	Connecticut Departmen				0			
	Water Quality M	onitoring and	_				uine a mu Cauna	
PWS ID CT1280212	PWS Name		Cia		ion Population Owner Type Primary Source			
	THE MASTERS SCHOOL	Service	Residential	NTNC Commer	372 dial Industrial	P	GW	
36 WESTLEDGE	(where applicable)	Connections	Residential	9		Combined	Agricultura	
Towns Served:		connections		9				
Towns Serveu.			• •					
Mator Syston	IVI n Facility: DISTRIBUTION SYSTEM (lirements	5				
Asbestos (10					1 rout	tine (RT) pe	r nine vears	
•	Point (Sampling Point ID)		Monitoring F	Period	Collection Perio		iance Status	
	m Inventory of Active Sampling Points		1/1/20 - 12/3			u comp		
Total Colifor			1/1/20 12/3	51,20	1 r	outine (RT)	ner quarter	
	Point (Sampling Point ID)		Monitoring F	Period	Collection Perio		iance Status	
	m Inventory of Active Sampling Points		10/1/23 - 12/				Complete	
			1/1/24 - 3/3				mpiere	
			4/1/24 - 6/3					
			7/1/24 - 9/3					
Lead And Co	pper (PBCU)				5 routi	ne (RT) per	three years	
Sampling	Point (Sampling Point ID)		Monitoring F	Period	Collection Perio	d Compl	iance Status	
Select from Inventory of Active Sampling Points			1/1/23 - 12/31/25		6/1-9/30			
			1/1/26 - 12/3	31/28	6/1-9/30			
Physical Para	ameters (PPS)				1 r	outine (RT)	per quarter	
Sampling Point (Sampling Point ID)			Monitoring Period		Collection Perio	d Compl	Compliance Status	
Select from Inventory of Active Sampling Points			10/1/23 - 12/	31/23		Co	omplete	
			1/1/24 - 3/3	1/24				
			4/1/24 - 6/3	0/24				
			7/1/24 - 9/3	0/24				
Water Systen	n Facility: ENTRY POINT (WSF ID: 0	0700)						
Inorganic Ch	emicals (IOCS)				1 routi	ne (RT) per	three years	
Sampling Point (Sampling Point ID)			Monitoring F	Period	Collection Perio	d Compl	ance Status	
ENTRY POINT (3)			1/1/23 - 12/3	31/25				
			1/1/26 - 12/3	31/28				
Nitrate And	Nitrite (NOX)					1 routine (F	RT) per year	
Sampling	Sampling Point (Sampling Point ID)		Monitoring F	Period	Collection Perio		iance Status	
ENTRY PO	DINT (3)		1/1/23 - 12/3			Cc	omplete	
			1/1/24 - 12/3					
			1/1/25 - 12/3	31/25				
-	lerbicides and PCBs - Phase II & V (S	•				ne (RT) per	-	
Sampling Point (Sampling Point ID)			Monitoring F		Collection Perio	d Compl	ance Status	
ENTRY PC	DINT (3)		1/1/23 - 12/3					
			1/1/26 - 12/3	31/28		_		
-	micals (VOCS)					ne (RT) per	-	
	Point (Sampling Point ID)		Monitoring F		Collection Perio	d Compl	ance Status	
ENTRY PO	DINT (3)		1/1/23 - 12/3					
			1/1/26 - 12/3					
	Oth	ner Compliance	Schedule	es				
Compliance Sc	hedule Activity		Due	Date	Achieve	d Date		

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

		ut Departm					0		ection	
		ter Quality	Monit	oring an						
PWS ID	D PWS Name Classification Population Owner 1									
CT1280212	THE MASTERS S			-1		NTNC		372	Р	GW
	(where applicable)			Service	Residentia			Industrial	Combined	Agricultura
36 WESTLEDG				Connections		9				
Fowns Served:	SIMSBURY									
		0	ther Co	ompliance	Schedul	les				
Compliance Sc	hedule Activity				Due	e Date		Achieved	Date	
SUBMIT LEAD	SERVICE LINE INVE	NTORY			10/1	6/2024				
COMPLETE INI	TIAL LSL INVENTO	RY			10/1	6/2024				
CROSS CONNE	CTION SURVEY REF	PORT			3/1	/2025				
		Water Syster	n Facili	ty and Sar	npling Po	oint In	vento	ory		
Water		•		•	1 0		Total	Lead and	1	
System Wa	ter System Facility	sampli	ng Point	Sampling Poi	nt		Colifor			Stage
Facility ID			ID	Description		Status	Rule	Rule Tie	Asbestos	WQP 2 DBP
00600 DIS	DISTRIBUTION SYSTEM		4	DISTRIBUTION	I SYSTEM	А	Y			
			ISTREAM	WITHIN 5 SERVICE CON		А				
		TN	/ISO1	BLDG 11 RM	12	А	Y	2	Y	
		TN	/ISO2	BLDG 4 RM 4		А	Y	2		
		TN	/IS03	BLDG 10 RM 2	118	А		Ν		
		TN	TMS04 BLDG 3 RM 9 TMS05 BLDG 6 MEN		A		Y	2		
		TN			5 RM	А		2		
		TN	TMS06 BLDG 5 RM 19 TMS07 BLDG 9 KITCHE TMS08 BLDG 3 MENS TMS09 BLDG 10 FACU		Э А			2		
		TN				А	Y	Ν	Y	
						A	Ŷ	2		
		TN			JLTY BATH	А		Ν		
			/IS10	BLDG 11 GIRL		A	Y	2		
			/S11	BLDG 4 LADIE		A		2		
			TREAM	WITHIN 5 SER		A		-		
00700 ENT	RY POINT		3	ENTRY POINT		A				
10578 WE			2	WELL		А				
56359 ATN	OSPHERIC TANK									
		Ce	rtified	Operator	Informat	tion				
Water Systen	n Facility: DISTR	BUTION SYSTEM		-						
	ication: SMALL W									Certificatio
Operator Name			rator Type	e Cé	Certification(s)					Expiration
HELMING, TRAVIS			CHIEF OPERATOR W		WATER TREATMENT PLANT			PERATOR - C		9/30/2025
		CITE!			DISTRIBUTION SYSTEM OPE				9/30/2025	
			Con	tact Inform		STOTEM	OT ETU I			5, 50, 2023
Name				ganization	nation				Job Title	
Mr. Jonathan Dahlstrom				e Masters Sch			~	ir. of Operat		
Mailing Address Line One				Line Two	001			City	State	Zip Code
36 Westledge		IVIdIIII	5 AUULESS			14/0	est Sims		CT	06092
		Eav	Mahil	le Phone Er	nergency Ph			-	CI	00092
Ducinoco Dh-	one Extension	Fax	וומסועו	e rione El	nergency Pr	ione Em				
Business Pho 860-651-93	61 1110	860-651-9363			860-944-67	-1-: 17	hlc+	@masterscl	hadlara	

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

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

Name IASTERS SCHOOL				Classific	ation	Population	Owner Type	Primary Sourc			
ASTERS SCHOOL								rinnary source			
				NTNC		372	Р	GW			
Local Address (where applicable)				ial Con	nmercia	Industria	al Combine	ed Agricultura			
36 WESTLEDGE ROAD			5	9							
RY						!		I			
Name Org				ganization				Job Title			
Mr. Ray Lagan The				e Master's School							
1ailing Address Line One Mailing Addre			ne Two			City	State	Zip Code			
36 Westledge Road					West Sir	msbury	СТ	06092			
xtension Fax	Mobile	e Phone E	Phone Emergency Phone Email Address				i				
5014 860-651-9	363				rlagan@masterschool.org						
r	ne xtension Fax	RY Org The Mailing Address xtension Fax Mobile 5014 860-651-9363	RY Organization The Master's S ne Mailing Address Line Two xtension Fax Mobile Phone 5014 860-651-9363	Organization Organization The Master's School ne Mailing Address Line Two xtension Fax Mobile Phone Emergency 5014 860-651-9363	RY Organization The Master's School ne Mailing Address Line Two xtension Fax Mobile Phone Emergency Phone 5014 860-651-9363	RY Organization The Master's School Mailing Address Line Two West Sin Extension Fax Mobile Phone Emergency Phone Email Ad 5014 860-651-9363	RY Organization The Master's School Chief Offi Mailing Address Line Two City West Simsbury West Simsbury xtension Fax Mobile Phone Emergency Phone Email Address 5014 860-651-9363 rlagan@masterschool	RY Mailing Address Line Two Chief Officer Mailing Address Line Two City State West Simsbury CT xtension Fax Mobile Phone Emergency Phone 5014 860-651-9363			

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