

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1200042	BOOTH FREE SCHOOL	NTNC	130	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
SOUTH STREET			1				

Towns Served: ROXBURY

Monitoring Requirements

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

Asbestos (1094) 1 routine (RT) per nine years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		

Total Coliform (3100) 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Lead And Copper (PBCU) 5 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/25	6/1-9/30	
	1/1/26 - 12/31/28	6/1-9/30	

Physical Parameters (PPS) 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Inorganic Chemicals (IOCS) 1 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		

Nitrate And Nitrite (NOX) 1 routine (RT) per year

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Pesticides, Herbicides and PCBs-Phase II (SOC2) 1 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

Pesticides, Herbicides and PCBs-Phase V (SOC5) 1 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

Organic Chemicals (VOCS) 1 routine (RT) per three years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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Towns Served: ROXBURY							

Monitoring Requirements

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

Organic Chemicals (VOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
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

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y			
		BFS001	NURSE SINK	A	Y	2	Y	
		BFS002	UPPER LEVEL STORAGE	A	Y	2	Y	
		BFS003	KINDERGARTEN SINK	A	Y	2	Y	
		BFS004	TEACHERS LAV	A	Y	2	Y	
		BFS005	KITCHEN HAND WASH	A	Y	2	Y	
		BFS006	UL 12 ROOM	A		2	Y	
		BFS007	UL 9 LAV	A		2	Y	
		BFS008	LL 5 SINK	A		2	Y	
		BFS009	LL 3 SINK	A		2	Y	
		BFS010	UL 18 LAV	A		2	Y	
		BFS011	UL 11 LAV	A		2	Y	
		BFS012	LL 15 LAV	A		2	Y	
		BFS013	LL 1 GIRLS LAV	A		2	Y	
		BFS014	LL 2 SINK	A		2	Y	
		BFS015	LL 4 SINK	A		2	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10558	WELL	2	WELL	A				

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

<i>Operator Name</i>	<i>Operator Type</i>	<i>Certification(s)</i>	<i>Certification Expiration</i>
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025

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Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

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

Contact Information

Name			Organization			Job Title		
Mr. Bruce E. Storm			Regional School District 12			Superintendent		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O. Box 386			11A School St			Washington Depot	CT	06794
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-868-6100		860-868-6103			stormb@region-12.org			

Contact Role(s): **Owner**

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

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

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

Contact Role(s): **Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

End of schedule

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