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
CT1489013	TILCON CONNECTICUT INC WALLINGFORD				NTNC	30	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
, , ,		Connections	1					

Towns Served: WALLINGFORD			
Monitorir	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Asbestos (1094)		1 routine	(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	1/1/22 - 12/31/24	6/1-9/30	
	1/1/25 - 12/31/27	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)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
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		
	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 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		
	1/1/25 - 12/31/25		

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PWS ID	PWS Name	tarrey 1-10111e		u dom	Classifica				rimary Source
CT148901		C WALLINGFORD			NTNO		30	Р	GW
Local Add	lress (where applicable)		Service	Residen	tial Com	mercial	Industrial	Combined	Agricultural
ROUTE 68	3		Connections	1					
Towns Se	rved: WALLINGFORD				I				
		Other C	ompliance	Sched	ules				
Complian	ce Schedule Activity			I	Due Date		Achiev	ed Date	
CROSS CC	ONNECTION SURVEY REPORT			3	3/1/2019				
CROSS CC	NNECTION SURVEY REPORT			3	3/1/2020				
CROSS CC	NNECTION SURVEY REPORT			3	3/1/2021				
CROSS CC	NNECTION SURVEY REPORT			3	3/1/2022				
CROSS CC	NNECTION SURVEY REPORT			3	3/1/2023				
CROSS CC	NNECTION SURVEY REPORT			3	3/1/2024				
SUBMIT L	EAD SERVICE LINE INVENTORY			10	0/16/2024	1			
COMPLET	E INITIAL LSL INVENTORY			10	0/16/2024	1			
	Water	System Facili	ity and Sai	mpling	Point I	nvent	ory		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Poil	int	Statu	Total Colifori Rule	п Сорре	er	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Y			
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	I A				
		MW001	WASH ROOM	l	Α	Υ	2	Υ	Υ
		MW002	LOCKER ROO	M	Α	Υ	2		
					٨	Υ	2		
		MW003	WELDING SH	OP	Α				
		MW003 MW004	NEW BAY FAL		A	Υ	2		
				JCET	_		2		
		MW004	NEW BAY FAU	JCET CET	A A	Υ			
00700	ENTRY POINT	MW004 MW005	NEW BAY FAU	JCET CET RVICE CON	A A	Υ			
00700	ENTRY POINT WELL	MW004 MW005 UPSTREAM	NEW BAY FAU OLD BAY FAU WITHIN 5 SEF	JCET CET RVICE CON	A A I A	Υ			
		MW004 MW005 UPSTREAM 3 2	NEW BAY FAU OLD BAY FAU WITHIN 5 SEF ENTRY POINT	JCET CET RVICE CON	A A A A	Υ			
10642		MW004 MW005 UPSTREAM 3 2 Certified	NEW BAY FAU OLD BAY FAU WITHIN 5 SEF ENTRY POINT WELL Operator	JCET CET RVICE CON	A A A A	Υ			
10642 Water Sy	WELL	MW004 MW005 UPSTREAM 3 2 Certified	NEW BAY FAU OLD BAY FAU WITHIN 5 SEF ENTRY POINT WELL Operator	JCET CET RVICE CON	A A A A	Υ			Certification
10642 Water Sy	WELL /stem Facility: DISTRIBUTION lassification: SMALL WATER SYST	MW004 MW005 UPSTREAM 3 2 Certified	NEW BAY FAU OLD BAY FAU WITHIN 5 SEF ENTRY POINT WELL Operator D: 00600)	JCET CET RVICE CON	A A A A A	Υ			Certification Expiration
10642 Water Sy Facility Cl Operator	WELL /stem Facility: DISTRIBUTION lassification: SMALL WATER SYST	MW004 MW005 UPSTREAM 3 2 Certified I SYSTEM (WSF II	NEW BAY FAU OLD BAY FAU WITHIN 5 SEF ENTRY POINT WELL Operator D: 00600)	JCET CET RVICE CON	A A A A A A	Y	2	SS I	-
10642 Water Sy Facility Cl Operator	//stem Facility: DISTRIBUTION lassification: SMALL WATER SYST	MW004 MW005 UPSTREAM 3 2 Certified I SYSTEM (WSF III	NEW BAY FAU OLD BAY FAU WITHIN 5 SEF ENTRY POINT WELL Operator D: 00600)	JCET CET RVICE CON Inform	A A A A A A A ON SYSTE	Y Y	2 TOR - CLA		Expiration

			Co	ontact Inf	ormation				
Name				Organization				Job Title	
Mr. Chris Costello				Tilcon Conne	ecticut Inc		Env Mngr		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
642 Blackrock Ave						New Bri	tain	СТ	06050
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email A	ddress		
860-224-6048			20	3-214-9092		ccostell	o@tilcon-inc	.com	
Contact Role(s): Ac	dministrative	Contact, Leg	al Contact						

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1489013	TILCON CONNECTICUT INC WALLINGFORD			NTNC	30	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
ROUTE 68		Connections	1				

Towns Served: WALLINGFORD

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

Towns Served: WALLINGFORD Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Chlorine Residual (1012) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Points Monitoring Period 4/1/24 - 6/30/24 Total Coliform (3100) Sampling Point (Sampling Point ID) Sampling Point (Sampling Point ID) Monitoring Period Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 1/1/24 - 9/30/24 Total Coliform (3100) Select from Inventory of Active Sampling Point ID) Monitoring Period Select from Inventory of Active Sampling Points 1/1/24 - 8/30/24 7/1/24 - 9/30/24 Lead And Copper (PBCU) Sampling Point (Sampling Point ID) Monitoring Period 1/24 SOUTH BROAD ST (WWD0049) 1/1/23 - 12/31/23 6/1-9/30 Complete 1/1/24 - 12/31/24 6/1-9/30 Complete Sampling Point (Sampling Point ID) Monitoring Period 1/1/24 - 12/31/24 6/1-9/30 Complete 1/1/24 - 3/31/24 6/1-9/30 Complete 1/1/24 - 3/31/24 Complete 1/1/24 - 3/31/24 6/1-9/30 Complete 1/1/24 - 3/31/24 Complete 1/1/24 - 6/30/24 Totation Period Collection Period Compliance State Complete 1/1/24 - 6/30/24 Totation Period Collection Period Complete 1/1/24 - 6/30/24 Complete 1/1/24 - 6/30/24 Complete 1/1/24 - 6/30/24 Complete		Connecticut Dep	artment of	Public H	lealth	Drinki	ing W	ater S	Sec	ction		
PWS ID PWS Name CT1489033 SOUTH BROAD STREET SERVICE AREA NTNC 250 L SWP Local Address (where applicable) Service Connections Towns Served: WALLINGFORD Works Served: Walling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State 4/1/24 - 6/30/24 T/1/24 - 9/30/24 Complete 1/1/24 - 9/30/24 Total Colliform (3100) Works Select from Inventory of Active Sampling Points Did Works Select from Inventory of Active Sampling Points Did Works Select from Inventory of Active Sampling Points Did Works Select from Inventory of Active Sampling Points Did Works Sampling Point (Sampling Point (Sampling Point ID) Works Sampling Point (Sam		Water Oua	ality Monit	oring an	d Com	plianc	e Sch	edule)			
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Towns Served: WALLINGFORD Monitoring Requirements	CT1489033	SOUTH BROAD STREET SER	VICE AREA									
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Chlorine Residual (1012) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Total Coliform (3100) Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Total Coliform (3100) Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Lead And Copper (PBCU) Sampling Point (Sampling Point ID) Monitoring Period 7/1/24 - 9/30/24 Lead And Copper (PBCU) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance State 1/1/24 - 1/3/31/23 6/1-9/30 Complete 1/1/24 - 1/3/31/23 6/1-9/30 Complete 1/1/24 - 1/3/31/23 Complete 4/1/24 - 1/3/31/23 Complete 4/1/24 - 1/3/31/24 Compliance State Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete 4/1/24 - 1/3/31/24 Complete Complete Compliance State Complete 4/1/24 - 1/3/31/24 Complete 4/1/24 - 1/3/31/24 Complete Complete Compliance State Complete Complete Complete Complete Achieved Date CROSS CONNECTION SURVEY REPORT SUBMIT LEAD SERVICE LINE INVENTORY 10/16/2024	Local Address (w				Resident			ndustrial	(Combined	l Agricult	ural
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4/1/24 - 6/30/24 Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Lead And Copper (PBCU) Sampling Point (Sampling Point ID) Monitoring Period 4/1/24 - 6/30/24 Toutine (RT) per qua A/1/24 - 9/30/24 Lead And Copper (PBCU) Sampling Point (Sampling Point ID) Monitoring Period A/1/24 - 9/30/24 Lead And Copper (PBCU) Sampling Point (Sampling Point ID) Monitoring Period A/1/24 - 12/31/23 A/1/24 - 12/31/23 A/1/25 - 12/31/25 A/1/25 - 12/31/25 A/1/25 - 12/31/25 Belect from Inventory of Active Sampling Points 1/1/24 - 3/31/24 Complete A/1/24 - 6/30/24 Troutine (RT) per qua Collection Period Compliance Sta 1/1/25 - 12/31/25 A/1-9/30 Complete Collection Period Compliance Sta Complete A/1/24 - 6/30/24 T/1/24 - 3/31/24 Complete A/1/24 - 9/30/24 Complete Compliance Schedules Compliance Schedules Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT 3/1/2024	Select from	Inventory of Active Samplin	g Points		10/1/23 - :	12/31/23				C	omplete	
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1/1/24 - 3/31/24 Complete	Sampling P	oint (Sampling Point ID)			Monitorin	g Period	Collect	ion Perio	od	Compl	iance Stat	us
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1248 SOUTH BROAD ST (WWD0049) 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) Sampling Point (Sampling Point ID) 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 Schedules Compliance Schedules Compliance Schedules Compliance Schedules Compliance Schedule Activity Due Date Achieved Date SUBMIT LEAD SERVICE LINE INVENTORY 10/16/2024	Lead And Cop	per (PBCU)							1 r	outine (RT) per y	ear
1/1/24 - 12/31/24 6/1-9/30 1/1/25 - 12/31/25 6/1-9/30 Physical Parameters (PPS) Sampling Point (Sampling Point ID) 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 Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT 3/1/2024 SUBMIT LEAD SERVICE LINE INVENTORY 10/16/2024	-				Monitorin	g Period	Collect	ion Perio		-		
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	SUBMIT LEAD SE	RVICE LINE INVENTORY										
COMPLETE INITIAL LSL INVENTORY 10/16/2024						/16/2024						
Water System Facility and Sampling Point Inventory			System Facili	ty and Sar		•	vento	ry				
Water Total Lead and	Water		-						nd			
		er System Facility	Sampling Point	Sampling Poi	nt						St	age
Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2	-		ID	Description		Status	-			Asbestos	WQP 2 E	BPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y	00600 DISTF	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Υ					
DOWNSTREAM WITHIN 5 SERVICE CON A			DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α						
UPSTREAM WITHIN 5 SERVICE CON A			UPSTREAM	WITHIN 5 SER	RVICE CON	Α						
WWD0049 1248 SOUTH BROAD ST A Y N			WWD0049	1248 SOUTH	BROAD ST	Α	Y	N				

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.

ENTRY POINT

Α

00700 ENTRY POINT

INTERCONNECTION -CT0800011 - MERIDEN

45198

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	Water Quality Mon	nitoring and	d Con	np	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1489033	SOUTH BROAD STREET SERVICE AREA				NTNC	250	L	SWP
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
		Connections			3			
Towns Served	: WALLINGFORD	,				'	1	1

Connecticut Department of Public Health Drinking Water Section

Towns Served: WAL	LINGFORD				1		1	1	
			Certifie	d Operat	or Information)			
Water System Fac	cility: DISTR	IBUTION SYS	STEM (WS	F ID: 00600)					
Facility Classification	n: SMALL WA	TER SYSTEM							Certification
Operator Name Operator			Operator 1	уре	Certification(s)				Expiration
PAWLOWSKI, JAY CHIEF OPER			CHIEF OPERA	ATOR	DISTRIBUTION SYS	ГЕМ ОРЕ	RATOR - CLA	SS III	6/30/2024
WATER TREATMENT PLANT OPER					OPERATOR -	- CLASS II	6/30/2024		
					WATER TREATMEN	IT PLANT	OPERATOR I	IN TRAINING	6/30/2025
			C	ontact Inf	ormation				
Name				Organization	Job Title			Job Title	
Mr. Thomas Esposi	to								
Mailing Address Lin	e One	N	Mailing Addı	ress Line Two			City	State	Zip Code
203 Roast Meat Hill	Road					Killingwo	orth	СТ	06419
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ac	ldress		
203-949-2675						tom.esp	ngfordct.gov		
Contact Role(s): Ac	dministrative	Contact							
Name				Organization	า			Job Title	
Mr. Neil H. Amwake				Town of Wallingford General Man			anager		
Mailing Address Line One Mailing Add			ress Line Two	o City State			State	Zip Code	
377 South Cherry St					Wallingf	ord	СТ	06492	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Address			
203-949-2670		203-949-20	678		860-922-6286	neil.amv	vake@wallir	ngfordct.gov	
Contact Role(s): Le	gal Contact, C)wner							

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