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	
CT1340011 CTWC - NORTHERN REG-STAFFORD SYSTEM			С	2,383	Р	SW		
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections	931		68	6		

Towns Served: STAFFORD			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Chlorine Residual (1012)		2 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Monitoring I ter System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060 orine Residual (1012) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points  Destos (1094) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points  Sall Haloacetic Acids (2456) Sampling Point (Sampling Point ID)  Gal W MAIN ST (3151)  Sall Trihalomethanes (2950) Sampling Point (Sampling Point ID) FOREST EDGE CONDOS (3153)  Sall Coliform (3100) 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
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/21 - 12/31/29		
Total Haloacetic Acids (2456)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
63 W MAIN ST (3151)	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 quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
FOREST EDGE CONDOS (3153)	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	<b>Collection Period</b>	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 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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	

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monit	toring and	d Con	npl	iance S	Schedul	le			
PWS ID	PWS Name			Cla	Classification   Populat		Owne	r Type F	Primary Source	
CT1340011	CTWC - NORTHERN REG-STAFFORD SYSTEM	1			С	2,383	F	Р	SW	
Local Address	(where applicable)	Service	Resider	itial	Commerci	al Industri	al Co	ombined	d Agricultural	
		Connections	931		68	6				

	Connections	931	68	6	
Towns Served: STAFFORD		301			
Monit	toring Requ	uirements	,		
Water System Facility: DISTRIBUTION SYSTEM (WSF					
Physical Parameters (PPS)				2 r	outine (RT) per month
Sampling Point (Sampling Point ID)		Monitoring F	Period (	Collection Period	- · ·
Select from Inventory of Active Sampling Points		11/1/23 - 11/			Complete
, , ,		12/1/23 - 12/	31/23		Complete
		1/1/24 - 1/3	1/24		Complete
		2/1/24 - 2/2	9/24		Complete
		3/1/24 - 3/3	1/24		Complete
		4/1/24 - 4/3	0/24		
		5/1/24 - 5/3	1/24		
		6/1/24 - 6/3	0/24		
		7/1/24 - 7/3	1/24		
		8/1/24 - 8/3	1/24		
		9/1/24 - 9/3	0/24		
		10/1/24 - 10/	31/24		
Water System Facility: STAFFORD TREATMENT PLAN	T ENTRY POIN	T (WSF ID:	00700)		
Net Gross Alpha (4000)				1 routir	e (RT) per three years
Sampling Point (Sampling Point ID)		<b>Monitoring Period</b>		Collection Period	Compliance Status
ENTRY POINT (3)		1/1/23 - 12/3	31/25		Complete
		1/1/26 - 12/3	31/28		
Uranium (4006)				1 routin	e (RT) per three years
Sampling Point (Sampling Point ID)		<b>Monitoring P</b>	Period (	Collection Period	d Compliance Status
ENTRY POINT (3)		1/1/23 - 12/3	31/25		Complete
		1/1/26 - 12/3	31/28		
Combined Radium-226/228 (4010)				1 routin	e (RT) per three years
Sampling Point (Sampling Point ID)		<b>Monitoring F</b>		Collection Period	Compliance Status
ENTRY POINT (3)		1/1/23 - 12/3			Complete
		1/1/26 - 12/3	31/28		
Inorganic Chemicals (IOCS)					l routine (RT) per year
Sampling Point (Sampling Point ID)		<b>Monitoring F</b>		Collection Period	
ENTRY POINT (3)		1/1/23 - 12/3			Complete
		1/1/24 - 12/3			Complete
		1/1/25 - 12/3	31/25		
Nitrate And Nitrite (NOX)					l routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring F		Collection Period	•
ENTRY POINT (3)		1/1/23 - 12/3			Complete
		1/1/24 - 12/3			Complete
		1/1/25 - 12/3	31/25	_	
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)					e (RT) per three years
Sampling Point (Sampling Point ID)		Monitoring F		Collection Period	•
ENTRY POINT (3)		1/1/22 - 12/3	31/24		Complete

Conn	ecticut Department of				_			1	
DIAKS ID	Water Quality Monit	oring an							
PWS ID PWS Na			CI		n Po	-		Pri	mary Source
	NORTHERN REG-STAFFORD SYSTEM			С		2,383	Р	١.	SW
Local Address (where ap	olicable)	Service Connections	Residentia		rcial	Industrial	Combin	ied	Agricultural
Towns Served: STAFFORI		Connections	931	68		6			
Towns Served: STAFFORD									
		oring Requ							
-	STAFFORD TREATMENT PLANT	ENTRY POIN	T (WSF ID:	00700)					
	and PCBs - Phase II & V (SOCS)								hree years
Sampling Point (Sai	npling Point ID)		Monitoring		Coll	ection Peri	od Con	nplia	nce Status
			1/1/25 - 12,	/31/27					
Organic Chemicals (V	•							•	Γ) per year
Sampling Point (Sai	mpling Point ID)		Monitoring		Coll	ection Peri	od Con	_	nce Status
ENTRY POINT (3)			1/1/23 - 12						nplete
			1/1/24 - 12					Cor	nplete
			1/1/25 - 12,	/31/25					
	STAFFORD RESERVOIR NO. 2 (	WSF ID: 2078	)						
Total Alkalinity (1927	•				- "		<del>-</del>		per month
Sampling Point (Sai			Monitoring		Coll	ection Peri	od Con	_	nce Status
RESERVOIR NO. 2 (1	)		11/1/23 - 11	-					nplete
			12/1/23 - 12	-					nplete
			1/1/24 - 1/	-					nplete
			2/1/24 - 2/						nplete
			3/1/24 - 3/					Cor	nplete
			4/1/24 - 4/						
			5/1/24 - 5/						
			6/1/24 - 6/						
			7/1/24 - 7/						
			8/1/24 - 8/	-					
			9/1/24 - 9/						
T. I. I. O	(2020)		10/1/24 - 10	7/31/24				<b>&gt;-</b> \	
Total Organic Carbon Sampling Point (Sai	•		Monitoring	Dariad	Call	1 ection Peri	-	- '	per month Ince Status
RESERVOIR NO. 2 (1			11/1/23 - 11		COII	ection Perio	ou con	_	nplete
RESERVOIR NO. 2 (1	)		11/1/23 - 11 12/1/23 - 12						nplete
			1/1/24 - 1/	• •					nplete
			2/1/24 - 2/						nplete
			3/1/24 - 3/						nplete
			4/1/24 - 4/					COI	пріссе
			5/1/24 - 5/						
			6/1/24 - 6/						
			7/1/24 - 7/	-					
			8/1/24 - 8/						
			9/1/24 - 9/						
			10/1/24 - 10						
Total Coliform (3100)			-, ,=. 10	, - ,		1 :	routine (R	T) p	er quarter
Sampling Point (Sai			Monitoring	Period	Coll	ection Peri	· <del>-</del>		nce Status
	• •		9					-	

Population Owr	ner Type Primary Source
2,383	P SW
-	Combined Agricultura
6	
1 rou	utine (RT) per quarter
ollection Period	Compliance Status
	Complete
	Complete
1	routine (RT) per year
ollection Period	Compliance Status
	Complete
	Complete
	· · · · · · · · · · · · · · · · · · ·
1 rou	utine (RT) per quarter
ollection Period	Compliance Status
	Complete
	Complete
1	routine (RT) per year
ollection Period	<b>Compliance Status</b>
	Complete
	Complete
1 ro	utine (RT) per month
ollection Period	Compliance Status
	Complete
R	equireme

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 P				ction
	Water Quality Monitor	ring and Comp	plianc	e Schedule	
PWS ID PWS Nam	е	С	Classificat	ion Population Own	ner Type Primary Source
CT1340011 CTWC - N	ORTHERN REG-STAFFORD SYSTEM		С	2,383	P SW
Local Address (where appli	cable) Se	rvice Residentia	al Comm	nercial Industrial	Combined Agricultural
	Co	onnections 931	6	8 6	
Towns Served: STAFFORD	,	'	1		
Water System Facility:	STAFFORD TREATMENT PLANT EN	TRY POINT (WSFID:	00700)		
Analyte	<b>Monitoring Requirement (Summary</b>	Type) Opera	ting Limi	t	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Minim	num: 6.4	PH	Daily
<b>Start Date:</b> 9/1/2003		Compliance History	y:	<b>Operating Limit</b>	Monitoring
		<b>Monitoring Period</b>		Compliance Status	and the second s
		11/1/2023 - 11/30/	2023	-	
		12/1/2023 - 12/31/	2023		
		1/1/2024 - 1/31/20	24		
		2/1/2024 - 2/29/20	24		
		3/1/2024 - 3/31/20	24		
Analyte	<b>Monitoring Requirement (Summary</b>	Type) Opera	ting Limi	t	Samples Req/Month
Phosphate (as PO4)	Entry Point Phosphate Monitoring (P	HOS) Minim	num: 0.1	MG/L	2
<b>Start Date:</b> 9/1/2003		Compliance History	y:	<b>Operating Limit</b>	Monitoring
		<b>Monitoring Period</b>		Compliance Status	: Compliance Status:
		11/1/2023 - 11/30/	2023		
		12/1/2023 - 12/31/	2023		
		1/1/2024 - 1/31/20	24		
		2/1/2024 - 2/29/20	24		
		3/1/2024 - 3/31/20	24		
Water System Facility:	STAFFORD WATER TREATMENT PL	ANT (WSFID: 267)			
Analyte	<b>Monitoring Requirement (Summary</b>	Type) Opera	ting Limi	t	Samples Req/Month
Chlorine	Entry Point RDC (EPRD)		num: 0.2	MG/L	Daily
<b>Start Date:</b> 8/1/2003		Compliance History	y:	<b>Operating Limit</b>	Monitoring
		Monitoring Period		Compliance Status	: Compliance Status:
		11/1/2023 - 11/30/	2023	Υ	
		12/1/2023 - 12/31/		Υ	
		1/1/2024 - 1/31/20	24	Υ	
		2/1/2024 - 2/29/20	24	Υ	
		3/1/2024 - 3/31/20	24		
Analyte	<b>Monitoring Requirement (Summary</b>	Type) Opera	ting Limi	t	Samples Req/Month
Turbidity	CFE Maximum Turbidity (MAXT)	Maxim	num: 1 N	TU	186
<b>Start Date:</b> 8/1/2003		Compliance History	y:	<b>Operating Limit</b>	Monitoring
		<b>Monitoring Period</b>		Compliance Status	: Compliance Status:
		11/1/2023 - 11/30/	2023	Υ	
		12/1/2023 - 12/31/2	2023	Υ	
		1/1/2024 - 1/31/20		Υ	
		2/1/2024 - 2/29/20	24	Υ	
İ		- 1 - 1 1 1			

3/1/2024 - 3/31/2024

PWS ID PWS Name C			Cla	ssification	Population	Owner Type	Primary Source	
CT1340011 CTWC - NORTHERN REG-STAFFORD SYSTEM			С	2,383	Р	SW		
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections	931		68	6		

Towns Served: STAFFORD

Water System Facility:	STAFFORD WATER TREATMENT PLAN	IT (WSFID:	267)		
Analyte	Monitoring Requirement (Summary Typ	pe)	Operating Limit	:	Samples Req/Month
Turbidity	CFE 95% Turbidity (95PT)	Γ) 95% Turbidity Liı		imit: 0.3 NTU	186
<b>Start Date:</b> 8/1/2003		Compliance	History:	Operating Limit	Monitoring
	ı	<b>Monitoring Period</b>		Compliance Status	: Compliance Status:
	1	11/1/2023 - 1	11/30/2023	Υ	
	1	12/1/2023 - 1	12/31/2023	Υ	
	1	1/1/2024 - 1/	/31/2024	Υ	
	2	2/1/2024 - 2/	/29/2024	Υ	
	3	3/1/2024 - 3/	/31/2024		

Other Co	mpliance Schedules	
Compliance Schedule Activity	Due Date	Achieved Date
WATERSHED SURVEY REPORT	3/1/2022	
WATERSHED SURVEY REPORT	3/1/2024	
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 SURVEY REPORT	3/1/2025	

LKU33 CU	NNECTION SURVEY REPORT		3/1	L/2025				
	Wat	er System Facili	ity and Sampling P	oint Ir	nventor	У		
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	3150	TOWN HALL 1 MAIN ST	Α	Υ		Υ	
		3151	63 W MAIN ST	Α	Υ			Υ
		3152	DKN DNT 22 W STRD RD	Α	Υ			
		3153	FOREST EDGE CONDOS	Α	Υ			Υ
		31801	44 TOLLAND AV APT 12	Α		N		
		31802	44 TOLLAND AV APT 7	Α		N		
		31803	50 FURNACE AV	Α		3		
		31804	58 FURNACE AV	Α		N		
		31805	38 EDGEWOOD ST	Α		3		
		31806	25 HIGH ST	Α		N		
		31807	13 BELLROSE ST	Α		3		
		31808	122 W MAIN UNIT G	Α		2		
		31809	48 HIGH ST	Α		N		
		31810	58 EDGEWOOD ST	Α		3		
		31811	LEAD COPPER SITE 11S	Α	Υ			
		31812	43 HIGH STREET	Α	Υ	1		
		31813	13 ARNOLD LN	Α	Υ	1		
		31814	5 CLINTON ST	Α	Υ	1		
		31815	51 FURNACE AVE	Α	Υ	1		

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			Classification	Population	Owner Tyne	Primary Source
			Ciassification		owner type	,	
CT1340011 CTWC - NORTHERN REG-STAFFORD SYSTEM			C	2,383	Р	SW	
Local Address	(where applicable)	Service	Resider	ntial Commer	cial Industri	al Combine	ed Agricultural
		Connections	931	68	6		

Towns Served: STAFFORD			'	,	,		
V	Vater System Facil	ity and Sampling	Point In	ventor	У		
Water System Water System Facility Facility ID		Sampling Point Description		Total Coliform Rule	Lead and Copper	Asbestos	tage DBPR
-	31816	69 PROSPECT ST	A	Υ	1		 
	31817	3 TOPSY DR	Α	Υ	1		
	31818	39 EDGEWOOD DR E	Α	Υ	2		
	31819	35 A EDGEWOOD ST	Α	Υ	2		
	31820	35B EDGEWOOD ST	Α	Υ	2		
	31821	35C EDGEWOOD ST	Α	Υ	2		
	31822	35D EDGEWOOD ST	Α	Υ	2		
	31823	35E EDGEWOOD ST	Α	Υ	2		
	31824	35F EDGEWOOD ST	Α	Υ	2		
	31825	39A EDGEWOOD ST	Α	Υ	2		
	31826	39C EDGEWOOD ST	Α	Υ	2		
	31827	39D EDGEWOOD ST	Α	Υ	2		
	31828	39F EDGEWOOD ST	Α	Υ	2		
	31829	39G EDGEWOOD ST	Α	Υ	2		
	31830	43A EDGEWOOD ST	Α	Υ	2		
	31831	43B EDGEWOOD ST	Α	Υ	2		
	31832	43C EDGEWOOD ST	Α	Υ	2		
	31833	69-C1 FURNACE AVE	Α	Υ	2		
	31834	69-C2 FURNACE AVE	Α	Υ	2		
	31835	69-C4 FURNACE AVE	Α	Υ	2		
	31836	69-C5 FURNACE AVE	Α	Υ	2		
	31837	83-W2 FURNACE AVE	Α	Υ	2		
	31838	83-W3 FURNACE AVE	Α	Υ	2		
	31839	83-W4 FURNACE AVE	Α	Υ	2		
	31840	83-W5 FURNACE AVE	Α	Υ	2		
	31841	83-W6 FURNACE AVE	Α	Υ	2		
	31842	83-W7 FURNACE AVE	Α	Υ	2		
	31843	87-E1 FURNACE AVE	Α	Υ	2		
	31844	87-E3 FURNACE AVE	Α	Υ	2		
	31845	122A W MAIN ST	Α	Υ	2		
	31846	122B W MAIN ST	Α	Υ	2		
	31847	122C W MAIN ST	Α	Υ	2		
	31848	122D W MAIN ST	Α	Υ	2		
	31849	122E W MAIN ST	Α	Υ	2		
	31850	122F W MAIN ST	Α	Υ	2		
	31851	122H W MAIN ST	Α	Υ	2		
	31852	122I W MAIN ST	Α	Υ	2		
	31853	122J W MAIN ST	Α	Υ	2		
	31854	122K W MAIN ST	Α	Υ	2		

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Schedule Generation Date: 4/3/2024

	<u> </u>							
PWS ID	PWS Name			Classi	ification	Population	Owner Type	Primary Source
CT1340011	CTWC - NORTHERN REG-STAFFORD SYSTEM				С	2,383	Р	SW
Local Address (v	where applicable)	Service	Resider	ntial C	Commercia	I Industri	al Combine	ed Agricultural
		Connections	931		68	6		

Towns Served: STAFFORD								
Wa	ter System Facil	ity and Sampling	g Point In	vento	γ			
Water	-	, ,	•	Total	Lead and			
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		St	tage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
	31855	122L W MAIN ST	Α	Υ	2			
	31856	122M W MAIN ST	Α	Υ	2			
	31857	122N W MAIN ST	Α	Υ	2			
	31858	5 BELLROSE ST	Α	Υ	3			
	31859	15 BRENDAN ST	Α	Υ	3			
	31860	23 BRENDAN ST	Α	Υ	2			
	31861	25 BRENDAN ST	Α	Υ	3			
	31862	27 BRENDAN ST	Α	Υ	3			
	31863	29 BRENDAN ST	Α	Υ	3			
	31864	30 BRENDAN ST	Α	Υ	3			
	31865	32 BRENDAN ST	Α	Υ	3			
	31866	10 BUCKLEY HWY	Α	Υ	3			
	31867	12 BUCKLEY HWY	Α	Υ	3			
	31868	14 BUCKLEY HWY	Α	Υ	3			
	31869	14 CLINTON ST	Α	Υ	3			
	31870	5 CURTIS ST	Α	Υ	3			
	31871	11 CURTIS ST	Α	Υ	3			
	31872	6 DENNIS LN	Α	Υ	3			
	31873	55 FURNAVE AVE	Α	Υ	3			
	31874	2 GEORGE ST	Α	Υ	3			
	31875	4 GEORGE ST	Α	Υ	3			
	31876	5 GEORGE ST	Α	Υ	3			
	31877	6 GEORGE ST	Α	Υ	3			
	31878	8 GEORGE ST	Α	Υ	3			
	31879	9 GEORGE ST	Α	Υ	3			
	31880	87 GRANT AVE	Α	Υ	3			
	31881	89 GRANT AVE	Α	Υ	3			
	31882	91 GRANT AVE	Α	Υ	3			
	31883	93 GRANT AVE	Α	Υ	3			
	31884	7 GREEN ST	Α	Υ	3			
	31885	15 HOWLAND AVE	Α	Υ	3			
	31886	7 MATTESEN LN	Α	Υ	3			
	31887	11 MOUNTAIN RD	Α	Y	3			
	31888	6 OAK ST	A	Y	3			
	31889	5 ORCHARD ST	Α	Y	3			
	31890	12 PARKESS ST	A	Y	3			
	31891	18 PARKESS ST	A	Υ	3			
	31892	64 PROSPECT ST	A	Υ	3			
	31893	2 QUINN ST	A	Υ	3			
	31033		, ,					

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Schedule Generation Date: 4/3/2024

	<u>.                                      </u>							
PWS ID	PWS Name			Class	ification	Population	Owner Type	Primary Source
CT1340011	CTWC - NORTHERN REG-STAFFORD SYSTEM				С	2,383	Р	SW
Local Address (w	here applicable)	Service	Residen	ntial C	Commercia	al Industri	al Combine	ed Agricultural
		Connections	931		68	6		

Towns Served: STAFFORD

	Water 9	System Facili	ity and Sampling P	oint In	vento	ry		
Water System Facility ID	Water System Facility		Sampling Point Description		Total Coliform Rule	Lead and Copper	Asbestos	Stage 2 DBPR
		31894	7 QUINN ST	A	Υ	3		
		31895	5 SUMMER ST	Α	Υ	3		
		31896	6 SUMMER ST	Α	Υ	3		
		31897	5 W END ST	Α	Υ	3		
		31898	18 W END ST	Α	Υ	3		
		31899	7 W STAFFORD RD	Α	Υ	3		
		31900	51 WEST ST	Α	Υ	3		
		31901	46 WILLINGTON AVE	Α	Υ	3		
		31902	64 WILLINGTON AVE	Α	Υ	3		
		31903	78 WILLINGTON AVE	Α	Υ	3		
		31904	82 WILLINGTON AVE	Α	Υ	3		
		31905	ISABELLA COURT PS	Α	Υ			
		4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	STAFFORD TREATMENT PLANT ENTRY POINT	3	ENTRY POINT	Α				
2078	STAFFORD RESERVOIR NO. 2	1	RESERVOIR NO. 2	Α				
2079	STAFFORD RESERVOIR NO. 3	1	RESERVOIR	Α				
2080	STAFFORD RESERVOIR NO. 4	1	RESERVOIR	Α				
267	STAFFORD WATER TREATMENT PLANT	3	EP - STAFFORD WTP	Α				
		5	CFE - STAFFORD WTP	Α				
30086	RESERVOIR 2							
51851	ISABELLA COURT PUMP STATION							
52795	ELLEN STREET STANDPIPE							
52797	FOREST EDGE PUMP STATION							
52799	LOW LIFT PUMP STATION							
52801	HIGH LIFT PUMP STATION							
54526	STAFFORD SPRINGS WTP CLEARWELL 1							
54528	STAFFORD SPRINGS WTP CLEARWELL 2							

Certified Oper	ator in	itormation	
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Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification:	: CLASS 1 DISTRIBUTION SYSTEM	M	•	Certification
Operator Name	Орег	rator Type	Certification(s)	Expiration
GREEN, III, CLIFFORD	CHIEF	OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	3/31/2026

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.

	dominous a open unions of 1 domin 21 minute 1 document							
Water Quality Monitoring and Compliance Schedule								
PWS ID	WS ID PWS Name Classification Population Owner Type Primary Source							
CT1340011	CT1340011 CTWC - NORTHERN REG-STAFFORD SYSTEM					2,383	Р	SW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
	Connections 931 68 6							
Towns Served: S	Towns Served: STAFFORD							

**Certified Operator Information** 

Connecticut Department of Public Health Drinking Water Section

Water System Fac	cility: DISTR	IBUTION SYS	STEM	(WSF ID: 00600)					
Facility Classification	n: CLASS 1 DI	STRIBUTION S	SYSTEM	1					Certification
Operator Name			Opera	ator Type	Certification(s)				Expiration
LABIANCA, MICHAE	L	A	ASSIGN	ED OPERATOR	WATER TREATMEN	LASS II	6/30/2024		
					DISTRIBUTION SYST	EM OPER	RATOR - CLASS	5 111	6/30/2024
Water System Fac	ility: STAFF	ORD WATER	R TREA	TMENT PLANT (	WSF ID: 267)				
Facility Classificatio	n: CLASS 3 TR	EATMENT PL	ANT						Certification
Operator Name			Opera	ator Type	Certification(s)				Expiration
BAMFORTH, RONAL	D S.	(	CHIEF C	PERATOR	WATER TREATMEN	T PLANT	OPERATOR - C	LASS IV	6/30/2025
ANDREWS, PAUL M		P	ASSIGN	ED OPERATOR	WATER TREATMEN	T PLANT	OPERATOR - C	LASS IV	12/31/2024
				Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Craig J. Patla				Connecticut '	Water Company		Vp, Service D	elivery	
Mailing Address Lin	e One	N	Mailing	Address Line Two			City	State	Zip Code
93 West Main Stree	t					Clinton		СТ	06413
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-664-6140					800-391-1924	craig.pat	la@ctwater.co	om	
Contact Role(s): Le	gal Contact, C	)wner							
Name				Organization				Job Title	
Mr. Paul C. Lowry				Connecticut '	Water Company		Manager		
Mailing Address Line	e One	1	Mailing	Address Line Two			City	State	Zip Code
93 W Main Street						Clinton		СТ	06413
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-292-2809		860-654-19	903		800-208-5700	ctwcdph	admin@ctwat	er.com	
Contact Role(s): Ac	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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1340032	JOHNSON MEMORIAL HOSPITAL, INC				С	250	Р	GW
Local Address (v	here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
201 CHESTNUT I	HILL ROAD	Connections	8					

201 CHESTNUT HILL ROAD	connections 8	
Towns Served: STAFFORD		
Mon	toring Requirements	
Vater System Facility: DISTRIBUTION SYSTEM (WSI	<u> </u>	
Chlorine Residual (1012)		1 routine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period Collect	tion Period Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23	Complete
Select norm inventory of Active Sumpling Forms	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)	3/1/24 3/31/24	1 routine (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period Collect	tion Period Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/31	
Total Coliform (3100)	1,1,23 12,31,31	1 routine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period Collect	tion Period Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23	Complete
Select from inventory of Active Sampling Forms	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	Complete
	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 routine (RT) per yea
Sampling Point (Sampling Point ID)	Monitoring Period Collect	tion Period Compliance Status
1ST FLOOR KITCHEN OB (JMH01)		1-9/30 Complete
		1-9/30
		1-9/30
Lead And Copper (PBCU)		5 routine (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period Collect	tion 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 routine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period Collect	tion 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

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 Name  Classification   Population   Owner Type   Primary Source							
PWS ID	PWS ID PWS Name			Cla	ssification	Population	Owner Type	<b>Primary Source</b>
CT1340032	JOHNSON MEMORIAL HOSPITAL, INC				С	250	Р	GW
Local Address (where applicable)		Service	Residentia		Commercia	al Industri	al Combine	ed Agricultura
201 CHESTNUT	Connections	8						

Towns Served: STAFFORD			
	a Poquiromento		
	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	J600)		(22)
Physical Parameters (PPS)	Manitorios Dovied		tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	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		
Mater Creters Facility FAITRY POINT (MCF ID. 00700)	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			· (D=)
Net Gross Alpha (4000)			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		. (5=)
Uranium (4006)			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		
Combined Radium-226/228 (4010)			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		()
Inorganic Chemicals (IOCS)			(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	_	(5-1)
Nitrate And Nitrite (NOX)			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)			(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 H	lealth	$\mathbf{D}$	rinking	g Water	Section	
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	e	
PWS ID PWS Name		Cla	ssification	Population	Owner Type	Primary Source		
CT1340032 JOHNSON MEMORIAL HOSPITAL, INC					С	250	Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industria	al Combine	ed Agricultural
201 CHESTNUT HILL ROAD		Connections	8					
Towns Served:	: STAFFORD							

Towns Served. STALLOND			
Monitoring F	Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

M	onthly Water System Facility	(WSF) Lev	el Monitori	ng Requireme	nts
Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary T	Гуре)	<b>Operating Limi</b>	t	Samples Req/Month
Chlorine	Entry Point RDC (EPRD)		Minimum: 0.3	MG/L	Continuous
Start Date: 4/1/202	0	Compliance	History:	<b>Operating Limit</b>	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	L/31/2024	Υ	
		2/1/2024 - 2	2/29/2024	Υ	
		3/1/2024 - 3	3/31/2024		

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SUBMIT FISCAL AND ASSET MANAGEMENT CERT	1/1/2021							
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	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage	
Facility ID	,	ID	Description	Status	Dula		Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		JMH01	1ST FLOOR KITCHEN OB	Α		2		Υ	
		JMH02	2 ND FLOOR PANTRY	Α		3			
		JMH03	3 RD FLOOR PANTRY	Р		3			
		JMH04	PUMP HOUSE	Р	Υ				
		JMH09	GND FLOOR MAIN KIT	Р	Υ	3			
		JMH10	BOILER ROOM	Р					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					

	Connectic	-					_				
		ter Qual	ity Moni	toring a	nd Con	_					
PWS ID	PWS Name										rimary Source
CT1340032	JOHNSON MEMO	DRIAL HOSPI	TAL, INC			(		25		Р	GW
	where applicable)			Service	Residen	tial Co	mmerci	al In	dustrial	Combined	l Agricultural
201 CHESTNUT I				Connection	1S 8						
Towns Served: S	TAFFORD										
		Water Sy	stem Faci	lity and S	ampling	Poin	t Inve	ntor	У		
Water								otal	Lead ar	nd	
	er System Facility	9	Sampling Poin					iform	Coppe		Stage
Facility ID			ID	Description		Sta	tus R	lule	Rule Ti	er Asbestos	WQP 2 DBPR
	Y POINT		3	ENTRY POI	NT	- 1	4				
1471 WELL	. 5		2	WELL 5		,	4				
1472 WELL	. 8		2	WELL 8		,	4				
1473 WELL	. 7		2	WELL 7		,	4				
1474 WELL	. 6		2	WELL 6		ı	4				
36704 JMH	TREATMENT PLAN	ΙΤ									
53695 STOR	AGE TANK										
60816 PUMI	P STATION										
			Certified	d Operato	r Inform	ation	1				
Water System	Facility: <b>JMH T</b>	REATMENT	PLANT (WS	F ID: 36704)							
Facility Classifice	ation: CLASS 1 TR	EATMENT PI	_ANT								Certification
<b>Operator Name</b>			Operator Ty	ре	Certificatio	n(s)					Expiration
GRANT, SHANE			CHIEF OPERAT	OR	WATER TRE	ATMEN	IT PLAN	T OPEI	RATOR -	CLASS II	9/30/2026
					DISTRIBUTI	ON SYS	ТЕМ ОР	ERATO	OR - CLAS	SS II	9/30/2026
PETITTI, ANDY			ASSIGNED OPI	ERATOR	DISTRIBUTI	ON SYS	тем ор	ERATC	OR - CLAS	SS I	6/30/2025
					WATER TRE	EATMEN	IT PLAN	T OPEI	RATOR -	CLASS I	12/31/2025
			Со	ntact Info	rmation						
Name			(	Organization						Job Title	
Johnson Memoi	rial Hospital, Inc			<del>-</del>							
Mailing Address	Line One		Mailing Addre	ss Line Two				Cit	ty	State	Zip Code
Emergency Cont	act						Emerge	ency C	ontact	СТ	06000
Business Phon	e Extension	Fax	Mol	oile Phone	Emergency	/ Phone	Email A	Addres	SS		
860-684-4251	L				·						
Contact Role(s):	Owner						1				
Name			(	Organization						Job Title	

Trinity Health of New England

Mailing Address Line Two

**Mobile Phone** 

Fax

Manager of Facilties

tony.armelin@trinityhealthofne.org

State

CT

Zip Code

06074

City

Stafford Springs

Emergency Phone Email Address

Mr. Tony Armelin

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

201 Chestnut Hill Road

**Business Phone** 

860-684-8583

Connecticut Department of Public Health	Dr	inl	king	g W	'ater	· Se	ection	1
Water Quality Monitoring and Compliance Schedule								
				_		_		

	Tractor & didirey 1 101110	911118 6111	0. 0011	PHAHOO	001100101		
PWS ID	WS ID PWS Name				Population	Owner Type	Primary Source
CT1340032	JOHNSON MEMORIAL HOSPITAL, INC			С	250	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	ial Combin	ed Agricultural
201 CHESTNUT I	HILL ROAD	Connections	8				
Towns Served: S	TAFFORD						

#### 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 Monit				C	,		
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1341303	STAFFORD HOLLOW WATER ASSOCIATION				С	429	Р	GW
Local Address (	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural

Connections

4

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: STAFFORD			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600	0)		
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/26		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)	<b>Monitoring Period</b>	<b>Collection Period</b>	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
	Widilitaring Feriou	Conection Period	Compnunce 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.

	Conne	ecticut Department of	Public H	lealth	Dr	inkin	g V	Vater	Se	ction	
		Water Quality Monit					_				
PWS ID	PWS Nam		<u></u>		_					ner Type F	Primary Source
CT1341303	STAFFORE	HOLLOW WATER ASSOCIATION				С		429		Р	GW
Local Address (v	where appli	cable)	Service	Residen	ntial (	Commer	cial	Industria	al	Combined	l Agricultural
			Connections	9		4		1			
Towns Served:	STAFFORD								·		
Water System	. Facility:	Monito ENTRY POINT (WSF ID: 00700)	oring Requ	uireme	nts						
Nitrate And N	•	, ,							1	routine (	RT) per year
Sampling I		Monitori	ina Pe	riod	Colle	ection Per		=	iance Status		
- Camping i	(00)	g : e,		1/1/24 -							
				1/1/25 -		-					
Pesticides. He	erbicides a	and PCBs-Phase II (SOC2)		, , -	, -	, -		1 rou	tine	(RT) per	three years
-		pling Point ID)		Monitori	ing Pe	eriod	Colle	ection Per			iance Status
ENTRY POI		-		1/1/23 -							
				1/1/26 -	12/31	1/28					
Pesticides, He	erbicides a	and PCBs-Phase V (SOC5)						1 rou	tine	(RT) per	three years
Sampling	Point (Samp	oling Point ID)		Monitori	ing Pe	eriod	Colle	ection Per	riod	Compl	iance Status
ENTRY POI	INT (3)			1/1/23 - 12/31/25							
				1/1/26 -	12/31	1/28					
<b>Organic Chen</b>	nicals (VO	CS)							1	routine (	RT) per year
Sampling	Point (Sam	oling Point ID)		Monitoring Period Collection Period Compl					iance Status		
ENTRY POI	INT (3)			1/1/23 -		-					omplete
			-	1/1/24 -						Co	omplete
				1/1/25 -			_		_		
	Mor	nthly Water System Facil	ity (WSF)	Level N	Moni	itorin	g Re	equirer	mei	nts	
Water System	Facility:	TREATMENT PLANT (WSFID: 11	.375)								
Analyte		Monitoring Requirement (Summa	ary Type)	Ope	erating	g Limit				Samples F	eq/Month
рН		Entry Point pH Monitoring (PHRD	)	Min	imum	: 6.8 PH	l				4
Start Date:	9/1/2007		Compli	ance Histo	ory:	C	pera	ating Limi	t	Monito	ring
			Monito	ring Perio	od	C	omp	liance Sta	atus:	Compli	ance Status:
				23 - 11/3							
				23 - 12/3		23					
				4 - 1/31/2							
				4 - 2/29/2							
				4 - 3/31/2							
		Other Co	ompliance	Sched	dule	S					
Compliance Sch	hedule Activ	vity			Due D	Date		Achie	ved I	Date	
SUBMIT FISCAL	AND ASSET	MANAGEMENT CERT			1/1/2	021					
RESPOND TO SA					1/12/2						
SUBMIT LEAD S					.0/16/						
COMPLETE INIT					.0/16/						
CROSS CONNEC	CTION SURV				3/1/2						
		Water System Facili	ty and Sa	mpling	Poi	nt Inv	ent	ory			

**Description** 

Sampling Point Sampling Point

ID

Lead and

Copper

Rule Tier Asbestos WQP 2 DBPR

Stage

**Total** 

Coliform

Rule

Status

Water

Facility ID

System Water System Facility

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
CT1341303	STAFFORD HOLLOW WATER ASSOCIATION		С	429	Р	GW		
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
		Connections	9		4	1		

Towns Served: STAFFORD

	,	Nater System Facili	ity and Sampling P	oint Ir	nventoi	ſy		
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
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	А	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		SHWA001	MILLPOND RAW	Α	Υ	N	Υ	
		SHWA002	MILLPOND KIT SINK	Α	Υ	N	Υ	
		SHWA003	MILLPOND BATHROOM	Α	Υ	Ν	Υ	
		SHWA004	POST OFFICE 216 EAST	Α	Υ	N	Υ	
		SHWA005	HAIRDRESSER 216 EAST	Α	Υ	N	Υ	
		SHWA006	TYCO	Α	Υ	N	Υ	
		SHWA007	TOWN BUILDING	Α	Υ	N	Υ	
		SHWA008	TOWN GARAGE	Α	Υ	N	Υ	
		SHWA009	163 ORCUTTVILLE	Α	Υ	N		
		SHWA010	277 ORCUTTVILLE	Α	Υ	N	Υ	
		SHWA011	265 ORCUTTVILLE	Α	Υ	N	Υ	
		SHWA012	266 ORCUTTVILLE	Α	Υ	N	Υ	
		SHWA013	268 ORCUTTVILLE	Α	Υ	N	Υ	
		SHWA014	267 ORCUTTVILLE	Α	Υ	N	Υ	
		SHWA015	212 ORCUTTVILLE	Α	Υ	N	Υ	
		SHWA016	262 ORCUTTVILLE	Α	Υ	N	Υ	
		SHWA017	263 ORCUTTVILLE	Α	Υ	N	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
11375	TREATMENT PLANT							
50787	WELL 2	2	WELL 1A	Α				

### Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 11375)

Facility Classification: CLASS 2 TRI	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

Contact Information											
Name		Organization		Job Title							
Mr. Todd B. Schull		Ttm Printed C	Circuit Group, Inc	Cfo							
Mailing Address Line One Mailing Ad			ng Address Line Two			City	State	Zip Code			
1665 Scenic Avenue			Suite 250			Costa Me	esa	CA	92626		
Business Phone Extension Fax				Mobile Phone	Emergency Phone	Email Ad	dress				

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	Connectic	ut Depa	rtme	ent of	Public	Health	n Drir	nking	Water	Section	L	
	Wa	ter Qua	lity N	Monit	oring a	nd Con	nplia	nce S	chedul	e		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source		
CT1341303 S	STAFFORD HOLLOW WATER ASSOCIATION							2	429	Р	GW	
Local Address (wh	Service	Resider	Residential Con		mmercial Industrial		ed Agricultural					
					Connection	ıs 9		4	4 1			
Towns Served: STA	AFFORD					'			'	1	,	
714-327-3000							,					
Contact Role(s):	egal Contact, (	Owner										
Name				Or	Organization				Job Title			
Mr. Brian Santos				Ttr	Ttm Technologies				Eh&S Mai	nager		
Mailing Address Li	ne One		Mailing	g Address	s Line Two			City		State	Zip Code	
4 Old Monson Roa	ıd							Stafford		СТ	06076	
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email Address				
860-315-0911			413-813	.3-813-9707 brian.santos@ttmtech.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.
- 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