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
CT1080112	CHRIST EPISCOPAL CHURCH				NTNC	34	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
470 QUAKER FA	RMS RD	Connections			1			

Towns Served: OXFORD			
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	1/1/20 - 12/31/28		
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		
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	12/8/23 - 12/12/23		Complete
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		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)	-, ,,-,-		

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Own						Owner Type	Primary Source				
CT1080112	CHRIST EPISCOPAL CHURCH				NTNC	34	Р	GW			
Local Address (where applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural			
470 QUAKER F	ARMS RD			1							
Towns Served:	owns Served: OXFORD										

Towns Served: OXFORD					
Monitoring	Requirements				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
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 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: 10813)					
E. Coli (3014)		1 trigge	ered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
WELL 1 (2)	12/7/23 - 12/12/23		Complete		
Other Compl	iance Schedules				
Compliance Schedule Activity	Due Date	Achieved D	ate		
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024				
COMPLETE INITIAL LSL INVENTORY	10/16/2024				
CROSS CONNECTION EXEMPTION	3/1/2025				

Water	VVa	ier sysiem raciii	ty and Sampling P	omt ir	Total	Y Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility IE)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		CEC001	RR MEN RM MAIN FLR L	Α	Υ	2	Υ	
		CEC002	RR MEN RM MAIN FLR R	Α	Υ	2	Υ	
		CEC003	RR LADY RM MN FLR L	Α	Υ	2	Υ	
		CEC004	RR LADY RM MN FLR R	Α	Υ	2	Υ	
		CEC005	RR CHURCH OFFICE	Α	Υ	2	Υ	
		CEC006	RR PRIEST OFFICE	Α	Υ	2	Υ	
		CEC007	KIT SNK TRP LWR LEVL	Α	Υ	2	Υ	

	donnectical Department of Labore Health Dilliming Water Dection										
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source										
CT1080112	CHRIST EPISCOPAL CHURCH				NTNC	34	Р	GW			
Local Address (where applicable) Service Residential Commercial Industrial Combined							ed Agricultural				
470 QUAKER I	70 QUAKER FARMS RD Connections 1										

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory									
Water System	Water System Facility		Sampling Point		Total Coliform			Stage		
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR		
		CEC008	KIT SNK TRP LWR LEVR	Α	Υ	2	Υ			
		CEC009	KIT SNK SING LWR LEV	Α	Υ	2	Υ			
		CEC010	KIT SNK HAND LWR LEV	Α	Υ	2	Υ			
		CEC011	RR UNISEX	Α	Υ	2	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
10813	WELL 1	2	WELL 1	Α						
62193	WELL X TROL WX-203 BLADDER TANK									
62194	PUMP PRO PP-302 BLADDER TANK									

	Certified Operator Information								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)									
Facility Classification: SMA	ALL WATER SYSTEM		Certification						
Operator Name	Operator Type	Certification(s)	Expiration						
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026						
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026						
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2025						
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2025						

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Michael Evanch	ho			Christ Churc	h Quaker Farms		Prop Mgr/0	Committee	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
470 Quaker Farms F	Road					Oxford		СТ	06478
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress		
203-305-5905						FIRETEC	H314@YAH	00.COM	
S t t D - I - /- \									

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Towns Served: OXFORD

- 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
CT1085013	144 OXFORD ROAD, LLC				NTNC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
144 OXFORD RC	AD	Connections			13			

Towns Served: OXFORD			
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	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	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 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		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	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 (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)	1/1/21 - 12/31/23		Complete

	Connecticut Department	t of Public H	lealth	Drinking	y Water	Section	
	Water Quality Mo	nitoring and	d Con	npliance S	Schedul	le	
PWS ID PWS Name				Classification	Population	Owner Type P	rimary Source
CT1085013	144 OXFORD ROAD, LLC	OXFORD ROAD, LLC					GW
Local Address (where applicable) Service Reside				tial Commercial Indu		al Combined	Agricultural
144 OXFORD F	ROAD		13				
Towns Served	: OXFORD	·			,		
	Mo	nitoring Requ	iireme	nts			
Water Syster	m Facility: ENTRY POINT (WSF ID: 00)	700)					
Organic Che	micals (VOCS)				1 rou	utine (RT) per	three years

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

Monitoring Period

1/1/24 - 12/31/26 1/1/27 - 12/31/29 **Collection Period**

Compliance Status

Sampling Point (Sampling Point ID)

Public Notification Requirements									
	Compliance	Notice	Public No	<u>tification</u>	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/10/2018		2/20/2018				

Total Coli	form M&R Violation	//1,	/16 - 9/30/16 3	2/10/2	018	2	2/20/2018	
	Wat	er System Facili	ity and Sampling P	oint In	vento	у		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos I	NQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		TK001	UNIT 1-A REST RM SNK	Α	Υ	2	Υ	
		TK002	UNIT 1-B REST RM SNK	Α	Υ	2	Υ	
		TK003	UNIT 1-C REST RM SNK	Α	Υ	2	Υ	
		TK004	UNIT 1-D REST RM SNK	Α	Υ	2	Υ	
		TK005	UNIT 1-D KIT SNK	Α	Υ	2	Υ	
		TK006	UNIT E-1 REST RM SNK	Α	Υ	2	Υ	
		TK007	UNIT E-2 REST RM SNK	Α	Υ	2	Υ	
		TK008	UNIT 1-F REST RM SNK	Α	Υ	2	Υ	
		TK009	UNIT 1-F RT KIT SNK	Α	Υ	2	Υ	
		TK010	UNIT 1-F LFT KI SNK	Α	Υ	2	Υ	
		TK011	UNIT 1-F RT WSH SNK	Α	Υ	2	Υ	
		TK012	UNIT 1-F LFT WSH SNK	Α	Υ	2	Υ	
		TK013	UNIT 1-G KIT SNK	Α	Υ	2	Υ	
		TK014	UNIT 1-G MENS RM	Α	Υ	2	Υ	
		TK015	UNIT 1-G LADIES RM	Α	Υ	2		
		TK016	UNIT 1-H FRONT SNK	Α	Υ	2		
		TK017	UNIT 1-H REAR SNK	Α	Υ	2		
		TK018	UNIT 1-H SINGLE SNK	Α	Υ	2		
		TK019	UNIT 1-H HAND SNK	Α	Υ	2		
		TK020	UNIT 1-H TRPL SNK	Α	Υ	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 Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Prim

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1085013	144 OXFORD ROAD, LLC				NTNC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
144 OXFORD RO	DAD	Connections			13			

Towns Served: OXFORD

Wa	ater System Facil	ity and Sampling P	oint Ir	nvento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
	TK021	UNIT 1-H SLOP SNK	Α	Υ	2		
	TK022	UNIT 2-A REST RM SNK	Α	Υ	2		
	TK023	UNIT 2-B REST RM SNK	Α	Υ	2		
	TK024	UNIT 2-C REST RM SNK	Α	Υ	2		
	TK025	UNIT 2-D REST RM SNK	Α	Υ	2		
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
10504 WELL #1	2	WELL #1	Α				
10505 WELL #2	2	WELL #2	Α				
55057 WELL #3	2	WELL #3	Α				
57411 TREATMENT PLANT							

Certified Operator Information	Certified (Operator	Information
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Water System Facility: TREATMENT PLANT (WSF ID: 57411)

Facility Classification: CLASS 1 TREA	Facility Classification: CLASS 1 TREATMENT PLANT							
Operator Name	Operator Type	Certification(s)	Expiration					
LEMKE, BRIAN	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	3/31/2024					

			Ca	ntact Inf	ormation			
Name			C	Organization			Job Title	
Name							Job Title	
Mr. Thomas Kelleh	er			144 Oxford F	Road LLC	Member		
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code
1636 Dixwell Avenue						Hamden	СТ	06514
Business Phone	Extension	Fax	Мс	bile Phone	Emergency Phone	Email Address		
203-281-5521	308				203-248-8313			
Contact Role(s): Le	gal Contact							
Name				Organization	l		Job Title	ļ
Mr. Edward J. Kelle	her			144 Oxford F	Road, LLC			

Mr. Edward J. Kelle	her			144 Oxford F	Road, LLC				
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
1636 Dixwell Avenu	е					Hamden		СТ	06514
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Add	dress		
203-281-5521	307	203-288-	5222		203-494-7344	ed@tomr	nyk.com		
Contact Role(s): A	dministrative	Contact							

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.

PWS ID	PWS Name					Classifi	cation	Population	Owner Type	Primary Source		
T1085013	144 OXFORD ROAD	, LLC				NTNC		25	Р	GW		
ocal Address (w	here applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combine	ed Agricultura		
14 OXFORD ROAD			Connection	ns		13						
Towns Served: C	XFORD			·	·	·		·	·			
lame				Organization					Job Title			
44 Oxford Road	d LLC											
Mailing Address Line One Mailing Address				ess Line Two	s Line Two			City	State	Zip Code		
Mailing Address		636 Dixwell Ave					Hamde	n	СТ	06514		
	9						Harriac	•••	J 0.	0051		

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
CT1085033	PLEASANT VALLEY SHOPPING PLAZA				NTNC	89	Р	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
248 OXFORD RC	AD	Connections	15					

Towns Served: OXFORD			·		
Monitor	ing Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)				
Chlorine Residual (1012)		1 routine (RT) per mon			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	1/1/24 - 1/31/24				
	2/1/24 - 2/29/24				
	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				
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	1/1/20 - 12/31/28				
Total Haloacetic Acids (2456)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
UNIT 1-2 ROSES SINK (PVSC007)	1/1/23 - 12/31/23	7/1-7/30	Complete		
	1/1/24 - 12/31/24	7/1-7/30	·		
	1/1/25 - 12/31/25	7/1-7/30			
Total Trihalomethanes (2950)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
PLAYSCHOOL KITCHEN (PVSC004)	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 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				

Page 8 Schedule Generation Date: 4/3/2024

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1085033	PLEASANT VALLEY SHOPPING PLAZA				NTNC	89	Р	GW
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural
248 OXFORD RO	AD	Connections	15					

Towns Served: OXFORD			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
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	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		
	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)			
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 (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)			(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		

	Conne	ecticut Department of	f Public H	ealth D	rinki	ng V	Vater S	Sect	ion	
		Water Quality Monit				_				
PWS ID	PWS Nam		8 8						Type Pr	imary Source
CT1085033	PLEASAN [*]	T VALLEY SHOPPING PLAZA			NTNC		89	Р		GW
Local Address (where appli	icable)	Service	Residentia	I Comm	ercial	Industrial	Co	mbined	Agricultural
248 OXFORD R	OAD		Connections	15						
Towns Served:	OXFORD									
			oring Requ	irement	:s					
Water System	n Facility:	ENTRY POINT (WSF ID: 00700)								
Organic Cher	-							_		three years
Sampling	Point (Sam	pling Point ID)		Monitoring		Colle	ection Perio	od	Compli	ance Status
				1/1/26 - 12,						
	Moı	nthly Water System Facil	lity (WSF) I	evel Mo	nitorii	ng Ro	equirem	nent	S	
Water System	n Facility:	ENTRY POINT (WSFID: 00700)								
Analyte		Monitoring Requirement (Summ	nmary Type) Operating Limi					Sa	Samples Req/Month	
Chlorine		Entry Point RDC (EPRD)		Minimum: 0.5		MG/L			Continuous	
Start Date:	4/1/2018		•	Compliance History: Operating Limit				Monitoring		
			Monitoring Period Compliance Status				tus:	Complia	nce Status:	
				23 - 11/30/2			Y			
				23 - 12/31/2			Y			
				1 - 1/31/202			Y			
				1 - 2/29/202 1 - 3/31/202			Υ			
Analyta		Monitoring Requirement (Summ			ing Limit			Sa	malas Be	eq/Month
Analyte pH		Entry Point pH Monitoring (PHRE		· -	um: 7.0 F			Sa	nipies ke 4	eq/iviontii
Start Date:	1/1/2004	Entry Foint pri Monitoring (Frince		nce History					T Monitor	ina
Start Bate.	1/1/2004		•	ing Period	•	•	ating Limit diance Stat			nce Status:
				23 - 11/30/2	2023	Comp	marice Stat			
				 23 - 12/31/2						
				1 - 1/31/202						
			2/1/202	1 - 2/29/202	24					
			3/1/202	1 - 3/31/202	24					
		Other C	ompliance	Schedul	les					
Compliance Sci	hedule Activ	vity		Du	e Date		Achiev	ed Da	te	
CCTS 2: DWS R	EVIEW & AP	PPROVAL OF OCCT		12/3	31/2023					
SUBMIT LEAD (CONSUMER	NOTICE CERTIFICATE		3/3	0/2024					
SUBMIT LEAD S	SERVICE LIN	E INVENTORY		10/1	16/2024					
COMPLETE INIT					16/2024					
CROSS CONNEC	CTION SURV	YEY REPORT		3/1	L/2025					
		Water System Facil	ity and Sar	npling Po	oint In	vent	ory			

	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 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		PVSC001	UNIT 9 NONNAS KS	Α	Υ	2	Υ				
		PVSC002	UNIT 8 NU LOOK SINK	Α	Υ	2	Υ				
		PVSC003	PLAYSHOOL STAFF BR	Α	Υ	2	Υ				

	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			
CT1085033	PLEASANT VALLEY SHOPPING PLAZA				NTNC	89	Р	GW			
Local Address	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural				
248 OXFORD ROAD		Connections	15								

Т	owns	Served	:	OXFORD
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	Water System Facility and Sampling Point Inventory									
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 DBPR		
		PVSC004	PLAYSCHOOL KITCHEN	Α	Υ	2	Υ	Υ		
		PVSC005	UNIT 13 OXFORD PC	Α	Υ	2	Υ			
		PVSC006	UNIT 4 OXFORD DENTAL	Α	Υ	2	Υ			
		PVSC007	UNIT 1-2 ROSES SINK	Α	Υ	2	Υ	Υ		
		PVSC008	UNIT 6-7 BAR SINK	Α	Υ	2	Υ			
		PVSC009	UNIT 11 CUSTOM BLD	Α	Υ	2	Υ			
		PVSC010	UNIT 14 KITCHEN SPLY	Α		2	Υ			
		PVSC011	UNIT 12 MTG CO SINK	Α	Υ	2	Υ			
		PVSC012	THE OFFICE BR	Α	Υ	2	Υ			
		PVSC013	CPM KITCHEN SINK	Α	Υ	2	Υ			
		PVSC014	KINDERCARE TOD SINK	Α	Υ	2	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
10506	WELL #2	2	WELL #2	Α						
10507	WELL #1	2	WELL #1	Α						
10513	COMBINED WELL #1 AND #2	2	COMBINED WELL #1 AND	Α						
48695	PLEASANT VALLEY TREATMENT STATION	•								

Certified	Operator	Information
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Water System Facility: PLEASANT VALLEY TREATMENT STATION (WSF ID: 48695)

Facility Classification: CLASS 1	Facility Classification: CLASS 1 TREATMENT PLANT									
Operator Name	Operator Type	Certification(s)	Certification Expiration							
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026							
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026							
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2025							
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2025							

			Co	Contact Information						
Name				Organization	1		Job Title			
Dr. Terry Blake				T&J Realty			Owner			
Mailing Address Line One Ma			Mailing Add	Mailing Address Line Two			City	State	Zip Code	
3333 Main St						Stratford		06614		
Business Phone	none Extension F		Mo	obile Phone	Emergency Phone	Email Address				
203-258-2997					terryblake723@aol.com		com			
Contact Role(s): Ac	ministrative	Contact. Les	al Contact. O	wner	*	-				

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Tyne	Prima

PWS ID PWS Name CI		Classification	Population	Owner Type	Primary Source		
CT1085033	PLEASANT VALLEY SHOPPING PLAZA			NTNC	89	Р	GW
Local Address (w	Local Address (where applicable)		Service Residential		al Industri	al Combine	ed Agricultural
248 OXFORD RO	AD	Connections	15				

Towns Served: OXFORD

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	_	,		
	Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1085061	AQUARION WATER CO OF CT-OXFORD TOWN CTR	NTNC	25	Р	GWP

Connections

Residential Commercial

80

150

Industrial

Combined

Agricultural

Service

Towns Served: OXEORD

ROUTE 67

Local Address (where applicable)

Towns Served: OXFORD			
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	1/1/17 - 12/31/25		
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		
Disinfectant Byproducts - TTHM & HAA5 (DBP)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
OTC 357 OXFORD RD SS (00572)	1/1/23 - 12/31/23	9/1-9/30	Complete
	1/1/24 - 12/31/24	9/1-9/30	
	1/1/25 - 12/31/25	9/1-9/30	
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		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Other Cor	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
CCTS 7: DWS TO SPECIFY OPTIMAL WQPS	6/30/2019		
CROSS CONNECTION SURVEY REPORT	3/1/2024		
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024		
COMPLETE INITIAL LSL INVENTORY	10/16/2024		
Water System Facility	and Sampling Point In	ventory	

	W	ater System Facili	ity and Sampling Po	oint Ir	iventoi	ry			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility IE)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	00004	OXFORD TOWNE CTR SS	Α	Υ				
		00572	OTC 357 OXFORD RD SS	Α	Υ		Υ		Υ
		00573	PRICE CHOPPER MARKET	Α	Υ				
		4	DISTRIBUTION SYSTEM	Α					
		PB8053	OTC 170 OXFORD RD	Α		N			

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				U	'			
	Water Quality Monit	oring and	d Con	<u>ıpl</u>	iance S	chedul	.e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary So	ource
CT1085061	AQUARION WATER CO OF CT-OXFORD TOW	N CTR			NTNC	25	Р	GWP)
Local Address	(where applicable)	Service	Residen	itial Commerci		al Industri	al Combin	ed Agricu	ltural
ROUTE 67		Connections	150		80				

Connecticut Department of Dublic Health Drinking Water Costion

	Water 9	System Facili	ity and Sampling P	oint Ir	iventoi	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
		PB8081	OTC 150 MAIN ST	Α		N			
		PB8084	OTC 154 MAIN ST	Α		N			
		PB8085	OTC 160 MAIN ST	Α		N			
		PB8086	OTC 304 OXFORD RD	Α		N			
		PB8087	OTC 274 OXFORD RD	Α		N			
		PB8088	OTC 280 OXFORD RD	Α		N			
		PB8089	OTC 159 MAIN ST	Α		N			
60122	INTERCONNECTION - HERITAGE	00571	OXFORD TOWN CENTER	Α	Υ				
	WATER CO.		M						

Water System Facility: DISTR	IBUTION SYSTEM (WSF ID: 006	00)	
Facility Classification: SMALL WA	ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
HORN, ROBERT	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2025
		WATER TREATMENT PLANT OPERATOR - CLASS III	6/30/2025

Certified Operator Information

				Contact Inf	ormation				
Name				Organization	ı		Job Title		
Mr. John P. Walsh			Aquarion Water Company				Vice President		
Mailing Address Line One			Mailing Address Line Two				City	State	Zip Code
835 Main Street		N	Mail Stop 700			Bridgeport		СТ	06604
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
203-337-5852 203-337-			5938 781-413-6175 j			jwalsh@aquarionwater.com			
Contact Role(s): Le	gal Contact, C)wner							
Name				Organization	1			Job Title	

Name				Organization			Job Title		
Mr. Robert J. Ulrich				Aquarion Water Company of Ct			Vp-Supply & Utility		
Mailing Address Line One Mailing Add				ress Line Two		City		State	Zip Code
Aquarion Water Company of Ct 505 Hunting			gton St.		Shelton		СТ	06484	
Business Phone	Extension	Fax N		1obile Phone	Emergency Phone	Email Ac	nail Address		
203-926-4320		203-929-5297			203-395-3205	rulrich@	rulrich@aquarionwater.com		
Contact Dala(s).	-	Cantast			*	*			

Contact Role(s): Administrative Contact

Please note the following:

Towns Served: OXFORD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule