CT1100112	AQUARION WATER CO OF CT - NORTH MOUNTAIN	NTNC	370	L	SWP					
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source					
	Water Quality Monitoring and Compliance Schedule									
Connecticut Department of Public Health Drinking Water Section										

 CT1100112
 AQUARION WATER CO OF CT - NORTH MOUNTAIN
 NTNC
 370
 L
 SWP

 Local Address (where applicable)
 Service
 Residential Commercial Industrial Combined Agricultural
 Combined Agricultural

 201 NORTH MOUNTAIN ROAD PLAINVILLE
 Connections
 3

Towns Served: PLAINVILLE

Monitoring Re	equirements		
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
DISTRIBUTION (4)	1/1/17 - 12/31/25		Complete
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 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 Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CROSS CONNECTION SURVEY REPORT	3/1/2022							
CROSS CONNECTION SURVEY REPORT	3/1/2023							
CROSS CONNECTION SURVEY REPORT	3/1/2024							
RESPOND TO SANITARY SURVEY	4/25/2024							
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024							
COMPLETE INITIAL LSL INVENTORY	10/16/2024							

Water System Facility and Sampling Point Inventory Total Lead and Water Sampling Point Sampling Point System Water System Facility **Coliform** Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR **Status** DISTRIBUTION SYSTEM 00600 07236 **NORTH MOUNTAIN INTER** Υ 07237 HHC ROOM 1108 Υ Ν 07238 HHC ROOM 1116 Α Ν 07239 HHC ROOM 1544 Α Υ Ν 07240 HHC ROOM 1616 Α Υ Ν 07241 HHC ROOM B109 Α Υ Ν DISTRIBUTION 4 Α Υ DOWNSTREAM DISTRIBUTION 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.

Schedule Generation Date: 4/3/2024 Page 1

Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Clas	ssification	Population	Owner	Гуре І	Primary Source
CT1100112	2 AQUARION WATER CO OF CT - NORTH MOUNTAIN NTNC								SWP
Local Address	Service	Residen	tial	Commerci	al Industri	al Co	nbine	d Agricultural	
201 NORTH M	OUNTAIN ROAD PLAINVILLE	Connections				3			

Towns Served: PLAINVILLE

Water System Facility and Sampling Point Inventory									
Water System Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and		C+/	age	
Facility ID	ID	Description -	Status	Dula	Copper Rule Tier	Asbestos		_	
	HHC1108	HHC ROOM 1108	Α	Υ					
	HHC1116	HHC ROOM 1116	Α	Υ					
	HHC1544	HHC ROOM 1544	Α	Υ					
	HHC1616	HHC ROOM 1616	Α	Υ					
	HHCB109	HHC ROOM B109	Α	Υ					
	NMPS1108	NMPS-ROOM 1108	Α	Υ	N				
	NMPS1116	NMPS-ROOM 1116	Α	Υ	N				
	NMPS1544	NMPS-ROOM 1544	Α	Υ	N				
	NMPS1616	NMPS ROOM 1616	Α	Υ	N				
	NMPSB109	NMPS-ROOM B109	Α	Υ	N				
	UPSTREAM	DISTRIBUTION	Α	Υ					
COACO INTERCONNECTON CT0900011									

60462 INTERCON	NNECTON - C	Г0890011							
			Certified C	Operato	or Information				
Water System Faci	lity: DISTR	BUTION SY	STEM (WSF ID:	: 00600)					
Facility Classification	: SMALL WA	TER SYSTEM							Certification
Operator Name			Operator Type		Certification(s)				Expiration
HAVEL, DOUGLAS G.		(CHIEF OPERATOR	₹	DISTRIBUTION SYST	EM OPER	RATOR - CLASS	Ш	6/30/2024
					WATER TREATMEN	T PLANT	OPERATOR - CI	ASS III	6/30/2024
HELMING, TRAVIS			ASSIGNED OPERA	ATOR	WATER TREATMEN	T PLANT	OPERATOR - CI	ASS III	9/30/2025
					DISTRIBUTION SYST	EM OPER	RATOR - CLASS	Ш	9/30/2025
FARRELLY, MARC			ASSIGNED OPERA	ATOR	WATER TREATMENT PLANT OPERATOR - CLASS II			ASS II	6/30/2024
					DISTRIBUTION SYST	EM OPER	RATOR - CLASS	II	6/30/2024
HOGE, TYLER N			ASSIGNED OPERA	ATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I				9/30/2024
					WATER TREATMENT PLANT OPERATOR - CLASS I				
			Cont	act Info	ormation				
Name			Org	ganization				Job Title	
Mr. Robert J. Ulrich			Aqu	uarion Wa	ter Company of Ct		Vp-Supply & L	Itility	
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code	
Aquarion Water Com	npany of Ct		505 Huntington S	St.		Shelton		СТ	06484
Business Phone	Extension	Fax	Mobile	Phone	Emergency Phone	Email Ad	dress		
203-926-4320		203-929-5	297		203-395-3205	rulrich@	aquarionwater	com.	
Contact Role(s): Ad	ministrative (Contact, Lega	al Contact						

Schedule Generation Date: 4/3/2024 Page 2

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

	Treating 1 101110	9 8		- P	9 0 1 1 0 01 01 1		
PWS ID PWS Name			Classification	Population	Owner Type	Primary Source	
CT1100112	AQUARION WATER CO OF CT - NORTH MOU	NTNC	370	L	SWP		
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	ial Combin	ed Agricultural
201 NORTH MOUNTAIN ROAD PLAINVILLE		Connections			3		
		*	*		*		

Towns Served: PLAINVILLE

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

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