Connecticut Department of Public Health	Drinking	g Water	Section					
Water Quality Monitoring and Compliance Schedule								
DIA/C Nome	Classification	Damulatian	O T	Duima				

PWS ID PWS Name				Classification		Population	Owner Type	Primary Source
CT1400112 METALLON INC					NTNC	49	Р	GW
Local Address (w	Service	Residenti		Commerci	al Industri	al Combine	ed Agricultural	
1415 WATERBURY ROAD		Connections	1					

Towns Served: THOMASTON			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Asbestos (1094)		1 routine	e (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	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		
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)	1/1/21 - 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
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)		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)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

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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	Connecticut	Department	of Publi	c Health D	rin	king	Wa	ater S	ection	
	Water	Quality Mor	nitoring	and Comp	liai	nce S	che	edule		
PWS ID	PWS Name			Cl	assifi	cation	Popu	lation O	vner Type F	rimary Source
CT1400112	METALLON INC				NTI	١C	4	.9	Р	GW
Local Address	(where applicable)		Service	Residentia	Cor	mmercia	l In	dustrial	Combined	l Agricultura
1415 WATERB	URY ROAD		Connect	ions 1						
Towns Served:	THOMASTON									
		Other	Complia	nce Schedul	es					
Compliance Sc	hedule Activity			Due	e Dat	е		Achieve	d Date	
DISTRIBUTION	SYSTEM MATERIALS E	VALUATION		8/3:	1/201	19				
CROSS CONNE	CTION EXEMPTION			3/1	./202	2				
SUBMIT LEAD :	SERVICE LINE INVENTO	RY		10/1	6/20	24				
COMPLETE INI	TIAL LSL INVENTORY			10/1	.6/20	24				
	W	ater System Fa	cility and	Sampling Po	oint	Inver	ntoi	у		
Water						То	tal	Lead an	d	
•	ter System Facility	Sampling Po		•		Colif		Copper		Stage
Facility ID		ID	Descripti		Stat	tus Ri	ıle	Rule Tie	r Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4		ITION SYSTEM	Α	` `	Y			
				S SERVICE CON	Α					
		FMBR		SINK FACTORY	Α		′	2		
		FS	FACTORY		A		'	2		
		FWBR		SINK FACTORY	A		'	2		
		OMBR		SINK OFFICE	A		'	2		
		OWBR UPSTREAN	_	SINK OFFICE SERVICE CON	A		′	2		
00700 ENT	TRY POINT	3	ENTRY PO		A A					
10620 WE		2	WELL	JINI	A					
10020 VVE	LL			I C I						
			<u> </u>	or Informat	tion					
•	n Facility: DISTRIBU	•	F ID: 00600							
	ication: SMALL WATER									Certification
Operator Nam		Operator 1		Certification(s	5)					Expiration
GRELA, GEORG	<u>SE</u>	CHIEF OPERA	ATOR	WATER TREAT	MEN.	T PLANT	OPE	RATOR - (CLASS I	9/30/2026
		C	ontact In	formation						
Name			Organizatio	n					Job Title	
Mr. Paul Ayou	b		Metallon Inc	C			Ow	ner		
Mailing Addres	ss Line One	Mailing Add	ress Line Two	1			Ci	ty	State	Zip Code
1415 Waterbu	ry Road					Thomas	ton		СТ	06787
Business Phone Extension Fax		Fax M	obile Phone	oile Phone Emergency Phone Email Address						
860-283-82	65 113					paul@n	netal	lon.com		
Contact Role(s): Legal Contact									
Name			Organizatio						Job Title	
Ms. Suzann Ac	ckers		Metallon Inc	С.			Offi	ce Mana	ger	

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.

City

suzann@metallon.com

Thomaston

Emergency Phone Email Address

State

CT

Zip Code

06787

Mobile Phone

Mailing Address Line Two

Mailing Address Line One

Extension

101

Contact Role(s): Administrative Contact

Fax

860-283-9623

1415 Waterbury Rd

Business Phone

860-283-8265

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

Water Quarry Transcring and Compliance School									
PWS ID PWS Name				ssification	Population	Owner Type	Primary Source		
CT1400112 METALLON INC					49	Р	GW		
Local Address (where applicable)			ntial Commerc		al Industri	al Combine	ed Agricultural		
1415 WATERBURY ROAD		1							
	PWS Name METALLON INC where applicable)	PWS Name METALLON INC where applicable) Service	PWS Name METALLON INC where applicable) Service Resider	PWS Name Cla METALLON INC where applicable) Service Residential	PWS Name Classification METALLON INC NTNC where applicable) Service Residential Commerci	PWS Name Classification Population METALLON INC NTNC 49 where applicable) Service Residential Commercial Industria	PWS Name Classification Population Owner Type METALLON INC NTNC 49 P where applicable) Service Residential Commercial Industrial Combine		

Towns Served: THOMASTON

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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