points11/1/23 - 11/30/23Complete12/1/23 - 12/31/23Complete1/1/24 - 1/31/24Complete2/1/24 - 2/29/24Complete3/1/24 - 3/31/24Complete4/1/24 - 4/30/24Complete | Select from Inventory of Active Sampling Points | 1/24/24 - 1/29/24 | | Complete |
| Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | Total Coliform (3100) | | 1 rou | tine (RT) per month |
| 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | | 12/1/23 - 12/31/23 | | Complete |
| 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 | | 1/1/24 - 1/31/24 | | Complete |
| 4/1/24 - 4/30/24 | | 2/1/24 - 2/29/24 | | Complete |
| | | 3/1/24 - 3/31/24 | | Complete |
| 5/1/24 - 5/31/24 | | 4/1/24 - 4/30/24 | | |
| | | 5/1/24 - 5/31/24 | | |
| 6/1/24 - 6/30/24 | | 6/1/24 - 6/30/24 | | |
| 7/1/24 - 7/31/24 | | 7/1/24 - 7/31/24 | | |
| 8/1/24 - 8/31/24 | | 8/1/24 - 8/31/24 | | |
| 9/1/24 - 9/30/24 | | 9/1/24 - 9/30/24 | | |
| 10/1/24 - 10/31/24 | | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) 20 routine (RT) per six mont | Lead And Copper (PBCU) | | 20 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points 7/1/23 - 12/31/23 Complete | Select from Inventory of Active Sampling Points | 7/1/23 - 12/31/23 | | Complete |
| 1/1/24 - 6/30/24 | | 1/1/24 - 6/30/24 | | |
| 7/1/24 - 12/31/24 | | 7/1/24 - 12/31/24 | | |
| Physical Parameters (PPS) 1 routine (RT) per mor | Physical Parameters (PPS) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete | Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| 12/1/23 - 12/31/23 Complete | | 12/1/23 - 12/31/23 | | Complete |
| 1/1/24 - 1/31/24 Complete | | 1/1/24 - 1/31/24 | | Complete |
| 2/1/24 - 2/29/24 Complete | | 2/1/24 - 2/29/24 | | Complete |
| 3/1/24 - 3/31/24 Complete | | 3/1/24 - 3/31/24 | | Complete |
| 4/1/24 - 4/30/24 | | 4/1/24 - 4/30/24 | | |
| 5/1/24 - 5/31/24 | <u> </u> | 5/1/24 - 5/31/24 | | |
| 6/1/24 - 6/30/24 | | 6/1/24 - 6/30/24 | | |
| 7/1/24 - 7/31/24 | | | | |
| 8/1/24 - 8/31/24 | | 7/1/24 - 7/31/24 | | |
| 9/1/24 - 9/30/24 | | • | | |
| 10/1/24 - 10/31/24 | | 8/1/24 - 8/31/24 | | |
| Water System Facility: ENTRY POINT - UPPER PUMPHOUSE (WSF ID: 00700) | | 8/1/24 - 8/31/24 9/1/24 - 9/30/24 | | |

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 Water Quality Monito | | | | C | , | | ection | | | |
|----------------------------------|--|-------------|---------|-------|----------|-------------|----|---------|----------------|----------------|--|
| PWS ID | PWS Name | | | | | | | | | Primary Source | |
| CT0860031 | OAKDALE HEIGHTS ASSOCIATION, INC | | | | С | 876 | | Р | | GW | |
| Local Address (where applicable) | | Service | Residen | itial | Commerci | al Industri | al | Combine | ed Agricultura | | |
| | | Connections | | | | | | | | | |

| Towns Served: MONTVILLE | | | <u> </u> |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| Water System Facility: ENTRY POINT - UPPER PUMPHOUSE | (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 UPPER PUMPHOUSE (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Uranium (4006) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT UPPER PUMPHOUSE (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Combined Radium-226/228 (4010) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT UPPER PUMPHOUSE (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT UPPER PUMPHOUSE (3) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT UPPER PUMPHOUSE (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 & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT UPPER PUMPHOUSE (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) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT UPPER PUMPHOUSE (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Water System Facility: ENTRY POINT - LOWER PUMPHOUSE | (WSF ID: 00701) | | |
| Net Gross Alpha (4000) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - LOWER PUMPHOUSE (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Uranium (4006) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - LOWER PUMPHOUSE (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Combined Radium-226/228 (4010) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |

| | Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source | | | | | | | | | | |
|----------------------------------|---|----------------|---------|----------------|----|-----------|------------|---------------|--|--|--|
| PWS ID | PWS Name | | | Classification | Po | opulation | Owner Type | Primary Sour | | | |
| CT0860031 | OAKDALE HEIGHTS ASSOCIATION, INC | , | | С | | 876 | Р | GW | | | |
| Local Address (where applicable) | | Service | Residen | ntial Commerci | | Industri | al Combin | ed Agricultur | | | |
| | | Connections 21 | | | | | | | | | |

| | 219 | | |
|---|---------------------|--------------------------|----------------------|
| Towns Served: MONTVILLE | | | |
| Monitor | ing Requirements | | |
| Water System Facility: ENTRY POINT - LOWER PUMPHO | USE (WSF ID: 00701) | | |
| Combined Radium-226/228 (4010) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - LOWER PUMPHOUSE (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - LOWER PUMPHOUSE (3) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - LOWER PUMPHOUSE (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) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - LOWER PUMPHOUSE (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) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - LOWER PUMPHOUSE (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Water System Facility: WELL #4 (WSF ID: 1464) | | | |
| E. Coli (3014) | | 1 trigge | ered (TG) per period |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL #4 (2) | 1/23/24 - 1/29/24 | | Complete |
| Water System Facility: WELL #1 (WSF ID: 754) | | | |
| E. Coli (3014) | | 1 trigge | ered (TG) per period |
| Sampling Point (Sampling Point ID) | Monitoring Period | | Compliance Status |
| WELL #1 (2) | 1/23/24 - 1/29/24 | | Complete |
| Water System Facility: WELL #2 (WSF ID: 779) | | | |
| E. Coli (3014) | | 1 trigge | ered (TG) per period |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL #2 (2) | 1/23/24 - 1/29/24 | | Complete |
| Water System Facility: WELL #3 (WSF ID: 785) | | | |
| E. Coli (3014) | | 1 trigge | ered (TG) per period |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL #3 (2) | 1/23/24 - 1/29/24 | 2023 | Complete |
| Water System Facility: WELL #5 (WSF ID: 786) | _, _5,, _, _, _, _ | | |
| Tracer by Sterin racincy. WELLE #3 (WSI ID. 760) | | | |

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification | Population | Owner Type | Primary Source OAKDALE HEIGHTS ASSOCIATION, INC CT0860031 C 876 GW Local Address (where applicable) Commercial Industrial Service Residential Combined Agricultural

Connections

219

Towns Served: MONTVILLE

| TOWIS SERVED. INIOINTVILLE | | | | | | | | | | |
|--|---------------------|--------------------------|--------------------------|--|--|--|--|--|--|--|
| Monit | toring Requirements | | | | | | | | | |
| Water System Facility: WELL #5 (WSF ID: 786) | | | | | | | | | | |
| E. Coli (3014) | | 1 trigge | ered (TG) per period | | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | | |
| WELL #5 (2) | 1/23/24 - 1/29/24 | | Complete | | | | | | | |
| Other Compliance Schedules | | | | | | | | | | |
| Compliance Schedule Activity | Due Date | Achieved D | ate | | | | | | | |
| CCTS 2: DWS REVIEW & APPROVAL OF OCCT | | | | | | | | | | |
| CCTS 1: PWS TO RECOMMEND OCCT | 1/17/2023 | | | | | | | | | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | | | | | | | | | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | | | | | | | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | | | | | | | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | | | | | | | | |
| CROSS CONNECTION EXEMPTION | 3/1/2028 | | | | | | | | | |

| | Wat | er System Facili | ity and Sampling P | oint In | vento | γ | | | |
|--------------------------------|-----------------------|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|-----|-----------------|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | WQP | Stage 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 202 | 62 BEECHWOOD RD | Α | Υ | 1 | Υ | Υ | |
| | | 204 | 63 BEECHWOOD RD. | Α | Υ | 3 | Υ | Υ | |
| | | 206 | 21 CHAPEL HILL RD. | Α | Υ | N | Υ | Υ | |
| | | 208 | 40 CHAPEL HILL RD. | Α | Υ | 3 | Υ | Υ | |
| | | 210 | 495 CHESTERFIELD RD. | Α | Υ | 3 | Υ | Υ | |
| | | 212 | 503 CHESTERFIELD RD. | Α | Υ | 3 | Υ | Υ | |
| | | 214 | 529 CHESTERFIELD RD. | Α | Υ | 3 | Υ | Υ | |
| | | 216 | 8 EVERGREEN LN. | Α | Υ | 3 | Υ | Υ | |
| | | 218 | 56 EVERGREEN LN. | Α | Υ | 3 | Υ | Υ | |
| | | 220 | 10 GLENDALE RD. | Α | Υ | 3 | Υ | Υ | |
| | | 222 | 19 GLENDALE RD. | Α | Υ | 3 | Υ | Υ | |
| | | 224 | 58 GLENDALE RD. | Α | Υ | 3 | Υ | Υ | |
| | | 226 | 78 GLENDALE RD. | Α | Υ | 3 | Υ | Υ | |
| | | 228 | 19 HICKORY DR. | Α | Υ | 3 | Υ | Υ | |
| | | 230 | 40 HICKORY DR. | Α | Υ | 3 | Υ | Υ | |
| | | 232 | 8 LAUREL DR. | Α | Υ | 1 | Υ | Υ | |
| | | 234 | 11 OAK HILL RD. | Α | Υ | 3 | Υ | Υ | |
| | | 236 | 26 OAK HILL RD. | Α | Υ | 3 | Υ | Υ | |
| | | 238 | 53 OAK HILL RD. | Α | Υ | 3 | Υ | Υ | |
| | | 240 | 6 UTZ DR. | Α | Υ | 3 | Υ | Υ | |
| | | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | OHWA001 | 27 LAUREL DR - 145 | Α | Υ | 3 | | | |
| | | OHWA002 | 32 LAUREL DR - 157 | Α | Υ | 3 | | | |

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.

| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | |
|----------------------------------|--|-------------|---------|-------|-------------|-------------|------------|-----------------|--|--|
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source | | |
| СТ0860031 | OAKDALE HEIGHTS ASSOCIATION, | INC | | | С | 876 | Р | GW | | |
| Local Address (where applicable) | | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural | | |
| | | Connections | 219 | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

| Towns | Served. | MONTVI | HF |
|-------|---------|--------|----|
| | | | |

| | Water S | ystem Facili | ity and Sampling P | oint Ir | nvento | ry | | |
|--------------------------------|----------------------------------|----------------------|-------------------------------|---------|---------------------------|---------------------------------|----------|-----------------|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage 2 DBPR |
| | | OHWA003 | 39 LAUREL DR - 142 | Α | Υ | 3 | | |
| | | OHWA004 | 41 LAUREL DR - 142A | Α | Υ | 3 | | |
| | | OHWA005 | 56 LAUREL DR - 198 | Α | Υ | 3 | | |
| | | OHWZ005 | 56 LAUREL DR | Α | Υ | 3 | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 | ENTRY POINT - UPPER PUMPHOUSE | 3 | ENTRY POINT UPPER PU | Α | | | | |
| 00701 | ENTRY POINT - LOWER PUMPHOUSE | 3 | ENTRY POINT - LOWER | Α | | | | |
| 1464 | WELL #4 | 2 | WELL #4 | Α | | | | |
| 51140 | ATMOSPHERIC STORAGE UPPER | | | | | | | |
| 51142 | HYDROPNEUMATIC TANK UPPER | | | | | | | |
| 55583 | ATMOSPHERIC STORAGE LOWER | | | | | | | |
| 55585 | HYDROPNEUMATIC TANK LOWER | | | | | | | |
| 754 | WELL #1 | 2 | WELL #1 | Α | | | | |
| 779 | WELL #2 | 2 | WELL #2 | Α | | | | |
| 785 | WELL #3 | 2 | WELL #3 | Α | | | | |
| 786 | WELL #5 | 2 | WELL #5 | Α | | | | |

Certified Operator Information

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

| Facility Classification: SMALL WAT | ER SYSTEM | | Certification |
|------------------------------------|-------------------|---|---------------|
| Operator Name | Operator Type | Certification(s) | Expiration |
| BELAIR, BRANDON W. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 6/30/2024 |
| RICKEY, JR., RAYMOND R | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 3/31/2024 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2024 |
| MCGARRY, THOMAS | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 3/31/2024 |

Contact Information

| Name | Name | | | Organization | | | Job Title | | | |
|-----------------------|-----------|-----|--------------|----------------|-----------------|--------------------|-----------|----------|--|--|
| Mr. William M. Mackay | | | Oakdale Heig | hts Assn, Inc. | President | President | | | | |
| Mailing Address Lin | e One | | Mailing Addr | ess Line Two | | City | State | Zip Code | | |
| PO Box #144 | | | | | | Oakdale | СТ | 06370 | | |
| Business Phone | Extension | Fax | Mo | obile Phone | Emergency Phone | Email Address | | | | |
| 860-848-1104 | | | | | 860-912-5103 | wmackay150@aol.com | | | | |

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

| (| Connecticut | Depa | irtment o | of Public | Health | ı Drir | nking | g Wate | r Se | ection | |
|-------------------|-------------------|---------|----------------|--------------|----------|----------|---------|------------|------|-----------|-----------------|
| | Wate | r Qua | lity Moni | itoring a | nd Con | nplia | nce S | Schedu | ıle | | |
| PWS ID F | WS Name | | | | | Classif | ication | Population | n Ow | vner Type | Primary Source |
| СТ0860031 | DAKDALE HEIGHTS | ASSOCIA | TION, INC | | | (| С | 876 | | Р | GW |
| Local Address (wh | ere applicable) | | | Service | Resider | ntial Co | mmerci | al Indust | rial | Combine | ed Agricultural |
| | | | | Connection | ns 219 | | | | | | |
| Towns Served: M | ONTVILLE | | | , | | , | | | | , | |
| Name | | | | Organization | | | | Job Title | | | |
| Oakdale Heights | Water Association | | | | | | | | | | |
| Mailing Address L | ine One | | Mailing Addre | ess Line Two | | | City | | | State | Zip Code |
| P. O. Box 144 | | | 39 Laurel Driv | 'e | | | Oakdal | e | | СТ | 06370 |
| Business Phone | Extension | Fax | Мо | bile Phone | Emergenc | y Phone | Email A | Address | | | |
| 860-912-5103 | | | | | | | | | | | |
| Contact Role(s): | Owner | | | | | | | | | | |

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

| | Water Quality | Monitoring and | | | C | , | | |
|----------------------------------|------------------------------|------------------------------------|------------|-----|-------------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
| CT0860041 | KITEMAUG ORCHARD ASSOCIATION | KITEMAUG ORCHARD ASSOCIATION, INC. | | | С | 490 | Р | GW |
| Local Address (where applicable) | | Service | Residentia | | Commercia | al Industri | al Combine | ed Agricultural |
| | | Connections | 118 | | | | | |

Connecticut Department of Public Health Drinking Water Section

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitor | ing Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/23 - 12/31/31 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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) | Monitoring Period | Collection Period | Compliance Status |
| 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) | Monitoring Period | Collection Period | 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) | | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |

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 | | | | | | | | | |
|----------------------------------|---|-------------|---------|-------|----------|-------------|-----------|-----------------|--|--|
| DWCID | | | | | | | | | | |
| CT0860041 | KITEMAUG ORCHARD ASSOCIATION, IN | | | | | 490 | P P | GW | | |
| Local Address (where applicable) | | Service | Residen | itial | Commerci | al Industri | al Combin | ed Agricultural | | |
| | | Connections | 118 | | | | | | | |

Towns Served: MONTVILLE

| Mon | itoring Requirements | | | | |
|--|----------------------|--------------------------------|----------------------|--|--|
| Water System Facility: ENTRY POINT (WSF ID: 0070 | | | | | |
| Nitrate And Nitrite (NOX) | • | 1 rc | outine (RT) per year | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| | 1/1/24 - 12/31/24 | | | | |
| | 1/1/25 - 12/31/25 | | | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS | 5) | 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 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| 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 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| Other | Compliance Schedules | | | | |
| Compliance Schedule Activity | Due Date | Achieved D | ate | | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | 3/14/202 | 4 | | |

| Compliance Schedule Activity | Due Date | Achieved Date | |
|------------------------------------|------------|---------------|--|
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | 3/14/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | |
| CROSS CONNECTION EXEMPTION | 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 | WQP | Stage 2 DBPR | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | |
| | | MW001 | 5 CORTLAND PLACE | Α | Υ | 2 | Υ | Υ | | | | |
| | | MW002 | 4 PEACHVALE DRIVE | Α | Υ | 2 | | | | | | |
| | | MW003 | 63 ORCHARD DRIVE | Α | Υ | 2 | | | | | | |
| | | MW004 | 109 ORCHARD DRIVE | Α | Υ | 2 | | | | | | |
| | | MW005 | 68 KITEMAUG ROAD | Α | Υ | 2 | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | | |
| 50769 | ATMOSPHERIC STORAGE | | | | | | | | | | | |
| 50771 | HYDROPNEUMATIC STORAGE | | | | | | | | | | | |
| 50773 | WELL #2 | 2 | WELL #2 | Α | | | | | | | | |
| 55003 | PUMP HOUSE | | | | | | | | | | | |
| 791 | WELL #1 | 2 | WELL #1 | Α | | | | | | | | |
| 793 | WELL #3 | 2 | WELL #3 | 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.

| | Water Quality Mon | | | | C | | | |
|-----------------|------------------------------------|-------------|-------|----------|--|------------|-----------------|----------------|
| PWS ID PWS Name | | | | Cla | Classification Population Owner Type Primary | | | Primary Source |
| CT0860041 | KITEMAUG ORCHARD ASSOCIATION, INC. | | | | С | 490 | Р | GW |
| Local Address | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural | |
| | | Connections | 118 | | | | | |

Certified Operator Information

Connecticut Department of Dublic Health Drinking Water Costion

Towns Served: MONTVILLE

| Water System Fac | cility: DISTR | BUTION SY | STEM (WSI | F ID: 00600) | | | | | | |
|---|---------------------|------------|--------------|--------------|-------------------------------|-------------------------------|--------------|-----------|---------------|--|
| Facility Classification | on: SMALL WA | TER SYSTEM | | | | | | | Certification | |
| Operator Name | | | Operator T | уре | Certification(s) | | Expiration | | | |
| LAFRAMBOISE, PAU | JL F. | | CHIEF OPERA | ATOR | DISTRIBUTION SYST | ГЕМ ОРЕ | RATOR - CLAS | SS I | 9/30/2024 | |
| WATER TREATMENT PLANT OPERATOR - CLASS II | | | | | 9/30/2024 | | | | | |
| | Contact Information | | | | | | | | | |
| Name | | | | Organization | | | | Job Title | | |
| Thomas P. Noonan | | | | Kitemaug Or | chard Assoc., Inc | | President | | | |
| Mailing Address Lin | e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code | |
| PO Box 66 | Uncasville CT | | | 06382 | | | | | | |
| Business Phone | Extension | Fax | Мо | obile Phone | Emergency Phone Email Address | | | | | |
| 203-843-5051 | | | | | 860-884-2868 | -2868 kitemaugwater@yahoo.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 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

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

| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
|----------------------------------|-----------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0860051 | DEER RUN SUPPLY | | | | С | 84 | Р | GW |
| Local Address (where applicable) | | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| 842 CHESTERFII | ELD RD | Connections | 21 | | | | | |

Towns Served: MONTVILLE

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006 | 00) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | _ | |
| | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/24 | 6/1-9/30 | |
| | 1/1/25 - 12/31/27 | 6/1-9/30 | |
| Physical Parameters (PPS) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| | | | · |

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 | | | Clas | ssification | Population | Owner Type | Primary Source |
|----------------------------------|-----------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0860051 | DEER RUN SUPPLY | | | | С | 84 | Р | GW |
| Local Address (where applicable) | | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| 842 CHESTERFII | ELD RD | Connections | 21 | | | | | |

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 & V (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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Water System Facility: WELL #1 (WSF ID: 784) | | | |
| E. Coli (3014) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL #1 (2) | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

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

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
|-----------------|-------------------|-------------|---------|----------------|--------------|-------------|-----------------|
| CT0860051 | DEER RUN SUPPLY | | | С | 84 | Р | GW |
| Local Address (| where applicable) | Service | Residen | tial Commer | cial Industr | ial Combine | ed Agricultural |
| 842 CHESTERF | IELD RD | Connections | 21 | | | | |

Towns Served: MONTVILLE

| Other Compliance Schedules | | | | | | | | | |
|--|------------|---------------|--|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | | |
| DISTRIBUTION SYSTEM MATERIALS EVALUATION | 6/15/2020 | | | | | | | | |
| SUBMIT FISCAL AND ASSET MANAGEMENT CERT | 1/1/2021 | | | | | | | | |
| CROSS CONNECTION EXEMPTION | 3/1/2022 | | | | | | | | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | | | | | | | | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | | | | | | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | | | | | | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | | | | | | | |

| OWIPLE IE INITIAL LSL INVENTORY | | 10/ | 16/2024 | | | | |
|---|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|--------------------|
| Wat | ter System Facili | ity and Sampling P | oint In | ventor | У | | |
| Water System Water System Facility acility ID | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBF |
| 00600 DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | |
| | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | PUMPHOUSE | PUMPHOUSE | Р | | | | |
| | UNIT 05 | UNIT 05 | Р | Υ | | | |
| | UNIT 07 | UNIT 07 | Р | Υ | 3 | | |
| | UNIT 08 | UNIT 08 | Р | Υ | | | |
| | UNIT 09 | WS2612-8 | Α | Υ | | | |
| | UNIT 11 | UNIT 11 | Р | Υ | 3 | | |
| | UNIT 12 | UNIT 12 | Р | Υ | 3 | | |
| | UNIT 14 | UNIT 14 | Р | Υ | | | |
| | UNIT 15 | UNIT 15 | Р | Υ | 3 | | |
| | UNIT 16 | UNIT 16 | Р | Υ | | | |
| | UNIT 17 | UNIT 17 | Р | Υ | | | |
| | UNIT 19 | UNIT 19 | Р | Υ | | | |
| | UNIT 51 | UNIT 51 | Р | Υ | 3 | | |
| | UNIT 52 | UNIT 52 | Р | Υ | | | |
| | UNIT 53 | UNIT 53 | Р | Υ | | | |
| | UNIT01 | UNIT 01 | Α | Υ | | | |
| | UNIT02 | UNIT 02 | Р | Υ | 3 | | |
| | UNIT03 | UNIT 03 | Р | Υ | | | |
| | UNIT04 | UNIT 04 | Р | Υ | | | |
| | UNIT06 | UNIT 06 | Р | Υ | | | |
| | UNIT09 | UNIT 09 | Р | Υ | | | |
| | UNIT10 | UNIT 10 | Р | Υ | | | |
| | UNIT11 | WS2622-10 | Α | Υ | | | |
| | UNIT12 | WS2612-9 | Α | Υ | | | |
| | UNIT15 | GENERATED BY BATCH | Α | Υ | | | |
| | UNIT18 | UNIT 18 | Р | Υ | | | |
| | UNIT19 | DISTRIBUTION | Α | Υ | | | |

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.

| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
|--|-----------------|----|--|-------|-------------|-------------|------------|----|--------------|--|
| PWS ID PWS Name | | | | Cla | ssification | Population | Owner Type | Pr | imary Source | |
| CT0860051 | DEER RUN SUPPLY | | | | С | 84 | Р | | GW | |
| Local Address (where applicable) Service Re | | | | ntial | Commerci | al Industri | al Combin | ed | Agricultural | |
| 842 CHESTERI | Connections | 21 | | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

| | 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 | WQP | Stage 2 DBPR |
| | | UNIT51 | WS2612-11 | Α | Υ | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 51834 | HYDROPNEUMATIC STORAGE | | | | | | | | |
| 57911 | TREATMENT PLANT | | | | | | | | |
| 784 | WELL #1 | 2 | WELL #1 | Α | | | | | |

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 57911)

| Facility Classification: CLASS 1 TREATMENT | PLANT | | Certification |
|--|----------------|---|---------------|
| Operator Name | Operator Type | Certification(s) | Expiration |
| O'SHAUGHNESSY, WILLIAM J. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |

| | | | | | | | | 0,00,202 |
|-----------|-------|--------------|-----------------------------|--|----------|--|---|--|
| | | Co | ontact Inf | ormation | | | | |
| | | | Organization | 1 | | | Job Title | |
| | | | 1-19 Deer Ru | ın, LLC | | Owner | | |
| e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code |
| Floor | | | | | New Yor | k | NY | 10012 |
| Extension | Fax | Mo | obile Phone | Emergency Phone | Email Ac | ldress | | |
| | | | | | vasram0 | 8@sbcgloba | l.net | |
| | Floor | Floor | e One Mailing Addr Floor | Organization 1-19 Deer Ru e One Mailing Address Line Two Floor | Floor | Organization 1-19 Deer Run, LLC e One Mailing Address Line Two Floor New Yor Extension Fax Mobile Phone Emergency Phone Email Ac | Organization 1-19 Deer Run, LLC Owner e One Mailing Address Line Two City Floor New York Extension Fax Mobile Phone Emergency Phone Email Address | Organization Job Title 1-19 Deer Run, LLC Owner e One Mailing Address Line Two City State Floor New York NY |

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

Please note the following:

Towns Served: MONTVILLE

- 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

Page 24

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | |
|----------------------------------|--|-------------|---------|---|----------|------------|----------------|---------|-----------------|
| | Water Quality Monitoring and Compliance Schedule | | | | | | | | |
| PWS ID PWS Name | | | | Classification Population Owner Type Primary Sour | | | Primary Source | | |
| CT0860081 | SCWA, CHESTERFIELD DIVISION | | | | С | 524 | | L | GW |
| Local Address (where applicable) | | Service | Residen | itial | Commerci | al Industr | ial | Combine | ed Agricultural |
| | | Connections | 131 | | | | | | |

131

| Towns Served: MONTVILLE | | | |
|--|--------------------------|--------------------------|--------------------------|
| Monitoring F | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060 | 0) | | |
| Chlorine Residual (1012) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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 | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Haloacetic Acids (2456) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 28 JOY LANE (CHF12) | 1/1/23 - 12/31/23 | 7/15-7/21 | Complete |
| | 1/1/24 - 12/31/24 | 7/15-7/21 | |
| | 1/1/25 - 12/31/25 | 7/15-7/21 | |
| Total Trihalomethanes (2950) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 55 COTTONWOOD LN (CHFDBP) | 1/1/23 - 12/31/23 | 7/15-7/21 | Complete |
| | 1/1/24 - 12/31/24 | 7/15-7/21 | |
| | 1/1/25 - 12/31/25 | 7/15-7/21 | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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) | | 10 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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) | Monitoring Period | Collection Period | 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) | | | |
| Di(2-Ethylhexyl) - Phthalate (2039) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 10/1/23 - 12/31/23 | | Complete |

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 |
|------------------|-----------------------------|-------------|---------|----------------|--------------|------------|-----------------|
| СТ0860081 | SCWA, CHESTERFIELD DIVISION | | | С | 524 | L | GW |
| Local Address (v | vhere applicable) | Service | Residen | tial Commerc | ial Industri | al Combine | ed Agricultural |
| | | Connections | 131 | | | | |

| | -5- | | |
|---|---------------------|---------------------------------------|-----------------------|
| Towns Served: MONTVILLE | | · · · · · · · · · · · · · · · · · · · | <u>'</u> |
| Moni | toring Requirements | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700 | | | |
| Di(2-Ethylhexyl) - Phthalate (2039) | | 1 rou | tine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | 1/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 6/30/24 | | |
| | 7/1/24 - 9/30/24 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Gross Beta Particle Activity (4100) | | 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Man-Made Beta Particle & Photon Emitters (4101) | | 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Tritium (4102) | | 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Strontium-90 (4174) | | 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1: | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |

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.

| Conne | cticut Department of I | Public H | ealth D | rinkii | ng V | Vater | Sec | ction | |
|-----------------------------|----------------------------------|-------------|---------------------------|-----------|-------|-------------|------|------------|--------------|
| Gomine | Water Quality Monito | | | | _ | | | | |
| PWS ID PWS Name | | Ting and | | | | | | er Type Pr | imary Source |
| CT0860081 SCWA, CH | ESTERFIELD DIVISION | | | С | | 524 | | L | GW |
| Local Address (where appli | cable) | Service | Residential | Comme | rcial | Industria | 1 (| Combined | Agricultural |
| | C | Connections | 131 | | | | | | |
| Towns Served: MONTVILLE | | | | | | | ' | | |
| | Monitor | ring Requ | irement | S | | | | | |
| Water System Facility: | ENTRY POINT (WSF ID: 00700) | | | | | | | | |
| Nitrate And Nitrite (NC | OX) | | | | | | 1 r | outine (R | T) per year |
| Sampling Point (Samp | oling Point ID) | | Monitoring I | Period | Colle | ection Peri | iod | Complic | ince Status |
| | | | 1/1/24 - 12/ | /31/24 | | | | Cor | nplete |
| | | | 1/1/25 - 12/ | /31/25 | | | | | |
| Pesticides, Herbicides a | nd PCBs - Phase II & V (SOCS) | | | | | 1 rout | tine | (RT) per t | hree years |
| Sampling Point (Samp | oling Point ID) | | Monitoring I | Period | Colle | ection Peri | iod | Complic | ince Status |
| ENTRY POINT (3) | | | 1/1/23 - 12/ | /31/25 | | | | | |
| | | | 1/1/26 - 12/ | /31/28 | | | | | |
| Organic Chemicals (VO | • | | | | | | | | hree years |
| Sampling Point (Samp | oling Point ID) | | Monitoring I | | Colle | ection Peri | iod | Compli | ince Status |
| ENTRY POINT (3) | | | 1/1/23 - 12/ | | | | | | |
| | | | 1/1/26 - 12/ | /31/28 | | | | | |
| Mor | nthly Water System Facilit | y (WSF) L | evel Mo | nitorir | ng Ro | equiren | nen | ts | |
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | | | | | |
| Analyte | Monitoring Requirement (Summar | у Туре) | Operati | ing Limit | | | S | amples Re | q/Month |
| Chlorine | Entry Point RDC (EPRD) | | Minimu | ım: 0.55 | MG/L | | | Contin | uous |
| Start Date: 10/1/2020 | | Complia | nce History: | : | Opera | ating Limit | t | Monitori | ng |
| | | Monitor | ing Period | | | liance Sta | | Complia | nce Status: |
| | | 11/1/202 | 23 - 11/30/2 | 023 | | Υ | | | |
| | | 12/1/202 | 23 - 12/31/2 | 023 | | Υ | | | |
| | | 1/1/2024 | 4 - 1/31/202 | 4 | | Υ | | | |
| | | 2/1/2024 | 4 - 2/29/202 ₄ | 4 | | | | | |
| | | 3/1/2024 | 4 - 3/31/202 | 4 | | | | | |
| Analyte | Monitoring Requirement (Summar | y Type) | Operati | ing Limit | | | S | amples Re | q/Month |
| рН | Entry Point pH Monitoring (PHRD) | | | ım: 7.0 P | Н | | | Dai | ly |
| Start Date: 7/1/2003 | | | nce History: | | Opera | ating Limit | | Monitor | _ |
| | | | ing Period | | Comp | liance Sta | tus: | Complia | nce Status: |
| | | | 23 - 11/30/20 | | | | | | |
| | | | 23 - 12/31/20 | | | | | | |
| | | | 4 - 1/31/202 | | | | | | |
| | | | 1 - 2/29/202 | | | | | | |
| | | | 4 - 3/31/202 | | | | | | |
| Analyte | Monitoring Requirement (Summar | | - | ing Limit | | | S | amples Re | q/Month |
| Phosphate (as PO4) | Entry Point Phosphate Monitoring | · | | ım: 2.5 N | - | | | 2 | |
| Start Date: 3/1/2016 | | - | nce History: | | - | ating Limit | | Monitori | _ |
| | | | ing Period | | Comp | liance Sta | tus: | Complia | nce Status: |
| | | | 23 - 11/30/20 | | | | | | |
| | | | 23 - 12/31/20 | | | | | | |

1/1/2024 - 1/31/2024

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

| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
|------------------|-----------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0860081 | SCWA, CHESTERFIELD DIVISION | | | | С | 524 | L | GW |
| Local Address (v | here applicable) | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| | | Connections | 131 | | | | | |

Towns Served: MONTVILLE

| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | |
|-----------------------------|---|-----------------------|-------------------|----------------------|
| Analyte | Monitoring Requirement (Summary Type) | Operating Limi | t | Samples Req/Month |
| Phosphate (as PO4) | Entry Point Phosphate Monitoring (PHOS) | Minimum: 2.5 | MG/L | 2 |
| Start Date: 3/1/2016 | Complianc | e History: | Operating Limit | Monitoring |
| | Monitoring | Period | Compliance Status | : Compliance Status: |
| | 2/1/2024 - | 2/29/2024 | | |
| | 3/1/2024 - | 3/31/2024 | | |

| Other Compliance Schedules | | | | | | | |
|------------------------------------|------------|---------------|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | |
| SAMPLING SITE PLAN | 4/21/2016 | | | | | | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | | | | | | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | | | | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | | | | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | | | | | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | | | | | | |

| 011000 00 | THE STATE OF THE S | | 3, | 1,2023 | | | | | |
|-------------|--|--------------------|----------------------|----------|----------|-----------|----------|-------|--------|
| | W | ater System Facili | ity and Sampling P | Point Ir | nvento | У | | | |
| Water | | | | | Total | Lead and | | | |
| System | Water System Facility | | Sampling Point | | Coliform | Copper | | 14/05 | Stage |
| Facility IE | | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP | 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | |
| | | CHF01 | 37 COTTONWOOD LN | Α | Υ | | Υ | | |
| | | CHF02 | 27 COTTONWOOD LN | Α | Υ | | | | |
| | | CHF03 | 41 COTTONWOOD LN | Α | Υ | | | | |
| | | CHF04 | 8 AMANDA COURT | Α | Υ | | | | |
| | | CHF05 | 20 COTTONWOOD LN | Α | | 3 | | | |
| | | CHF06 | 37 COTTONWOOD LN | Α | | 3 | | | |
| | | CHF07 | 42 COTTONWOOD LN | Α | | 3 | | | |
| | | CHF08 | 131 COTTONWOOD LN | Α | | N | | | |
| | | CHF09 | 147 COTTONWOOD LN | Α | | N | | | |
| | | CHF10 | 152 COTTONWOOD LN | Α | | N | | | |
| | | CHF11 | 155 COTTONWOOD LN | Α | | N | | | |
| | | CHF12 | 28 JOY LANE | Α | | N | | | Υ |
| | | CHF13 | 37 JOY LANE | Α | | N | | | |
| | | CHF14 | 765 OLD COLCHESTER | Α | | 3 | | | |
| | | CHFDBP | 55 COTTONWOOD LN | Α | | | | | Υ |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 441 | CHESTERFIELD DIVISION TREATMENT STATION | | | | | | | | |
| 50921 | ATMOSPHERIC TANK | | | | | | | | |
| 50923 | PRESSURE TANKS | | | | | | | | |
| | | | | | | | | | |

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.

| | Connectic | ut Departmer | nt of | Public l | Health Dr | inking | Water | Section | |
|----------------------|-------------------|---------------------|---------------------|-------------|------------------|------------|--------------|--------------|----------------|
| | Wa | ter Quality M | onite | oring an | nd Compli | ance S | chedul | e | |
| PWS ID | PWS Name | <u> </u> | | | | | | | Primary Source |
| CT0860081 | SCWA, CHESTER | FIELD DIVISION | | | | С | 524 | L | GW |
| Local Address (w | here applicable) | | | Service | Residential (| Commercia | al Industria | al Combine | d Agricultural |
| - | | | | Connections | s 131 | | | | |
| Towns Served: N | MONTVILLE | | | | | | | | |
| | | Water System I | Facili [.] | ty and Sa | mpling Poi | nt Inve | ntory | | |
| Water | | | | | | То | tal Lead | and | |
| | r System Facility | | | Sampling Po | oint | Colij | form Cop | | Stage |
| Facility ID | | ID | | Description | S | itatus Ri | ule Rule | Tier Asbesto | s WQP 2 DBPR |
| 773 WELL | . 3 | 2 | | WELL 3 | | Α | | | |
| 775 WELL | . 1 | 2 | | WELL 1 | | Α | | | |
| | | Certi | fied | Operator | r Informatio | on | | | |
| Water System | Facility: CHEST | TERFIELD DIVISION T | REATI | MENT STAT | ION (WSF ID: | 441) | | | |
| Facility Classifice | ation: CLASS 1 TF | REATMENT PLANT | | | | | | | Certification |
| Operator Name | | Operate | or Type | ? (| Certification(s) | | | | Expiration |
| BELAIR, BRANDO | ON W. | CHIEF OP | ERATO | R V | WATER TREATM | ENT PLANT | OPERATOR | - CLASS II | 6/30/2024 |
| | | | | 0 | DISTRIBUTION SY | YSTEM OPE | RATOR - CL | ASS II | 6/30/2024 |
| RICKEY, JR., RAY | MOND R | ASSIGNE | O OPER | ATOR D | DISTRIBUTION SY | STEM OPE | RATOR - CL | ASS I | 3/31/2024 |
| | | | | ٧ | WATER TREATM | ENT PLANT | OPERATOR | - CLASS I | 3/31/2024 |
| MCGARRY, THOI | MAS | ASSIGNE | O OPER | ATOR V | WATER TREATM | ENT PLANT | OPERATOR | - CLASS I | 3/31/2024 |
| | | | | 0 | DISTRIBUTION SY | STEM OPE | RATOR - CL | ASS I | 3/31/2024 |
| | | | Con | tact Infor | rmation | | | | |
| Name | | | Or | ganization | | | | Job Title | |
| Mr. Joseph Cans | ler | | SC | WA | | | General M | lanager | |
| Mailing Address | Line One | Mailing A | ddress | Line Two | | | City | State | Zip Code |
| P.O. Box 415 | | 1649 Rou | ite 12 | | | Gales F | erry | СТ | 06335-0415 |
| Business Phon | e Extension | Fax | Mobil | e Phone | Emergency Phor | ne Email A | ddress | | |
| 860-464-0232 | 2 | 860-464-2876 | 860-9 | 41-3406 | | j.cansle | r@waterau | thority.org | |
| Contact Bolo(s) | Administrativo | Contact | | | | • | | | |

| Contact Role(s): A | dministrative | Contact | | | | | | | |
|---------------------|---------------|-----------|---------|------------------|---------------------|----------|------------|-----------|------------|
| Name | | | | Organization | | | | Job Title | e |
| Dr. Edward C. Mon | ahan | | | Southeasterr | n CT Wtr. Authority | | Chairman | | |
| Mailing Address Lin | e One | | Mailing | Address Line Two | | | City | State | Zip Code |
| 1649 Route 12 | | | РО Вох | 415 | | Gales Fe | rry | СТ | 06335-0415 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ac | ldress | | |
| 860-464-0232 | | 860-464-2 | 2876 | 860-941-9246 | | ed.mona | han@comcas | st.net | |
| | | | | | | | | | |

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

| 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 |
|------------------|---------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0860091 | LAKESIDE MANOR APARTMENTS | | | | С | 72 | Р | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| | | Connections | 24 | | | | | |

| Towns Served: MONTVILLE | 24 | | l l |
|---|--------------------------|--------------------------|-----------------------|
| Monitor | ing Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | <u> </u> | | |
| Asbestos (1094) | , , | 1 routing | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/19 - 12/31/27 | | · |
| Total Coliform (3100) | | 3 re | peat (RP) per period |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/10/23 - 10/15/23 | | Complete |
| | 11/3/23 - 11/8/23 | | Complete |
| Total Coliform (3100) | | 1 rou | utine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) | | 5 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 rou | utine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

| 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 |
|------------------|---------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0860091 | LAKESIDE MANOR APARTMENTS | | | | С | 72 | Р | GW |
| Local Address (v | where applicable) | Service | Resider | ntial | Commercia | al Industri | al Combin | ed Agricultural |
| | | Connections | 24 | | | | | |

| Towns Served: MONTVILLE | | | ' |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 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 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (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 | | |
| | 1/1/26 - 12/31/28 | | |
| Organic Chemicals (VOCS) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |
| Water System Facility: WELL #1 (WSF ID: 1895) | | | |
| E. Coli (3014) | | 1 trigge | ered (TG) per period |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL 1 (2) | 10/9/23 - 10/15/23 | | Complete |
| | 11/2/23 - 11/8/23 | | Complete |
| Water System Facility: WELL #2 (WSF ID: 1896) | | | |
| E. Coli (3014) | | 1 trigge | ered (TG) per period |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL 2 (2) | 10/9/23 - 10/15/23 | | Complete |
| | | | |

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

| | | | | 1 | | | | |
|------------------|---------------------------|-------------|---------|----------|----------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | Classif | fication | Population | Owner Type | Primary Source |
| CT0860091 | LAKESIDE MANOR APARTMENTS | | | (| С | 72 | Р | GW |
| Local Address (v | here applicable) | Service | Resider | ntial Co | ommercia | al Industri | al Combine | ed Agricultural |
| | | Connections | 24 | | | | | |

Towns Served: MONTVILLE

E. Coli (3014)

Water System Facility: WELL #2 (WSF ID:

| Monitoring Requirements | |
|-------------------------|-----------------------------|
| 1896) | |
| | 1 triggered (TG) per period |

Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** 11/2/23 - 11/8/23

Complete

| 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 | 3/1/2029 | | | | | | | |

| CROSS CO | NNECTION SURVEY REPORT | | 3/ | 1/2029 | | | | |
|--------------------------------|------------------------|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|---------------------|
| | Wat | er System Facili | ty and Sampling P | oint Ir | ventor | Y | | |
| 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 | | | | |
| | | MW001 | APT 44 | Α | Υ | 2 | Υ | |
| | | MW002 | LAUNDRY ROOM | Α | Υ | 2 | | |
| | | MW003 | APT 43 | Α | Υ | 2 | | |
| | | MW004 | APT 36 | Α | Υ | 2 | | |
| | | MW005 | APT 55 | Α | Υ | 2 | | |
| | | MW006 | APT 52 | Α | Υ | 2 | | |
| | | MW034 | APT 34 | Α | Υ | 2 | Υ | Υ |
| | | MW035 | APT 35 | Α | Υ | 2 | Υ | Υ |
| | | MW037 | APT 37 | Α | Υ | 2 | Υ | Υ |
| | | MW038 | APT 38 | Α | Υ | 2 | Υ | Υ |
| | | MW039 | APT 39 | Α | Υ | 2 | Υ | Υ |
| | | MW040 | APT 40 | Α | Υ | 2 | Υ | Υ |
| | | MW041 | APT 41 | Α | Υ | 2 | Υ | Υ |
| | | MW042 | APT 42 | Α | Υ | 2 | Υ | Υ |
| | | MW045 | APT 45 | Α | Υ | 2 | Υ | Υ |
| | | MW046 | APT 46 | Α | Υ | 2 | Υ | Υ |
| | | MW047 | APT 47 | Α | Υ | 2 | Υ | Υ |
| | | MW048 | APT 48 | Α | Υ | 2 | Υ | Υ |
| | | MW049 | APT 49 | Α | Υ | 2 | Υ | Υ |
| | | MW050 | APT 50 | Α | Υ | 2 | Υ | Υ |
| | | MW051 | APT 51 | Α | Υ | 2 | Υ | Υ |
| | | MW053 | APT 53 | Α | Υ | 2 | Υ | Υ |
| | | MW054 | APT 54 | Α | Υ | 2 | Υ | Υ |
| | | MW056 | APT 56 | Α | Υ | 2 | Υ | Υ |
| | | MW057 | APT 57 | Α | Υ | 2 | Υ | Υ |
| | | UPSTREAM | WITHIN 5 SERVICE CON | 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.

| | Water Quality Mo | | | | C | , | | |
|---------------|---------------------------|-------------|---------|-------|----------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | | | | | Primary Source |
| CT0860091 | LAKESIDE MANOR APARTMENTS | | | | С | 72 | Р | GW |
| Local Address | (where applicable) | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| | | Connections | 24 | | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: MONTVILLE

| Water System Facility and Sampling Point Inventory | | | | | | | | | |
|--|--------------------------|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|---|-----------------|
| Water System Facility IE | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | | Stage 2 DBPR |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 1895 | WELL #1 | 2 | WELL 1 | А | | | | | |
| 1896 | WELL #2 | 2 | WELL 2 | Α | | | | | |
| 51197 | ATMOSPHERIC STORAGE TANK | | | | | | | | |
| 62226 | BLADDER TANKS | | | | | | | - | |

| | • • • • • • • • • • • • • • • • • • • | | |
|-----------------------------------|---------------------------------------|---|---------------|
| Water System Facility: DISTRI | BUTION SYSTEM (WSF ID: 00600 | 0) | |
| Facility Classification: SMALL WA | TER SYSTEM | | Certification |
| Operator Name | Operator Type | Certification(s) | Expiration |
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |
| NIGRO, DAVID | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2025 |
| | Contact In | of a war at i a re | |

Certified Operator Information

| | | | | Contact in | formation | | | | |
|---------------------|-----------|----------|-------------|------------------|-----------------|-----------------|-----------|------|----------|
| Name | | | Organizatio | Organization | | | Job Title | | |
| Mr. August Lenhar | t | | | Lakeside Ma | anor Apartments | | | | |
| Mailing Address Lin | e One | | Mailing | Address Line Two |) | City | St | tate | Zip Code |
| 205 Willowbrook A | venue | | | | | Stamford | | СТ | 06902 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | |
| 203-348-8378 | | 203-324- | 3074 | | 860-442-8108 | august.lenhart@ | gmail.com | | |
| 0 | | | | | * | * | | | |

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

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

| | Connecticut Department | of Public H | lealth D | rinkin | g Wat | er S | ection | |
|----------------------|---------------------------------------|---------------|---------------|-------------|------------|--------|-------------|----------------|
| | Water Quality Mon | nitoring an | | | _ | | | |
| PWS ID | PWS Name | | Cla | ssification | Populati | on O | wner Type | Primary Source |
| CT0860131 | SCWA, HILLCREST DIVISION (HLC) | | | С | 450 | | L | SWP |
| Local Address | (where applicable) | Service | Residential | Commerc | ial Indu | strial | Combine | d Agricultural |
| | | Connections | 221 | 2 | | | | |
| Towns Served: | MONTVILLE | | | | | | | |
| | Moi | nitoring Requ | irements | S | | | | |
| Water Systen | n Facility: DISTRIBUTION SYSTEM (WS | SF ID: 00600) | | | | | | |
| Chlorine Res | idual (1012) | | | | | 1 r | outine (RT) | per quarter |
| Sampling | Point (Sampling Point ID) | | Monitoring I | Period (| Collection | Perio | d Comp | liance Status |
| Select fro | m Inventory of Active Sampling Points | | 10/1/23 - 12, | /31/23 | | | C | omplete |
| | | | 1/1/24 - 3/3 | 31/24 | | | C | omplete |
| | | | 4/1/24 - 6/3 | 30/24 | | | | |
| | | | 7/1/24 - 9/3 | 30/24 | | | | |
| Asbestos (10 | 094) | | | | 1 | l rout | ine (RT) pe | er nine years |
| Sampling | Point (Sampling Point ID) | | Monitoring I | Period (| Collection | Perio | d Comp | liance Status |
| Select fro | m Inventory of Active Sampling Points | | 1/1/22 - 12/ | 31/30 | | | | |
| Total Colifor | m (3100) | | | | | 1 r | outine (RT) | per quarter |
| Sampling | Point (Sampling Point ID) | | Monitoring I | Period (| Collection | Perio | d Comp | liance Status |
| Select fro | m Inventory of Active Sampling Points | | 10/1/23 - 12, | | | | C | omplete |
| | | | 1/1/24 - 3/3 | 31/24 | | | C | omplete |
| | | | 4/1/24 - 6/3 | | | | | |
| | | | 7/1/24 - 9/3 | 30/24 | | | | |
| | Byproducts - TTHM & HAA5 (DBP) | | | | | | - | RT) per year |
| | Point (Sampling Point ID) | | Monitoring I | | Collection | | | liance Status |
| 9 MOUNT | TAIN LAUREL (HLC02) | | 1/1/23 - 12/ | | 7/1-7, | | C | omplete |
| | | | 1/1/24 - 12/ | | 7/1-7, | | | |
| | | | 1/1/25 - 12/ | | 7/1-7, | | | |
| 12 PAINTI | BRUSH PATH (HLC2T) | | 1/1/23 - 12/ | 31/23 | 7/1-7, | /31 | C | omplete |
| | | | 1/1/24 - 12/ | | 7/1-7, | | | |
| | | | 1/1/25 - 12/ | | 7/1-7, | | | |
| 58 INDIAN | N HILL ROAD (HLCDBP) | | 1/1/23 - 12/ | | 7/1-7, | | C | omplete |
| | | | 1/1/24 - 12/ | | 7/1-7, | | | |
| | | | 1/1/25 - 12/ | 31/25 | 7/1-7, | | | |
| | pper (PBCU) | | | | | | | r three years |
| | Point (Sampling Point ID) | | Monitoring I | | Collection | | | liance Status |
| Select fro | m Inventory of Active Sampling Points | | 1/1/21 - 12/ | | 6/1-9/ | | С | omplete |
| | | | 1/1/24 - 12/ | | 6/1-9/ | | | |
| | | | 1/1/27 - 12/ | 31/29 | 6/1-9/ | | | |
| - | ameters (PPS) | | | | | | | per quarter |
| | Point (Sampling Point ID) | | Monitoring I | | Collection | Perio | | liance Status |
| Select fro | m Inventory of Active Sampling Points | | 10/1/23 - 12, | | | | | omplete |
| | | | 1/1/24 - 3/3 | | | | С | omplete |
| | | | 4/1/24 - 6/3 | 30/24 | | | | |

Net Gross Alpha (4000)

Sampling Point (Sampling Point ID)

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

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

7/1/24 - 9/30/24

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/3/2024

Page 34

| | Connecticut Department of Water Quality Mon | | | | _ | | | |
|---------------|---|-------------|---------|-------|-----------------------|-------------|------------|-----------------|
| PWS ID | S ID PWS Name | | | Cla | Classification Popula | | Owner Type | Primary Source |
| СТ0860131 | SCWA, HILLCREST DIVISION (HLC) | | | | С | 450 | L | SWP |
| Local Address | (where applicable) | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| | | Connections | 221 | | 2 | | | |
| Towns Served | : MONTVILLE | | | | | | | |

| Monitorir | ng Requirements | | |
|---|--------------------------|--------------------------|--------------------------|
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 & V (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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |

| | ,, | (| | | |
|------------------------|---------------------------------------|--------------------|-----------------|-------------------|----------------------|
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | |
| Analyte | Monitoring Requirement (Summary Type) | | Operating Limit | t | Samples Req/Month |
| Chlorine | Entry Point RDC (EPRD) | Minimum: 0.65 MG/L | | | Continuous |
| Start Date: 10/1/2020 | 0 | Compliance | History: | Operating Limit | Monitoring |
| | | Monitoring | Period | Compliance Status | : Compliance Status: |
| | | 11/1/2023 - | 11/30/2023 | Υ | |
| | | 12/1/2023 - | 12/31/2023 | Υ | |
| | | 1/1/2024 - 1 | ./31/2024 | Υ | |
| | | 2/1/2024 - 2 | /29/2024 | | |
| | | | | | |

| | Connecticut Departmen Water Quality Mo | | | | _ | , | | on | |
|----------------------------------|---|-------------|---------|------|-------------|------------|---------|--------|----------------|
| PWS ID | PWS Name | | | Clas | ssification | Population | Owner | Гуре Г | Primary Source |
| СТ0860131 | SCWA, HILLCREST DIVISION (HLC) | | | | С | 450 | L | | SWP |
| Local Address (where applicable) | | Service | Residen | tial | Commerci | al Industr | ial Coi | nbined | d Agricultural |
| | | Connections | 221 | | 2 | | | | |

Towns Served: MONTVILLE

| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | |
|------------------------|------------------------------------|--------------|------------------------|-------------------|----------------------|
| Analyte | Monitoring Requirement (Summary Ty | rpe) | Operating Limit | | Samples Req/Month |
| Chlorine | Entry Point RDC (EPRD) | | Minimum: 0.65 | MG/L | Continuous |
| Start Date: 10/1/202 | 0 | Compliance | History: | Operating Limit | Monitoring |
| | | Monitoring | Period | Compliance Status | : Compliance Status: |
| | | 3/1/2024 - 3 | 3/31/2024 | | |
| Analyte | Monitoring Requirement (Summary Ty | rpe) | Operating Limit | | Samples Req/Month |
| рН | Entry Point pH Monitoring (PHRD) | | Minimum: 7.0 I | PH | Daily |
| Start Date: 4/1/2005 | | Compliance | History: | Operating Limit | Monitoring |
| | | Monitoring | Period | Compliance Status | : Compliance Status: |
| | | 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 | 3/31/2024 | | |

| Other Compliance Schedules | | | | | | | | |
|---|------------|---------------|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2011 | | | | | | | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | | | | | | | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | | | | | | |
| 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 | GENERIC DISTRIBUTION | Α | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | HLC01 | 10 HILLCREST DR | Α | Υ | | Υ | |
| | | HLC02 | 9 MOUNTAIN LAUREL | Α | Υ | N | | Υ |
| | | HLC03 | 21 HILLCREST DRIVE | Α | Υ | N | | |
| | | HLC04 | 18 HILLCREST DRIVE | Α | Υ | N | | |
| | | HLC05 | 26 HILLCREST DRIVE | Α | Υ | N | | |
| | | HLC06 | 23 HILLCREST DRIVE | Α | Υ | N | | |
| | | HLC07 | 25 HEATHERBROOK RD | Α | Υ | N | | |
| | | HLC2T | 12 PAINTBRUSH PATH | Α | | | | Υ |
| | | HLCDBP | 58 INDIAN HILL ROAD | Α | | | | Υ |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | |
| 462 | HLC PUMPHOUSE | | | | | | | |
| 50488 | ATMOSPHERIC TANKS | | | | | | | |

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.

| | Connectic | • | | | | | U | | | ction | |
|--------------------------------|-----------------------------------|---------------|-----------------|--|---|----------|------------------------|------------|-----------|-----------|----------------|
| | Wat | ter Quali | ty Monit | oring a | nd Comp | liai | nce S | chedu | le | | |
| PWS ID | PWS Name | | | | Cl | lassific | cation | Population | Ow | ner Type | Primary Source |
| CT0860131 | SCWA, HILLCRES | T DIVISION (H | LC) | | | С | | 450 | | L | SWP |
| Local Address (| where applicable) | | | Service | Residentia | I Cor | nmercia | I Industr | rial | Combine | d Agricultural |
| | | | | Connection | 1S 221 | | 2 | | | | |
| Towns Served: | MONTVILLE | | | | | | | | | | |
| | | Water Sys | tem Facili | ty and Sa | ampling Po | oint | Inver | ntory | | | |
| Water | | | | | | | To | tal Lead | d and | | |
| - | er System Facility | Sa | mpling Point | | | | Colif | - | oper | | Stage |
| Facility ID | | | ID | Description | 1 | Stat | us Ru | ile Rule | e Tier | Asbesto | s WQP 2 DBPR |
| 50490 PRES | SSURE TANK | | | | | | | | | | |
| | RCONNECTION - 364011 - MONTVIL | LE | | | | | | | | | |
| 53446 BOC | STER PUMP STATI | ON | | | | | | | | | |
| 781 WEL | L 2 | | 2 | WELL 2 | | Α | | | | | |
| 782 WEL | L 1 | | 2 | WELL 1 | | Α | | | | | |
| 783 WEL | L 3 | | 2 | WELL 3 | | Α | | | | | |
| Certified Operator Information | | | | | | | | | | | |
| Water System | Facility: HLC P | UMPHOUSE | (WSF ID: 462 | 2) | | | | | | | |
| Facility Classific | cation: CLASS 1 TR | REATMENT PLA | NT | | | | | | | | Certification |
| Operator Name | e | | Operator Type | е | Certification(s | s) | | | | | Expiration |
| BELAIR, BRAND | ON W. | CI | HIEF OPERATO |)R | WATER TREAT | MEN | T PLANT | OPERATO | R - CI | LASS II | 6/30/2024 |
| | | | | | DISTRIBUTION SYSTEM OPERATOR - CLASS II 6/30, | | | | | 6/30/2024 | |
| RICKEY, JR., RA | YMOND R | A | SSIGNED OPER | PERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS I | | | | I | 3/31/2024 | | |
| | | | | | | MEN | | | | | 3/31/2024 |
| MCGARRY, THO | DMAS | A | SSIGNED OPER | RATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | | | | | 3/31/2024 | |
| | | | | | DISTRIBUTION | I SYST | TEM OPERATOR - CLASS I | | | | 3/31/2024 |
| | | | Con | tact Info | rmation | | | | | | |
| Name | | | | ganization | | | | | | Job Title | <u> </u> |
| Mr. Joseph Car | nsler | | | CWA | | | | General I | Mana | | |
| Mailing Addres | | N | lailing Address | | | | | City | | State | Zip Code |
| P.O. Box 415 | | | 649 Route 12 | | | | Gales Fe | | | СТ | 06335-0415 |
| Business Pho | ne Extension | Fax | Mobi | le Phone | Emergency Ph | none | Email A | ddress | | | |
| 860-464-023 | 32 | 860-464-28 | 76 860-9 | 941-3406 | | | j.cansleı | r@watera | uthor | ity.org | |
| Contact Role(s) | : Administrative | Contact | | | | | | | | | |
| Name Organization Job Title | | | | | | 2 | | | | | |
| Dr. Edward C. I | Monahan | | Sc | utheastern (| CT Wtr. Author | rity | | Chairmai | n | | |
| Mailing Addres | s Line One | N | lailing Address | | | | | City | | State | Zip Code |
| 1649 Route 12 | | | O Box 415 | | | | Gales Fe | erry | | СТ | 06335-0415 |
| Business Pho | ne Extension | Fax | Mobi | le Phone | Emergency Ph | none | Email A | ddress | | | - |
| 860-464-023 | 32 | 860-464-28 | 76 860-9 | 941-9246 | | | ed.mon | ahan@cor | ncast | .net | |
| | | | | | | | | | | | |

Contact Role(s): Legal Contact

| | Connecticut Department o | f Public H | lealth | ı Di | rinking | Water | Section | L | |
|---------------|---------------------------------|-------------|---------|-------|-------------|-------------|------------|----------------|---------|
| | Water Quality Moni | toring an | d Con | npl | liance S | chedul | e | | |
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source | |
| СТ0860131 | SCWA, HILLCREST DIVISION (HLC) | | | | С | 450 | L | SWF | Р |
| Local Address | ddress (where applicable) Servi | | Resider | ntial | Commercia | al Industri | al Combin | ed Agricu | ultural |
| | | Connections | 221 | | 2 | | | | |

221

2

Towns Served: MONTVILLE

Please note the following:

- 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

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

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
|------------------|----------------------------|-------------|---------|----------------|---------------|------------|-----------------|
| CT0860141 | JENSENS MARINA COVE SYSTEM | | | С | 70 | Р | GW |
| Local Address (w | here applicable) | Service | Residen | tial Commerc | cial Industri | al Combine | ed Agricultural |
| | | Connections | 26 | | | | |

| Towns Served: MONTVILLE | | | | |
|--|--------------------------|--------------------------|--------------------------|--|
| Monitoring | Requirements | | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006 | 500) | | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | | |
| Total Coliform (3100) | | 3 re | peat (RP) per period | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| Select from Inventory of Active Sampling Points | 11/16/23 - 11/21/23 | | Complete | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | |
| | 12/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 1/31/24 | | Complete | |
| | 2/1/24 - 2/29/24 | | Complete | |
| | 3/1/24 - 3/31/24 | | | |
| | 4/1/24 - 4/30/24 | | | |
| | 5/1/24 - 5/31/24 | | | |
| | 6/1/24 - 6/30/24 | | | |
| | 7/1/24 - 7/31/24 | | | |
| | 8/1/24 - 8/31/24 | | | |
| | 9/1/24 - 9/30/24 | | | |
| | 10/1/24 - 10/31/24 | | | |
| Lead And Copper (PBCU) | | 5 r | outine (RT) per year | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| 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 rou | tine (RT) per month | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete | |
| | 12/1/23 - 12/31/23 | | Complete | |
| | 1/1/24 - 1/31/24 | | Complete | |
| | 2/1/24 - 2/29/24 | | Complete | |
| | 3/1/24 - 3/31/24 | | · · | |
| | 4/1/24 - 4/30/24 | | | |
| | 5/1/24 - 5/31/24 | | | |
| | 6/1/24 - 6/30/24 | | | |
| | 7/1/24 - 7/31/24 | | | |
| | 8/1/24 - 8/31/24 | | | |
| | 9/1/24 - 9/30/24 | | | |
| | 10/1/24 - 10/31/24 | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | |

| | Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule | | | | | | | | | |
|----------------------------------|---|---------|---------|------|-------------|-------------|------------|-----|--------------|--|
| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Pri | mary Source | |
| CT0860141 | JENSENS MARINA COVE SYSTEM | | | | С | 70 | Р | | GW | |
| Local Address (where applicable) | | Service | Residen | tial | Commercia | al Industri | al Combine | ed | Agricultural | |
| Connections 26 | | | | | | | | | | |

| Towns Served: MONTVILLE | | | | | |
|---|--------------------------|--------------------------------|--------------------------|--|--|
| Monitoring F | Requirements | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | |
| Net Gross Alpha (4000) | | 1 routine | (RT) per nine years | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| ENTRY POINT (3) | 1/1/17 - 6/30/19 | 1/1-6/30 | Complete | | |
| Uranium (4006) | | 1 routine | (RT) per nine years | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| ENTRY POINT (3) | 1/1/17 - 6/30/19 | 1/1-6/30 | Complete | | |
| Combined Radium-226/228 (4010) | | 1 routine | (RT) per nine years | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| ENTRY POINT (3) | 1/1/17 - 6/30/19 | 1/1-6/30 | Complete | | |
| 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 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 12/31/24 | _ | Complete | | |
| | 1/1/25 - 12/31/25 | | | | |
| Radionuclides - Gross Alpha, Combined Radium & Uranium (R | ADA) | 1 routine | (RT) per nine years | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| ENTRY POINT (3) | 1/1/21 - 12/31/29 | | | | |
| Pesticides, Herbicides and PCBs - Phase II & V (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 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| Organic Chemicals (VOCS) | | 1 r | outine (RT) per year | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete | | |
| | 1/1/24 - 12/31/24 | | Complete | | |
| | 1/1/25 - 12/31/25 | | | | |
| Water System Facility: WELL #5 (WSF ID: 61414) | | | | | |
| E. Coli (3014) | | 1 trigge | ered (TG) per period | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| WELL #5 (2) | 11/15/23 - 11/21/23 | | Complete | | |
| Water System Facility: WELL #4 (WSF ID: 819) | | | | | |
| E. Coli (3014) | | 1 trigge | ered (TG) per period | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| WELL #4 (2) | 11/15/23 - 11/21/23 | | Complete | | |
| Water System Facility: WELL #3 (WSF ID: 820) | | | | | |

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | |
|---------------|--|----------------|---------|------|-------------|-------------|------------|-----------------|--|--|
| | Water Quality M | Ionitoring and | d Con | npl | liance S | Schedul | le | | | |
| PWS ID | /S ID PWS Name | | | | ssification | Population | Owner Type | Primary Source | | |
| CT0860141 | 0141 JENSENS MARINA COVE SYSTEM | | | | | 70 | Р | GW | | |
| Local Address | (where applicable) | Service | Residen | tial | Commercia | al Industri | al Combine | ed Agricultural | | |
| | | Connections | 26 | | | | | | | |
| Towns Served | : MONTVILLE | | | | | | | | | |

| Towns Served: MONTVILLI | <u> </u> | | | |
|-----------------------------|------------------------------------|----------------------------|--------------------------|--------------------------|
| | Monitoring | g Requirements | | |
| Water System Facility: | WELL #3 (WSF ID: 820) | | | |
| E. Coli (3014) | | | 1 trigg | gered (TG) per period |
| Sampling Point (Sam | pling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL #3 (2) | | 11/15/23 - 11/21/23 | | Complete |
| Mo | nthly Water System Facility (| WSF) Level Monitori | ng Requireme | nts |
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | |
| Analyte | Monitoring Requirement (Summary Ty | pe) Operating Limit | t | Samples Req/Month |
| рН | Entry Point pH Monitoring (PHRD) | Minimum: 7.0 | PH | Daily |
| Start Date: 7/1/2003 | | Compliance History: | Operating Limit | Monitoring |
| | | Monitoring Period | Compliance Status | Compliance Status: |
| | | 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 | | | | | | | | | | |
|---|------------|---------------|--|--|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | | | |
| SUBMIT FISCAL AND ASSET MANAGEMENT CERT | 1/1/2021 | | | | | | | | | |
| SANITARY DEFECT CORRECTIVE ACTION | 1/14/2024 | | | | | | | | | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | 3/14/2024 | | | | | | | | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | | | | | | | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | | | | | | | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | | | | | | | | |
| CROSS CONNECTION EXEMPTION | 3/1/2026 | | | | | | | | | |

| OSS CONNECTION EXEMPTION | | | 3/1/2026 | | | | | | | |
|--|----------------------|-------------------------------|----------|---------------------------|---------------------------------|----------|-----|-----------------|--|--|
| Water System Facility and Sampling Point Inventory | | | | | | | | | | |
| Water System Water System Facility Facility ID | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | WQP | Stage 2 DBPR | | |
| 00600 DISTRIBUTION SYSTEM | 11 MARINA | 11 MARINA DR | Α | Υ | 3 | Υ | Υ | | | |
| | 12 MARINA | 12 MARINA DR | Α | Υ | 3 | | | | | |
| | 15 MARINA | 15 MARINA DR | Α | Υ | 3 | | | | | |
| | 16 MARINA | 16 MARINA DR | 1 | Υ | 3 | | | | | |
| | 18 MARINA | 18 MARINA DR | Α | Υ | 3 | | | | | |
| | 20 MARINA | 20 MARINA DR | Α | Υ | 3 | | | | | |
| | 27 MARINA | 27 MARINA DR | Α | Υ | 3 | | | | | |
| | 29 MARINA | 29 MARINA DR | Α | Υ | 3 | | | | | |
| | 31 MARINA | 31 MARINA DR | Α | Υ | 3 | | | | | |
| | 35 MARINA | 35 MARINA DR | Α | Υ | 3 | | | | | |
| | 4 | DISTRIBUTION SYSTEM | Л А | Υ | | | | | | |
| | DOWNSTREAM | WITHIN 5 SERVICE CO | N A | | | | | | | |

| | Connecticut Department of Fublic Health Drinking water Section | | | | | | | | | | |
|--|--|-------------|---------|---------|-----------|-------------|------------|-----------------|--|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
| PWS ID | | | | Class | ification | Population | Owner Type | Primary Source | | | |
| CT0860141 | JENSENS MARINA COVE SYSTEM | | | | С | 70 | Р | GW | | | |
| Local Address (v | vhere applicable) | Service | Residen | ntial C | Commerci | al Industri | al Combine | ed Agricultural | | | |
| | | Connections | 26 | | | | | | | | |
| Towns Served: N | Towns Served: MONTVILLE | | | | | | | | | | |

Connecticut Department of Dublic Health Drinking Water Section

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|-------------|---------------------------|---------------------------------|----------|-----|--------|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | _ | Total Coliform Rule | Lead and Copper Rule Tier | Achestos | WOR | Stage | | |
| rucinty ID | <u>'</u> | UPSTREAM | WITHIN 5 SERVICE CON | Status A | Kule | Kule Hei | Asbestos | WQF | 2 DDFR | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | |
| 361 | TREATMENT PLANT | | | | | | | | | | |
| 50807 | ATMOSPHERIC STORAGE TANK | | | | | | | | | | |
| 61414 | WELL #5 | 2 | WELL #5 | Α | | | | | | | |
| 61900 | VFD PUMPS | | | | | | | | | | |
| 819 | WELL #4 | 2 | WELL #4 | Α | | | | | | | |
| 820 | WELL #3 | 2 | WELL #3 | Α | | | | | | | |

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 361)

| Facility Classification: CLASS 1 TREATMENT PLANT | | | | | | | |
|--|----------------|---|------------|--|--|--|--|
| Operator Name | Operator Type | Certification(s) | Expiration | | | | |
| LAFRAMBOISE, PAUL F. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2024 | | | | |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2024 | | | | |

| | | | Co | ontact Inf | formation | | | | |
|--------------------------------------|----------------|-----|-----------|---------------|-----------------|-----------|-----------------------------|----|----------|
| Name | | | | Organization | า | | Job Title | | |
| Mr. John MCLaren | | | | Sun Commu | nities | | | | |
| Mailing Address Line One Mailing Add | | | | ress Line Two | | | City | | Zip Code |
| 27777 Franklin Road Suite 200 | | | Suite 200 | So | | | d | MI | 48034 |
| Business Phone | Extension | Fax | Mo | obile Phone | Emergency Phone | Email Add | il Address | | |
| 248-208-2556 | | | | | 810-623-8866 | jmclaren(| jmclaren@suncommunities.com | | |
| Contact Role(s): La | gal Contact Ow | mor | | | | | | | |

| Name | | | | Organization | | Job Title | | | | |
|----------------------------------|-----------|-----|-------------|---------------|-----------------|-----------|--------------|---------------|----------|--|
| | | | | | 0 | | | Administrator | | |
| Mailing Address Line One Mailing | | | Mailing Add | ress Line Two | | City | | State | Zip Code | |
| 3 Hillcrest Drive | | | | | | Uncasvil | е | СТ | 06382 | |
| Business Phone | Extension | Fax | M | lobile Phone | Emergency Phone | Email Ad | mail Address | | | |
| 860-848-4204 | | | | | | cbilbin2(| suncommuniti | es.com | | |

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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

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 C | | | Clas | ssification | Population | Owner Type | Primary Source | |
|----------------------------------|-----------------------|-------------|-------------|-------------|------------|-------------|----------------|-----------------|
| CT0860171 | OAKRIDGE GARDENS, LLC | | | | С | 70 | Р | GW |
| Local Address (where applicable) | | Service | Residential | | Commercia | al Industri | al Combine | ed Agricultural |
| 98 WILLIAMS RC |)AD | Connections | 28 | | | | | |

Towns Served: MONTVILLE

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring Re | quirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | _ | |
| | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) | | 5 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 00701) | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - WELL 2 (3) | 1/1/23 - 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 | | | | ssification | Population | Owner Type | Primary Source | | | |
| СТ0860171 | OAKRIDGE GARDENS, LLC | | | | С | 70 | Р | GW | | | |
| Local Address | Service | Resider | | Commerci | al Industri | al Combine | ed Agricultural | | | | |
| 98 WILLIAMS | Connections | 28 | | | | | | | | | |
| | | • | • | | | | | · | | | |

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 0070 | 01) | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | 1/1/26 - 12/31/28 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - WELL 2 (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |
| Radionuclides - Gross Alpha, Combined Radium & Uranium | (RADA) | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - WELL 2 (3) | 1/1/16 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/33 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - WELL 2 (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) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT - WELL 2 (3) | 1/1/22 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/27 | | |

| Other Compliance Schedules | | | | | | | | | |
|------------------------------------|------------|---------------|--|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | | | | | | | | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | | | | | | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | | | | | | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | | | | | | | |
| CROSS CONNECTION EXEMPTION | 3/1/2029 | | | | | | | | |

| CNOSS CO | DIVINECTION EXCIVIPATION | 3/ | 1/2029 | | | | | |
|--------------------------------|--------------------------|----------------------|-------------------------------|---------|---------------------------|---------------------------------|----------|---------------------|
| | Wat | ter System Facili | ity and Sampling P | oint In | ventor | У | | |
| Water System Facility IL | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPF |
| 00600 | DISTRIBUTION SYSTEM | #11 KIT SNK | LOT 11 KITCHEN SNK | Α | Υ | N | Υ | |
| | | #1A KIT SNK | LOT 1A KITCHEN SINK | Α | Υ | N | | |
| | | #3 KIT SNK | LOT 3 KITCHEN SINK | Α | Υ | N | | |
| | | #3A KIT SNK | LOT 3A KITCHEN SINK | Α | Υ | N | | |
| | | #4A KIT SNK | LOT 4A KITCHEN SINK | Α | Υ | N | | |
| | | 4 | GENERIC DISTRIBUTION | Α | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | OG1 | LOT 1 KITCHEN SINK | Α | Υ | N | | |
| | | OG10 | LOT 10 KITCHEN SINK | Α | Υ | N | | |

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

| PWS ID | WS ID PWS Name C | | | | Population | Owner Type | Primary Source |
|----------------------------------|-----------------------|-------------|---------|---------------|--------------|------------|-----------------|
| CT0860171 | OAKRIDGE GARDENS, LLC | | | | 70 | Р | GW |
| Local Address (where applicable) | | Service | Resider | ntial Commerc | ial Industri | ial Combin | ed Agricultural |
| 98 WILLIAMS ROAD | | Connections | 28 | | | | |

Towns Served: MONTVILLE

| | 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 | | | |
| | | OG12 | LOT 12 KITCHEN SINK | А | Υ | N | | | | | |
| | | OG13 | LOT 13 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG14 | LOT 14 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG15 | LOT 15 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG16 | LOT 16 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG17 | LOT 17 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG18 | LOT 18 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG19 | LOT 19 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG2 | LOT 2 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG20 | LOT 20 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG21 | LOT 21 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG2A | LOT 2A KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG4 | LOT 4 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG5 | LOT 5 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG5A | LOT 5A KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG6 | LOT 6 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG7 | LOT 7 KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG7A | LOT 7A KITCHEN SINK | Α | Υ | N | | | | | |
| | | OG8 | DISTRIBUTION SYSTEM | Α | Υ | N | | | | | |
| | | OG8A | LOT 8A KITCHEN SINK | Α | Υ | 3 | | | | | |
| | | OG9 | LOT 9 KITCHEN SINK | Α | Υ | 3 | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | |
| 00701 | ENTRY POINT - WELL 2 | . 3 | ENTRY POINT - WELL 2 | Α | | | | | | | |
| 58768 | WELL 2 | 2 | WELL 2 | А | | | | | | | |
| 62258 | (5) BLADDER TANKS | | | | | | | | | | |

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: SMALL WATER SYSTEM **Certification Operator Name** Certification(s) **Expiration Operator Type DISTRIBUTION SYSTEM OPERATOR - CLASS III** 6/30/2025 WITTENZELLNER, ROBERT CHIEF OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS III 9/30/2024 HARKINS, STUART A. **ASSIGNED OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III** 6/30/2025

| | | | | | | -,, |
|--------------------------|---------------|-------------------|---------|------|-----------|----------|
| | Coi | ntact Information | on | | | |
| Name | C | Organization | | | Job Title | |
| Oakridge Gardens, LLC | | | | | | |
| Mailing Address Line One | Mailing Addre | ss Line Two | | City | State | Zip Code |
| P. O. Box 142 | | | West My | stic | СТ | 06388 |

WATER TREATMENT PLANT OPERATOR - CLASS II

6/30/2025

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.

| (| Connectic | ut Depa | irtment of | Public | Health | Drir | nking | , Water | Section | 1 | |
|------------------|------------------|-------------|-----------------|-------------|-----------|----------|---------|-------------|------------|-----|--------------|
| | Wa | ter Qua | lity Monite | oring ai | nd Con | nplia | nce S | Schedul | le | | |
| PWS ID | PWS Name | | | | | Classif | ication | Population | Owner Type | Pri | mary Source |
| CT0860171 | OAKRIDGE GAR | DENS, LLC | | | | (| 2 | 70 | Р | | GW |
| Local Address (w | here applicable) | | | Service | Resider | ntial Co | mmerci | al Industri | al Combin | ed | Agricultural |
| 98 WILLIAMS RO | AD | | | Connection | ns 28 | | | | | | |
| Towns Served: N | 10NTVILLE | | | | , | ' | | 1 | 1 | | |
| Business Phone | e Extension | Fax | Mobil | e Phone | Emergency | y Phone | Email A | Address | | | |
| 860-848-8930 | | | | | | | | | | | |
| Contact Role(s): | Owner | | | , | | | | | | | |
| Name | | | Or | ganization | | | | | Job Tit | le | |
| Ms. Linda B. Gen | carella | | Oa | kridge Gard | ens | | | | | | |
| Mailing Address | Line One | | Mailing Address | Line Two | | | | City | State | ! | Zip Code |
| P.O. Box 142 | | | | | | | West N | Лystic | СТ | | 06388 |
| Business Phone | e Extension | Fax | Mobil | e Phone | Emergency | y Phone | Email A | Address | | | |
| 860-460-1619 | | | | | | | oakridg | gegardensM | HP@gmail.c | om | |
| Contact Pole(s) | Administrativo | Contact Loc | ral Contact Own | or | | | | | | | |

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

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

| CT0860191 INDEPENDENCE VILLAGE ELDERLY HOUSING C 55 L | | | | | | | | | | |
|---|--|----------------|------------|------------|----------------|--|--|--|--|--|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | | | |
| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | |
| | Connecticut Department of Public Health | Drinking | g water | Section | | | | | | |

Connections

Service

Residential Commercial

11

Industrial

Combined

Agricultural

Local Address (where applicable)

| Towns Served: MONTVILLE | | | |
|--|--------------------------|--------------------------|--------------------------|
| Monitoring I | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060 | 0) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/24 | 6/1-9/30 | |
| | 1/1/25 - 12/31/27 | 6/1-9/30 | |
| Physical Parameters (PPS) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |

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 ID PWS Name Classification Population Owner Type Primary Source | | | | | | | | | | |
| CT0860191 | INDEPENDENCE VILLAGE ELDERLY HOUSING | | | | С | 55 | L | GW | | | |
| Local Address (v | ocal Address (where applicable) Service Residential Commercial Industrial Combined Agricultural | | | | | | | | | | |
| | Connections 11 | | | | | | | | | | |

Towns Served: MONTVILLE

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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 | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | 1/1-12/31 | Waiver |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | 1/1-12/31 | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Other Compl | iance Schedules | | |
| Compliance Schedule Activity | Due Date | Achieved D | ate |
| SUBMIT FISCAL AND ASSET MANAGEMENT CERT | 1/1/2021 | | |
| CROSS CONNECTION EXEMPTION | 3/1/2021 | | |
| CROSS CONNECTION EXEMPTION | 3/1/2024 | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | |

| | ' | Nater System Facili | ity and Sampling F | Point Ir | nventoi | ry | | | |
|--------------------------------|-----------------------|----------------------|----------------------------|--------------------|----------|---------------------------------|-----------|-----|---------|
| Water System Facility IL | Water System Facility | Sampling Point ID | Sampling Point Description | . . | Coliform | Lead and Copper Rule Tier | Achestos | WOP | Stage |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | <u>Status</u> A | Y | Nuic Her | ASSESTEDS | WQ. | Z DDI K |

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.

| | Сс | nnectic | ut Depai | rtment of | f Public | Health | Drir | nking | g Wa | ater Se | ction | |
|--------------|-------------|---------------|--------------|----------------|-------------|---------------|---------|---------|--------|------------|------------|---------------|
| | | Wa | ter Qual | ity Monit | oring a | nd Con | nplia | nce | Sch | edule | | |
| PWS ID | PW | /S Name | | | | | Classif | ication | Popu | lation Ow | ner Type P | rimary Source |
| CT0860192 | 1 INC | DEPENDENCE | VILLAGE ELDI | RLY HOUSING | | | (| C | 5 | 55 | L | GW |
| Local Addr | ess (wher | e applicable) | | | Service | Residen | tial Co | mmerc | ial Ir | ndustrial | Combined | Agricultural |
| | | | | | Connectio | ns 11 | | | | | | |
| Towns Ser | ved: MON | ITVILLE | | | | | | | | | | |
| | | | Water Sy | stem Facil | ity and S | ampling | Poin | t Inve | ento | ry | | |
| Water | | | | | | | | | otal | Lead and | | |
| System | _ | stem Facility | S | ampling Point | | | | | liform | Copper | | Stage |
| Facility ID | | | _ | ID | Description | | | itus | Rule | Rule Her | Asbestos | WQP 2 DBPR |
| | | | [| OOWNSTREAM | _ | | N A | 4 | | | | |
| | | | | IVC101 | COMMUN | | | l | Υ | | | |
| | | | | IVC102 | COMMUN | - | , | 4 | Υ | N | Y | Υ |
| | | | | IVC103 | COMMUN | | , | 4 | Υ | N | | |
| | | | | IVC104 | 41 MILEFS | | , | 4 | Υ | 3 | | |
| | | | | IVC105 | 41 MILEFS | | , | 4 | Υ | 3 | | |
| | | | | IVC106 | 41 MILEFS | KI DR #23 | , | 4 | Υ | 3 | | |
| | | | | IVC107 | 41 MILEFS | KI DR #107 | , | 4 | Υ | 3 | | |
| | | | | IVC108 | 41 MILEFS | KI DR #35 | , | 4 | Υ | 3 | | |
| | | | | IVC110 | 41 MILEFS | KI DR #10 | 1 | 4 | | 1 | | |
| | | | | IVC120 | 41 MILEFS | KI DR #20 | , | 4 | Υ | 1 | | |
| | | | | IVC126 | 41 MILEFS | KI DR #26 | , | 4 | Υ | 1 | | |
| | | | | IVC138 | 41 MILEFS | KI DR #38 | , | 4 | Υ | 1 | | |
| | | | | UPSTREAM | WITHIN 5 | SERVICE COI | N A | 4 | | | | |
| 00700 | ENTRY PO | TNIC | | 3 | ENTRY POI | NT | , | 4 | | | | |
| 50860 | ATMOSP | HERIC STORA | GE | | | | | | | | | |
| 50862 | HYDROPI | NEUMATIC ST | ORAGE | | | | | | | | | |
| 780 | WELL #1 | | | 2 | WELL #1 | | , | 4 | | | | |
| | | | | Certified | Operato | r Inform | natior | 1 | | | | |
| Water Sys | stem Fac | ility: DISTR | IBUTION SY | STEM (WSF I | D: 00600) | | | | | | | |
| Facility Cla | assificatio | n: SMALL WA | ATER SYSTEM | | | | | | | | | Certification |
| Operator I | Name | | | Operator Typ | е | Certification | on(s) | | | | | Expiration |
| LAFRAMBO | OISE, PAU | L F. | (| CHIEF OPERATO | OR | DISTRIBUTI | ON SYS | TEM OF | PERAT | OR - CLASS | l | 9/30/2024 |
| | | | | | | WATER TRE | EATMEN | IT PLAN | IT OPE | RATOR - CI | ASS II | 9/30/2024 |
| NAPIERAT | A, KYLE | | , | ASSIGNED OPE | RATOR | DISTRIBUTI | ON SYS | TEM OF | PERAT | OR - CLASS | I | 9/30/2024 |
| | | | | | | WATER TRE | EATMEN | IT PLAN | IT OPE | RATOR - CI | ASS II | 9/30/2024 |
| | | | | Con | tact Info | ormation | 1 | | | | | |
| Name | | | | 0 | rganization | | | | | | Job Title | |
| Housing A | uthority o | of The Town o | of Montvil | | | | | | | | | |
| Mailing Ad | | | | Mailing Addres | s Line Two | | | | C | ity | State | Zip Code |
| 310 Norwi | | | | | | | | Uncas | | | СТ | 06382 |
| Business | Phone | Extension | Fax | Mob | ile Phone | Emergency | / Phone | Email | Addre | SS | | |

Contact Role(s): Owner

| | Connectic | ut Depa | rtmer | nt of | Public | Health | Drir | nking | Water | Section | |
|--------------------|-----------------|--------------|-----------|---------|--------------|------------|----------|----------|------------|-------------|-----------------|
| | Wat | ter Qual | lity M | onit | oring a | nd Con | nplia | nce S | chedul | e | |
| PWS ID P | WS Name | | | | | | Classif | ication | Population | Owner Type | Primary Source |
| CT0860191 II | NDEPENDENCE | VILLAGE ELD | ERLY HO | USING | | | (| C | 55 | L | GW |
| Local Address (wh | ere applicable) | | | | Service | Resider | ntial Co | mmercia | l Industri | al Combine | ed Agricultural |
| | | | | | Connection | ns 11 | | | | | |
| Towns Served: MO | ONTVILLE | | | | | <u> </u> | | | | | |
| Name | | | | Or | ganization | | | | | Job Title | е |
| Ms. Shirley Smith | | | | Мо | ontville Hou | sing Autho | rity | | Housing A | dministratr | |
| Mailing Address Li | ine One | | Mailing A | Address | Line Two | | | | City | State | Zip Code |
| 41 Milefski Drive | | | | | | | | Uncasvi | lle | СТ | 06382 |
| Business Phone | Extension | Fax | | Mobil | e Phone | Emergenc | y Phone | Email A | ddress | | |
| 860-848-1739 | | 860-848-3 | 3269 | | | 860-938 | -4128 | shirleys | @mha-ct.o | rg | |
| Contact Role(s): | Administrative | Contact, Leg | al Contac | t | | | | 1 | | | |

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

| | Connecticut Departme Water Quality N | | | | U | | | | |
|---------------|---|---------|--------|-----------|-------------|------------|-----------------|----------------|--|
| PWS ID | PWS Name | | | Classi | ification | Population | Owner Type | Primary Source | |
| CT0860211 | OAKRIDGE VILLAGE | | | | С | 33 | Р | GW | |
| Local Address | (where applicable) | Residen | tial C | Commercia | al Industri | al Combine | ed Agricultural | | |
| 350 CHESTERE | O CHESTEREIFI D RD Connections 15 | | | | | | | | |

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|-----------------------|
| Monitor | ing Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Asbestos (1094) | | 1 routine | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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 six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 6/30/24 | | |
| | 7/1/24 - 12/31/24 | | |
| Physical Parameters (PPS) | | 1 rou | tine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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 - WELLS #4 & #5 (V | VSF ID: 00701) | | |
| Net Gross Alpha (4000) | | 1 routine | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| EP - WELLS 4 & 5 (3) | 1/1/17 - 12/31/25 | | |
| Uranium (4006) | | 1 routing | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| EP - WELLS 4 & 5 (3) | 1/1/17 - 12/31/25 | | |
| Combined Radium-226/228 (4010) | | 1 routing | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| EP - WELLS 4 & 5 (3) | 1/1/17 - 12/31/25 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| EP - WELLS 4 & 5 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Nitrate And Nitrite (NOX) | | 1 1 | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| EP - WELLS 4 & 5 (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | <u> </u> |
| | 1/1/25 - 12/31/25 | | |

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | |
|--|---|---------|---------|------|-----------|------------|-----------|----|--------------|--|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | | |
| PWS ID | PWS ID PWS Name Classification Population Owner Type Primary Source | | | | | | | | | | | |
| СТ0860211 | OAKRIDGE VILLAGE | | | | С | 33 | Р | | GW | | | |
| Local Address | (where applicable) | Service | Residen | tial | Commercia | l Industri | al Combin | ed | Agricultural | | | |
| 350 CHESTERF | IELD RD | 15 | | | | | | | | | | |

| Towns Served: MONTVILLE | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--|--|--|--|--|
| Monitoring Requirements | | | | | | | | |
| Water System Facility: ENTRY POINT - WELLS #4 & #5 (WSF ID: 00701) | | | | | | | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) 1 routine (RT) per three ye | | | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | |
| EP - WELLS 4 & 5 (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) | Monitoring Period | Collection Period | Compliance Status | | | | | |
| EP - WELLS 4 & 5 (3) | 1/1/23 - 12/31/23 | | Complete | | | | | |
| | 1/1/24 - 12/31/24 | | | | | | | |
| | 1/1/25 - 12/31/25 | | | | | | | |
| Other Compli | ance Schedules | | | | | | | |
| Compliance Schedule Activity | Due Date | Achieved D | ate | | | | | |

| Other Compliance Schedules | | | | | | |
|---|------------|---------------|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 3/30/2024 | | | | | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | | | | | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | | | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | | | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | | | | |
| CROSS CONNECTION EXEMPTION | 3/1/2026 | | | | | |

| Public Notification Requirements | | | | | | | | | |
|--|---|---|----------|--|-----------|----------|--|--|--|
| Compliance Notice <u>Public Notification</u> <u>PN Certification</u> | | | | | | | | | |
| Violation/Situation Period Tier Required Performed Due to | | | | | | Received | | | |
| Physical Parameters M&R Violation | 1/1/23 - 3/31/23 | 3 | 1/2/2025 | | 1/12/2025 | | | | |
| Total Coliform M&R Violation | otal Coliform M&R Violation 1/1/23 - 3/31/23 3 1/2/2025 1/12/2025 | | | | | | | | |

| Water Water | • | | | Total | Lead and | | |
|------------------------------|-------------|----------------------|--------|----------|-----------|----------|------------|
| System Water System Facility | | Sampling Point | | Coliform | Copper | | Stage |
| acility ID | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPI |
| 00600 DISTRIBUTION SYSTEM | 10 KIT SINK | LOT 10 KITCHEN SINK | Α | Υ | 1 | | |
| | 11 KIT SINK | LOT 11 KITCHEN SINK | Α | Υ | 1 | | |
| | 12 KIT SINK | LOT 12 KITCHEN SINK | Α | Υ | 1 | | |
| | 13 KIT SINK | LOT 13 KITCHEN SINK | Α | Υ | 1 | | |
| | 13KITSINK | GENERATED BY BATCH | Α | Υ | | | |
| | 15 KIT SNK | LOT 15 KITCHEN SINK | Α | Υ | 3 | Υ | Υ |
| | 18 KIT SINK | LOT 18 KITCHEN SINK | Α | Υ | 3 | | |
| | 20 KIT SINK | LOT 20 KITCHEN SINK | Α | Υ | 1 | | |
| | 23 KIT SINK | LOT 23 KITCHEN SINK | Α | Υ | 1 | | |
| | 4 | GENERIC DISTRIBUTION | Α | Υ | | | |
| | 9 KIT SINK | LOT 9 KITCHEN SINK | Α | Υ | 1 | | |
| | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |

| | Water Quality Monitoring and Compliance Schedule | | | | | | | | |
|---------------|--|--|--|--|---|-------------|-----------|-----------------|--|
| PWS ID | | | | | | | | Primary Source | |
| CT0860211 | OAKRIDGE VILLAGE | | | | С | 33 | Р | GW | |
| Local Address | Local Address (where applicable) Service Resid | | | | | al Industri | al Combin | ed Agricultural | |
| 350 CHESTERF | 50 CHESTERFIELD RD Connections 15 | | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

| | 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 | WQP | Stage 2 DBPR |
| 00701 | ENTRY POINT - WELLS #4 & #5 | 3 | EP - WELLS 4 & 5 | Α | | | | | |
| 1861 | WELL #4 | 2 | WELL #4 | Α | | | | | |
| 1862 | WELL #5 | 2 | WELL #5 | А | | | | | |
| 60471 | WELL #4 & 5 TREATMENT STATION | | | | | | | | |
| 60473 | ATMOSPHERIC TANKS | | | | | | | | |
| 60475 | WELL #4 & 5 TRANSFER PUMPS | | | | | | | | |
| 62227 | (2) WELL-X-TROL WX-251 BLADDER TANKS | | | | | | | | |

| | Certified Operator Information | | | | | | |
|--|--------------------------------|--------------------------|---------------------|---------------|--|--|--|
| Water System Facility: WELL #4 & 5 TREATMENT STATION (WSF ID: 60471) | | | | | | | |
| Facility Classification: CLASS 1 | TREATMENT 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 OPER | RATOR IN TRAINING | 6/30/2024 | | | |
| | | DISTRIBUTION SYSTEM OPER | RATOR - CLASS II | 9/30/2024 | | | |
| Contact Information | | | | | | | |
| Name | Organiza | tion | Job Title | e | | | |

| Name | | | Organization | | Job Title | | | ! | |
|---------------------|---------------|-------------|--------------|---------------|-----------------|-----------|--------------|-------|----------|
| Mr. George S. Cher | 1 | | | C37 Capitol L | LC | | | | |
| Mailing Address Lin | e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code |
| P.O. Box 750621 | | | | | | Forest Hi | lls | NY | 11375 |
| Business Phone | Extension | Fax | Mo | obile Phone | Emergency Phone | Email Ad | dress | | |
| 929-400-7237 | | | | | 908-812-6260 | info@c3 | 7capital.com | | |
| Contact Pole(s): A | dministrativo | Contact Los | al Contact O | wnor | | | | | |

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

Please note the following:

Towns Served: MONTVILLE

- 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

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

| | | | | | | | | |
|------------------|--------------------|-------------|---------|---------|-----------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | Classi | ification | Population | Owner Type | Primary Source |
| CT0861021 | MEADOWS APARTMENTS | | | | С | 301 | Р | GW |
| Local Address (v | vhere applicable) | Service | Residen | ntial C | Commercia | al Industri | al Combine | ed Agricultural |
| | | Connections | 114 | | | | | |

Towns Served: MONTVILLE

| Towns Served: MONTVILLE | | | |
|--|--------------------------|--------------------------|--------------------------|
| Monitoring I | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060 | 0) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) | | 10 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 6/30/24 | | |
| | 7/1/24 - 12/31/24 | | |
| Physical Parameters (PPS) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Net Gross Alpha (4000) | | 1 routi | ne (RT) per six years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/20 - 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.

| Conn | ecticut Department of | Dublic | Haalth Drinki | ng Water Se | oction |
|--------------------------|---------------------------------|------------|--------------------------|--------------------------|---------------------------------------|
| Comin | Water Quality Monit | | | · · | ction |
| PWS ID PWS Nan | | ornig ar | | | ner Type Primary Source |
| | VS APARTMENTS | | C | 301 | P GW |
| Local Address (where app | | Service | Residential Comm | | Combined Agricultural |
| Local Address (where app | incapiej | Connection | | erciai iliuustiiai | Combined Agricultural |
| Towns Served: MONTVILL | E | | | | |
| | Monito | oring Req | uirements | | |
| Water System Facility: | ENTRY POINT (WSF ID: 00700) | | | | |
| Uranium (4006) | | | | 1 rout | tine (RT) per six years |
| Sampling Point (Sam | pling Point ID) | | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | | 1/1/20 - 12/31/25 | | |
| Combined Radium-226 | 5/228 (4010) | | | 1 rout | tine (RT) per six years |
| Sampling Point (Sam | ppling Point ID) | | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | | 1/1/20 - 12/31/25 | | |
| Inorganic Chemicals (I | OCS) | | | 1 routine | e (RT) per three years |
| Sampling Point (Sam | ppling Point ID) | | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | | 1/1/22 - 12/31/24 | | Complete |
| | | | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (N | OX) | | | 1 | routine (RT) per year |
| Sampling Point (Sam | pling Point ID) | | Monitoring Period | Collection Period | Compliance Status |
| 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 & V (SOCS) | | | 1 routine | e (RT) per three years |
| Sampling Point (Sam | pling Point ID) | | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | | 1/1/23 - 12/31/25 | | |
| | | | 1/1/26 - 12/31/28 | | |
| Organic Chemicals (VC | OCS) | | | 1 routine | e (RT) per three years |
| Sampling Point (Sam | • | | Monitoring Period | | Compliance Status |
| ENTRY POINT (3) | | | 1/1/22 - 12/31/24 | | Complete |
| | | | 1/1/25 - 12/31/27 | | · · · · · · · · · · · · · · · · · · · |
| Mo | nthly Water System Facili | ity (WSF) | Level Monitori | ng Requireme | nts |
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | |
| Analyte | Monitoring Requirement (Summa | ary Type) | Operating Limit | | Samples Req/Month |
| рН | Entry Point pH Monitoring (PHRD |) | Minimum: 7.0 I | PH | Daily |
| Start Date: 7/1/2003 | | Compl | iance History: | Operating Limit | Monitoring |
| | | Monito | oring Period | Compliance Status | |
| | | 11/1/2 | 023 - 11/30/2023 | - | |
| | | 12/1/2 | 023 - 12/31/2023 | | |
| | | 1/1/20 | 24 - 1/31/2024 | | |
| | | 2/1/20 | 24 - 2/29/2024 | | |
| | | | 24 - 3/31/2024 | | |
| | Other Co | omplianc | e Schedules | | |
| Compliance Schedule Acti | ivity | | Due Date | Achieved | Date |

7/27/2023

7/27/2023

6/30/2024

SWTS 1: PWS TO RECOMMEND SOWT

CCTS 1: PWS TO RECOMMEND OCCT

SUBMIT CCR TO THE DEPARTMENT

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

| | | | | 1 | | | |
|------------------|--------------------|-------------|---------|------------------------|--------------|------------|-----------------|
| PWS ID | PWS Name | | | ${\it Classification}$ | Population | Owner Type | Primary Source |
| CT0861021 | MEADOWS APARTMENTS | | | С | 301 | Р | GW |
| Local Address (w | here applicable) | Service | Residen | tial Commerc | ial Industri | al Combine | ed Agricultural |
| | | Connections | 114 | | | | |

Towns Served: MONTVILLE

| Other Compliance Schedules | | | | | | | | |
|------------------------------------|------------|---------------|--|--|--|--|--|--|
| Compliance Schedule Activity | Due Date | Achieved Date | | | | | | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | | | | | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | | | | | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | | | | | | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 | | | | | | | |

| | Wate | er System Facili | ity and Sampling P | oint Ir | vento | ГУ | | |
|--------------------------------|-----------------------|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|---------------------|
| 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 | | | | |
| | | MD001 | APT F1 | Α | Υ | N | | |
| | | MD002 | OFFICE KITCHEN | Α | Υ | N | Υ | |
| | | MD003 | APT I5 | Α | Υ | N | | |
| | | MD004 | APT R1 | Α | Υ | N | | |
| | | MD005 | APT C4 | Α | Υ | N | | |
| | | MD006 | APT A1 | Α | Υ | N | | |
| | | MD007 | APT A2 | Α | Υ | N | | |
| | | MD008 | APT B1 | Α | Υ | Ν | | |
| | | MD009 | APT B2 | Α | Υ | Ν | | |
| | | MD010 | APT C1 | Α | Υ | N | | |
| | | MD011 | APT C2 | Α | Υ | N | | |
| | | MD012 | APT D1 | Α | Υ | N | | |
| | | MD013 | APT D2 | Α | Υ | N | | |
| | | MD014 | APT E1 | Α | Υ | N | | |
| | | MD015 | APT E2 | Α | Υ | N | | |
| | | MD016 | APT F2 | Α | Υ | N | | |
| | | MD017 | APT G1 | Α | Υ | N | | |
| | | MD018 | APT G2 | Α | Υ | N | | |
| | | MD019 | APT H1 | Α | Υ | N | | |
| | | MD020 | APT H2 | Α | Υ | N | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | |
| 1592 | WELL 1 | 2 | WELL 1 | Α | | | | |
| 36414 | TREATMENT PLANT | | | | | | | |
| 55137 | ATMOSPHERIC STORAGE | | | | | | | |
| 55140 | HYDROPNEUMATIC TANK | | | | | | | |
| 62838 | WELL 3 | 2 | WELL 3 | Α | | | | |
| 62839 | WELL 2 | 2 | WELL 2 | Α | | | | |
| 02033 | VVLLLZ | | WELL Z | A | | | | |

| Water Quality Monitoring and Compliance Schedule | | | | | | | | | |
|--|--------------------|-------------|---------|-------|-------------|-------------|------------|-----|--------------|
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Pri | mary Source |
| CT0861021 | MEADOWS APARTMENTS | | | | С | 301 | Р | | GW |
| Local Address (where applicable) | | Service | Resider | ntial | Commerci | al Industri | al Combin | ed | Agricultural |
| | | Connections | 114 | | | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: MONTVILLE

| Certified Operator Information | | | | | | | | |
|--------------------------------|-------------------------------|--|---------------|--|--|--|--|--|
| Water System Facility: TR | EATMENT PLANT (WSF ID: 36414) | | | | | | | |
| Facility Classification: CLASS | 1 TREATMENT PLANT | | Certification | | | | | |
| Operator Name | Operator Type | Certification(s) | Expiration | | | | | |
| WITTENZELLNER, ROBERT | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2025 | | | | | |
| | | WATER TREATMENT PLANT OPERATOR - CLASS III | 9/30/2024 | | | | | |
| HARKINS, STUART A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2025 | | | | | |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2025 | | | | | |

| | | | | Contact Inf | formation | | | | |
|--------------------------------------|-----------|----------|-----------------|--------------------|----------------------|-----------------------|-----|----------|-------|
| Name | | | Organization | า | Job Title | | | | |
| Mr. Stephen A. St. Germain | | | | The Meadov | ws of Montville LLC. | Member | | | |
| Mailing Address Line One Mailing Add | | | ddress Line Two | | C | | | Zip Code | |
| P.O. Box 194 | | | | | | Canterbu | ıry | СТ | 06331 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-848-1921 | | 860-564- | 5057 | | 860-377-8421 | steve@oakrivermgt.com | | | |
| | • | | | | • | • | | | |

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

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

| 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 |
|----------------------------------|----------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0861051 | MOUNTVIEW APARTMENTS | | | | С | 105 | Р | GW |
| Local Address (where applicable) | | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| 1591 ROUTE 32 | | Connections | 35 | | | | | |

| 1331 110012 32 | 33 | | |
|---|--------------------------|--------------------------|----------------------|
| Towns Served: MONTVILLE | | | |
| Monitori | ng Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0 | 00600) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/23 - 12/31/31 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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) | Monitoring Period | Collection Period | 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) | | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| T | | | |

| Cor | mecticut Department of P | ublic Health Drinki | ing Water Se | ction |
|--|--|--|--|---|
| | Water Quality Monitor | | | |
| PWS ID PWS | Name | Classificati | | er Type Primary Source |
| CT0861051 MOU | NTVIEW APARTMENTS | С | 105 | P GW |
| Local Address (where | applicable) Se | ervice Residential Comm | ercial Industrial | Combined Agricultural |
| 1591 ROUTE 32 | Co | onnections 35 | | |
| Towns Served: MONT | VILLE | | | |
| | Monitori | ng Requirements | | |
| Water System Facili | ty: ENTRY POINT (WSF ID: 00700) | | | |
| Nitrate And Nitrite | (NOX) | | 1 1 | routine (RT) per year |
| Sampling Point (| Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | | 1/1/24 - 12/31/24 | | |
| | | 1/1/25 - 12/31/25 | | |
| | les and PCBs - Phase II & V (SOCS) | | | (RT) per three years |
| | Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | | 1/1/23 - 12/31/25 | | |
| | (1/066) | 1/1/26 - 12/31/28 | 4 | (DT) |
| Organic Chemicals | (VOCS) Sampling Point ID) | Monitoring Pariod | 1 routine Collection Period | (RT) per three years |
| ENTRY POINT (3) | Sumpling Point ID) | Monitoring Period 1/1/23 - 12/31/25 | Conection Period | Compliance Status Complete |
| EINTRY POINT (5) | | 1/1/26 - 12/31/28 | | Complete |
| | Monthly Water System Facility | | na Poquiromor | ntc. |
| | ty: ENTRY POINT (WSFID: 00700) | (VVSF) Level Monitori | ng Kequileniei | 165 |
| Analyte | Monitoring Requirement (Summary | Type) Operating Limit | <u> </u> | Samples Req/Month |
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 6.4 | | 4 |
| ρΠ | | | | |
| • | · · · · · · · · · · · · · · · · · · · | | | · |
| Start Date: 9/1/2 | · · · · · · · · · · · · · · · · · · · | Compliance History: | Operating Limit | Monitoring |
| • | · · · · · · · · · · · · · · · · · · · | Compliance History: Monitoring Period | | · |
| • | · · · · · · · · · · · · · · · · · · · | Compliance History: Monitoring Period 11/1/2023 - 11/30/2023 | Operating Limit | Monitoring |
| • | · · · · · · · · · · · · · · · · · · · | Compliance History: Monitoring Period 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 | Operating Limit | Monitoring |
| • | · · · · · · · · · · · · · · · · · · · | Compliance History: Monitoring Period 11/1/2023 - 11/30/2023 | Operating Limit | Monitoring |
| • | · · · · · · · · · · · · · · · · · · · | Compliance History: Monitoring Period 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 1/1/2024 - 1/31/2024 | Operating Limit | Monitoring |
| • | · · · · · · · · · · · · · · · · · · · | Compliance History: 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 | Operating Limit Compliance Status: | Monitoring |
| Start Date: 9/1/2 | 011 | Compliance History: 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 | Operating Limit Compliance Status: | Monitoring Compliance Status: |
| Start Date: 9/1/2 Analyte | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) | Compliance History: 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 Type) Operating Limit | Operating Limit Compliance Status: | Monitoring Compliance Status: Samples Req/Month |
| Start Date: 9/1/2 Analyte pH | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: Monitoring Period | Operating Limit Compliance Status: | Monitoring Compliance Status: Samples Req/Month 4 |
| Start Date: 9/1/2 Analyte pH | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: Monitoring Period 11/1/2023 - 11/30/2023 | Operating Limit Compliance Status: t PH Operating Limit | Monitoring Compliance Status: Samples Req/Month 4 Monitoring |
| Start Date: 9/1/2 Analyte pH | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: Monitoring Period 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 | Operating Limit Compliance Status: t PH Operating Limit | Monitoring Compliance Status: Samples Req/Month 4 Monitoring |
| Start Date: 9/1/2 Analyte pH | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: Monitoring Period 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 1/1/2024 - 1/31/2024 | Operating Limit Compliance Status: t PH Operating Limit | Monitoring Compliance Status: Samples Req/Month 4 Monitoring |
| Start Date: 9/1/2 Analyte pH | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: 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 | Operating Limit Compliance Status: t PH Operating Limit | Monitoring Compliance Status: Samples Req/Month 4 Monitoring |
| Start Date: 9/1/2 Analyte pH | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) 011 | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: 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 | Operating Limit Compliance Status: t PH Operating Limit | Monitoring Compliance Status: Samples Req/Month 4 Monitoring |
| Analyte pH Start Date: 9/1/2 | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) Other Con | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: 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 hpliance Schedules | Operating Limit Compliance Status: The Status of the Stat | Monitoring Compliance Status: Samples Req/Month 4 Monitoring Compliance Status: |
| Analyte pH Start Date: 9/1/2 | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) 011 Other Con Activity | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: 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 ppliance Schedules Due Date | Operating Limit Compliance Status: t PH Operating Limit | Monitoring Compliance Status: Samples Req/Month 4 Monitoring Compliance Status: |
| Analyte pH Start Date: 9/1/2 Compliance Schedule SUBMIT CCR TO THE D | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) Other Con Activity DEPARTMENT | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: 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 ppliance Schedules Due Date 6/30/2024 | Operating Limit Compliance Status: The Status of the Stat | Monitoring Compliance Status: Samples Req/Month 4 Monitoring Compliance Status: |
| Analyte pH Start Date: 9/1/2 Compliance Schedule SUBMIT CCR TO THE D SUBMIT CCR CERTIFICA | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) 011 Other Con Activity DEPARTMENT ATION FORM | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: 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 chpliance Schedules Due Date 6/30/2024 8/9/2024 | Operating Limit Compliance Status: The Status of the Stat | Monitoring Compliance Status: Samples Req/Month 4 Monitoring Compliance Status: |
| Analyte pH Start Date: 9/1/2 Compliance Schedule SUBMIT CCR TO THE D SUBMIT CCR CERTIFICA SUBMIT LEAD SERVICE | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) Other Con Activity DEPARTMENT ATION FORM ELINE INVENTORY | Compliance History: Monitoring Period 11/1/2023 - 11/30/2023 12/1/2024 - 1/31/2024 2/1/2024 - 2/29/2024 3/1/2024 - 3/31/2024 Type) Operating Limit Maximum: 8.0 Compliance History: 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 poliance Schedules Due Date 6/30/2024 8/9/2024 10/16/2024 | Operating Limit Compliance Status: The Status of the Stat | Monitoring Compliance Status: Samples Req/Month 4 Monitoring Compliance Status: |
| Analyte pH Start Date: 9/1/2 Compliance Schedule SUBMIT CCR TO THE D SUBMIT CCR CERTIFICA | Monitoring Requirement (Summary Entry Point pH Monitoring (PHRD) Other Con Activity PEPARTMENT ATION FORM ELINE INVENTORY INVENTORY | Compliance History: 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 Type) Operating Limit Maximum: 8.0 Compliance History: 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 chpliance Schedules Due Date 6/30/2024 8/9/2024 | Operating Limit Compliance Status: The Status of the Stat | Monitoring Compliance Status: Samples Req/Month 4 Monitoring Compliance Status: |

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 |
|-----------------|----------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0861051 | MOUNTVIEW APARTMENTS | | | | С | 105 | Р | GW |
| Local Address (| where applicable) | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| 1591 ROUTE 32 | | Connections | 35 | | | | | |

Towns Served: MONTVILLE

| | Water System Facility and Sampling Point Inventory | | | | | | | | |
|-------------|--|----------------|----------------------|--------|----------|-----------|----------|------------|--|
| Water | | | | | Total | Lead and | | | |
| System | Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | Stage | |
| Facility ID |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPR | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | MW001 | APT #1 | Α | | | | | |
| | | MW002 | APT #4 | Α | Υ | | | | |
| | | MW003 | APT #6 | Α | Υ | | | | |
| | | MW004 | APT #7 | Α | Υ | | | | |
| | | MW005 | APT #8 | Α | Υ | | Υ | | |
| | | MW006 | APT #14 | Α | Υ | | | | |
| | | MW007 | APT #17 | Α | Υ | | | | |
| | | MW008 | APT #18 | Α | Υ | | | | |
| | | MW009 | APT #19 | Α | Υ | | | | |
| | | MW010 | APT #21 | Α | Υ | | | | |
| | | MW011 | APT #23 | Α | Υ | | | | |
| | | MW012 | APT #31 | Α | Υ | | | | |
| | | MW013 | APT #32 | Α | Υ | | | | |
| | | MW014 | APT #35 | Α | Υ | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 57828 | TREAMENT PLANT | | | | | | | | |
| 809 | WELL #1 | 2 | WELL #1 | Α | | | | | |

Certified Operator Information

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

| Facility Classification: | | | 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 |

Water System Facility: TREAMENT PLANT (WSF ID: 57828)

| Facility Classification: CLASS 1 TRE | EATMENT 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 |

| _ | | - | | | - • |
|----------|-----|----|------|-----|------|
| Γ | nta | ct | Into | rma | tion |

| | C | ontact information | | | | |
|--------------------------|--------------|------------------------|-----------|--------|-------|------------|
| Name | | Organization | Job Title | | | |
| Mr. Sol Grossman | | Mount View Realty, LLC | | Member | | |
| Mailing Address Line One | Mailing Addr | ress Line Two | | City | State | Zip Code |
| 14 Melnick Drive | | | Monsey | | NY | 10952-3328 |

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.

| | Connactic | ut Dono | rtmont of | f Dublic I | Joalth | Drir | lring | Mator | Soction | |
|-------------------|-----------------------|-----------|----------------|---------------|----------|----------|----------|-----------------|------------|----------------|
| | Connectic | | | | | | U | | | |
| | Wa | ter Qua | lity Monit | coring an | d Com | ıplia | nce S | chedule |) | |
| PWS ID | PWS Name | | | | | Classifi | cation P | opulation C | Owner Type | Primary Source |
| CT0861051 | MOUNTVIEW AF | PARTMENTS | | | | (| 2 | 105 | Р | GW |
| Local Address (w | here applicable) | | | Service | Residen | tial Co | mmercial | Industrial | Combine | d Agricultura |
| 1591 ROUTE 32 | | | | Connections | 35 | | | | | |
| Towns Served: N | 1ONTVILLE | | | | | , | | | , | |
| Business Phone | e Extension | Fax | Moh | ile Phone E | mergency | Phone | Fmail Ac | ldress | | 10332 0020 |
| 646-335-7304 | | 845-425- | | ile i ilone | 860-367- | | | mrkall.com | | |
| Contact Role(s): | | 043 423 | 1020 | | 000 307 | 0311 | 301@1110 | iiii kaii.coiii | | |
| Name | zegai contact | | 0 | rganization | | | | | Job Title | <u> </u> |
| Mount View Rea | ilty LLC | | | | | | | | | |
| Mailing Address | Line One | | Mailing Addres | s Line Two | | | | City | State | Zip Code |
| 12 Melnick Drive | | | | | | | Monsey | | NY | 10952 |
| Business Phone | e Extension | Fax | Mob | ile Phone E | mergency | Phone | Email Ac | ldress | | |
| | | | | | | | | | | |
| Contact Role(s): | Owner | | | | | | | | | |
| Name | | | 0 | rganization | | | | | Job Title | 9 |
| Mr. Israel Grossi | man | | N | lount View Re | alty LLC | | | Manager | | |
| Mailing Address | Line One | | Mailing Addres | s Line Two | | | | City | State | Zip Code |
| 12 Melnick Drive | | | | | | | Monsey | | NY | 10952 |
| Business Phone | e Extension | Fax | Mob | ile Phone E | mergency | Phone | Email Ac | ddress | | |
| 845-426-6194 | . [| | | | | | solenter | priseinc@gn | nail.com | |
| C++ D-1-(-) | A aluacius indunadius | C O | | | | | · | · | · | |

Contact Role(s): Administrative Contact, Owner

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

| Connecticut Department of Public Health | Dr | in | king | g W | 'ater | Se | ction | |
|---|-----|-----|-------|-----|-------|----|-------|----------|
| Water Quality Monitoring and Con | npl | iar | ice S | Sch | edu | le | | |
| DIALC AL | | | | _ | 1.00 | _ | | <u> </u> |

| PWS ID | PWS Name | | | Classificat | ion F | opulation | Owner Type | Primary Source |
|--|-------------------|-------------|---------|-------------|--------|-----------|------------|-----------------|
| CT0861111 FOX LAUREL MOBILE HOME PARK, LLC | | С | | 40 | Р | GW | | |
| Local Address (| where applicable) | Service | Resider | itial Comn | nercia | Industri | al Combine | ed Agricultural |
| | | Connections | 16 | | | | | |

| Towns Served: MONTVILLE | 10 | | l |
|--|--------------------------|--------------------------|----------------------|
| Monitoring | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060 | • | | |
| Asbestos (1094) | • | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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) | Monitoring Period | Collection Period | Compliance Status |
| 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 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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 #1 (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 #1 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Uranium (4006) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #1 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Combined Radium-226/228 (4010) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #1 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Gross Beta Particle Activity (4100) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #1 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Man-Made Beta Particle & Photon Emitters (4101) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #1 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |

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

| | | | | <u> </u> | | | | |
|------------------|----------------------------------|-------------|---------|----------------|--------|-----------|------------|-----------------|
| PWS ID | PWS Name | | | Classification | on P | opulation | Owner Type | Primary Source |
| CT0861111 | FOX LAUREL MOBILE HOME PARK, LLC | | | С | | 40 | Р | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial Comm | ercial | Industri | al Combine | ed Agricultural |
| | | Connections | 16 | | | | | |

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring I | Requirements | | |
| Water System Facility: ENTRY POINT #1 (WSF ID: 00700) | | | |
| Tritium (4102) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #1 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Strontium-90 (4174) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #1 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #1 (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) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #1 (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) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #1 (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) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #1 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Water System Facility: ENTRY POINT #2 (WSF ID: 00701) | | | |
| Di(2-Ethylhexyl) - Phthalate (2039) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (3) | 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 | | |
| Net Gross Alpha (4000) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Uranium (4006) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |

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

| | <u> </u> | | | 1 | | | | |
|------------------|----------------------------------|-------------|---------|-------------|-------|------------|------------|-----------------|
| PWS ID | PWS Name | | | Classificat | on F | Population | Owner Type | Primary Source |
| CT0861111 | FOX LAUREL MOBILE HOME PARK, LLC | | | С | | 40 | Р | GW |
| Local Address (\ | vhere applicable) | Service | Resider | ntial Comm | ercia | l Industri | al Combine | ed Agricultural |
| | | Connections | 16 | | | | | |

| Towns Served: MONTVILLE | | | 1 |
|---|--------------------------|--------------------------|----------------------|
| Monitoring | g Requirements | | |
| Water System Facility: ENTRY POINT #2 (WSF ID: 00701) | | | |
| Combined Radium-226/228 (4010) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Gross Beta Particle Activity (4100) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Man-Made Beta Particle & Photon Emitters (4101) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Tritium (4102) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Strontium-90 (4174) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (3) | 1/1/23 - 12/31/25 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (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) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (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) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (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) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT #2 (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | · |
| | 1/1/25 - 12/31/25 | | |

| | Connecticut Departmen | it of Public H | lealth | l Di | rinking | Water | Section | 1 | |
|---------------|----------------------------------|----------------|---------|-------|-------------|-------------|------------|-----|--------------|
| | Water Quality Mo | onitoring and | d Con | npl | liance S | Schedul | le | | |
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Pri | mary Source |
| СТ0861111 | FOX LAUREL MOBILE HOME PARK, LLC | | | | С | 40 | Р | | GW |
| Local Address | (where applicable) | Service | Residen | ntial | Commercia | al Industri | al Combin | ied | Agricultural |
| | | Connections | 16 | | | | | | |
| Towns Sorved | MONTVILLE | | • | | | | | | |

| Towns Served | : MONTVILLE |
|--------------|-------------|
|--------------|-------------|

| Towns Served: MONTVILL | .E | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|------------------------|--------------------|
| Mo | nthly Water System Facility | (WSF) Lev | el Monitori | ng Requireme | nts |
| Water System Facility: | ENTRY POINT #1 (WSFID: 00700) | | | | |
| Analyte | Monitoring Requirement (Summary T | : | Samples Req/Month | | |
| рН | Entry Point pH Monitoring (PHRD) | | Minimum: 6.4 | PH | 4 |
| Start Date: 9/1/2002 | | Compliance | History: | Operating Limit | Monitoring |
| | | Monitoring | Period | Compliance Status: | Compliance Status: |
| | | 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 | | |
| Water System Facility: | ENTRY POINT #2 (WSFID: 00701) | | | | |
| Analyte | Monitoring Requirement (Summary T | уре) | Operating Limit | : | Samples Req/Month |
| рН | Entry Point pH Monitoring (PHRD) | | Minimum: 6.4 | PH | 4 |
| Start Date: 9/1/2002 | ! | Compliance | History: | Operating Limit | Monitoring |
| | | Monitoring | Period | Compliance Status: | Compliance Status: |
| | | 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 Com | nlianco Sc | hodulos | | |

| Other Compliance Schedules | 5 |
|----------------------------|---|
|----------------------------|---|

| | • | |
|------------------------------------|-------------------|------|
| Compliance Schedule Activity | Due Date Achieved | Date |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CROSS CONNECTION EXEMPTION | 3/1/2029 | |

| | Wat | er System Facili | ity and Sampling P | oint Ir | nventor | у | | | |
|-------------|-----------------------|------------------|----------------------|---------|----------|-----------|----------|-------|--------|
| Water | | | | | Total | Lead and | | | |
| System | Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | | Stage |
| Facility IE |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP . | 2 DBPF |
| 00600 | DISTRIBUTION SYSTEM | 4 | GENERIC DISTRIBUTION | Α | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | FL0001 | LOT 1 | Α | Υ | | | | |
| | | FL001 | MEETINGHOUSE LOT 1 | Α | Υ | 3 | | | |
| | | FL0011 | MEETINGHOUSE LOT 11 | Α | Υ | 3 | | | |
| | | FL0013 | MEETINGHOUSE LOT 13 | Α | Υ | 3 | | | |
| | | FL002 | MEETINGHOUSE LOT 2 | Α | Υ | 3 | | | |
| | | FL006 | MEETINGHOUSE LOT 3 | Α | Υ | 3 | | | |
| | | FL009 | MEETINGHOUSE LOT 9 | Α | Υ | 1 | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT #1 | 3 | ENTRY POINT #1 | Α | | | | | |

| | 0861111 FOX LAUREL MOBILE HOME PARK, LLC C 40 P | | | | | | | |
|---------------|---|-------------|---------|----------|-------------|------------|-----------------|----------------|
| PWS ID | | | 0. 0011 | | | | | Primary Source |
| CT0861111 | FOX LAUREL MOBILE HOME PARK, LLC | | | | С | 40 | Р | GW |
| Local Address | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural | |
| | | Connections | 16 | | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: MONTVILLE

| | Wa | ter System Facili | ity and Samplir | ng Point Ir | nvento | ry | | | |
|--------------------------------|-----------------------|----------------------|----------------------------|-------------|---------------------------|---------------------------------|----------|-----|-----------------|
| Water System Facility IL | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | WQP | Stage 2 DBPR |
| 00701 | ENTRY POINT #2 | 3 | ENTRY POINT #2 | А | | | | | |
| 54957 | TREATMENT PLANT 1 | | | | | | | | |
| 54959 | TREATMENT PLANT 2 | | | | | | | | |
| 771 | WELL #2 | 2 | WELL #2 | Α | | | | | |
| 772 | WELL #1 | 2 | WELL #1 | Α | | | | | |

Certified Operator Information

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

| Facility Classification: SMALL WA | ATER SYSTEM | | Certification |
|-----------------------------------|-------------------|---|---------------|
| Operator Name | Operator Type | Certification(s) | Expiration |
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |
| NIGRO, DAVID | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2025 |

| | | | | Contact Inf | ormation | | | | |
|-----------------------|-----------|-----------|--------------|----------------|------------------|---------------|---------------------|-------|----------|
| Name | | | Organization | ı | Job Title | | | | |
| Mr. Fred A. Matzul | | | | Fox Laurel M | lobile Home Park | | Manager | | |
| Mailing Address Lin | e One | | Mailing Ad | dress Line Two | | | City | State | Zip Code |
| 15 Meeting House I | _ane | | PO Box 12 | | | Oakdale | | CT | 06370 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-848-7218 | | 860-848-7 | 7218 | | 860-861-1261 | foxlaure | oxlaureImhp@att.net | | |
| | | | | _ | | • | | | |

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

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

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

| PWS ID PWS Name C | | | Cla | ssification | Population | Owner Type | Primary Source | |
|--|---------|-------------|-------|-------------|-------------|------------|-----------------|----|
| CT0861251 ST. THOMAS MORE SCHOOL-MAIN SYSTEM | | | | | С | 270 | Р | GW |
| Local Address (v | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural | |
| | | Connections | 13 | | | | | |

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|----------------------|
| Monitor | ing Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Chlorine Residual (1012) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Disinfectant Byproducts - TTHM & HAA5 (DBP) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| DINING KITCHEN SINK (DH1) | 1/1/23 - 12/31/23 | 7/1-7/31 | Complete |
| | 1/1/24 - 12/31/24 | 7/1-7/31 | |
| | 1/1/25 - 12/31/25 | 7/1-7/31 | |
| Lead And Copper (PBCU) | | 10 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 6/30/24 | | Complete |
| | 7/1/24 - 12/31/24 | | |
| Physical Parameters (PPS) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | _ | Complete |

| | Connecticut Departmen Water Quality Mo | | | | C | | | |
|---------------|--|-------------|-------|-----------|-------------|------------|-----------------|----------------|
| PWS ID | PWS Name | 8 | | | | | | Primary Source |
| CT0861251 | ST. THOMAS MORE SCHOOL-MAIN SYS | TEM | | | С | 270 | Р | GW |
| Local Address | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural | |
| T 6 1 | | Connections | 13 | | | | | |

| | Connections 13 | | |
|---|---------------------|--------------------------|--------------------------|
| Towns Served: MONTVILLE | , | | · |
| Moni | toring Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF | ID: 00600) | | |
| Physical Parameters (PPS) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 & V (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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| | | | |

| Conne | ecticut Department of | | | | | | | tion | |
|-----------------------------|------------------------------------|----------------------|-------------|--------------|-------|----------------------------|-------|----------|-------------------|
| | Water Quality Monit | oring and | Comp | oliance | Sc | hedul | e | | |
| PWS ID PWS Nam | e | | С | lassificatio | n Po | pulation | Owner | Type Pr | mary Source |
| CT0861251 ST. THOM | IAS MORE SCHOOL-MAIN SYSTEM | | | С | | 270 | Р |) | GW |
| Local Address (where appl | icable) | | Residentia | al Comme | rcial | Industria | al Co | mbined | Agricultural |
| | | Connections | 13 | | | | | | |
| Towns Served: MONTVILLE | | | | | | | | | |
| | Optimal Water Qual | ity Corrosio | n Cont | rol Par | ame | eters | | | |
| Water System Facility: | DISTRIBUTION SYSTEM (WSFID | : 00600) | | | | | | | |
| Start Date: | Analyte | Оре | erating Lin | nit | | | | | |
| 1/1/2019 | Orthophosphate | Max | kimum: | 3.0 MG/L | | | | | |
| | | Min | imum: | 1.0 MG/L | | | | | |
| 1/1/2019 | рН | Min | imum: | 7 PH | | | | | |
| 1/1/2019 | Total Alkalinity | Min | imum: | 100 MG/I | L | | | | |
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | | | | | |
| Start Date: | Analyte | Оре | erating Lin | nit | | | | | |
| 1/1/2019 | Orthophosphate | Min | imum: | 1.0 MG/L | | | | | |
| 1/1/2019 | рН | Max | kimum: | 8.0 PH | | | | | |
| | | Min | imum: | 7.3 PH | | | | | |
| 1/1/2019 | Total Alkalinity | Min | imum: | 100 MG/I | L | | | | |
| Moi | nthly Water System Facil | ity (WSF) Le | evel Mo | onitorin | g R | equirer | nent | S | |
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | | | | | |
| Analyte | Monitoring Requirement (Summa | ary Type) | Opera | ting Limit | | | Sa | mples Re | q/Month |
| Chlorine | Entry Point RDC (EPRD) | | Minim | um: 0.2 N | 1G/L | | | Dai | У |
| Start Date: 8/1/2017 | | Complian | ce History | y: | Opera | ating Limit | t | Monitori | ng |
| | | Monitorin | ng Period | | - | liance Sta | | Compliar | nce Status: |
| | | 11/1/2023 | | | | Υ | | | |
| | | 12/1/2023 | | | | Υ | | | |
| | | 1/1/2024 | | | | Υ | | | |
| | | 2/1/2024 | | | | Υ | | | |
| | | 3/1/2024 | - 3/31/20 | 24 | | | | | |
| Analyte | Monitoring Requirement (Summa | ary Type) | - | ting Limit | | | Sa | mples Re | q/Month |
| Orthophosphate | <spaces> ()</spaces> | | | num: 3.0 N | /IG/L | | | 2 | |
| Start Date: 8/1/2017 | | - | ce History | | | ating Limi | | Monitori | _ |
| | | Monitorin | | | Comp | oliance Sta | itus: | Compliar | nce Status: |
| | | 11/1/2023 | | | | | | | |
| | | 12/1/2023 | | | | | | | |
| | | 1/1/2024 | | | | | | | |
| | | 2/1/2024 3/1/2024 | | | | | | | |
| Analyte | Monitoring Requirement (Summa | | | ting Limit | | | Sa | mnles Po | q/Month |
| Orthophosphate | Entry Point Phosphate Monitoring | | | um: 1.0 N | 1G/I | | 3d | mpies ke | y/ worth |
| Start Date: 1/1/2019 | End y I omit Filosphate Monitoring | , , | ce History | | - | ndin - 1 in t | | Monitori | ng |
| July 2015 | | Monitorir | | | | ating Limit oliance Sta | | | ng nce Status: |
| | | 11/1/2023 | _ | | COM | Y | itus. | 30piidi | |
| | | 12/1/2023 | | | | Y | | | |
| | | 1/1/2024 | | | | Y | | | |
| | | 2/1/2024 | | | | N | | | |
| | | _, _, | _, _5, _6. | • | | | | | |

| (| | cticut Dep Water Qua | | | | | | | | | tion | |
|---------------------|-------------------|-------------------------|--------------|--------|--------------|------------------------------|---------|---------------|-----------------|-------|----------|-------------------|
| PWS ID | PWS Name | | arrey IVIC | 71110 | or me am | | | | | | r Tyne F | rimary Source |
| | | AS MORE SCHOO | L-MAIN SYS | TEM | | Cic | С | 1011 110 | 270 | | P | GW |
| Local Address (wh | | | | | Service | Residential | | nercial | Industria | | ombined | |
| , | | , | | | Connections | 13 | | | | | | |
| Towns Served: M | ONTVILLE | | | | | | | | | | | |
| Water System F | acility: E | NTRY POINT (| WSFID: 007 | 700) | | | | | | | | |
| Analyte | | Monitoring Req | uirement (S | umma | ry Type) | Operati | ng Limi | t | | S | amples R | eq/Month |
| Orthophosph | ate | Entry Point Phos | sphate Moni | toring | (PHOS) | Minimu | m: 1.0 | MG/L | | | | 2 |
| Start Date: 1 | /1/2019 | | | | Complia | nce History: | | Oper | ating Limit | t | Monito | ring |
| | | | | | Monitor | ing Period | | - | oliance Sta | | Compli | ance Status: |
| | | | | | 3/1/202 | 4 - 3/31/202 | 4 | | | | | |
| Analyte | | Monitoring Req | uirement (S | umma | ry Type) | Operati | ng Limi | t | | S | amples R | eq/Month |
| рН | | Entry Point pH N | Monitoring (| PHRD) |) | Minimu | m: 7.3 | PH | | | Da | aily |
| Start Date: 6 | 5/1/2017 | | | | - | ince History: | | Oper | ating Limit | t | Monito | _ |
| | | | | | | ing Period | | Comp | oliance Sta | tus: | Compli | ance Status: |
| | | | | | | 23 - 11/30/2 | | | Υ | | | |
| | | | | | | 23 - 12/31/2 | | | Y | | | |
| | | | | | | 4 - 1/31/202 | | | Y | | | |
| | | | | | | 4 - 2/29/202 | | | Y | | | |
| | | | | | | 4 - 3/31/202 | | | | _ | | /0.0 .1 |
| Analyte | | Monitoring Req | uirement (S | umma | iry Type) | Operati | _ | | | S | - | eq/Month |
| pH | | <spaces> ()</spaces> | | | Camplia | Maximu | | | | | | nily |
| Start Date: 6 | 5/1/2017 | | | | _ | ince History: | | - | ating Limit | | Monito | _ |
| | | | | | | ing Period | 022 | Comp | oliance Sta | itus: | Compile | ance Status: |
| | | | | | | 23 - 11/30/2 | | | | | | |
| | | | | | | 23 - 12/31/2 4 - 1/31/202 | | | | | | |
| | | | | | | 4 - 1/31/202 4 - 2/29/202 | | | | | | |
| | | | | | | 4 - 2/23/202 4 - 3/31/202 | | | | | | |
| | | | Oth | er Co | ompliance | | | | | | | |
| Compliance Sche | dule Activi | ity | | | | Due | Date | | Achiev | red D | ate | |
| SUBMIT LEAD SEF | RVICE LINE | INVENTORY | | | | 10/1 | 6/2024 | | | | | |
| COMPLETE INITIA | AL LSL INVE | NTORY | | | | 10/1 | 6/2024 | | | | | |
| CROSS CONNECT | ION SURVE | Y REPORT | | | | 3/1, | /2025 | | | | | |
| | | | Public | | ification R | - | | | | | | |
| Violeti /C': · · | | | | Co | ompliance | Notice | | | <u>fication</u> | | | <u>tification</u> |
| Violation/Situation | | ntion. | | | Period | Tier | Requi | | Performed | | e to DPH | Received |
| Lead and Copper | IVI&K VIOI | | | | 1/1/23 - | 3 | 5/25/2 | | | 6, | /4/2024 | |
| Water | | Water 9 | System F | acili | ty and Sar | npling Po | oint Ir | nvent Tota | | and | | |
| | System Fo | acility | Samplina I | Point | Sampling Poi | nt | | Colifo | | | | Stage |
| Facility ID | ., | -, | ID | | Description | • | Status | Rule | | | Asbestos | WQP 2 DBPI |
| _ | BUTION SY | /STEM | 4 | | DISTRIBUTION | N SYSTEM | A | Υ | | | | |
| | | | AD1 | | ADMISSIONS- | | Α | Υ | N | | | |
| | | | AQ1 | | AQUIANAS CL | ASSROOMS | Α | Υ | N | | | |
| | | | | | | | | | N | | | |

BS2

B2 BATH CNTR SNK

Υ

Α

Ν

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | |
|---------------|--|---------|---------|-------|-------------|-------------|-----------|------|--------------|--|
| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | |
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Typ | e Pr | imary Source | |
| CT0861251 | ST. THOMAS MORE SCHOOL-MAIN SYSTEM | | | | С | 270 | Р | | GW | |
| Local Address | (where applicable) | Service | Residen | itial | Commerci | al Industri | al Comb | ned | Agricultural | |
| | | 13 | | | | | | | | |

| | 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 | |
| | | CH1 | CHAPEL MEN CNTR SNK | Α | Υ | N | | | |
| | | DH1 | DINING KITCHEN SINK | Α | Υ | N | Υ | Υ | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | ES1 | ST. EDMUNDS DORM | Α | Υ | N | | | |
| | | GYM1 | GYM MEN SINK | Α | Υ | N | | | |
| | | KS1 | K-1 BATH CNTR SNK | Α | Υ | N | | | |
| | | L1 | LOYOLA MEN LF SINK | Α | Υ | N | | | |
| | | MA1 | MAINTENANCE SHOP | 1 | Υ | N | | | |
| | | OS1 | ADMIN 1 LFT MEN SNK | Α | Υ | N | | | |
| | | PH1 | PUMP HOUSE SINK | Α | | N | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 382 | ST THOMAS MORE PUMPHOUSE | | | | | | | | |
| 503 | WELL #3 | 2 | WELL #3 | Α | | | | | |
| 505 | WELL #7 | 2 | WELL #7 | Α | | | | | |
| 50963 | ATMOSPHERIC TANKS | | | | | | | | |
| 50965 | PRESSURE TANK | | | | | | | | |

| Certified | I Operat | tor In | formation |
|-----------|----------|--------|-----------|
|-----------|----------|--------|-----------|

Water System Facility: ST THOMAS MORE PUMPHOUSE (WSF ID: 382)

| Facility Classification: CLASS 1 TR | EATMENT PLANT | | Certification |
|-------------------------------------|-------------------|---|-------------------|
| Operator Name | Operator Type | Certification(s) | Expiration |
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2026 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2025 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026 |
| NIGRO, DAVID | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2025 |

| ASSIGNED OFERATOR WATER TREATMENT FEART OF ERATOR | | | | | | JI LINATON - C | LA33 I | 3/31/2023 |
|---|-----------|----------------------|---------------|--|--|---|---|---|
| | | | Contact Inf | ormation | | | | |
| Name Organization | | | | | Job Title | | | |
| Mr. Sean Hanrahan St Thomas More School | | | | | | | | |
| Mailing Address Line One | | | | Mailing Address Line Two | | | | Zip Code |
| 45 Cottage Road | | | | Oakdale | | СТ | 06370 | |
| Extension | Fax | | Mobile Phone | Emergency Phone | Email Add | dress | | |
| | 860-859-2 | 2989 | | 860-367-4799 | abarber@stmct.org | | | |
| | e One | e One Extension Fax | e One Mailing | Contact Inf Organization St Thomas M e One Mailing Address Line Two Extension Fax Mobile Phone | Contact Information Organization St Thomas More School e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone | Contact Information Organization St Thomas More School e One Mailing Address Line Two Oakdale Extension Fax Mobile Phone Emergency Phone Email Add | Contact Information Organization St Thomas More School e One Mailing Address Line Two City Oakdale Extension Fax Mobile Phone Emergency Phone Email Address | Contact Information Organization St Thomas More School e One Mailing Address Line Two City State Oakdale CT Extension Fax Mobile Phone Emergency Phone Email Address |

Contact Role(s): Administrative Contact, Legal Contact

| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | | | |
|--|---|--------|----------|--------------|-------------|-----------|------------------|-------|--------------|------------|------------------|----------|--|
| | Wat | er Qua | lity Mon | ito | ring an | nd Con | nplia | nce S | Schedul | le | | | |
| PWS ID | PWS Name ST. THOMAS MORE SCHOOL-MAIN SYSTEM | | | | | | Classification F | | Population | Owner Type | e Primary Source | | |
| CT0861251 | | | | | | | С | | 270 | Р | P GW | | |
| Local Address (where applicable) | | | | S | Service | Residen | tial Co | mmerc | ial Industri | al Combine | ed Agricultural | | |
| | | | | C | Connections | 13 | | | | | | | |
| Towns Served: N | ONTVILLE | | | | | , | , | | , | | | | |
| Name | Or | | | | rganization | | | | Job Title | | | | |
| St. Thomas More | School School | | | | | | | | | | | | |
| Mailing Address Line One Mailing Addre | | | | ess Line Two | | | | City | | State | | Zip Code | |
| 45 Cottage Rd | | | | | | | | Oakda | le | СТ | | 06370 | |
| Business Phone | Extension | Fax | Mo | bile | Phone E | Emergency | nergency Phone | | Address | , | | | |
| 860-859-3601 | | | | | | | | | | | | | |
| Contact Role(s): | Owner | | | | • | | | | | | | | |

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

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

| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
|------------------|------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0864011 | MONTVILLE WATER SUPPLY | | | | С | 1,300 | L | SWP |
| Local Address (v | vhere applicable) | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| | | Connections | 468 | | | | | |

| | 700 | | |
|---|--------------------------|--------------------------|---------------------|
| Towns Served: MONTVILLE, WATERFORD | | | 1 |
| Monitor | ring Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | <u> </u> | | |
| Chlorine Residual (1012) | • | 2 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| Asbestos (1094) | | 1 routine | (RT) per nine year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/23 - 12/31/31 | | |
| Total Haloacetic Acids (2456) | | 1 rout | ine (RT) per quarte |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| RT 32 & CROW HILL RD (RT3216) | 10/1/23 - 12/31/23 | 11/1-11/30 | Complete |
| | 1/1/24 - 3/31/24 | 2/1-2/28 | Complete |
| | 4/1/24 - 6/30/24 | 5/1-5/31 | |
| | 7/1/24 - 9/30/24 | 8/1-8/31 | |
| Total Trihalomethanes (2950) | | 1 rout | ine (RT) per quarte |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 301 RT 163 (RT3218) | 10/1/23 - 12/31/23 | 11/1-11/30 | Complete |
| | 1/1/24 - 3/31/24 | 2/1-2/28 | Complete |
| | 4/1/24 - 6/30/24 | 5/1-5/31 | |
| | 7/1/24 - 9/30/24 | 8/1-8/31 | |
| Total Coliform (3100) | | 2 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) | | 20 routine | (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 6/30/24 | | |
| | 7/1/24 - 12/31/24 | | |

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

| | | | <u> </u> | | | | | | | |
|------------------|---------------------|-----|----------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | | | Clas | ssification | Population | Owner Type | Primary Source |
| CT0864011 | MONTVILLE WATER SUP | PLY | | | | | С | 1,300 | L | SWP |
| Local Address (v | vhere applicable) | | | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| | | | | Connections | 468 | | | | | |

Towns Served: MONTVILLE, WATERFORD

| Monitoring | Requi | irements |
|------------|-------|----------|
|------------|-------|----------|

| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
|---|--------------------------|--------------------------|--------------------------|
| Physical Parameters (PPS) | | 2 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |

Other Compliance Schedules

9/1/24 - 9/30/24 10/1/24 - 10/31/24

| | • | |
|------------------------------------|------------|---------------|
| Compliance Schedule Activity | Due Date | Achieved Date |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| 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 | RT3245 | 41 DOCK RD | Α | | 3 | | |
| | | 4 | GENERIC DISTRIBUTION | Α | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | RT3201 | 310 RT 32 | Α | Υ | | | |
| | | RT3202 | 94 DEPOT ROAD | Α | | 3 | | |
| | | RT3203 | 14 STAR RD | Α | | 3 | | |
| | | RT3204 | 66 MAPLE AVE | Α | | 3 | | |
| | | RT3205 | 49 DOCK ROAD | Α | | 3 | | |
| | | RT3206 | 36 JEROME RD | Α | | 3 | | |
| | | RT3207 | 23 CRESENT ST | Α | | 3 | | |
| | | RT3208 | 30 POWERHOUSE RD | Α | | 3 | | |
| | | RT3209 | 46 JEROME AVE | Α | | 3 | | |
| | | RT3210 | 27 PINK ROW | Α | | 3 | | |
| | | RT3216 | RT 32 & CROW HILL RD | Α | Υ | | | Υ |
| | | RT3217 | GARAGE 302 RT 163 | 1 | | | | Υ |
| | | | | | | | | |

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

| | | | | 1 | | | |
|------------------|------------------------|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
| CT0864011 | MONTVILLE WATER SUPPLY | | | С | 1,300 | L | SWP |
| Local Address (v | vhere applicable) | Service | Residen | itial Commerc | ial Industri | al Combine | ed Agricultural |
| | | Connections | 468 | | | | |

| Towns Served: MONTVILLE, WATERF | ORD | | | | | | |
|--|-------------------|----------------------------|---------|---------------------------|--------------------|----------|---------------------|
| W | ater System Facil | ity and Sampling P | oint Ir | vento | У | | |
| Water System Water System Facility Facility ID | | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper | Asbestos | Stage WQP 2 DBPF |
| - | RT3218 | 301 RT 163 | A | | | | Υ |
| | RT3219 | 2020 RT 32 S & SHOP | Α | Υ | | | |
| | RT3220 | 9 MAPLE AVE | Α | Υ | | | |
| | RT3221 | 10 MAPLE AVE | Α | Υ | | | |
| | RT3222 | 325 RT 32 | Α | Υ | | | |
| | RT3223 | 12 MAPLE AVE | Α | Υ | | | |
| | RT3224 | 19 MAPLE AVE | Α | Υ | | | |
| | RT3225 | 22 MAPLE AVE | Α | Υ | | | |
| | RT3226 | 24 MAPLE AVE | Α | Υ | | | |
| | RT3227 | 29 MAPLE AVE | Α | Υ | | | |
| | RT3228 | 34 MAPLE AVE | Α | Υ | | | |
| | RT3229 | 36 MAPLE AVE | Α | Υ | | | |
| | RT3230 | 2020 RT 32 GAS STA | Α | Υ | | | |
| | RT3231 | 1954 RT 32 | Α | Υ | | | |
| | RT3232 | 1874 RT 32 | Α | Υ | | | |
| | RT3233 | 1865 RT 32 | Α | Υ | | | |
| | RT3234 | 8 FIELD TERR | Α | Υ | | | |
| | RT3235 | 2020 RT 32 YOGURT | Α | Υ | | | |
| | RT3236 | 2020 RT 32 NAIL SAL | Α | Υ | | | |
| | RT3237 | 2020 RT 32 LONGSHOTS | Α | Υ | | | |
| | RT3238 | 2020 RT 31 LIQUOR ST | Α | Υ | | | |
| | RT3239 | 2030 RT 32 | Α | Υ | | | |
| | RT3240 | 19 JEROME AVE | Α | | 3 | | |
| | RT3241 | 11 DEPOT RD | Α | | 3 | | |
| | RT3242 | 8 JEROME AVE | Α | | 3 | | |
| | RT3243 | 48 PODURGIEL LN | Α | | 3 | | |
| | RT3244 | 281 RT 163 | Α | | 3 | | |
| | RT3245 | 41 DOCK RD | Α | | 3 | | |
| | RT3246 | 4 JEROME AVE | Α | | 3 | | |
| | RT3247 | 19 POWER HOUSE RD | Α | | 3 | | |
| | RT3248 | 131 MAPLE AVENUE | Α | | 3 | | |
| | RT3249 | 250 RT 32 | Α | | 3 | | |
| | RT3250 | 11 LANTHROP ROAD | Α | | 3 | | |
| | RT3251 | 173 DEPOT ROAD | Α | | N | | |
| | RT3252 | 135 MAPLE AVENUE | Α | | 3 | | |
| | RT3253 | 12 CRANDALL HILL RD | Α | | 3 | | |
| | RT3254 | 5 EDWARD ROAD | Α | | 3 | | Υ |
| | RT3255 | 23 JEROME AVENUE | Α | | 3 | | Υ |
| | UPSTREAM | WITHIN 5 SERVICE CON | 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.

| | Commontia | -t Dana | | f D lali a | II a a l t la | Duin | .] - ! | TA7a+a- | Cook | Li o so | |
|-------------------------------------|----------------------------------|-----------|---------------------|-----------------------------|---------------|----------|-----------|----------------------------------|-----------|----------|---------------------|
| | Connecticu | • | | | | | _ | | | tion | |
| | | er Qual | ity Moni | toring a | nd Con | _ | | | | | |
| PWS ID | PWS Name | | | | | Classifi | ication I | Population | Owner | r Type P | rimary Source |
| CT0864011 | MONTVILLE WAT | ER SUPPLY | | | | (| - | 1,300 | L | - | SWP |
| Local Address (v | where applicable) | | | Service | Residen | itial Co | mmercia | l Industri | al Co | ombined | Agricultural |
| | | | | Connection | 1S 468 | | | | | | |
| Towns Served: N | ONTVILLE, WATE | | | | | | | | | | |
| | ' | Water Sy | stem Faci | lity and S | ampling | Point | t Inver | ntory | | | |
| Water System Wate Facility ID | er System Facility | | Sampling Poin ID | t Sampling P Description | | Sta | Colif | tal Lead form Cop ule Rule | per | sbestos | Stage WQP 2 DBPR |
| _ | RCONNECTION - 20071 - WATERFO | RD | | | | | | | | | |
| | RCONNECTION - 27051 - LEDYARD | | | | | | | | | | |
| | RCONNECTION - 40011 - NORWICH | l | | | | | | | | | |
| 62856 COOI | K HILL TANK | | | | | | | | | | |
| 62857 RT 32 | PUMP STATION | | | | | | | | | | |
| 62858 GOLD | DEN ROAD PUMP S | STATION | | | | | | | | | |
| 62859 PALM | 1ERTOWN PUMP S | STATION | | | | | | | | | |
| 62860 ROSE | LUND HILL PUMP | STATION | | | | | | | | | |
| | | | Certified | l Operato | r Inform | nation | 1 | | | | |
| Water System | Facility: DISTRI | BUTION SY | STEM (WSF | ID: 00600) | | | | | | | |
| - | ation: CLASS 1 DIS | | | • | | | | | | | Certification |
| Operator Name | | | Operator Ty | ре | Certification | on(s) | | | | | Expiration |
| LILLY, JON | | | CHIEF OPERAT | OR | DISTRIBUTI | ON SYS | ГЕМ ОРЕ | RATOR - CL | ASS I | | 12/31/2026 |
| LOILER, KEVIN D | | | ASSIGNED OPE | RATOR | DISTRIBUTI | ON SYS | ТЕМ ОРЕ | RATOR - CL | ASS I | | 12/31/2025 |
| | | | Co | ntact Info | rmation | 1 | | | | | |
| Name | | | (| Organization | | | | | Jo | ob Title | |
| Mr. Ronald K. M | 1cDaniel | | | own of Mont | ville | | | Mayor | | | |
| Mailing Address | Line One | | Mailing Addre | ss Line Two | | | | City | | State | Zip Code |
| 83 Pink Row | | | | | | | Uncasvi | lle | | CT | 06382 |
| Business Phor | e Extension | Fax | Mol | oile Phone | Emergency | / Phone | Email A | ddress | | | |
| 860-848-6778 | | 860-848-4 | 1534 | | 860-886 | -3666 | rmcdan | iel@montv | ille-ct.c | org | |
| Contact Role(s): | Legal Contact | | T | | | | | | | | |
| Name | | | | Organization | | | | | | ob Title | |
| Mr. Derek J. Alb | | | | own of Mont | ville WPCA | | | Superinte | | | |
| Mailing Address | Line One | | Mailing Addre | ss Line Two | | | | City | | State | Zip Code |

Mobile Phone

Uncasville

dalbertson@montville-ct.org

Emergency Phone Email Address

860-886-3666

СТ

06382

83 Pink Row

Business Phone

860-848-6712

Extension

Contact Role(s): Administrative Contact

Fax

| | Connecticut Department of | of Public H | lealth | D | rinking | , Water | Section | | | | |
|---------------|--|-------------|--------|-----|-------------|------------|------------|----------------|--|--|--|
| | Water Quality Moni | toring and | d Con | npl | liance S | Schedul | le | | | | |
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source | | | |
| CT0864011 | MONTVILLE WATER SUPPLY | | | | С | 1,300 | L | SWP | | | |
| Local Address | cal Address (where applicable) Service Residential Commercial Industrial Combined Agricul | | | | | | | | | | |
| | | Connections | 468 | | | | | | | | |

Towns Served: MONTVILLE, WATERFORD

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

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

| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
|------------------|---------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0866301 | FREEDOM VILLAGE ELDERLY HOUSING | | | | С | 43 | Р | GW |
| Local Address (w | here applicable) | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 2 LIBERTY ROAD | | Connections | 41 | | | | | |

| 2 LIBERTY ROAD | connections 41 | | |
|--|----------------------|--------------------------|------------------------|
| Towns Served: MONTVILLE | | | |
| Mon | itoring Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WS | <u> </u> | | |
| Asbestos (1094) | | 1 routi | ne (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring P | | |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/3 | | |
| Total Coliform (3100) | | 1 ro | utine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring P | | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/ | | Complete |
| | 1/1/24 - 3/3 | 1/24 | |
| | 4/1/24 - 6/3 | 0/24 | |
| | 7/1/24 - 9/3 | 0/24 | |
| Lead And Copper (PBCU) | | 5 routir | ne (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring P | | - · · |
| Select from Inventory of Active Sampling Points | 7/1/23 - 12/3 | 31/23 | Complete |
| | 1/1/24 - 6/3 | 0/24 | · |
| | 7/1/24 - 12/3 | 31/24 | |
| Physical Parameters (PPS) | | 1 ro | utine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring P | | |
| Select from Inventory of Active Sampling Points | 10/1/23 - 12/ | 31/23 | Complete |
| | 1/1/24 - 3/3 | 1/24 | |
| | 4/1/24 - 6/3 | 0/24 | |
| | 7/1/24 - 9/3 | 0/24 | |
| Water System Facility: ENTRY POINT (WSF ID: 0070 | 0) | | |
| Net Gross Alpha (4000) | | 1 routin | e (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring P | | |
| ENTRY POINT (3) | 1/1/23 - 12/3 | 31/25 | |
| | 1/1/26 - 12/3 | 31/28 | |
| Uranium (4006) | | 1 routin | e (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring P | Period Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/3 | 31/25 | |
| | 1/1/26 - 12/3 | 31/28 | |
| Combined Radium-226/228 (4010) | | 1 routin | e (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring P | Period Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/3 | 31/25 | |
| | 1/1/26 - 12/3 | 31/28 | |
| Inorganic Chemicals (IOCS) | | 1 routin | e (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring P | Period Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/21 - 12/3 | 31/23 | Complete |
| | 1/1/24 - 12/3 | 31/26 | |
| | 1/1/27 - 12/3 | 31/29 | |
| Nitrate And Nitrite (NOX) | | 1 | routine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring P | Period Collection Period | Compliance Status |
| | | | |

| Conne | ecticut Department of l | | | | _ | | | n | |
|-----------------------------|----------------------------------|-------------|-------------------|------------|--------|--------------|--|--------|--------------|
| | Water Quality Monito | ring an | d Comp | lianc | e Sc | hedule | <u>, </u> | | |
| PWS ID PWS Nam | e | | Cla | assificati | on Po | pulation | Owner Ty | pe Pr | imary Source |
| CT0866301 FREEDOM | VILLAGE ELDERLY HOUSING | | | С | | 43 | Р | | GW |
| Local Address (where appli | cable) | Service | Residential | Comm | ercial | Industrial | Comb | ined | Agricultural |
| 2 LIBERTY ROAD | C | Connections | 41 | | | | | | |
| Towns Served: MONTVILLE | | | | | | | | | |
| | Monito | ring Requ | uirement | S | | | | | |
| Water System Facility: | ENTRY POINT (WSF ID: 00700) | | | | | | | | |
| Nitrate And Nitrite (NC | OX) | | | | | | 1 routi | ne (R | T) per year |
| Sampling Point (Samp | oling Point ID) | | Monitoring I | Period | Colle | ection Perio | od Co | omplic | ince Status |
| ENTRY POINT (3) | | | 1/1/23 - 12/ | 31/23 | | | | Cor | nplete |
| | | | 1/1/24 - 12/ | 31/24 | | | | | |
| | | | 1/1/25 - 12/ | '31/25 | | | | | |
| Lead And Copper (PBC) | U) | | | | | 1 rout | tine (RT | per : | six months |
| Sampling Point (Samp | oling Point ID) | | Monitoring | Period | Coll | ection Perio | od Co | omplic | ince Status |
| ENTRY POINT (3) | | | 7/1/23 - 12/ | 31/23 | | | | | nplete |
| =" | ind PCBs - Phase II & V (SOCS) | | | | | | | | er quarter |
| Sampling Point (Samp | oling Point ID) | | Monitoring | | Colle | ection Perio | od Co | | ince Status |
| ENTRY POINT (3) | | | 10/1/23 - 12, | | | | | Cor | nplete |
| | | | 1/1/24 - 3/3 | - | | | | | |
| | | | 4/1/24 - 6/3 | - | | | | | |
| | 20) | | 7/1/24 - 9/3 | 30/24 | | | | /5: | - \ |
| Organic Chemicals (VO | _ | | | | - " | | | - | T) per year |
| Sampling Point (Samp | oling Point ID) | | Monitoring | | Colle | ection Perio | od Co | | ince Status |
| ENTRY POINT (3) | | | 1/1/23 - 12/ | | | | | Cor | nplete |
| | | | 1/1/24 - 12/ | | | | | | |
| | | (1110=) | 1/1/25 - 12/ | • | | | | | |
| | nthly Water System Facilit | y (WSF) I | Level Mo | nitori | ng Ro | equirem | nents | | |
| Water System Facility: I | ENTRY POINT (WSFID: 00700) | | | | | | | | |
| Analyte | Monitoring Requirement (Summar | y Type) | - | ing Limit | | | Samp | les Re | q/Month |
| Orthophosphate | Entry Point Phosphate Monitoring | | | m: 1.5 ľ | MG/L | | | 2 | |
| Start Date: 3/1/2019 | | • | ance History: | | | ating Limit | | nitori | _ |
| | | | ring Period | | Comp | liance Stat | tus: Co | mplia | nce Status: |
| | | | 23 - 11/30/2 | | | N | | | |
| | | | 23 - 12/31/2 | | | Υ | | | |
| | | | 4 - 1/31/202 | | | N | | | |
| | | | 4 - 2/29/202 | | | N | | | |
| | | | 4 - 3/31/202 | | | | | | In a set |
| Analyte | Monitoring Requirement (Summar | у Туре) | - | ing Limit | | | Samp | | q/Month |
| Orthophosphate | <spaces> ()</spaces> | C" | | ım: 2.5 | - | | | 2 | |
| Start Date: 2/1/2023 | | _ | ance History: | | - | ating Limit | | nitori | _ |
| | | | ring Period | 022 | Comp | liance Stat | tus: Co | mpliai | nce Status: |
| | | | 23 - 11/30/2 | | | | | | |
| | | | 23 - 12/31/2 | | | | | | |
| | | | 4 - 1/31/202 | | | | | | |
| | | 2/1/202 | 4 - 2/29/202 | 4 | | | | | |

3/1/2024 - 3/31/2024

| | Conne | ecticut Departmer | | | | | | |
|-------------------|--------------|---------------------------|--------------------|-----------------------------|--------------|---|---------------|-------------------|
| | | Water Quality Mo | onitoring an | d Comp | plianc | e Schedule | | |
| PWS ID | PWS Nam | е | | С | lassificatio | on Population O | wner Type Pri | mary Source |
| CT0866301 | FREEDON | I VILLAGE ELDERLY HOUSING | | | С | 43 | Р | GW |
| Local Address (v | where appli | icable) | Service | Residentia | al Commo | ercial Industrial | Combined | Agricultural |
| 2 LIBERTY ROAD |) | | Connections | 41 | | | | |
| Towns Served: I | | | | | | | | |
| Water System | Facility: 1 | ENTRY POINT (WSFID: 00 | 700) | | | | | |
| Analyte | | Monitoring Requirement (S | Summary Type) | Opera | ting Limit | | Samples Re | q/Month |
| рН | | <spaces> ()</spaces> | | | num: 7.8 I | PH | Dail | У |
| Start Date: | 3/1/2019 | | | ance History ring Period | y: | Operating Limit Compliance State | Monitori | ng nce Status: |
| | | | | 23 - 11/30/ | 2023 | | | |
| | | | 12/1/20 | 23 - 12/31/ | 2023 | | | |
| | | | | 4 - 1/31/20 | | | | |
| | | | 2/1/202 | 4 - 2/29/20 | 24 | | | |
| | | | 3/1/202 | 4 - 3/31/20 | 24 | | | |
| Analyte | | Monitoring Requirement (S | Summary Type) | Opera | ting Limit | | Samples Re | q/Month |
| рН | | Entry Point pH Monitoring | (PHRD) | Minim | um: 7.2 F | PH | Dail | У |
| Start Date: | 2/1/2023 | | Compli | ance History | y: | Operating Limit | Monitori | ng |
| | | | Monito | ring Period | | Compliance Stat | us: Compliar | nce Status: |
| | | | | 23 - 11/30/ | | Y | | |
| | | | | 23 - 12/31/ | | Y | | |
| | | | | 4 - 1/31/20 | | Y | | |
| | | | | 4 - 2/29/20 | | Y | | |
| | | O+h | er Compliance | 4 - 3/31/20 | | | | |
| Commission on Coh | | | ei compnance | | | Ashious | d Date | |
| CCTS 5: PWS OC | | | | Du | ie Date | Achieve | a Date | |
| | | PROVAL OF OCCT | | | | | | |
| | | MANAGEMENT CERT | | 1/ | 1/2021 | | | |
| RESPOND TO SA | | | | | 6/2022 | | | |
| SWTS 1: PWS TO | | | | | 22/2024 | | | |
| CCTS 1: PWS TO | | | | | 22/2024 | | | |
| SUBMIT CCR TO | | | | | 30/2024 | 3/26/ | 2024 | |
| SUBMIT CCR CE | | | | | 9/2024 | -, -, | | |
| SUBMIT LEAD S | | | | | 16/2024 | | | |
| COMPLETE INIT | TAL LSL INV | ENTORY | | | 16/2024 | | | |
| CROSS CONNEC | TION EXEM | 1PTION | | 3/ | 1/2025 | | | |
| | | Public | Notification F | Requiren | nents | | | |
| | | | Compliance | Notice | _ | c Notification | PN Certi | fication |
| Violation/Situa | | | Period | Tier | Requir | ed Performed | Due to DPH | Received |
| Orthophosphat | | | 2/1/24 - 2/29/24 | 2 | 5/3/20 | | 5/13/2024 | |
| Orthophosphat | | | 1/1/24 - 1/31/24 | 2 | 5/3/20 | 24 | 5/13/2024 | |
| Orthophosphat | e TT Violati | on | 11/1/23 - 11/30/23 | 2 | 5/3/20 | 24 | 5/13/2024 | |

| | Compliance | Notice | Public No | <u>itification</u> | PN Certij | <u>ication</u> |
|-----------------------------|--------------------|--------|-----------|--------------------|------------|----------------|
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received |
| Orthophosphate TT Violation | 2/1/24 - 2/29/24 | 2 | 5/3/2024 | | 5/13/2024 | |
| Orthophosphate TT Violation | 1/1/24 - 1/31/24 | 2 | 5/3/2024 | | 5/13/2024 | |
| Orthophosphate TT Violation | 11/1/23 - 11/30/23 | 2 | 5/3/2024 | | 5/13/2024 | |
| _ | | | _ | | | |

Water System Facility and Sampling Point Inventory

Total Lead and Water System Water System Facility Sampling Point Sampling Point **Coliform** Copper Stage ID Rule Tier Asbestos WQP 2 DBPR Description **Facility ID** Rule 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.

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

| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
|------------------|---------------------------------|-------------|---------|----------------|-------------|------------|-----------------|
| CT0866301 | FREEDOM VILLAGE ELDERLY HOUSING | | | С | 43 | Р | GW |
| Local Address (v | vhere applicable) | Service | Residen | tial Commerci | al Industri | al Combine | ed Agricultural |
| 2 LIBERTY ROAD | | Connections | 41 | | | | |

| Water System Facility Sampling Point Sate States St | Towns Ser | ved: MONTVILLE | | | | | | | | |
|--|-----------|-----------------------|--------------------|-------------------|---------|-------------------|--------------------|----------|-----|---|
| System Facility D | | Wa | ater System Facili | ty and Sampling P | oint In | vento | ſy | | | |
| DISTRIBUTION SYSTEM | System | Water System Facility | Sampling Point | Sampling Point | | Total Coliform | Lead and Copper | Asbestos | WOP | _ |
| DOWNSTREAM WITHIN 5 SERVICE CON A PVC101 COMMUNITY LAUNDRY A Y 1 Y Y FVC104 A LEGION CRT A 1 Y Y Y FVC105 55 LEGION CRT A 1 Y Y Y Y Y Y Y Y Y | - | | 4 | | | | | | | |
| FVC101 COMMUNITY LAUNDRY A | 00000 | 2.0200 | | | | | | | | |
| FVC104 | | | | | | Υ | 1 | Υ | Υ | |
| FVC105 55 LEGION CRT A 1 FVC106 63 LEGION CRT A 1 FVC107 69 LEGION CRT A 1 FVC108 74 LEGION CRT A 1 FVC109 74 LEGION CRT A 1 FVC109 COMMUNITY KITCHEN I FVL-01 COMMUNITY LAUNDRY I Y FVO-00 OFFICE SINK A Y FVU-10 UNIT 10 KITCHEN A 2 FVU-41 UNIT 42 A 2 FVU-42 UNIT 42 A 2 FVU-43 UNIT 43 A Y FVU-44 UNIT 44 A Y 2 FVU-45 UNIT 45 A 2 FVU-46 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-49 UNIT 49 A 2 FVU-49 UNIT 49 A 2 FVU-50 UNIT 50 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 52 A 2 FVU-52 UNIT 53 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-59 UNIT 57 A 2 FVU-59 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-59 UNIT 50 A 2 FVU-50 UNIT 60 A 2 FVU-60 UNIT 60 A 4 4 2 FVU-60 UNIT 60 A 4 4 2 FVU-60 UNIT 60 A 4 4 4 | | | | | | | | | | |
| FVC106 63 LEGION CRT A 1 FVC107 69 LEGION CRT A 1 FVC108 74 LEGION CRT A 1 FVC109 COMMUNITY KITCHEN I FVC-01 COMMUNITY KITCHEN I FVC-01 COMMUNITY LAUNDRY I Y FVO-00 OFFICE SINK A Y FVU-10 UNIT 10 KITCHEN A 2 FVU-41 UNIT 41 A 2 FVU-42 UNIT 42 A 2 FVU-43 UNIT 43 A Y 2 FVU-44 UNIT 44 A Y 2 FVU-45 UNIT 46 A Y 2 FVU-46 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-49 UNIT 49 A 2 FVU-49 UNIT 50 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 55 A Y 2 FVU-54 UNIT 56 A 2 FVU-55 UNIT 57 A 2 FVU-56 UNIT 58 A 2 FVU-57 UNIT 58 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-50 UNIT 50 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 58 A 2 FVU-53 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 60 A 2 FVU-62 UNIT 60 A 2 FVU-63 UNIT 60 A 2 FVU-64 UNIT 60 A 2 FVU-65 UNIT 60 A 2 FVU-60 UNIT 60 A 2 FV | | | | | | | 1 | | | |
| FVC107 69 LEGION CRT A 1 FVC108 74 LEGION CRT A 1 FVC109 COMMUNITY KITCHEN I FVL-01 COMMUNITY LAUNDRY I Y FVO-00 OFFICE SINK A Y FVU-10 UNIT 10 KITCHEN A 2 FVU-41 UNIT 41 A 2 FVU-42 UNIT 42 A 2 FVU-43 UNIT 43 A 2 FVU-45 UNIT 45 A 2 FVU-45 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-49 UNIT 49 A 2 FVU-49 UNIT 50 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A Y 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A Y 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-66 UNIT 66 A 2 FVU-66 UNIT 65 A 2 | | | | | | | 1 | | | |
| FVC108 74 LEGION CRT A 1 FVC109 COMMUNITY KITCHEN I FVU-01 COMMUNITY KITCHEN I FV0-00 OFFICE SINK A Y FVU-10 UNIT 10 KITCHEN A 2 FVU-41 UNIT 41 A 2 FVU-42 UNIT 42 A 2 FVU-43 UNIT 43 A 2 FVU-45 UNIT 45 A 2 FVU-45 UNIT 46 A Y 2 FVU-47 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-49 UNIT 49 A 2 FVU-49 UNIT 50 A 2 FVU-49 UNIT 50 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-51 UNIT 52 A 2 FVU-54 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-59 UNIT 59 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 53 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-59 UNIT 59 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 61 A 2 FVU-63 UNIT 62 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-65 UNIT 65 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A 2 FVU-66 UNIT 66 A 2 FVU-66 UNIT 66 A 2 | | | | | | | | | | |
| FVC109 COMMUNITY KITCHEN I FVL-01 COMMUNITY LAUNDRY I Y FVO-00 OFFICE SINK A Y FVU-10 UNIT 10 KITCHEN A 2 FVU-41 UNIT 41 A 2 FVU-42 UNIT 42 A 2 FVU-43 UNIT 43 A Y 2 FVU-45 UNIT 45 A Y 2 FVU-45 UNIT 46 A Y 2 FVU-46 UNIT 48 A X 2 FVU-49 UNIT 48 A X 2 FVU-49 UNIT 49 A 2 FVU-50 UNIT 51 A 2 FVU-51 UNIT 52 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 55 A 2 FVU-54 UNIT 55 A 2 FVU-55 UNIT 55 A X 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-58 UNIT 50 A 2 FVU-58 UNIT 51 A 2 FVU-59 UNIT 51 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 56 A 2 FVU-58 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-65 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 FVU-67 UNIT 67 A A 2 FVU-68 UNIT 66 A Y 2 FVU-68 UNIT 67 A A A A A A A A A | | | | | Α | | 1 | | | |
| FVL-01 COMMUNITY LAUNDRY I Y FVO-00 OFFICE SINK A Y FVU-10 UNIT 10 KITCHEN A 2 FVU-41 UNIT 41 A 2 FVU-42 UNIT 42 A 2 FVU-43 UNIT 43 A 2 FVU-45 UNIT 44 A Y 2 FVU-46 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-49 UNIT 48 A 2 FVU-49 UNIT 49 A 2 FVU-49 UNIT 50 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A 2 FVU-55 UNIT 55 A 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-59 UNIT 50 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 53 A 2 FVU-53 UNIT 54 A 2 FVU-54 UNIT 55 A Y 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-65 UNIT 65 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A 2 FVU-66 UNIT 66 A 2 | | | | | 1 | | | | | |
| FVU-10 UNIT 10 KITCHEN A 2 FVU-41 UNIT 41 A 2 FVU-42 UNIT 42 A 2 FVU-43 UNIT 43 A Y 2 FVU-44 UNIT 44 A Y 2 FVU-45 UNIT 45 A Y 2 FVU-46 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 51 A 2 FVU-53 UNIT 51 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 2 FVU-59 UNIT 59 A 2 2 < | | | | COMMUNITY LAUNDRY | 1 | Υ | | | | |
| FVU-41 UNIT 41 | | | FVO-00 | OFFICE SINK | Α | Υ | | | | |
| FVU-42 UNIT 42 A 2 FVU-43 UNIT 43 A 2 FVU-44 UNIT 44 A Y 2 FVU-45 UNIT 45 A 2 FVU-46 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-49 UNIT 50 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 55 A Y 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-59 UNIT 59 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-65 UNIT 65 A 2 | | | FVU-10 | UNIT 10 KITCHEN | Α | | 2 | | | |
| FVU-43 UNIT 43 A Y 2 FVU-45 UNIT 44 A Y 2 FVU-45 UNIT 45 A 2 FVU-46 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-49 UNIT 49 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 52 A 2 FVU-54 UNIT 55 A 2 FVU-58 UNIT 55 A 2 FVU-59 UNIT 56 A 2 FVU-50 UNIT 56 A 2 FVU-50 UNIT 56 A 2 FVU-51 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-63 UNIT 64 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A 2 FVU-66 UNIT 66 A 2 FVU-67 UNIT 67 A 2 FVU-68 UNIT 68 A 2 FVU-68 UNIT 69 A 2 FVU-69 UNIT 69 A 2 FVU-69 UNIT 60 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 | | | FVU-41 | UNIT 41 | Α | | 2 | | | |
| FVU-44 UNIT 44 A Y 2 FVU-45 UNIT 45 A 2 FVU-46 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-49 UNIT 49 A 2 FVU-51 UNIT 50 A 2 FVU-52 UNIT 52 A 2 FVU-52 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-64 UNIT 64 A 2 FVU-62 UNIT 65 A 2 FVU-63 UNIT 66 A 2 FVU-64 UNIT 66 A 2 FVU-65 UNIT 67 A 2 FVU-66 UNIT 68 A 2 FVU-67 UNIT 69 A 2 FVU-68 UNIT 69 A 2 FVU-69 UNIT 69 A 2 FVU-61 UNIT 69 A 2 FVU-61 UNIT 69 A 2 FVU-62 UNIT 69 A 2 FVU-65 UNIT 69 A 2 FVU-65 UNIT 69 A 2 FVU-66 UNIT 69 A 2 FVU-66 UNIT 69 A 2 | | | FVU-42 | UNIT 42 | Α | | 2 | | | |
| FVU-45 UNIT 45 A Y 2 FVU-46 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-49 UNIT 50 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-54 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-64 UNIT 64 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A 2 FVU-66 UNIT 66 A 2 FVU-66 UNIT 66 A 2 FVU-67 UNIT 67 A 2 FVU-68 UNIT 68 A 2 FVU-68 UNIT 68 A 2 FVU-69 UNIT 69 A 2 FVU-69 UNIT 69 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 | | | FVU-43 | UNIT 43 | Α | | 2 | | | |
| FVU-46 UNIT 46 A Y 2 FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-49 UNIT 49 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-63 UNIT 62 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 Y <td></td> <td></td> <td>FVU-44</td> <td>UNIT 44</td> <td>Α</td> <td>Υ</td> <td>2</td> <td></td> <td></td> <td></td> | | | FVU-44 | UNIT 44 | Α | Υ | 2 | | | |
| FVU-47 UNIT 47 A 2 FVU-48 UNIT 48 A 2 FVU-49 UNIT 49 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-60 UNIT 61 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-65 UNIT 66 A 2 FVU-65 UNIT 66 A 2 FVU-66 UNIT 66 A 2 FVU-66 UNIT 66 A 2 | | | FVU-45 | UNIT 45 | Α | | 2 | | | |
| FVU-48 UNIT 48 A 2 FVU-49 UNIT 49 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 | | | FVU-46 | UNIT 46 | Α | Υ | 2 | | | |
| FVU-49 UNIT 49 A 2 FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 63 A 2 FVU-65 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A 2 FVU-67 UNIT 67 A 2 FVU-68 UNIT 68 A 2 FVU-69 UNIT 69 A 2 FVU-69 UNIT 69 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 | | | FVU-47 | UNIT 47 | Α | | 2 | | | |
| FVU-50 UNIT 50 A 2 FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A 2 FVU-66 UNIT 66 A 2 FVU-66 UNIT 66 A Y 2 | | | FVU-48 | UNIT 48 | Α | | 2 | | | |
| FVU-51 UNIT 51 A 2 FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 | | | FVU-49 | UNIT 49 | Α | | 2 | | | |
| FVU-52 UNIT 52 A 2 FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 Y | | | FVU-50 | UNIT 50 | Α | | 2 | | | |
| FVU-53 UNIT 53 A 2 FVU-54 UNIT 54 A 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 | | | FVU-51 | UNIT 51 | Α | | 2 | | | |
| FVU-54 UNIT 54 A Y 2 FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A Y 2 Y | | | FVU-52 | UNIT 52 | Α | | 2 | | | |
| FVU-55 UNIT 55 A Y 2 FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A Y 2 Y | | | FVU-53 | UNIT 53 | Α | | 2 | | | |
| FVU-56 UNIT 56 A 2 FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A Y 2 Y | | | FVU-54 | UNIT 54 | Α | | 2 | | | |
| FVU-57 UNIT 57 A 2 FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A Y 2 Y | | | FVU-55 | UNIT 55 | Α | Υ | 2 | | | |
| FVU-58 UNIT 58 A 2 FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 Y | | | FVU-56 | UNIT 56 | Α | | 2 | | | |
| FVU-59 UNIT 59 A 2 FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 Y | | | FVU-57 | UNIT 57 | Α | | 2 | | | |
| FVU-60 UNIT 60 A 2 FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 Y | | | FVU-58 | UNIT 58 | Α | | 2 | | | |
| FVU-61 UNIT 61 A 2 FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 Y | | | FVU-59 | UNIT 59 | Α | | 2 | | | |
| FVU-62 UNIT 62 A 2 FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 Y | | | FVU-60 | UNIT 60 | Α | | 2 | | | |
| FVU-63 UNIT 63 A 2 FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 Y | | | FVU-61 | UNIT 61 | Α | | 2 | | | |
| FVU-64 UNIT 64 A 2 FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 Y | | | FVU-62 | UNIT 62 | Α | | 2 | | | |
| FVU-65 UNIT 65 A 2 FVU-66 UNIT 66 A Y 2 Y | | | FVU-63 | UNIT 63 | Α | | 2 | | | |
| FVU-66 UNIT 66 A Y 2 Y | | | FVU-64 | UNIT 64 | Α | | 2 | | | |
| | | | FVU-65 | UNIT 65 | Α | | 2 | | | |
| FVU-67 UNIT 67 A 2 | | | FVU-66 | UNIT 66 | Α | Υ | 2 | | Υ | |
| | | | FVU-67 | UNIT 67 | Α | | 2 | | | |

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 Water Quality Monitor | | | | _ | | | 1 | | | |
|------------------|---|---------|---------|-------|----------|-------------|-----------|----|--------------|--|--|
| PWS ID | PWS ID PWS Name Classification Population Owner Type Primary Source | | | | | | | | | | |
| CT0866301 | FREEDOM VILLAGE ELDERLY HOUSING | | | | С | 43 | Р | | GW | | |
| Local Address (\ | vhere applicable) | Service | Residen | itial | Commerci | al Industri | al Combin | ed | Agricultural | | |
| 2 LIBERTY ROAD | | 41 | | | | | | | | | |
| Towns Served: I | owns Served: MONTVILLE | | | | | | | | | | |

| Towns Se | rved: MONTVILLE | | | | | | | |
|--------------------------------|-------------------------------|--------------------|----------------------------|--------------|-------------------|--------------------|-----------|---------------------|
| | Wat | er System Facili | ity and Sampli | ng Point li | nvento | ry | | |
| Water System Facility IL | Water System Facility | - | Sampling Point Description | Status | Total Coliform | Lead and Copper | Asbestos | Stage WQP 2 DBPF |
| | | FVU-68 | UNIT 68 | A | | 2 | | |
| | | FVU-69 | UNIT 69 | А | | 2 | | |
| | | FVU-70 | UNIT 70 | Α | | 2 | | |
| | | FVU-71 | UNIT 71 | Α | | 2 | | |
| | | FVU-72 | UNIT 72 | А | | 2 | | |
| | | FVU-73 | UNIT 73 | А | | 2 | | |
| | | FVU-74 | UNIT 74 | Α | | 2 | | |
| | | FVU-75 | UNIT 75 | Α | | 2 | | |
| | | FVU-76 | UNIT 76 | Α | | 2 | | |
| | | FVU-77 | UNIT 77 | Α | | 2 | | |
| | | FVU-78 | UNIT 78 | Α | | 2 | | |
| | | FVU-79 | UNIT 79 | Α | Υ | 2 | | |
| | | FVU-80 | UNIT 80 | Α | Υ | 2 | | |
| | | UPSTREAM | WITHIN 5 SERVICE | CON A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | |
| 1463 | WELL #1 | 2 | WELL #1 | Α | | | | |
| 36417 | TREATMENT PLANT | | | | | | | |
| 51829 | ATMOSPHERIC STORAGE TAI | VK | | | | | | |
| 61236 | WELL #2 | 2 | WELL #2 | А | | | | |
| | | Certified | Operator Info | rmation | | | | |
| Water Sy | stem Facility: TREATMEN | T PLANT (WSF ID: 3 | 36417) | | | | | |
| Facility Cl | lassification: CLASS 1 TREATM | IENT PLANT | | | | | | Certification |
| Operator | Name | Operator Typ | e Certifica | ation(s) | | | | Expiration |
| LAFRAMB | BOISE, PAUL F. | CHIEF OPERATO | OR DISTRIB | UTION SYSTEN | 1 OPERATO | OR - CLASS | I | 9/30/2024 |
| | | | WATER | TREATMENT P | LANT OPE | RATOR - CL | ASS II | 9/30/2024 |
| NAPIERAT | ΓA, KYLE | ASSIGNED OPER | RATOR DISTRIB | UTION SYSTEN | 1 OPERATO | OR - CLASS | I | 9/30/2024 |
| | | | WATER | TREATMENT P | LANT OPE | RATOR - CL | ASS II | 9/30/2024 |
| | | Con | ntact Informati | on | | | | |
| Name | | 0 | rganization | | | | Job Title | |
| Housing A | Authority of The Town of Mor | ntvil | | | | | | |
| Mailing A | ddress Line One | Mailing Address | s Line Two | | Ci | ity | State | Zip Code |
| 310 Norw | rich N L Turnpike | | | Ur | ncasville | | СТ | 06382 |
| | | | | | | | - | |

Mobile Phone

Business Phone

Contact Role(s): Owner

Extension

Fax

Schedule Generation Date: 4/3/2024 Page 82

Emergency Phone Email Address

| C | Connectic | ut Depa | rtmer | it of Public | c He | ealth | Drii | nking | Water | Section | 1 | |
|--------------------|-----------------|--------------|-----------|-----------------|-------|----------|---------|----------|-------------|--------------|------|--------------|
| | Wa | ter Qua | lity Mo | onitoring a | and | Com | nplia | nce S | chedul | le | | |
| PWS ID P | WS Name | | | | | | Classif | ication | Population | Owner Type | Prim | nary Source |
| CT0866301 F | REEDOM VILLA | GE ELDERLY | HOUSING | | | | | С | 43 | Р | | GW |
| Local Address (wh | ere applicable) | | | Service | | Residen | tial Co | mmercia | al Industri | al Combin | ed A | Agricultural |
| 2 LIBERTY ROAD | | | | Connection | ons | 41 | | | | | | |
| Towns Served: MC | ONTVILLE | | | | | | | | , | | | |
| Name | | | | Organization | 1 | | | | | Job Tit | le | |
| Ms. Shirley Smith | | | | Montville Ho | using | g Author | ity | | Housing A | Administratr | | |
| Mailing Address Li | ne One | | Mailing A | ddress Line Two | | | | | City | State | Z | ip Code |
| 41 Milefski Drive | | | | | | | | Uncasv | ille | СТ | | 06382 |
| Business Phone | Extension | Fax | | Mobile Phone | Em | ergency | Phone | Email A | ddress | , | | |
| 860-848-1739 | | 860-848- | 3269 | | 8 | 860-938- | 4128 | shirleys | @mha-ct.o | rg | | |
| Contact Role(s): | Administrative | Contact. Les | al Contac | t | | | | | | | | |

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 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

| 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 |
|------------------|------------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0867071 | THOMPSON HILL WATER CO - BEECHWOOD | ACRES | | | С | 77 | Р | GW |
| Local Address (w | here applicable) | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| CHRIS DRIVE | | Connections | 26 | | | | | |

Towns Served: MONTVILLE

| Towns Served: MONTVILLE | | | |
|--|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060 | 00) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | _ | |
| | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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.

| | Water Quality Monite | | | | C | , | | • |
|--|------------------------------------|-------------|---------|------|----------|-------------|-------------|--------------|
| | water Quality Monito | or mg am | u Con | ıþı | lance s | schedul | е | |
| PWS ID PWS Name Classification Population Owner Type Primary S | | | | | | | Primary Sou | |
| CT0867071 | THOMPSON HILL WATER CO - BEECHWOOD | ACRES | | | С | 77 | Р | GW |
| Local Address (| where applicable) | Service | Residen | tial | Commerci | al Industri | al Combin | ed Agricultu |
| CHRIS DRIVE | | Connections | 26 | | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: MONTVILLE

CROSS CONNECTION EXEMPTION

| Monitoring | Requirements | | |
|---|--------------------------|--------------------------|--------------------------|
| Water System Facility: ENTRY POINT (WSF ID: 00700) | <u> </u> | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | |
| | 1/1/25 - 12/31/27 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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 | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | 1/1-12/31 | Waiver |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | _ | _ |
| Other Compl | iance Schedules | | |
| Compliance Schedule Activity | Due Date | Achieved D | ate |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | 3/14/202 | 24 |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | | |
| | | | |

| | V | Vater System Facili | ty and Sampling P | oint In | vento | ry | | | |
|-------------|-----------------------|---------------------|----------------------|---------|----------|-----------|----------|-----|--------|
| Water | | | | | Total | Lead and | | | |
| System | Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | | Stage |
| Facility ID | | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP | 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | GENERIC DISTRIBUTION | Α | Υ | | | | |

3/1/2026

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 |
|------------------|--------------------------------------|-------------|---------|----------------|--------------|------------|-----------------|
| CT0867071 | THOMPSON HILL WATER CO - BEECHWOOD A | ACRES | | С | 77 | Р | GW |
| Local Address (w | here applicable) | Service | Residen | itial Commerc | ial Industri | al Combine | ed Agricultural |
| CHRIS DRIVE | | Connections | 26 | | | | |

Towns Served: MONTVILLE

| Wat | er System Facili | ity and Sampling F | oint In | ventor | У | | |
|------------------------------|------------------|----------------------|---------|----------|-----------|----------|-----------|
| Water | | | | Total | Lead and | | |
| System Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | Stage |
| Facility ID | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 DBP |
| | BAC 101 | 19 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 104 | 11 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 105 | 22 CHRIS DRIVE | Α | Υ | 2 | | |
| | BAC 106 | 26 CHRIS DRIVE | Α | Υ | 2 | | |
| | BAC 107 | 33 CHRIS DRIVE | Α | Υ | 2 | | |
| | BAC 108 | 36 CHRIS DRIVE | Α | Υ | 2 | | |
| | BAC 109 | 9 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 110 | 10 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 111 | 12 CHRIS DRIVE | Α | | 2 | Υ | |
| | BAC 112 | 13 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 113 | 14 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 114 | 15 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 115 | 16 CHRIS DRIVE | Α | | 2 | Υ | |
| | BAC 116 | 17 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 117 | 18 CHRIS DRIVE | Α | | 2 | Υ | |
| | BAC 118 | 20 CHRIS DRIVE | Α | | 2 | Υ | |
| | BAC 119 | 21 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 120 | 23 CHRIS DRIVE | Α | | 2 | Υ | |
| | BAC 121 | 24 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 122 | 27 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 123 | 28 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 124 | 29 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 125 | 30 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 126 | 31 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 127 | 32 CHRIS DRIVE | Α | | 2 | Υ | |
| | BAC 128 | 34 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC 129 | 35 CHRIS DRIVE | Α | Υ | 2 | Υ | |
| | BAC104 | GENERATED BY BATCH | Α | Υ | | | |
| | | WITHIN 5 SERVICE CON | Α | | | | |
| | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 ENTRY POINT | 3 | ENTRY POINT | Α | | | | |
| 1508 WELL #2 | 2 | WELL 2 | Α | | | | |
| 50864 ATMOSPHERIC TANK | | | | | | | |

| 30804 ATMOSFILLIC TAIN | 50864 | ATMOSPHERIC TANK | |
|------------------------|-------|------------------|--|
|------------------------|-------|------------------|--|

| Certified Operator Information |
|--------------------------------|
|--------------------------------|

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

| , | · | • | • | |
|--------------------------|--------------------|----------------|--|---------------|
| Facility Classification: | SMALL WATER SYSTEM | | | Certification |
| Operator Name | | Operator Type | Certification(s) | Expiration |
| LAFRAMBOISE, PAUL I | =. (| CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2024 |

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.

| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | |
|---|--|-------------|---------|-------|----------|--------|-------------|-----------|----|--------------|
| PWS ID PWS Name Classification Population Owner Type Primary Source | | | | | | | mary Source | | | |
| СТ0867071 | THOMPSON HILL WATER CO - BEECHWOOD | ACRES | | | С | 7 | 7 | Р | | GW |
| Local Address (w | here applicable) | Service | Residen | itial | Commerci | al Ind | lustri | al Combin | ed | Agricultural |
| CHRIS DRIVE | | Connections | 26 | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: MONTVILLE

| | | | Cer | tified Operat | or Information | | | | |
|-------------------------|--|------------|--------------|------------------|------------------|-------------|-------------|-------------|---------------|
| Water System Fac | cility: DISTR | IBUTION SY | | • | | | | | |
| Facility Classification | on: SMALL WA | TER SYSTEM | | | | | | | Certification |
| Operator Name | | | Oper | ator Type | Certification(s) | | Expiration | | |
| | | | | | WATER TREATMEN | - CLASS II | 9/30/2024 | | |
| NAPIERATA, KYLE | | | ASSIGN | ED OPERATOR | DISTRIBUTION SYS | ГЕМ ОРЕГ | RATOR - CLA | ASS I | 9/30/2024 |
| | | | | | WATER TREATMEN | IT PLANT | OPERATOR | - CLASS II | 9/30/2024 |
| LAFRAMBOISE, ERIO | 2 | | ASSIGN | ED OPERATOR | WATER TREATMEN | IT PLANT | OPERATOR | - CLASS III | 9/30/2026 |
| | DISTRIBUTION SYSTEM OPERATOR - CLASS III | | | | | | | 9/30/2026 | |
| | | | | Contact Inf | ormation | | | | |
| Name | | | | Organization | l | | | Job Title | <u> </u> |
| Mr. Paul F. Laframb | ooise | | | Laframboise | Water Services | | President | | |
| Mailing Address Lin | e One | | Mailing | Address Line Two | | | City | State | Zip Code |
| 647 Thompson Roa | d, Route 193 | | P.O. Box 303 | | | Thompson CT | | | 06277-0303 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ad | ldress | | |
| 860-923-9543 | 104 | 860-923-9 | 971 | | 800-624-2327 | paul@th | ewaterexpe | erts.com | |
| Contact Role(s): Le | egal Contact, C | Owner | | | | | | | |
| Name | | | | Organization | 1 | | | Job Title | 2 |
| Ms. Justine Knudso | n | | | Millenium W | ater LLC | | | | |
| Mailing Address Lin | e One | | Mailing | Address Line Two | | | City | State | Zip Code |
| 647 Thompson Roa | d | | P.O. Bo | x 303 | | Thompso | on | СТ | 06277 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ad | ldress | | |
| 800-624-2327 | 119 | 860-923-9 | 971 | | 860-923-9543 | justine@ | thewatere | xperts.com | |
| Contact Role(s): A | dministrative | 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

| CT0867101 SCWA, ROBIN HILL DIVISION (RBN) Ocal Address (where applicable) Service Residential Commercial Industrial Combined Agricultura | | | | | | | | | | |
|--|--|-------------|----|-------|----------|-------------|------------|-----------------|--|--|
| | Water Quality Monitoring and Compliance Schedule PWS Name Classification Population Owner Type Primary So SCWA, ROBIN HILL DIVISION (RBN) C 388 L GW | | | | | | | | | |
| PWS ID | PWS Name Classification Population Owner Type Primary Source | | | | | | | | | |
| CT0867101 | SCWA, ROBIN HILL DIVISION (RBN) | | | | С | 388 | L | GW | | |
| Local Address | (where applicable) | | | itial | Commerci | al Industri | al Combine | ed Agricultural | | |
| | | Connections | 98 | | | | | | | |

| Towns Served: MONTVILLE | | | 1 |
|--|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060 | 00) | | |
| Chlorine Residual (1012) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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 | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Haloacetic Acids (2456) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 30 PARTRIDGE HOLLOW (RBN10) | 1/1/23 - 12/31/23 | 7/1-7/31 | Complete |
| | 1/1/24 - 12/31/24 | 7/1-7/31 | |
| | 1/1/25 - 12/31/25 | 7/1-7/31 | |
| Total Trihalomethanes (2950) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 300 BLACK ASH ROAD (RBNDBP) | 1/1/23 - 12/31/23 | 7/1-7/31 | Complete |
| | 1/1/24 - 12/31/24 | 7/1-7/31 | |
| | 1/1/25 - 12/31/25 | 7/1-7/31 | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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) | Monitoring Period | Collection Period | Compliance Status |
| 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) | | | ine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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) | | | |
| Net Gross Alpha (4000) | | | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | |

| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | |
|--|-------------------|--|--|---|--|--|---|--|--|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
| PWS Name | | Classification | | Population | Owner Type | Primary Source | | | | | |
| SCWA, ROBIN HILL DIVISION (RBN) | | | | С | 388 | L | GW | | | | |
| (where applicable) | Service | Resider | ntial Commerci | | al Industri | al Combine | ed Agricultural | | | | |
| Connections 98 | | | | | | | | | | | |
| | Water Quality Mor | PWS Name SCWA, ROBIN HILL DIVISION (RBN) (where applicable) Service Connections | Water Quality Monitoring and Con PWS Name SCWA, ROBIN HILL DIVISION (RBN) (where applicable) Service Connections 98 | Water Quality Monitoring and Complement | Water Quality Monitoring and Compliance S PWS Name Classification SCWA, ROBIN HILL DIVISION (RBN) C (where applicable) Service Connections Service PWS Name Classification C Residential Commercions 98 | Water Quality Monitoring and Compliance Schedul PWS Name Classification Population SCWA, ROBIN HILL DIVISION (RBN) C 388 (where applicable) Service Connections 98 | Water Quality Monitoring and Compliance Schedule PWS Name SCWA, ROBIN HILL DIVISION (RBN) C 388 Cwhere applicable) Service Connections Service Connections Residential Commercial Industrial Combine | | | | |

| Towns Served: MONTVILLE | | | | | |
|---|--------------------------|--------------------------|--------------------------|--|--|
| Monitoring | Requirements | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | |
| Net Gross Alpha (4000) | | 1 routine | e (RT) per three years | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| | 1/1/26 - 12/31/28 | | | | |
| 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 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| 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 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | | | |
| | 1/1/25 - 12/31/27 | | | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| 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 & V (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 | | | | |
| | 1/1/26 - 12/31/28 | | | | |
| Organic Chemicals (VOCS) | | 1 routine | (RT) per three years | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | |
| ENTRY POINT (3) | 1/1/21 - 12/31/23 | | Complete | | |
| | 1/1/24 - 12/31/26 | | | | |
| | 1/1/27 - 12/31/29 | | | | |
| Monthly Water System Facility (V | WSF) Level Monitori | ng Requiremen | ts | | |

| 1410 | inting water system racinty | (4431) LC4 | Ci iviointoin | ng nequireme | 1165 |
|------------------------|-----------------------------------|--------------|------------------------|-------------------|----------------------|
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | |
| Analyte | Monitoring Requirement (Summary T | уре) | Operating Limit | : | Samples Req/Month |
| Chlorine | Entry Point RDC (EPRD) | | Minimum: 0.45 | MG/L | Continuous |
| Start Date: 10/1/202 | 0 | Compliance | History: | Operating Limit | Monitoring |
| | | Monitoring | Period | Compliance Status | : Compliance Status: |
| | | 11/1/2023 - | 11/30/2023 | Υ | |
| | | 12/1/2023 - | 12/31/2023 | Υ | |
| | | 1/1/2024 - 1 | /31/2024 | Υ | |
| | | 2/1/2024 - 2 | 2/29/2024 | | |
| | | | | | |

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | |
|---------------|--|-------------|-------|-------------|-------------|------------|-----------------|----|--|--|--|--|
| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
| PWS ID | PWS Name | | Clas | ssification | Population | Owner Type | Primary Source | | | | | |
| СТ0867101 | SCWA, ROBIN HILL DIVISION (RBN) | | | | С | 388 | L | GW | | | | |
| Local Address | (where applicable) | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural | | | | | |
| | | Connections | 98 | | | | | | | | | |

Towns Served: MONTVILLE

| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | | |
|------------------------|------------------------------------|--------------|------------------------|-------------------|----------------------|
| Analyte | Monitoring Requirement (Summary Ty | rpe) | Operating Limit | ; | Samples Req/Month |
| Chlorine | Entry Point RDC (EPRD) | | Minimum: 0.45 | MG/L | Continuous |
| Start Date: 10/1/202 | 0 | Compliance | History: | Operating Limit | Monitoring |
| | | Monitoring | Period | Compliance Status | : Compliance Status: |
| | | | | | |
| Analyte | Monitoring Requirement (Summary Ty | rpe) | Operating Limit | | Samples Req/Month |
| рН | Entry Point pH Monitoring (PHRD) | | Minimum: 7.0 F | PH | Daily |
| Start Date: 7/1/2003 | | Compliance | History: | Operating Limit | Monitoring |
| | | Monitoring | Period | Compliance Status | : Compliance Status: |
| | | 11/1/2023 - | 11/30/2023 | • | |
| | | 12/1/2023 - | 12/31/2023 | | |
| | | 1/1/2024 - 1 | /31/2024 | | |
| | | 2/1/2024 - 2 | 2/29/2024 | | |
| | | 3/1/2024 - 3 | 3/31/2024 | | |

| Other Comp | oliance Schedules | |
|---|-------------------|---------------|
| Compliance Schedule Activity | Due Date | Achieved Date |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2011 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY | 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY | 10/16/2024 | |
| CROSS CONNECTION EXEMPTION | 3/1/2028 | |

| CROSS CO | NNECTION EXEMPTION | | 3/1 | 1/2028 | | | | |
|-------------|-----------------------|--------------------|----------------------|---------|----------|-----------|----------|------------|
| | W | ater System Facili | ty and Sampling P | oint Ir | ventor | У | | |
| Water | | | | | Total | Lead and | | |
| System | Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | Stage |
| Facility ID |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | GENERIC DISTRIBUTION | Α | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | RBN01 | 233 BLACK ASH ROAD | Α | | N | Υ | |
| | | RBN02 | 283 BLACK ASH ROAD | Α | | N | | |
| | | RBN03 | 247 BLACK ASH ROAD | Α | | N | | |
| | | RBN04 | 255 BLACK ASH ROAD | Α | | N | | |
| | | RBN05 | 288 BLACK ASH ROAD | Α | | N | | |
| | | RBN06 | 292 BLACK ASH ROAD | Α | | N | | |
| | | RBN07 | 291 BLACK ASH ROAD | Α | | N | | |
| | | RBN08 | 288 BLACK ASH ROAD | Α | Υ | | | |
| | | RBN09 | 272 BLACK ASH ROAD | Α | Υ | | | |
| | | RBN10 | 30 PARTRIDGE HOLLOW | Α | Υ | | | Υ |
| | | RBN11 | 280 BLACK ASH ROAD | Α | Υ | | | |
| | | RBNDBP | 300 BLACK ASH ROAD | Α | | | | Υ |
| | | UPSTREAM | WITHIN 5 SERVICE CON | 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.

| | | Connecticut De | partment of | Public H | ealth | Dı | rinkin | g W | /ater | Se | ction | |
|-------------|----------|------------------------|-----------------|-------------|-------------|-------|------------|--------|-----------|--------|------------|---------------|
| | | | uality Monit | | | | ` | _ | | | | |
| PWS ID | | PWS Name | | 0 0 | | | | _ | | | ner Type P | rimary Source |
| CT086710 | 01 | SCWA, ROBIN HILL DIVIS | SION (RBN) | | | | С | | 388 | | L | GW |
| Local Add | lress (w | vhere applicable) | | Service | Residen | tial | Commerc | ial | Industria | al | Combined | Agricultural |
| | | | | Connections | 98 | | | | | | | |
| Towns Se | rved: N | MONTVILLE | | | | | | | | | | |
| | | Wate | r System Facili | ity and Sar | npling | Po | int Inve | ento | ory | | | |
| Water | | | | | | | 7 | otal | Lead | and | | |
| System | | er System Facility | Sampling Point | | nt | | | liforn | | | | Stage |
| Facility II | | | ID | Description | | | Status | Rule | Rule | Tier | Asbestos | WQP 2 DBPR |
| 00700 | | Y POINT | 3 | ENTRY POINT | | | Α | | | | | |
| 464 | | TREATMENT PLANT | | | | | | | | | | |
| 50909 | | OSPHERIC TANKS | | | | | | | | | | |
| 50911 | | SURE TANK | | | | | | | | | | |
| 774 | WELL | - - | 2 | WELL 1 | | | Α | | | | | |
| 777 | WELL | . 2 | 2 | WELL 2 | | | Α | | | | | |
| | | | Certified | Operator | Inform | nati | on | | | | | |
| Water Sy | ystem | Facility: RBN TREATM | IENT PLANT (WSF | ID: 464) | | | | | | | | |
| Facility C | lassific | ation: CLASS 1 TREATME | NT PLANT | | | | | | | | | Certification |
| Operator | Name | | Operator Type | e Ce | ertificatio | on(s) | | | | | | Expiration |
| BELAIR, B | RANDO | ON W. | CHIEF OPERATO | DR W | ATER TRE | ATN | ∕IENT PLAN | NT OF | PERATOR | R - CL | ASS II | 6/30/2024 |
| | | | | DI | STRIBUTI | ON S | SYSTEM OI | PERA | TOR - CL | ASS I | I | 6/30/2024 |
| RICKEY, JI | R., RAY | MOND R | ASSIGNED OPER | RATOR DI | STRIBUTI | ON S | SYSTEM OI | PERA | TOR - CL | ASS I | | 3/31/2024 |
| | | | | W | ATER TRE | EATN | /IENT PLAN | NT OF | PERATOR | R - CL | ASS I | 3/31/2024 |
| MCGARR' | Y, THOI | MAS | ASSIGNED OPER | RATOR W | ATER TRE | EATN | /IENT PLAN | NT OF | PERATOR | R - CL | ASS I | 3/31/2024 |

| | | | DISTRIBUTION SYSTEM OPERATOR - CLASS I | | | | | | | | | |
|--------------------------------------|-----------------------------------|-----------|--|------------|----------------|-----------------|------------------------------|---------------|-----------|------------|--|--|
| | | | | Contact | t Inf | ormation | | | | | | |
| Name | | | | Organiz | ation | l | | Job Title | | | | |
| Mr. Joseph Cansler | seph Cansler SCWA General Manager | | | | | | | | anager | | | |
| Mailing Address Line One Mailing Add | | | | | lress Line Two | | | City | | Zip Code | | |
| P.O. Box 415 | | | 1649 Rc | oute 12 | 12 | | | Gales Ferry C | | 06335-0415 | | |
| Business Phone | Extension | Fax | | Mobile Pho | one | Emergency Phone | Email Ad | ddress | | | | |
| 860-464-0232 | | 860-464-2 | 2876 | 860-941-3 | 406 | | j.cansler@waterauthority.org | | | | | |
| Contact Role(s): A | dministrative | Contact | • | | | * | - | | | | | |
| Name | | | | Organiz | ation | <u> </u> | | | Job Title | <u> </u> | | |

| Name | | | Organization | l | Job Title | | | | |
|--------------------------|-----------|-----------|--------------|---------------------|-----------------|------------------------|------------|-------|----------|
| Dr. Edward C. Monahan | | | Southeasterr | n CT Wtr. Authority | Chairman | | | | |
| Mailing Address Lin | e One | | Mailing A | ddress Line Two | | | City | State | Zip Code |
| 1649 Route 12 PO Box 415 | | .5 | | Gales Fe | rry | CT | 06335-0415 | | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-464-0232 | | 860-464-2 | 2876 | 860-941-9246 | | ed.monahan@comcast.net | | | |
| | | | | | | | | | |

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.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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

3/31/2024

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 |

| | | | | <u> </u> | | | |
|------------------|---------------------------------|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
| CT0868011 | ST. THOMAS MORE SCHOOL-THE COVE | | | С | 25 | Р | GW |
| Local Address (\ | vhere applicable) | Service | Resider | itial Commer | cial Industr | al Combine | ed Agricultural |
| | | Connections | 5 | | | | |

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitor | ring Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Chlorine Residual (1012) | | 1 rou | itine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| Asbestos (1094) | | 1 routine | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/19 - 12/31/27 | | |
| Total Coliform (3100) | | 1 rou | itine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Disinfectant Byproducts - TTHM & HAA5 (DBP) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 17 GARDNER RD (G17) | 1/1/23 - 12/31/23 | 7/1-7/31 | Complete |
| | 1/1/24 - 12/31/24 | 7/1-7/31 | |
| | 1/1/25 - 12/31/25 | 7/1-7/31 | |
| Lead And Copper (PBCU) | | 5 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 rou | itine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |

| | Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
|--|---|------------------------|---------|-------|----------|-------------|--------------|--------------|------|--|--|
| PWS ID PWS Name Classification Population Owner Type Primary S | | | | | | | Primary Sour | rce | | | |
| Local Address | (where applicable) | Service Connections | Residen | ntial | Commerci | al Industri | al Combin | ed Agricultu | ıral | | |

Towns Served: MONTVILLE

| Towns Served: MONTVILLE | | | |
|--|--------------------|--------------------------|--------------------------|
| Monit | oring Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF I | D: 00600) | | |
| Physical Parameters (PPS) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/21 - 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) | Monitoring Period | Collection Period | 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 (SOC2) | | 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 (3) | 1/1/23 - 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.

| | cticut Department of | | | | | | | cion | |
|----------------------------------|-----------------------------------|-------------|-------------|-----------|----------|--------------|----------|-----------|--------------|
| | Water Quality Monitor | oring an | | | | | | | |
| PWS ID PWS Name | | | С | lassifica | ation Po | pulation | Owner | Type Pr | imary Source |
| CT0868011 ST. THOMA | S MORE SCHOOL-THE COVE | | | С | | 25 | Р | | GW |
| Local Address (where application | able) | Service | Residentia | l Com | mercial | Industrial | Co | mbined | Agricultural |
| | | Connections | 5 | | | | | | |
| Towns Served: MONTVILLE | | | | | | | | | |
| | Monito | ring Requ | uiremen | ts | | | | | |
| Water System Facility: E | NTRY POINT (WSF ID: 00700) | | | | | | | | |
| Pesticides, Herbicides an | d PCBs-Phase V (SOC5) | | | | | 1 rout | ine (F | RT) per t | three years |
| Sampling Point (Sampl | ing Point ID) | | Monitoring | Period | d Coll | ection Perio | od | Compli | ance Status |
| | | | 1/1/26 - 12 | /31/28 | } | | | | |
| Organic Chemicals (VOC | S) | | | | | 1 rout | ine (F | RT) per t | three years |
| Sampling Point (Sampl | ing Point ID) | | Monitoring | Period | d Coll | ection Perio | od | Compli | ance Status |
| ENTRY POINT (3) | | | 1/1/22 - 12 | /31/24 | | | | | |
| | | | 1/1/25 - 12 | /31/27 | , | | | | |
| Water System Facility: V | VELL #1 (WSF ID: 508) | | | | | | | | |
| E. Coli (3014) | | | | | | 1 | routi | ne (RT) | per month |
| Sampling Point (Sampl | ing Point ID) | | Monitoring | Period | d Coll | ection Perio | od | Compli | ance Status |
| WELL #1 (2) | | | 11/1/23 - 1 | 1/30/23 | 3 | | | Co | mplete |
| | | | 12/1/23 - 1 | 2/31/23 | 3 | | | Co | mplete |
| | | | 1/1/24 - 1 | /31/24 | | | | Co | mplete |
| | | | 2/1/24 - 2 | /29/24 | | | | Co | mplete |
| | | | | | | Co | mplete | | |
| | | | 4/1/24 - 4 | /30/24 | | | | | |
| | | | 5/1/24 - 5 | /31/24 | | | | | _ |
| | | | 6/1/24 - 6 | /30/24 | | | | | |
| | | | 7/1/24 - 7 | /31/24 | | | | | |
| | | | 8/1/24 - 8 | /31/24 | | | | | |
| | | | 9/1/24 - 9 | /30/24 | | | | | |
| | | | 10/1/24 - 1 | 0/31/2 | 4 | | | | |
| Mont | thly Water System Facili | tv (WSF) | Level Mo | onito | ring R | equirem | nent | S | |
| | NTRY POINT (WSFID: 00700) | , , , | | | | • | | | |
| , | Monitoring Requirement (Summa | rv Tvpe) | Opera | ting Lin | nit | | Sar | mples Re | eq/Month |
| = | Entry Point Chlorine Residual Mon | | - | _ | 2 MG/L | | | Dai | - |
| Start Date: 7/1/2006 | • | | nce History | | - | ating Limit | | Monitor | • |
| | | - | ing Period | , | | oliance Stat | | | nce Status: |
| | | | 23 - 11/30/ | 2023 | | | | - | |
| | | | 23 - 12/31/ | | | | | | |
| | | | 4 - 1/31/20 | | | | | | |
| | | | 4 - 2/29/20 | | | | <u> </u> | | |
| | | | 4 - 3/31/20 | | | | | | |
| | Other Co | ompliance | | | | | | | |
| Compliance Schedule Activit | | | | e Date | | Achiev | ed Dai | te | |
| SUBMIT LEAD SERVICE LINE | * | | | 16/202 | | | | | |
| COMPLETE INITIAL LSL INVEI | | | | 16/202 | | | | | |
| CDOSC CONNECTION CURVE | | | | 1 /2025 | | | | | |

3/1/2025

CROSS CONNECTION SURVEY REPORT

| | Connectio | ut Depa | rtment o | f Public | Healt | h Dri | inkin | g V | Vater | Se | ction | | |
|---------------------|---------------------|--------------|------------------|-----------------------|-----------------------|---------|--------------------------------|-------|------------|--------|-----------|----------|-------------------|
| | | ter Qua | lity Moni | toring a | nd Co | | | _ | | | | | |
| PWS ID | PWS Name | | | | | Class | ification | Po | | Own | er Type | Prin | mary Source |
| CT0868011 | ST. THOMAS M | | -THE COVE | | | | С | | 25 | | Р | | GW |
| Local Address (| (where applicable) | <u> </u> | | Service Connection | Reside 5 | | Commerc | cial | Industri | al | Combine | ed . | Agricultural |
| Towns Served: | MONTVILLE | | | | ' | ' | | | | | | | |
| | | Water S | ystem Faci | lity and Sa | mplin | g Poi | nt Inve | ent | orv | | | | |
| Water | | | | | | 0 : • : | | Total | <u> </u> | and | | | |
| | ter System Facility | , | Sampling Point | t Sampling P | oint | | | lifor | | | | | Stage |
| Facility ID | | | ID | Description | | S | | Rule | | | Asbesto | s И | /QP 2 DBPI |
| 00600 DIS | TRIBUTION SYSTEN | Л | 4 | DISTRIBUTION | ON SYSTE | | Α | Υ | | | | | |
| | | | DOWNSTREAM | 1 WITHIN 5 S | ERVICE CO | NC | Α | | | | | | |
| | | | G09 | 9 GARDNER | RD | | Α | | N | J | | | |
| | | | G11 | 11 GARNER | RD | | Α | Υ | N | J | | | |
| | | | G13 | 13 GARDNE | R RD | | Α | Υ | N | J | | | |
| | | | G15 | 15 GARDNE | R RD | | Α | Υ | N | J | | | |
| | | | G17 | 17 GARDNE | | | Α | | N | | | | Υ |
| | | | UPSTREAM | WITHIN 5 S | ERVICE CO | ON | Α | | | | | | |
| 00700 ENT | TRY POINT | | 3 | ENTRY POIN | | | A | | | | | | |
| | ATMENT PLANT | | | 2.1111111011 | •• | | | | | | | | |
| | LL #1 | | 2 | WELL #1 | | | Α | | | | | | |
| 308 WE | LL #1 | | | | | | | | | | | | |
| | | | | l Operato | r Intori | matio | n | | | | | | |
| Water Systen | n Facility: TREA | TMENT PLA | NT (WSF ID: | 45255) | | | | | | | | | |
| Facility Classifi | ication: CLASS 1 T | REATMENT P | LANT | | | | | | | | | C | ertification |
| Operator Nam | ie | | Operator Typ | pe | Certificat | tion(s) | | | | | | | Expiration |
| NIGRO, JR., VIC | CTOR N. | | CHIEF OPERAT | OR | WATER TI | REATME | MENT PLANT OPERATOR - CLASS II | | | | | | 6/30/2024 |
| | | | | | DISTRIBU [.] | TION SY | SYSTEM OPERATOR - CLASS III | | | | | | 6/30/2026 |
| NIGRO, SCOTT | Α. | | ASSIGNED OPE | RATOR | DISTRIBU [*] | TION SY | STEM O | PERA | TOR - CL | ASS I | | | 6/30/2025 |
| - | | | | , | WATER TI | REATME | ENT PLAN | NT O | PERATOR | R - CL | ASS II | | 6/30/2026 |
| NIGRO, DAVID | | | ASSIGNED OPE | RATOR | WATER TI | REATME | ENT PLAN | NT O | PERATOR | R - CL | ASS I | | 3/31/2025 |
| , | | | | ntact Info | | | | | | | | | , , |
| Name | | | | Organization | | | | | | | Job Title | 2 | |
| Mr. Sean Hanr | rahan | | | t Thomas Mo | re School | | | | | | 300 1100 | | |
| Mailing Addres | | | Mailing Addre | | | | | | City | | State | | Zip Code |
| 45 Cottage Roa | | | Mailing Addres | 33 LITIC TWO | | | Oakda | ماد | City | | CT | | 06370 |
| Business Pho | | Fax | Moh | oile Phone | Emergen | cy Dhon | | | racc | | Ci | | 00370 |
| 860-367-479 | | 860-859- | | nie Filone | 860-36 | - | | | stmct.org | σ. | | | |
| |): Administrative | | | | 800-30 | 7-4733 | abaib | ei w | Stillet.Oi | В | | | |
| Name | , Administrative | Contact, Leg | | Organization | | | | | | | Job Title | <u> </u> | |
| | ore School-System | . #1 | | organization | | | | | | | JOD TILLE | | |
| | | 1 π1 | Mailing Addre | cc Lino Two | | | | | City | | State | _ | Zin Codo |
| Mailing Addres | | | ivialling Addres | 33 LITTE I WU | | | امادها | alc | City | | State | | Zip Code 06370 |
| 45 Cottage Roa | | Ferr | D 0 = l= | vilo Dhono | Emorasa | ov Dha | Oakda | | ross | | СТ | | 003/0 |
| Business Pho | | Fax | IVIO | oile Phone | Emergen | cy Phon | ie Email | Add | ress | | | | |
| 860-859-360 | OT | | | | | | | | | | | | |

Contact Role(s): Owner

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | |
|----------------------------------|--|-------------|-----------------|-----|-------------|-------------|------------|-----------------|--|--|--|
| | Water Quality Mon | itoring and | d Con | npl | liance S | chedul | e | | | | |
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source | | | |
| СТ0868011 | ST. THOMAS MORE SCHOOL-THE COVE | | | | С | 25 | Р | GW | | | |
| Local Address (where applicable) | | Service | Service Residen | | Commercia | al Industri | al Combine | ed Agricultural | | | |
| | | Connections | 5 | | | | | | | | |

Towns Served: MONTVILLE

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

| | Connecticut Department of | | | | U | ' | | |
|--|---------------------------|---------|---------|-------|-----------|-------------|------------|-----------------|
| Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source | | | | | | | | Primary Source |
| CT0869011 SCWA, BIRCHWOOD DIVISION (BWD) | | | | | С | 108 | L | GW |
| Local Address (where applicable) | | Service | Residen | ntial | Commercia | al Industri | al Combine | ed Agricultural |

39

Connections

Towns Served: MONTVILLE

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|--------------------------|
| Monitoring | Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006 | 00) | | |
| Asbestos (1094) | | 1 routine | (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/22 - 12/31/30 | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| 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 | | |
| | | | |

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 Mon | itoring an | d Con | npl | liance S | Schedul | le | | | | |
| PWS Name | | | Classification | | Population | Owner Type | Primary Source | | | |
| SCWA, BIRCHWOOD DIVISION (BWD) | | | | С | 108 | L | GW | | | |
| Local Address (where applicable) Service Connections | | Resider | ntial Commercia | | al Industri | al Combine | ed Agricultural | | | |
| | | 39 | | | | | | | | |
| | Water Quality Mon PWS Name SCWA, BIRCHWOOD DIVISION (BWD) | Water Quality Monitoring and PWS Name SCWA, BIRCHWOOD DIVISION (BWD) (where applicable) Service | Water Quality Monitoring and Con PWS Name SCWA, BIRCHWOOD DIVISION (BWD) (where applicable) Service Resider | Water Quality Monitoring and Complement | Water Quality Monitoring and Compliance S PWS Name Classification SCWA, BIRCHWOOD DIVISION (BWD) C (where applicable) Service Residential Commerci | Water Quality Monitoring and Compliance Schedul PWS Name Classification Population SCWA, BIRCHWOOD DIVISION (BWD) C 108 (where applicable) Service Residential Commercial Industri | Water Quality Monitoring and Compliance Schedule PWS Name Classification Population Owner Type SCWA, BIRCHWOOD DIVISION (BWD) C 108 L (where applicable) Service Residential Commercial Industrial Combine | | | |

| Towns Served: MONTVILLE | | | · | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|--|--|--|--|--|
| Monitoring Requirements | | | | | | | | | |
| 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 | | | | | | |
| | 1/1/26 - 12/31/28 | | | | | | | | |
| 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 | | | | | | | | |
| | 1/1/26 - 12/31/28 | | | | | | | | |
| 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 | | | | | | | | |
| | 1/1/26 - 12/31/28 | | | | | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine | (RT) per three years | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| ENTRY POINT (3) | 1/1/22 - 12/31/24 | | | | | | | | |
| | 1/1/25 - 12/31/27 | | | | | | | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| 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 | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| 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 | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | 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) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| ENTRY POINT (3) | 1/1/23 - 12/31/25 | | | | | | | | |
| | 1/1/26 - 12/31/28 | | | | | | | | |
| Monthly Water System Facility (WSF |) Level Monitorir | ng Requiremen | its | | | | | | |
| Water System Facility: ENTRY POINT (WSFID: 00700) | | | | | | | | | |
| Analyte Manitoring Paguirament (Summary Type) | Operating Limit | | Camples Dog /Month | | | | | | |

| | (110 | , ===================================== | | |
|-----------------------------|---|---|------------------------|----------------------|
| Water System Facility: | ENTRY POINT (WSFID: 00700) | | | |
| Analyte | Monitoring Requirement (Summary Type) Operating Lim | | t | Samples Req/Month |
| рН | Entry Point pH Monitoring (PHRD) | Minimum: 7.0 | PH | Daily |
| Start Date: 7/1/2003 | Com | npliance History: | Operating Limit | Monitoring |
| | Mon | itoring Period | Compliance Status | : Compliance Status: |
| | 11/1 | /2023 - 11/30/2023 | | |
| | | | | |

| Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Prime | |
|--|--------------|
| Water Quality Monitoring and Compliance Schedule | |
| | |
| | nary Source |
| CT0869011 SCWA, BIRCHWOOD DIVISION (BWD) C 108 L | GW |
| | Agricultural |
| Connections 39 | |
| Towns Served: MONTVILLE | |
| Water System Facility: ENTRY POINT (WSFID: 00700) | |
| Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Req/ | /Month |
| pH Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH Daily | |
| Start Date: 7/1/2003 Compliance History: Operating Limit Monitoring | g |
| Monitoring Period Compliance Status: Compliance | e Status: |
| 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 | |
| Compliance Schedule Activity Due Date Achieved Date | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE 12/29/2011 | |
| SUBMIT CCR TO THE DEPARTMENT 6/30/2024 | |
| SUBMIT CCR CERTIFICATION FORM 8/9/2024 | |
| SUBMIT LEAD SERVICE LINE INVENTORY 10/16/2024 | |
| COMPLETE INITIAL LSL INVENTORY 10/16/2024 | |
| CROSS CONNECTION EXEMPTION 3/1/2029 | |
| Water System Facility and Sampling Point Inventory | |
| Water Total Lead and | - |
| System Water System Facility Sampling Point Sampling Point Coliform Copper Facility ID Description Status Rule Rule Tier Asbestos W | Stage |
| 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y | QI Z DDI N |
| BWD01 PUMPHOUSE DIST. A Y | |
| BWD02 BWD UNIT A3 A N | |
| BWD03 BWD UNIT C5 A N | |
| BWD04 BWD UNIT B10 A N | |
| BWD05 BWD UNIT B8 A N | |
| BWD06 BWD UNIT B6 A Y N | |
| DOWNSTREAM WITHIN 5 SERVICE CON A | |
| UPSTREAM WITHIN 5 SERVICE CON A | |
| 00700 ENTRY POINT 3 ENTRY POINT A | |
| 463 BWD PUMPHOUSE | |
| 51719 ATMOSPHERIC TANK | |
| 51721 HYDROPNEUMATIC TANK | |
| 802 WELL 1 2 WELL 1 A | |
| 803 WELL 2 2 WELL 2 A | |

Certified Operator Information

Water System Facility: BWD PUMPHOUSE (WSF ID: 463)

| Facility Classification: CLASS 1 TREATMENT PLANT | | | | | | | | |
|--|----------------|---|-----------|--|--|--|--|--|
| Operator Name Operator Type Certification(s) | | | | | | | | |
| BELAIR, BRANDON W. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 | | | | | |

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.

| | domine the department of Fusing Finning Water Section | | | | | | | | | | |
|--|---|-------------|---------|----------------|--------------|------------|-----------------|--|--|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | | | | |
| СТ0869011 | SCWA, BIRCHWOOD DIVISION (BWD) | | | С | 108 | L | GW | | | | |
| Local Address | ddress (where applicable) Service Reside | | Residen | ntial Commerc | ial Industri | al Combine | ed Agricultural | | | | |
| | | Connections | 39 | | | | | | | | |
| Towns Sarvad | MONTVILLE | | | | , | | <u>'</u> | | | | |

Connecticut Department of Public Health Drinking Water Section

| Towns Served: MOI | VIVILLE | | | | | | | | |
|---|---------------|--------------------|---------|--------------------|-------------------|------------------------|-------------|------------|---------------|
| | | | Cer | tified Operate | or Information |) | | | |
| Water System Fac | cility: BWD | PUMPHOUS | SE (WS | SF ID: 463) | | | | | |
| Facility Classification | n: CLASS 1 TF | REATMENT P | LANT | | | | | | Certification |
| Operator Name | | | Oper | ator Type | Certification(s) | | | | Expiration |
| | | | | | DISTRIBUTION SYST | ГЕМ ОРЕ | RATOR - CLA | SS II | 6/30/2024 |
| RICKEY, JR., RAYMO | ND R | | ASSIGN | IED OPERATOR | DISTRIBUTION SYST | ГЕМ ОРЕ | RATOR - CLA | SS I | 3/31/2024 |
| | | | | | WATER TREATMEN | T PLANT | OPERATOR - | - CLASS I | 3/31/2024 |
| MCGARRY, THOMA | S | | ASSIGN | IED OPERATOR | WATER TREATMEN | T PLANT | OPERATOR - | - CLASS I | 3/31/2024 |
| | | | | | DISTRIBUTION SYST | ГЕМ ОРЕ | RATOR - CLA | SS I | 3/31/2024 |
| | | | | Contact Info | ormation | | | | |
| Name | | | | Organization | | | | Job Title | |
| Mr. Joseph Cansler | | | | SCWA | General Manager | | | | |
| Mailing Address Lin | e One | | Mailing | g Address Line Two | | City Sta | | State | Zip Code |
| P.O. Box 415 | | | 1649 R | oute 12 | | Gales Ferry CT | | СТ | 06335-0415 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ad | ddress | | |
| 860-464-0232 | | 860-464-2 | 2876 | 860-941-3406 | | j.cansler | @waterauth | nority.org | |
| Contact Role(s): A | dministrative | Contact | | | | | | | |
| Name | | | | Organization | | | | Job Title | |
| Dr. Edward C. Mon | ahan | | | Southeastern | CT Wtr. Authority | | Chairman | | |
| Mailing Address Line One Mailing Address Line Two | | g Address Line Two | | | City | State | Zip Code | | |
| 1649 Route 12 | | | PO Box | 415 | | Gales Fe | rry | СТ | 06335-0415 |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Ad | ddress | | |
| 860-464-0232 | | 860-464-2 | 2876 | 860-941-9246 | | ed.monahan@comcast.net | | | |
| Contact Role(s): Le | gal Contact | | | | | | | | |

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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

Schedule Generation Date: 4/3/2024

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

| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
|----------------------------------|----------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0869121 SCWA, SEVEN OAKS (OAK) | | | | | С | 26 | L | GW |
| Local Address (where applicable) | | Service | Residen | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| LEISURE DRIVE | | Connections | 13 | | | | | |

| Towns Served: MONTVILLE | | | 1 |
|---|--------------------------|--------------------------|--------------------------|
| Monitor | ring Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | : 00600) | | |
| Chlorine Residual (1012) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| Asbestos (1094) | | 1 routine | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/20 - 12/31/28 | | |
| Total Haloacetic Acids (2456) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Sampling Point (Sampling Point ID) | 1/1/23 - 12/31/23 | 7/15-7/21 | Complete |
| | 1/1/24 - 12/31/24 | 7/15-7/21 | |
| | 1/1/25 - 12/31/25 | 7/15-7/21 | |
| Total Trihalomethanes (2950) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| OAK 3 6 LEISURE DR (OAKO3) | 1/1/23 - 12/31/23 | 7/15-7/21 | Complete |
| | 1/1/24 - 12/31/24 | 7/15-7/21 | |
| | 1/1/25 - 12/31/25 | 7/15-7/21 | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/23 - 12/31/25 | 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 | |

| | Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
|-----------------|---|---------|-------|------------|----------------|------------|-----------------|----------------|--|--|--|
| PWS ID | D PWS Name | | | | ssification Po | opulation | Owner Type | Primary Source | | | |
| СТ0869121 | SCWA, SEVEN OAKS (OAK) | | | С | 26 | L | GW | | | | |
| Local Address (| Service | Residen | itial | Commercial | Industria | al Combine | ed Agricultural | | | | |

Connections

13

LEISURE DRIVE

| Towns Served: MONTVILLE | | | |
|---|--------------------------|--------------------------|----------------------|
| Monitorir | ng Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0 | 0600) | | |
| Physical Parameters (PPS) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 11/1/23 - 11/30/23 | | Complete |
| | 12/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 1/31/24 | | Complete |
| | 2/1/24 - 2/29/24 | | Complete |
| | 3/1/24 - 3/31/24 | | Complete |
| | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| 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 | | |
| | 1/1/26 - 12/31/28 | | |
| Nitrate And Nitrite (NOX) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| 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 & V (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 | _ | |
| | 1/1/26 - 12/31/28 | | |

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.

| C | `onne | cticut Der | partment of | F Public I | Health D | rinki | nσ W | ater Se | ction | |
|--------------------|-------------------|---------------------|---------------------|-------------|--------------------------------|-----------|------------|--------------|-------------------------------|---------------|
| C | omie | * | ality Monit | | | | | | CHOII | |
| PWS ID P | WS Name | | anty Monit | oring an | | | | | or Type P | rimary Source |
| | | e VEN OAKS (OAK) | <u> </u> | | Cic | C | | 26 | iei Type Pi | GW |
| Local Address (who | | • | <u> </u> | Service | Residential | | | | Combined | Agricultural |
| LEISURE DRIVE | сте арри | casicy | | Connections | | Commi | ici ciai i | maastriar | Combined | Agriculturur |
| Towns Served: MC | ONTVILLE | | | | 13 | | | | | |
| | | | Monit | oring Req | uirement | S | | | | |
| Water System Fa | acility: | ENTRY POINT | | - 0 - 1 | | | | | | |
| Organic Chemic | als (VO | CS) | | | | | | 1 | routine (R | T) per year |
| Sampling Poi | int (Samp | oling Point ID) | | | Monitoring | Period | Collec | tion Period | Compli | ance Status |
| ENTRY POINT | (3) | | | | 1/1/23 - 12/ | /31/23 | | | Со | mplete |
| | | | | | 1/1/24 - 12/ | 31/24 | | | | |
| | | | | | 1/1/25 - 12/ | 31/25 | | | | |
| | Mor | nthly Water | System Facil | ity (WSF) | Level Mo | nitori | ng Red | quireme | nts | |
| Water System Fa | acility: E | NTRY POINT | (WSFID: 00700) | | | | | | | |
| Analyte | | Monitoring Red | quirement (Summ | ary Type) | Operati | ing Limit | t | | Samples R | eq/Month |
| Chlorine | | Entry Point RD0 | C (EPRD) | | Minimu | m: 0.3 | MG/L | | Contir | nuous |
| Start Date: 10 | 0/1/2020 | | | Compli | iance History: | : | Operat | ing Limit | Monitor | ing |
| | | | | Monito | ring Period | | | ance Status: | Complia | nce Status: |
| | | | | 11/1/20 | 023 - 11/30/2 | 023 | | Υ | | |
| | | | | | 023 - 12/31/2 | | | Υ | | |
| | | | | | 24 - 1/31/202 | | | Υ | | |
| | | | | | 24 - 2/29/202 | | | | | |
| | | | | | 24 - 3/31/202 | | | | | |
| Analyte | | _ | quirement (Summ | | | ing Limit | | | - | eq/Month |
| pH | | Entry Point pH | Monitoring (PHRD | | Minimu | | PH | | Da | ily |
| Start Date: 3/ | /1/2009 | | | _ | iance History: | | - | ing Limit | Monitoring Compliance Status: | |
| | | | | | oring Period 023 - 11/30/2 | 022 | Compli | ance Status: | Compila | nce Status: |
| | | | | | 023 - 11/30/2 023 - 12/31/2 | | | | <u> </u> | |
| | | | | | 24 - 1/31/202 | | | | | |
| | | | | | 24 - 2/29/202 | | | | | |
| | | | | | 24 - 3/31/202 | | | | | |
| | | | Other C | ompliance | e Schedul | es | | | | |
| Compliance Sched | lule Activ | rity | | | | . Date | | Achieved I | Date | |
| CROSS CONNECTIO | ON EXEM | PTION | | | 3/1 | /2024 | | | | |
| SUBMIT CCR TO TH | HE DEPAR | RTMENT | | | 6/30 |)/2024 | | | | |
| SUBMIT CCR CERTI | IFICATIO | N FORM | | | 8/9 | /2024 | | | | |
| SUBMIT LEAD SERV | VICE LINE | INVENTORY | | | 10/1 | 6/2024 | | | | |
| COMPLETE INITIAL | L LSL INVI | ENTORY | | | 10/1 | 6/2024 | | | | |
| | | Water | System Facil | ity and Sa | mpling Po | oint In | vento | ry | | |
| Water | | | | | | | Total | Lead and | | |
| • | System F | acility | Sampling Point | | oint | | Coliforn | | Aabast- | Stage |
| Facility ID | NITION O | VCTER 4 | ID A | Description | ANI | Status | Rule | Kule Tier | Aspestos | WQP 2 DBPR |
| 00600 DISTRIB | BUTION S | Y S I E IVI | 4 | DISTRIBUTIO | VIN | Α | | | | |

6 LEISURE DRIVE

Α

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Υ

DOWNSTREAM WITHIN 5 SERVICE CON

OAK01

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

| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0869121 | SCWA, SEVEN OAKS (OAK) | | | | С | 26 | L | GW |
| Local Address (where applicable) | | Service | Residen | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| LEISURE DRIVE | | Connections | 13 | | | | | |

Towns Served: MONTVILLE

| | | Water System Facili | ity and Sampling I | Point In | vento | ſy | | |
|--------------------------------|-----------------------|---------------------|----------------------------|----------|---------------------------|---------------------------------|----------|---------------------|
| Water System Facility IL | Water System Facility | Sampling Point | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
| | | OAK02 | OAK 2 2 LEISURE DR | А | Υ | | | |
| | | OAK03 | OAK 3 6 LEISURE DR | Α | Υ | | | Υ |
| | | OAK04 | OAK 4 7 LEISURE DR | Α | Υ | | | |
| | | OAK05 | OAK 5 8 LEISURE DR | Α | Υ | | | |
| | | OAK06 | 4 LEISURE DRIVE | Α | Υ | | | |
| | | OAK07 | OAK 6 10 LEISURE DR | Α | Υ | | | |
| | | OAK08 | 27 HERITAGE DR. | Α | Υ | | | Υ |
| | | OAK09 | 30 HERITAGE DR | Α | Υ | | | |
| | | OAK1 | 2 LEISURE DR. | Α | Υ | | | |
| | | OAK2 | 5 LEISURE DR. | Α | Υ | | | |
| | | OAK3 | 6 LEISURE DR. | Α | Υ | | | |
| | | OAK4 | 7 LEISURE DR. | Α | Υ | | | |
| | | OAK5 | 8 LEISURE DR. | Α | Υ | | | |
| | | OAK6 | 4 LEISURE DR. | Α | Υ | | | |
| | | OAK7 | 10 LEISURE DR. | Α | Υ | | | |
| | | OAK8 | 27 HERMITAGE DR | Α | Υ | | | |
| | | OAK9 | 30 HERMITAGE DR. | Α | Υ | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | |
| 53483 | WELL 3 | 2 | WELL 3 | Α | | | | |
| 53485 | WELL 4 | 2 | WELL 4 | Α | | | | |
| 53487 | WELL 5 | 2 | WELL 5 | Α | | | | |
| 53490 | TREATMENT PLANT | | | | | | | |
| 53492 | ATMOSPHERIC TANK | | | | | | | |
| 53494 | CONTACT TANKS | | | | | | | |
| 53496 | PUMP STATION | | | | | | | |

| Certified | Operator | Information |
|-----------|----------|-------------|
|-----------|----------|-------------|

Water System Facility: TREATMENT PLANT (WSF ID: 53490)

| Facility Classification: CLASS 1 TREATMENT PLANT | | | | | | |
|--|-------------------|---|-----------------------------|--|--|--|
| Operator Name Operator Type | | Certification(s) | Certification Expiration | | | |
| BELAIR, BRANDON W. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024 | | | |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 6/30/2024 | | | |
| RICKEY, JR., RAYMOND R | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 3/31/2024 | | | |
| | | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2024 | | | |
| MCGARRY, THOMAS | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2024 | | | |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 3/31/2024 | | | |

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| | Water Quality M | | | | C | , | | |
|--|------------------------|----------------|-------|-------|----------|-------------|-----------|-----------------|
| PWS ID | PWS Name | ionitoring and | u don | | | | | Primary Source |
| CT0869121 | SCWA, SEVEN OAKS (OAK) | | | | С | 26 | L | GW |
| Local Address (where applicable) Service Resid | | | | ntial | Commerci | al Industri | al Combin | ed Agricultural |
| LEISURE DRIVI | | Connections | 13 | | | | | |

Connecticut Department of Public Health Drinking Water Section

| | | | | Contact Inf | ormation | | | | | |
|---------------------------------------|---------------|----------|------------------------------|--------------------|---------------------|------------------------------|-----------------|-----------|------------|--|
| Name | | | | Organization | l | | Job Title | | | |
| Mr. Joseph Cansler | | | | SCWA | | | General Manager | | | |
| Mailing Address Line One Mailing Addr | | | dress Line Two | | | City | State | Zip Code | | |
| P.O. Box 415 1649 Route 12 | | | | Gales Ferry CT 063 | | | 06335-0415 | | | |
| Business Phone | Extension | Fax | Mobile Phone Emergency Phone | | | Email Address | | | | |
| 860-464-0232 | | 860-464- | 2876 860-941-3406 | | | j.cansler@waterauthority.org | | | | |
| Contact Role(s): A | dministrative | Contact | | | • | • | | | | |
| Name | | | | Organization | Organization | | | Job Title | | |
| Dr. Edward C. Mon | ahan | | | Southeaster | n CT Wtr. Authority | | Chairman | | | |
| Mailing Address Lin | e One | | Mailing Ad | dress Line Two | | | City | State | Zip Code | |
| 1649 Route 12 | | | PO Box 41 | 5 | | Gales Fe | rry | CT | 06335-0415 | |
| | Extension | Fax | Mobile Phone Emergency Phone | | Email Address | | | | | |
| Business Phone | Extension | I dx | | | | | | | | |

Please note the following:

Towns Served: MONTVILLE

- 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