	cut Department					_			ection	
Wa	ater Quality Mo	nitoring an	d Con	_		_				
PWS ID PWS Name						Ро		Ow		imary Source
	INEERING CORP.				NTNC		110		Р	GW
Local Address (where applicable	±)	Service	Residen	tial (	Commerc	cial	Industri	al	Combined	Agricultura
ROUTE 44		Connections	2							
Towns Served: BARKHAMSTED						_		_		
	Mo	nitoring Requ	uireme	nts						
Water System Facility: <b>DIST</b>	RIBUTION SYSTEM (W	SF ID: 00600)								
Asbestos (1094)							1 ro	utii	ne (RT) per	nine years
Sampling Point (Sampling	Point ID)		Monitori	ng Pe	eriod	Colle	ection Pe	riod	Compli	ance Status
Select from Inventory of Ac	tive Sampling Points		1/1/11 -	12/31	1/19				Co	mplete
			1/1/20 -	12/31	1/28					
Total Coliform (3100)							1	ro	utine (RT) <sub>l</sub>	per quarter
Sampling Point (Sampling	Point ID)		Monitori	ng Pe	eriod	Colle	ection Pe	riod	Compli	ance Status
Select from Inventory of Ac	tive Sampling Points		7/1/19 -	9/30	/19				Со	mplete
			10/1/19 -	12/3	1/19				Co	mplete
			1/1/20 -	3/31	/20				Co	mplete
			4/1/20 -	6/30	/20					
			7/1/20 -	9/30	/20					
Lead And Copper (PBCU)								5	routine (R	T) per year
Sampling Point (Sampling	Point ID)		Monitori	ng Pe	eriod	Colle	ection Pe	riod	Compli	ance Status
Select from Inventory of Ac	tive Sampling Points		1/1/19 -	12/31	1/19	(	5/1-9/30		Со	mplete
			1/1/20 -	12/31	1/20	(	5/1-9/30			
			1/1/21 -	12/31	1/21	(	5/1-9/30			
Physical Parameters (PPS)							1	ro	utine (RT) <sub>l</sub>	per quarter
Sampling Point (Sampling	Point ID)		Monitori	ng Pe	eriod	Colle	ection Pe	riod	Compli	ance Status
Select from Inventory of Ac	tive Sampling Points		7/1/19 -	9/30	/19				Со	mplete
			10/1/19 -	12/3	1/19				Со	mplete
			1/1/20 -	3/31	/20				Со	mplete
			4/1/20 -	6/30	/20					
			7/1/20 -	9/30	/20					
Water System Facility: ENTI	RY POINT (WSF ID: 007	<b>'00)</b>								
Inorganic Chemicals (IOCS)							1 rou	ıtin	e (RT) per	three years
Sampling Point (Sampling	Point ID)		Monitori	ng Pe	eriod	Colle	ection Pe	riod	Compli	ance Status
ENTRY POINT (3)			1/1/19 -	12/31	1/21					
			1/1/22 -	12/31	1/24					
Nitrate And Nitrite (NOX)								1	routine (R	T) per year
Sampling Point (Sampling	Point ID)		Monitori	ng Pe	eriod	Colle	ection Pe	riod	Compli	ance Status
ENTRY POINT (3)			1/1/19 -	12/31	1/19				Со	mplete
			1/1/20 -						Со	mplete
			1/1/21 -	12/31	1/21					
Pesticides, Herbicides and P	CBs-Phase II (SOC2)						1 rou	ıtin	e (RT) per i	three years
Sampling Point (Sampling	Point ID)		Monitori			Colle	ection Pe	riod		ance Status
ENTRY POINT (3)			1/1/17 -						Со	mplete
			1/1/20 -							
			1/1/23 -	12/31	1/25					
Pesticides, Herbicides and P	· · ·						1 rou	ıtin	· · ·	three years
Sampling Point (Sampling	Point ID)		Monitori	ng Pe	eriod	Colle	ection Pe	riod	Compli	ance Status

Cox	nnecticut De	nartment of	Public F	lealth	Drink	ing M	7ater	So	ction		
CO		•							Ction		
DIA (C. I.D. DIA (C. I.D.		uality Monit	oring an						- D		
	Name	CORR			NTNC		110	OWI	ner Type P		
	RLING ENGINEERING	CURP.	Comico	Dosidont				al		GW	
Local Address (where	аррисавіе)		Service Connections		ial Comn	nerciai i	ndustri	aı	Combined	Agricu	ultural
ROUTE 44 Towns Served: BARKH	LANACTED		Connections	2							
TOWIS Serveu. BARKE	TAIVISTED	0.0 14.	D	.•							
Water System Facil	ity: FNTRY POINT		oring Requ	ııremei	nts						
Pesticides, Herbici	•						1 roi	ıtine	(RT) per	three v	/Aars
	(Sampling Point ID)	3C V (3OC3)		Monitorii	na Period	Collec	tion Pe			ance St	
ENTRY POINT (3)				1/1/17 - 1	_	00.1.00		100		mplete	u cu 5
EIVIII OIIVI (5)				1/1/20 - 1						приссе	
				1/1/23 - 1							
Organic Chemicals	(VOCS)			_, _,	,,			1	routine (R	T) per	vear
_	(Sampling Point ID)			Monitorii	ng Period	Collec	tion Pe		-	ance St	•
ENTRY POINT (3)				1/1/19 - 1		2200				mplete	
(0)	<u>'</u>			1/1/20 - 1							
				1/1/21 - 1							
	Monthly Wate	r System Facil	ity (MSE) I			ing Red	nuira	mai	nts		
Water System Facil			ity (vvoi ) i	LEVEI IV		ing ite	quire	IIIC	1103		
Analyte	Monitoring R	equirement (Summa	ary Type)	Oper	ating Lim	it			Samples R	eq/Mon	nth
pH		H Monitoring (PHRD		-	mum: 7 P				- 4	-	
Start Date: 1/1/2	· ·	σ ,		ance Histo	ry:	Operat	ing Lim	it	Monito	ing	
			Monito	ring Perio	t	Compli	_			_	tus:
			10/1/20	19 - 10/31	/2019						
			11/1/20	19 - 11/30	/2019						
			12/1/20	19 - 12/31	/2019						
			1/1/202	0 - 1/31/2	020						
				0 - 2/29/2							
		Other Co	ompliance	Sched	ules						
Compliance Schedule	Activity			E	Due Date		Achie	ved i	Date		
DISTRIBUTION SYSTE	M MATERIALS EVALU	JATION		8,	/31/2019						
CROSS CONNECTION	SURVEY REPORT			3	/1/2020						
	Wate	r System Facili	ty and Sai	mpling	Point I	nvento	ry				
Water						Total	Lead	and			
•	tem Facility	Sampling Point		int		Coliform					Stage
Facility ID		ID	Description		Status		Rule	Tier	Asbestos	WQP 2	DBPR
00600 DISTRIBUT	ION SYSTEM	4	DISTRIBUTIO		Α	Υ					
		DOWNSTREAM									
		STRLG001	OFFICE KITCH		Α	Υ	2		Υ		
		STRLG001 -	GENERATED I		Α	Υ					
		STRLG002	OFFICE MENS		Α	Υ	2		Y		
		STRLG003	OFFICE LADIE		Α	Υ	2		Υ		
1		STRLG003 -	GENERATED I	BY BATCH	Α	Υ					
		STRLG004 STRLG004 -	FOUNTAIN LO	DADING	A A	Υ	2		Υ		

**FOUNTAIN EAST** 

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Α

Υ

STRLG005

	Co	nnectic	ut Depa	rtment o	f Public	Health	Drink	ing W	Vater	Section	
		Wa	ter Qual	lity Monit	toring a	ind Con	npliand	ce Sch	nedule	e	
PWS ID	PW	'S Name					Classificat	ion Pop	ulation	Owner Type	Primary Source
CT0050062	2 STE	RLING ENGIN	NEERING COF	RP.			NTNC		110	Р	GW
Local Addr	ess (wher	e applicable)			Service	Residen	tial Comn	nercial	Industria	I Combine	d Agricultural
ROUTE 44	-				Connectio	ns 2					
Towns Serv	ved: BARk	KHAMSTED									
			Water Sy	ystem Facil	ity and S	ampling	Point I	nvent	ory		
Water								Total		and	
	Water Sy	stem Facility	<i>'</i>	Sampling Point				Coliforn			Stage
Facility ID				ID	Descriptio		Status		Kule I	lier Asbesto	s WQP 2 DBPR
				STRLG005 -	_	D BY BATCH		Υ	_		
				STRLG006	FOUNTAIN		A		2	Y	
				STRLG007	MENS 1 SC		A	Y	2	Y	
				STRLG007 -		D BY BATCH		Y	-	.,	
				STRLG008	MENS 2 SC		A	Y	2	Y	
				STRLG009	LADIES NO		A	Y	2	Y	
				STRLG010	MENS NO		Α	Υ	2	Υ	
00700	51/FD\/ D/			UPSTREAM		SERVICE CON					
	ENTRY PO	INIC		3	ENTRY PO	NI	A				
	WELL 1			2	WELL 1		A				
		ENGINEERINENT STATION									
				Certified	Operato	ar Inform	ation				
	_							_			
•		•		EERING TREA				7)			
Facility Cla	assificatio	•	L <b>ING ENGIN</b> REATMENT P	EERING TREAT	TMENT STA	ATION (WS	F ID: 1067	7)			Certification
•	assificatio	•		EERING TREA	TMENT STA		F ID: 1067	7)			Expiration
Facility Cla	assificatio Name	•	REATMENT P	EERING TREAT	TMENT STA	ATION (WS	F ID: 106	•	TOR - CLA	ASS I	<b>Expiration</b> 6/30/2020
Facility Cla Operator I	assificatio Name	•	REATMENT P	EERING TREA LANT Operator Typ	TMENT STA	ATION (WS	on(s) ON SYSTEM	1 OPERA			Expiration
Facility Cla Operator I	<b>Name</b> EALE D.	•	REATMENT P	EERING TREA LANT Operator Typ	DR	Certification  DISTRIBUTI	on(s) ON SYSTEM	OPERA	PERATOR	- CLASS III	Expiration 6/30/2020 12/31/2022 12/31/2022
Facility Cla Operator I LEMAY, RE	<b>Name</b> EALE D.	•	REATMENT P	EERING TREAT LANT Operator Typ CHIEF OPERATO	DR	Certification  DISTRIBUTI  WATER TRE	on(s) ON SYSTEM EATMENT F	л OPERA PLANT OF л OPERA	PERATOR TOR - CLA	- CLASS III ASS I	Expiration 6/30/2020 12/31/2022
Facility Cla Operator I LEMAY, RE	<b>Name</b> EALE D.	•	REATMENT P	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE	TMENT STA	Certification DISTRIBUTI WATER TRE	on(s) ON SYSTEM EATMENT P ON SYSTEM	л OPERA PLANT OF л OPERA	PERATOR TOR - CLA	- CLASS III ASS I - CLASS II	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022
Facility Cla Operator I LEMAY, RE	<b>Name</b> EALE D.	•	REATMENT P	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE Cor	TMENT STA	Certification DISTRIBUTI WATER TRE DISTRIBUTI WATER TRE	ON SYSTEM CATMENT P ON SYSTEM CATMENT P CATMENT P	л OPERA PLANT OF л OPERA	PERATOR TOR - CLA	- CLASS III ASS I	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022
Facility Cla Operator I LEMAY, RE KILBOURN Name Mr. John N	Assificatio Name EALE D. , ERIC M.	n: CLASS 1 TI	REATMENT P	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE Cor	TMENT STA	Certification DISTRIBUTI WATER TRE DISTRIBUTI WATER TRE	ON SYSTEM CATMENT P ON SYSTEM CATMENT P CATMENT P	OPERAPLANT OF	PERATOR TOR - CLA	- CLASS III ASS I - CLASS II	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022
Facility Cla Operator I LEMAY, RE KILBOURN	Assificatio Name EALE D. , ERIC M.	n: CLASS 1 TI	REATMENT P	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE Cor	TMENT STA	Certification DISTRIBUTI WATER TRE DISTRIBUTI WATER TRE	ON SYSTEM CATMENT P ON SYSTEM CATMENT P CATMENT P	OPERA PLANT OF PLANT OF	PERATOR TOR - CLA PERATOR	- CLASS III ASS I - CLASS II	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022 Zip Code
Facility Cla Operator I LEMAY, RE KILBOURN Name Mr. John N Mailing Ad PO Box 559	Assificatio Name EALE D. , ERIC M. N. Lavieri Idress Line	n: CLASS 1 TI	REATMENT P	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE Cor O Si Mailing Address	TMENT STA	Certification DISTRIBUTI WATER TRE DISTRIBUTI WATER TRE DISTRIBUTI WATER TRE DISTRIBUTI	ON SYSTEM CATMENT PON SYSTEM	OPERA PLANT OF PLANT OF	PERATOR TOR - CLA PERATOR resident City	- CLASS III ASS I - CLASS II Job Title	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022
Facility Cla Operator I LEMAY, RE KILBOURN Name Mr. John N Mailing Ad PO Box 559 Business	Assification Name EALE D.  , ERIC M.  N. Lavieri Iddress Line 9 E Phone	e One  Extension	REATMENT P	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE Cor St Mailing Addres Mob	TMENT STA	Certification DISTRIBUTI WATER TRE DISTRIBUTI	ON SYSTEM EATMENT PON SYSTEM EAT	OPERAPLANT OF PLANT O	PERATOR TOR - CLA PERATOR resident City	- CLASS III ASS I - CLASS II  Job Title  State CT	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022 Zip Code
Name Mr. John Mailing Ad PO Box 559 Business 860-379	Name FALE D.  , ERIC M.  N. Lavieri Idress Line 9 5 Phone 9-3366	e One  Extension 106	Fax 860-379-3	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE Cor St Mailing Addres Mob	TMENT STA	Certification DISTRIBUTI WATER TRE DISTRIBUTI WATER TRE DISTRIBUTI WATER TRE DISTRIBUTI	ON SYSTEM EATMENT PON SYSTEM EAT	OPERAPLANT OF PLANT O	PERATOR TOR - CLA PERATOR resident City	- CLASS III ASS I - CLASS II  Job Title  State CT	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022 Zip Code
Name Mr. John Mailing Ad PO Box 559 Business 860-379	Name FALE D.  , ERIC M.  N. Lavieri Idress Line 9 5 Phone 9-3366	e One  Extension	Fax 860-379-3	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE Cor St Mailing Addres Mob 3278	TMENT STA	Certification DISTRIBUTI WATER TRE DISTRIBUTI	ON SYSTEM EATMENT PON SYSTEM EAT	OPERAPLANT OF PLANT O	PERATOR TOR - CLA PERATOR resident City	- CLASS III ASS I - CLASS II  Job Title  State CT  NG.COM	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022  Zip Code 06098
Name Mr. John Mailing Ad PO Box 559 Business 860-379 Contact Ro	Name EALE D.  FAIC M.  N. Lavieri Idress Line 9 Fa Phone 9-3366 Die(s): Le	e One  Extension 106	Fax 860-379-3	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE Cor O St Mailing Addres Mob 3278	TMENT STA	Certification DISTRIBUTI WATER TRE	ON SYSTEM EATMENT P ON SYSTEM EATMENT P  ATMENT P  W Phone En 3366 JO	OPERAPLANT OF PLANT O	PERATOR TOR - CLA PERATOR  resident City  ress TERLINGE	- CLASS III ASS I - CLASS II  Job Title  State CT  NG.COM  Job Title	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022  Zip Code 06098
Name Mr. John N Mailing Ad PO Box 555 Business 860-379 Contact Ro Name Mr. Brand	Name EALE D.  FAIC M.  N. Lavieri Idress Line 9 Final Phone P-3366 Die(s): Le	e One  Extension  106  gal Contact, (	Fax 860-379-3	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE  Cor  Nailing Addres  Mob 3278	TMENT STA	Certification DISTRIBUTI WATER TRE DISTRIBUTI	ON SYSTEM EATMENT P ON SYSTEM EATMENT P  ATMENT P  W Phone En 3366 JO	OPERAPLANT OF PLANT O	PERATOR TOR - CLA PERATOR resident City	- CLASS III ASS I - CLASS II  Job Title State CT  NG.COM  Job Title or	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022  Zip Code 06098
Name Mr. John Mailing Ad PO Box 559 Business 860-379 Contact Ro Name Mr. Brand Mailing Ad	Name EALE D.  FALE D.  FERIC M.  N. Lavieri Iddress Line Sephone D-3366 Dile(s): Le  On T. Ivy Iddress Line	e One  Extension  106  gal Contact, (	Fax 860-379-3	LANT Operator Typ CHIEF OPERATO ASSIGNED OPE Cor O St Mailing Addres Mob 3278	TMENT STA	Certification DISTRIBUTI WATER TRE	ON SYSTEM EATMENT P ON SYSTEM EATMENT P  W Phone En 3366 JO	OPERA PLANT OF PLANT OF Plantinatead nail Addr HNL@ST	PERATOR TOR - CLA PERATOR  resident City  ress TERLINGE	- CLASS III ASS I - CLASS II  Job Title  State CT  NG.COM  Job Title  or  State	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022  Zip Code 06098  Zip Code
Name Mr. John N Mailing Ad PO Box 559 Business 860-379 Contact Ro Name Mr. Brand Mailing Ad 236 New H	Name EALE D.  FAIC M.  N. Lavieri Idress Line 9 FPhone 10-3366 Die(s): Le Idress Line Idre	e One  Extension 106 gal Contact, (	Fax 860-379-3 Owner	COr  Mailing Address  Mailing Address  Mailing Address	TMENT STA	Certification DISTRIBUTI WATER TRE DISTRIBUTI WATER	ON SYSTEM EATMENT PON SYSTEM EAT	OPERA PLANT OF OPERA PLANT OF PI Instead nail Addr HNL@ST	PERATOR TOR - CLA PERATOR  resident City  ress FERLINGE  coordinate City ed	- CLASS III ASS I - CLASS II  Job Title State CT  NG.COM  Job Title or	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022  Zip Code 06098
Name Mr. John Mailing Ad PO Box 559 Business 860-379 Contact Ro Name Mr. Brand Mailing Ad	Name EALE D.  FAIC M.  FRIC M.	e One  Extension  106  gal Contact, (	Fax 860-379-3	EERING TREAT  LANT  Operator Typ  CHIEF OPERATO  ASSIGNED OPE  Cor  Si  Mailing Addres  Mob  Mailing Addres  Mailing Addres  Mailing Addres	TMENT STA	Certification DISTRIBUTI WATER TRE	ON SYSTEM EATMENT P ON SYSTEM EATMENT P ON SYSTEM EATMENT P ON SYSTEM ON SYSTEM EATMENT P ON SYSTEM ON SYS	OPERA PLANT OF OPERA PLANT OF Pr Instead nail Addr HNL@ST	PERATOR TOR - CLA PERATOR  resident City  ress FERLINGE  coordinate City ed	- CLASS III ASS I - CLASS II  Job Title  State CT  NG.COM  Job Title  or  State CT	Expiration 6/30/2020 12/31/2022 12/31/2022 12/31/2022  Zip Code 06098  Zip Code

Contact Role(s): Administrative Contact

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0050062	STERLING ENGINEERING CORP.				NTNC	110	Р	GW
Local Address (	where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
ROUTE 44		Connections	2					

Towns Served: BARKHAMSTED

## 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

	Connecticut Department						ection	
	Water Quality Mor	nitoring an	d Con	ıpliance	e Schedi	ıle		
PWS ID	PWS Name			Classificatio	n Populatio	n Ow	ner Type Pr	imary Source
CT0050082	LOMBARD FORD			NTNC	35		Р	GW
Local Address (\	where applicable)	Service	Residen	tial Comme	rcial Indus	trial	Combined	Agricultural
285 NEW HART	FORD ROAD (ROUTE 44)	Connections	1					
Towns Served:	BARKHAMSTED							
	Mor	nitoring Requ	uireme	nts				
Water System	Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)						
Asbestos (10	94)				1	routii	ne (RT) per	nine years
Sampling I	Point (Sampling Point ID)		Monitori	ng Period	Collection I	Period	Complic	ince Status
Select fron	n Inventory of Active Sampling Points		1/1/11 -	12/31/19			Cor	mplete
			1/1/20 -	12/31/28				
<b>Total Coliforn</b>	n (3100)					1 ro	utine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)		Monitori	ng Period	Collection I	Period	Complia	ince Status
Select fron	n Inventory of Active Sampling Points		7/1/19 -	9/30/19			Cor	mplete
			10/1/19 -	12/31/19			Cor	mplete
			1/1/20 -	3/31/20			Cor	mplete
			4/1/20 -	6/30/20				
			7/1/20 -	9/30/20				
Lead And Cop	oper (PBCU) Point (Sampling Point ID)		Monitori	ng Period	5 r		e (RT) per t <i>Complid</i>	hree years ance Status
	n Inventory of Active Sampling Points		1/1/17 -		6/1-9/3	80		nplete
	, , ,			12/31/22	6/1-9/3			•
				12/31/25	6/1-9/3			
Physical Para	meters (PPS) Point (Sampling Point ID)		Monitori	ng Period	Collection I		utine (RT) p	er quarter
	n Inventory of Active Sampling Points			9/30/19		Ciriou		nplete
Select Holl	in inventory of Active Sumpling Forms			12/31/19				nplete
				3/31/20				nplete
				6/30/20				
				9/30/20				
Water System	Facility: ENTRY POINT (WSF ID: 007	00)	, , -					
•	emicals (IOCS)	•			1 r	outin	e (RT) per t	hree years
_	Point (Sampling Point ID)		Monitori	ng Period	Collection I			ince Status
ENTRY POI				12/31/19				nplete
			1/1/20 -	12/31/22				
			1/1/23 -	12/31/25				
Nitrate And N	litrite (NOX)					1	routine (R	T) per year
Sampling I	Point (Sampling Point ID)		Monitori	ng Period	Collection I	Period	Complic	ince Status
ENTRY POI	NT (3)		1/1/19 -	12/31/19			Cor	nplete
			1/1/20 -	12/31/20			Cor	mplete
			1/1/21 -	12/31/21				
Pesticides, He	erbicides and PCBs - Phase II & V(SOC	S)				1	. (RT) per t	hree years
Sampling I	Point (Sampling Point ID)		Monitori	ng Period	Collection I	Period	Complic	ince Status

1/1/17 - 12/31/19

**Monitoring Period** 

1/1/20 - 12/31/22

1/1-12/31

**Collection Period** 

Waiver

**Compliance Status** 

Page 5

1 routine (RT) per three years

Schedule Generation Date: 3/10/2020

**ENTRY POINT (3)** 

**ENTRY POINT (3)** 

Pesticides, Herbicides and PCBs - Phase II & V (SOCS)

Sampling Point (Sampling Point ID)

	C	onnecticut Dep	oartment of	Public F	<b>lealth</b>	D	rinkii	ng V	Vater	Se	ection		
		Water Qu	ality Monit	oring an	d Con	npl	liance	e Sch	nedul	le			
PWS ID	P	WS Name				Cla	ssificatio	n Pop	oulation	Ow	ner Type	Primar	y Source
CT005008	32 LO	OMBARD FORD					NTNC		35		Р	G	iW
Local Add	ress (wh	ere applicable)		Service	Residen	itial	Comme	rcial	Industri	al	Combine	d Agr	icultural
285 NEW	HARTFO	RD ROAD (ROUTE 44)		Connections	1								
Towns Ser	rved: BAI	RKHAMSTED											
			Monito	oring Requ	uireme	nts	•						
Water Sy	/stem Fa	cility: ENTRY POINT	(WSF ID: 00700)										
Pesticide	es, Herb	icides and PCBs - Phas	e II & V (SOCS)						1 rou	utine	e (RT) pe	r three	e years
Sam	pling Poi	nt (Sampling Point ID)			Monitor	ing F	Period	Colle	ction Pe	riod	Comp	liance	Status
					1/1/23 -	12/3	31/25						
_		als (VOCS)							1 rou	utin	e (RT) pe		-
		nt (Sampling Point ID)			Monitor			Colle	ction Pe	riod	Comp	liance	Status
ENTR	RY POINT	(3)			1/1/17 -		-				C	omple	te
					1/1/20 -		•						
					1/1/23 -		•						
			Other Co	ompliance	Scheo	dule	es						
Complian	ce Sched	ule Activity				Due	Date		Achie	ved	Date		
DISTRIBUT	TION SYS	TEM MATERIALS EVALUA	TION		8	3/31	/2019						
CROSS CO	NNECTIO	ON SURVEY REPORT				3/1/	2024						
		Water	System Facili	ty and Sa	mpling	Po	int Inv	vent	ory				
Water					_			Total			1		
System		System Facility	Sampling Point		int		C	-	n Cop				Stage
Facility ID			ID .	Description			Status	Rule	Rule	Her	Asbesto	s WQF	2 DBPR
00600	DISTRIB	SUTION SYSTEM	4	DISTRIBUTIO			A	Υ					
			DOWNSTREAM			N	A	v			v		
			LF01	ROBS OFFICE			A	Y	N		Y		
			LF02 LF03	ROBS OFFICE			A	Y	N				
				WOMENS RO	OIVI		A	Y Y	٨				
			LF04 LF05	MENS ROOM			A A	Ϋ́	N				
			LF05 LF06	SHOP BATHR			A	Ϋ́	IN				
			UPSTREAM	WITHIN 5 SEI		N	A	'	IN	•			
00700	ENTRY	POINT	3	ENTRY POINT		. •	A						
10019	WELL		2	WELL			A						
50464	WELL-X	-TROL	<u> </u>										
20.04			Cartified	Operator	Inform	nati	ion						
Water Su	ıstam Ea	cility: DISTRIBUTION		<u> </u>	11110111	iati	1011						
		ion: SMALL WATER SYSTE	-	J. 00000)								C	(final) -
Operator	_	SIVIALL VVAILICUISISIL	Operator Type	, ,	ertificatio	nn/cl	)						ification piration
RADICCHI			CHIEF OPERATO		ISTRIBUTI			ODED V	TOR - רו	Δςς	III		0/2021
NADICCHI	, FAUL J.		CHIEF OPERATO		/ATER TRE								31/2021
			Con				VILINI FLA	NIVI OI	LIVATOR	1 - C	LA33 II	12/	J1/ ZUZU
N.				tact Infor	mation								
Name			Or	ganization							Job Title		

Lombard Ford

Mailing Address Line Two

Mr. Robert N. Lombard

Mailing Address Line One

Schedule Generation Date: 3/10/2020 Page 6

President

City

Zip Code

State

	Wa	ter Qua	lity Mo	nitoring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
CT0050082	LOMBARD FORE	)					NTNC	35	Р	GW
Local Address (	where applicable)			Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural
285 NEW HART	FORD ROAD (ROU	TE 44)		Connections	1					
Towns Served:	BARKHAMSTED									

**Emergency Phone Email Address** 

rlombard@lombardford.com

Mobile Phone

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

Extension

### Please note the following:

**Business Phone** 

860-379-3301

- 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.

Fax

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

		45 III 7							
	Connecticut Department of				_			n	
	Water Quality Monit	toring an							
PWS ID	PWS Name		C		on Po	-	Owner Typ	pe Pri	mary Source
CT0050122	MDC - SUPPLY DIVISION HEADQUARTERS			NTNC		30	L		GW
	(where applicable)	Service	Residentia	al Comm	ercial	Industria	l Comb	ined	Agricultura
39 BEACH RO		Connections	2						
Towns Served	: BARKHAMSTED								
		oring Requ	uiremen	ts					
•	m Facility: DISTRIBUTION SYSTEM (WSF I	ID: 00600)							
Asbestos (1	-				- "				nine years
	g Point (Sampling Point ID)		Monitoring		Coll	ection Peri	od Co	mplia	nce Status
Select fro	om Inventory of Active Sampling Points		1/1/11 - 12	_					
			1/1/20 - 12	2/31/28					
Total Colifo							-		er quarter
	Point (Sampling Point ID)		Monitoring		Coll	ection Peri	od Co		nce Status
Select fro	om Inventory of Active Sampling Points		10/1/19 - 1						nplete
			1/1/20 - 3	•				Con	nplete
			4/1/20 - 6						
	<b>1</b>		7/1/20 - 9	/30/20					
	opper (PBCU)							-	hree years
	Point (Sampling Point ID)		Monitoring			ection Peri	od Co	mplia	nce Status
Select fro	om Inventory of Active Sampling Points		1/1/18 - 12			6/1-9/30			
			1/1/21 - 12	2/31/23		6/1-9/30			
•	rameters (PPS)			5	6 11		-		er quarter
	g Point (Sampling Point ID)		Monitoring		Coll	ection Peri	oa Co		nce Status
Select fro	om Inventory of Active Sampling Points		7/1/19 - 9						nplete
			10/1/19 - 1						nplete
			1/1/20 - 3					Con	nplete
			4/1/20 - 6						
			7/1/20 - 9	/30/20					
•	m Facility: ENTRY POINT (WSF ID: 00700)					4	· /p=\		
_	nemicals (IOCS) g Point (Sampling Point ID)		Monitoring	a Dariad	Call	1 rout ection Peri		•	hree years <i>nce Status</i>
					COII	ection Pen	ou co		
ENTRY P	(5) INI (5)		1/1/17 - 12 1/1/20 - 12					con	nplete
			1/1/20 - 12						
Nitrata And	Nitrito (NOV)		1/1/23 - 12	2/31/23			1 routir	00 /DT	-l nor woon
	Nitrite (NOX) g Point (Sampling Point ID)		Monitoring	n Period	Coll	ection Peri		-	「) per year <i>nce Status</i>
ENTRY PO			1/1/19 - 12		COII	conon Fen	oa co		nplete
	o (o)		1/1/19 - 12					COII	ipiete
			1/1/20 - 12	-					
Posticidos I	Herbicides and PCBs - Phase II & V (SOCS)		1/1/21 - 12	_, _, _, _,		1 rout	ino /DT\	nor +l	hroo yoara
-	properties and PCBs - Phase II & V (SOCS)		Monitoring	n Period	Coll	rout ב ection Peri		-	hree years <i>nce Status</i>
ENTRY PO			1/1/17 - 12		COII	ection Pen	ou co		nplete
ENIKI PO	OHAT (3)		1/1/1/ - 12	-				COII	ihiere
			1/1/20-12						

1/1/23 - 12/31/25

**Monitoring Period** 

1/1/17 - 12/31/19

Schedule Generation Date: 3/10/2020

Sampling Point (Sampling Point ID)

**Organic Chemicals (VOCS)** 

**ENTRY POINT (3)** 

1 routine (RT) per three years

**Compliance Status** 

Complete

**Collection Period** 

	4- 11:				-	_	
Connecticut Departme	nt of Public H	lealth D	rinkin	ig Wa	ater S	ection	
Water Quality M	lonitoring and	d Comp	liance	Sche	edule		
PWS ID PWS Name	<u> </u>					ner Type Pr	rimary Source
CT0050122 MDC - SUPPLY DIVISION HEADQUAR	TERS		NTNC	3		L	GW
Local Address (where applicable)	Service	Residentia	Commer	cial In	dustrial	Combined	Agricultural
39 BEACH ROCK ROAD	Connections	2					
Towns Served: BARKHAMSTED							
N	Ionitoring Requ	irement	:S				
Water System Facility: ENTRY POINT (WSF ID: 0							
Organic Chemicals (VOCS)					1 routin	e (RT) per t	three years
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	l Compli	ance Status
		1/1/20 - 12,					
		1/1/23 - 12,	/31/25				
Monthly Water System	Facility (WSF) L	evel Mo	nitorin	g Req	uireme	ents	
Water System Facility: ENTRY POINT (WSFID: 0	0700)						
Analyte Monitoring Requirement	(Summary Type)	Operat	ing Limit			Samples Re	eq/Month
pH Entry Point pH Monitoring			um: 7.0 PF	1		4	
<b>Start Date:</b> 8/1/2017		nce History	: (	Operatin	ng Limit	Monitor	_
		ing Period		Complia	nce Statu	s: Complia	nce Status:
		19 - 10/31/2					
		19 - 11/30/2					
		19 - 12/31/2					
		) - 1/31/202 ) - 2/29/202					
Analyte Monitoring Requirement			ing Limit			Samples Re	og /Nonth
pH Entry Point pH Monitoring		-	um: 7.5 Pl	4		Jampies Re	-
Start Date: 8/1/2017		nce History				Monitor	
Start Batter 6, 1, 2017	·	ing Period	•	Operatin Complia	ig Limit nce Statu		nce Status:
		19 - 10/31/2		- Compila	nee Statu	<u> </u>	
		 19 - 11/30/2					
		19 - 12/31/2					
	1/1/2020	0 - 1/31/202	20				
	2/1/2020	0 - 2/29/202	20				
Ot	her Compliance	Schedul	les				
Compliance Schedule Activity		Due	e Date		Achieved	Date	
DISTRIBUTION SYSTEM MATERIALS EVALUATION		8/3:	1/2019				
CROSS CONNECTION SURVEY REPORT		3/1	./2020				
Publi	c Notification R	equirem	ents				
	Compliance	Notice		<u>Notifica</u>		PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Required			Due to DPH	Received
Water Quality Parameters - Basic M&R Violation	1/1/03 - 12/31/03	3	4/19/200			4/29/2005	
Water System	Facility and Sar	npling P	oint Inv	entor	-		
Water  Surface Water System Easility Sampling	a Doint Campling Det	a+		Total	Lead and	1	C4
System Water System Facility Sampling Facility ID IE	g Point Sampling Poil  Description	11.		oliform Rule	Copper Rule Tie	r Ashestos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 3		D SUPPLY	<u>Status</u> A	Y			
4			A	Y			
	TREAM WITHIN 5 SER		A	•			
- 5							

PWS ID	PWS Name	ter Quality	y IVIOIII	toring c	iiia doi:					unor Tuno	Primary Sourc
	MDC - SUPPLY D	IVISION HEADOL	LIADTEDS				NC	Pop	30	wher Type	GW
	here applicable)	IVISION READQU	UAKTEKS	Service	Resider	1	mmer	cial	Industrial	Combine	_
39 BEACH ROCK				Connection		itiai Ct	Jillillei	Ciai	iiiuustiiai	Combine	Agricultura
Towns Served: B				3311133113	2						
TOWITS SELVED. B	-	Motor Syste	om Fosi	اندر میما (	Compline	. Doi:	4 100		- M1.4		
		Water Syste	em Faci	nty and s	sampling	Poin					
Water System Wate	r System Facility	Sam	nlina Poin	t Sampling	Point			Total oliforn	Lead an n Coppe		Stage
Facility ID	System ruemey	Juli	ID	Descriptio 2		C+/		Rule			s WQP 2 DBP
.,		М	DCSD001	CARPSHOR			A	Υ	2	Υ	Υ
			IDCSD002		18(DOWN)		A	Υ	2		•
			IDCSD003		19(DOWN		Α	Υ	2		
			IDCSD004	MENSINK1	•		Α	Υ	2		
		М	IDCSD005	BRMSINK1	, ,		A	Υ	2		
		М	DCSD006	WMEN'S L	OCKER RM		A	Υ	2		
		М	IDCSD008	ALYRMSIN	K109(UP)		Α	Υ	2		
		М	IDCSD011	RAW WAT	ER BEFORE	TRE	Α	Υ			
		UF	PSTREAM	WITHIN 5	SERVICE CO	N .	Α				
00700 ENTR	Y POINT		3	ENTRY PO	INT		A				
10020 WELL	2		2	\\/ELL 2			۸				
	_		2	WELL 2			A				
52239 TREA	TMENT PLANT		2	WELL 2			А				
52239 TREA		C			or Inforn						
	TMENT PLANT		Certified	l Operato	or Inforn						
Water System	TMENT PLANT Facility: TREAT	MENT PLANT	Certified (WSF ID:	l Operato	or Inforn						Certification
Water System	TMENT PLANT	EATMENT PLANT	Certified (WSF ID:	l Operato 52239)		natio					Certification Expiration
Water System   Facility Classifica Operator Name	Facility: TREAT	MENT PLANT REATMENT PLANT Op	Certified (WSF ID:	<b>l Operato</b> 52239) pe	Certification	nation	1	NT OF	PERATOR -	CLASS IV	Expiration
Water System   Facility Classifica Operator Name	Facility: TREAT	MENT PLANT REATMENT PLANT Op	Certified (WSF ID: T perator Typ	<b>l Operato</b> 52239) pe	Certification	nation on(s) EATMER	<b>1</b> NT PLA				-
Water System   Facility Classifica Operator Name	Facility: TREAT	MENT PLANT REATMENT PLANT Op	Certified (WSF ID: T perator Typerator Typerat	l Operato 52239) pe OR	Certification WATER TR DISTRIBUT	on(s) EATMEI	<b>1</b> NT PLA				<b>Expiration</b> 12/31/2022
Water System   Facility Classifica Operator Name BARAL, JR, RAYIV	Facility: TREAT	MENT PLANT REATMENT PLANT Op	Certified (WSF ID: T perator Typerator Typerat	l Operato 52239) pe OR ntact Info	Certification WATER TR DISTRIBUT	on(s) EATMEI	<b>1</b> NT PLA			S III	Expiration 12/31/2022 6/30/2020
Water System   Facility Classifica Operator Name BARAL, JR, RAYN Name	Facility: TREAT ation: CLASS 1 TR	MENT PLANT REATMENT PLANT Op	Certified (WSF ID: T perator Typer COI	l Operato 52239) pe OR	Certification WATER TR DISTRIBUT	on(s) EATMEI	<b>1</b> NT PLA	PERA	TOR - CLAS	S III Job Title	Expiration 12/31/2022 6/30/2020
Water System Facility Classifica Operator Name BARAL, JR, RAYM Name Mr. James M. Ra	Facility: TREAT  Ation: CLASS 1 TR  BIOND E.	EATMENT PLANT  CHIE	Certified (WSF ID: T perator Typ EF OPERAT	Drganization The MDC	Certification WATER TR DISTRIBUT	on(s) EATMEI	<b>1</b> NT PLA	PERA	TOR - CLAS	S III  Job Title ter Supply	Expiration 12/31/2022 6/30/2020
Water System Facility Classifica Operator Name BARAL, JR, RAYIV  Name Mr. James M. Ra Mailing Address	Facility: TREAT  Ation: CLASS 1 TR  HOND E.  Andazzo  Line One	EATMENT PLANT  CHIE	Certified (WSF ID: T perator Typ EF OPERAT	J Operato 52239)  pe TOR  ntact Info	Certification WATER TR DISTRIBUT	on(s) EATMEI	<b>1</b> NT PLA	PERA	TOR - CLAS	S III Job Title	Expiration 12/31/2022 6/30/2020
Water System Facility Classifica Operator Name BARAL, JR, RAYIV  Name Mr. James M. Ra Mailing Address	Facility: TREAT Ation: CLASS 1 TR BIOND E. Andazzo Line One n Avenue	EATMENT PLANT  CHIE	Certified (WSF ID: T perator Type EF OPERAT  County Illing Addre	Drganization The MDC	Certification WATER TR DISTRIBUT	on(s) EATMEI	NT PLA TEM O	PERA M Hartf	Ingr of Wa	Job Titleter Supply State	Expiration 12/31/2022 6/30/2020  Zip Code
Water System Facility Classifica Operator Name BARAL, JR, RAYM Name Mr. James M. Ra Mailing Address 1420 Farmingtor	Facility: TREAT  Pation: CLASS 1 TR  HOND E.  Indazzo  Line One  Avenue  Extension	EATMENT PLANT  CHIE  Mai	Certified (WSF ID: T perator Typ EF OPERAT  Coi It illing Addre	J Operato 52239)  pe TOR  ntact Info Organization The MDC ss Line Two	Certification WATER TR DISTRIBUT Drmation	on(s) EATMEI ION SYS	NT PLA TEM O	PERA M Hartf	Ingr of Wa	Job Title eer Supply State CT	Expiration 12/31/2022 6/30/2020  Zip Code
Water System  Facility Classifica  Operator Name  BARAL, JR, RAYIV  Name  Mr. James M. Ra  Mailing Address  1420 Farmingtor  Business Phone  860-278-7850	Facility: TREAT  Pation: CLASS 1 TR  HOND E.  Indazzo  Line One  Avenue  Extension	MENT PLANT EEATMENT PLANT Op CHIE	Certified (WSF ID: T perator Typ EF OPERAT  Coi It illing Addre	J Operato 52239)  pe TOR  ntact Info Organization The MDC ss Line Two	Certification WATER TR DISTRIBUT Drmation Emergence	on(s) EATMEI ION SYS	NT PLA TEM O	PERA M Hartf	Ingr of Wa City Ford	Job Title eer Supply State CT	Expiration 12/31/2022 6/30/2020  Zip Code
Water System  Facility Classifica  Operator Name  BARAL, JR, RAYIV  Name  Mr. James M. Ra  Mailing Address  1420 Farmingtor  Business Phone  860-278-7850  Contact Role(s):	Facility: TREAT  TATION: CLASS 1 TR  TOND E.  TO	MENT PLANT EEATMENT PLANT Op CHIE	Certified (WSF ID: T perator Typ EF OPERAT  Coi I illing Addre	J Operato 52239)  pe TOR  ntact Info Organization The MDC ss Line Two	Certification WATER TR DISTRIBUT Drmation Emergence	on(s) EATMEI ION SYS	NT PLA TEM O	PERA M Hartf	Ingr of Wa City Ford	Job Title eer Supply State CT	Expiration 12/31/2022 6/30/2020  E  Zip Code 06107
Water System  Facility Classifica Operator Name  BARAL, JR, RAYIV  Name  Mr. James M. Ra  Mailing Address 1420 Farmingtor  Business Phone 860-278-7850  Contact Role(s): Name	Facility: TREAT  TATION: CLASS 1 TR  TOND E.  TO	MENT PLANT REATMENT PLANT OR CHIE  Mai  Fax 860-738-2141 Contact	Certified (WSF ID: T perator Typ EF OPERAT  Coi I illing Addre	Drganization The MDC ss Line Two	Certification WATER TR DISTRIBUT Drmation Emergence	on(s) EATMEI ION SYS	NT PLA TEM O	PERA M Hartf	Ingr of Wa City Ford	Job Titleter Supply State CT	Expiration 12/31/2022 6/30/2020  E  Zip Code 06107
Water System Facility Classifica Operator Name BARAL, JR, RAYN Name Mr. James M. Ra Mailing Address 1420 Farmingtor Business Phone 860-278-7850 Contact Role(s): Name Metropolitan Di	Facility: TREAT  Ation: CLASS 1 TR  BIOND E.  Andazzo  Line One Avenue  Extension 3104  Administrative of Facility: TREAT	MENT PLANT REATMENT PLANT Op CHIE  Mai Fax 860-738-2141 Contact	Certified (WSF ID: T perator Ty) EF OPERAT  Coi T illing Addre	Drganization The MDC ss Line Two	Certification WATER TR DISTRIBUT Drmation Emergence	on(s) EATMEI ION SYS	NT PLA TEM O	M Hartf Addr azzo@	Ingr of Wa City Ford	Job Titleter Supply State CT	Expiration 12/31/2022 6/30/2020  E  Zip Code 06107
Water System Facility Classifica Operator Name BARAL, JR, RAYM Name Mr. James M. Ra Mailing Address 1420 Farmingtor Business Phone 860-278-7850 Contact Role(s): Name Metropolitan Di Mailing Address	Facility: TREAT  Ation: CLASS 1 TR  BIOND E.  Andazzo  Line One Avenue  Extension 3104  Administrative of Facility: TREAT	MENT PLANT REATMENT PLANT Op CHIE  Mai Fax 860-738-2141 Contact	Certified (WSF ID: T perator Typ EF OPERAT  Col It illing Addre  diling Addre	J Operators 52239)  pe TOR  Intact Information The MDC ss Line Two Dille Phone  Organization Street Two Drawn Street Two Drawn Street Two Drawn Street Two	Certification WATER TR DISTRIBUT Drmation Emergence 860-818	on(s) EATMEI ION SYS  Y Phone -7189	NT PLA TEM O  West Email jrand	M Hartf Addr azzo@	Ingr of War City Ford ess Othemdc.c	Job Title ser Supply State CT  Job Title	Expiration 12/31/2022 6/30/2020  E  Zip Code 06107
Water System   Facility Classifica Operator Name BARAL, JR, RAYM  Name Mr. James M. Ra Mailing Address 1420 Farmingtor Business Phone 860-278-7850 Contact Role(s): Name Metropolitan Di Mailing Address	Facility: TREAT  Ation: CLASS 1 TR  BOND E.  Andazzo  Line One Avenue Extension 3104  Administrative of Filine One	MENT PLANT REATMENT PLANT Op CHIE  Mai Fax 860-738-2141 Contact	Certified (WSF ID: T perator Typ EF OPERAT  Col It illing Addre  diling Addre	Drganization The MDC ss Line Two Drganization Organization Drganization Drganization Drganization Drganization	Certification WATER TR DISTRIBUT Drmation Emergence	on(s) EATMEI ION SYS  Y Phone -7189	NT PLA TEM O  West Email jrand	M Hartf Addr azzo@	Ingr of War City Ford ess Othemdc.c	Job Title State CT  Job Title State CT  State State State	Expiration  12/31/2022 6/30/2020  E  Zip Code  06107
Water System Facility Classifica Operator Name BARAL, JR, RAYIV  Name Mr. James M. Ra Mailing Address 1420 Farmingtor Business Phone 860-278-7850 Contact Role(s): Name Metropolitan Di Mailing Address 555 Main St Business Phone	Facility: TREAT  Pation: CLASS 1 TR  RIOND E.	MENT PLANT REATMENT PLANT Op CHIE  Mai Fax 860-738-2141 Contact Public W Mai	Certified (WSF ID: T perator Typ EF OPERAT  Col It illing Addre  diling Addre	J Operators 52239)  pe TOR  Intact Information The MDC ss Line Two Dille Phone  Organization Street Two Drawn Street Two Drawn Street Two Drawn Street Two	Certification WATER TR DISTRIBUT Drmation Emergence 860-818	on(s) EATMEI ION SYS  Y Phone -7189	NT PLA TEM O  West Email jrand	M Hartf Addr azzo@	Ingr of War City Ford ess Othemdc.c	Job Title State CT  Job Title State CT  State State State	Expiration  12/31/2022 6/30/2020  E  Zip Code  06107
Water System  Facility Classifica Operator Name  BARAL, JR, RAYN  Name  Mr. James M. Ra  Mailing Address 1420 Farmingtor  Business Phone 860-278-7850  Contact Role(s): Name  Metropolitan Di  Mailing Address 555 Main St	Facility: TREAT  Pation: CLASS 1 TR  RIOND E.	MENT PLANT REATMENT PLANT Op CHIE  Mai Fax 860-738-2141 Contact Public W Mai	Certified (WSF ID: T perator Typ EF OPERAT  Col It illing Addre  diling Addre	J Operators 52239)  pe TOR  Intact Information The MDC ss Line Two Dille Phone  Organization Street Two Drawn Street Two Drawn Street Two Drawn Street Two	Certification WATER TR DISTRIBUT Drmation Emergence 860-818	on(s) EATMEI ION SYS  Y Phone -7189	NT PLA TEM O  West Email jrand	M Hartf Addr azzo@	Ingr of War City Ford ess Othemdc.c	Job Title State CT  Job Title State CT  State State State	Expiration  12/31/2022 6/30/2020  E  Zip Code  06107

	Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qua	lity Monit	oring a	nd Con	npl	liance S	Schedul	le			
PWS ID P	WS Name					Cla	ssification	Population	Owner Typ	e Pi	rimary Source	
CT0050122 N	IDC - SUPPLY D	IVISION HEA	ADQUARTERS				NTNC	30	L		GW	
Local Address (wh	Al Address (where applicable)  Service							al Industri	al Comb	ined	Agricultural	
39 BEACH ROCK R	BEACH ROCK ROAD Connect											
Towns Served: BA	RKHAMSTED				·							
Name			Or	ganization					Job T	itle		
Mr. Bart Halloran			Th	e MDC				Legal Cou	ncil			
Mailing Address Li	ne One		Mailing Address	s Line Two				City	Stat	е	Zip Code	
The MDC			555 Main Street	t			Hartfo	rd	СТ	(	06142-0800	
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Pho	one Email A	Address				
860-278-7850	3234						bhallor	an@themd	c.com			
Contact Role(s):	egal Contact		·									

CD 1.11 - 11 - 1/1. D -1 -1 1 - - 147 - (-)

## 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

Schedule Generation Date: 3/10/2020

	Commontiant Domonton and	of Dublic II	والماموا	D.4	ا ماناما	~ 1	Makar	·C	o aki o		
	Connecticut Department				`	_			ectio	n	
	Water Quality Mo	nitoring and	a Con	_		-					
PWS ID	PWS Name					Po	-	Ow		e Pr	imary Source
CT0055043	BARKHAMSTED ELEMENTARY SCHOOL				NTNC		360	_	L		GW
	(where applicable)	Service		ntial (	Commerc	ial	Industri	al	Comb	ined	Agricultural
	ROAD (ROUTE 318)	Connections	1								
Towns Served:	BARKHAMSTED			_		_					
Mater System	Mon Facility: DISTRIBUTION SYSTEM (W	nitoring Requ	iireme	nts							
Asbestos (1	•	3F 1D. 00000j					1 rc	+i	no (PT	nor	nine years
•	094) Point (Sampling Point ID)		Monitor	ina Da	eriod (	Call	ection Pe		-		ance Status
	om Inventory of Active Sampling Points		1/1/11 -			JOIN	ection re	Hou	CO		mplete
Select IIO	in inventory of Active Sampling Forits		1/1/20 -							COI	ilpiete
Total Colifor	·m (2100)		1/1/20	12/51	1,20		1	l ro	utino l	DT\ r	er quarter
	Point (Sampling Point ID)		Monitori	ina Pe	eriod (	Colle	ection Pe		-		ance Status
	om Inventory of Active Sampling Points		7/1/19 -			-5111					mplete
00.0000	pg. ce		10/1/19 -								mplete
			1/1/20 -								mplete
			4/1/20 -								•
			7/1/20 -	- 9/30	/20						
Lead And Co	pper (PBCU)							5	routir	ie (R	T) per year
	Point (Sampling Point ID)		Monitori	ing Pe	eriod (	Colle	ection Pe			-	ance Status
Select fro	m Inventory of Active Sampling Points		1/1/19 -	12/31	1/19		6/1-9/30			Cor	mplete
			1/1/20 -	12/31	1/20		6/1-9/30				
			1/1/21 -	12/31	1/21		6/1-9/30				
Physical Para	ameters (PPS)						1	l ro	utine (	RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing Pe	eriod (	Colle	ection Pe	riod	l Co	mplic	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -	- 9/30	/19					Cor	mplete
			10/1/19 -	- 12/3	1/19					Cor	mplete
			1/1/20 -		•					Cor	mplete
			4/1/20 -		-						
			7/1/20 -	- 9/30	/20						
Water Syster	m Facility: ENTRY POINT (WSF ID: 007	<b>'00)</b>									
Chloride (10	•								-		er quarter
	Point (Sampling Point ID)		Monitor			Colle	ection Pe	riod	l Co	•	ance Status
ENTRY PC	DINT (3)		7/1/19 -								mplete
		:	10/1/19 -								mplete
			1/1/20 -		-					Cor	mplete
			4/1/20 -		-						
			7/1/20 -	- 9/30	/20				. /5-1		
_	nemicals (IOCS)		Marita	in a D	wind 4	!!				-	hree years
	Point (Sampling Point ID)		-					ance Status			
ENTRY PC	(כ) ואות		1/1/1/ - 1/1/20 -							COI	mplete
			1/1/20 -								
Nitrata And	Nitrito (NOY)		1/1/22-	12/31	L/ ZJ			1	routin	10 / D'	T) per year
	Nitrite (NOX) Point (Sampling Point ID)		Monitori	ina Pa	eriod (	COLL	ection Pe			-	T) per year ance Status
Sumpling	Tront (Sumpling Follit ID)		4 /4 /4 0	ing Pe		JUII	cenon re	. 100	CO	mpiit	ince Status

1/1/19 - 12/31/19

1/1/20 - 12/31/20

Schedule Generation Date: 3/10/2020

**ENTRY POINT (3)** 

Complete

Complete

Connecticut	Department of	Public H	ealth D	Orinki	ing W	ater Se	ction	
Water	Quality Monito	oring and	d Comp	olianc	e Sch	edule		
PWS ID PWS Name			Cl	lassificati	ion Popu	ulation Owi	ner Type Pri	mary Source
CT0055043 BARKHAMSTED ELEI	MENTARY SCHOOL			NTNC	3	60	L	GW
Local Address (where applicable)		Service	Residentia	Comm	nercial I	ndustrial	Combined	Agricultural
67 RIPLEY HILL ROAD (ROUTE 318)		Connections	1					0 11 11
Towns Served: BARKHAMSTED								
	Monito	ring Requ	irement	ts				
Water System Facility: ENTRY PC	DINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)						1	routine (R	Γ) per year
Sampling Point (Sampling Point	ID)		Monitoring	Period	Collect	tion Period	Complia	nce Status
			1/1/21 - 12,	/31/21				
Pesticides, Herbicides and PCBs-	Phase II(SOC2)					1 routine	e (RT) per t	hree vears
Sampling Point (Sampling Point			Monitoring	Period	Collect	tion Period		nce Status
ENTRY POINT (3)	,						-	nplete
, ,			_, _, _,, 1/1/20 - 12,					•
Pesticides, Herbicides and PCBs-	Phase V (SOC5)		, , - ,	, - , -		1 routine	(RT) per t	hree vears
Sampling Point (Sampling Point			Monitoring	Period	Collect	tion Period		nce Status
ENTRY POINT (3)	,		1/1/17 - 12/					nplete
2(0)			_, _, _,, 1/1/20 - 12,					Присто
			_, _, _,, 1/1/23 - 12,					
Organic Chemicals (VOCS)			-, -, -0,	, -, -,		1	routine (R1	() ner vear
Sampling Point (Sampling Point	(ח)		Monitoring	Period	Collect	tion Period	=	nce Status
ENTRY POINT (3)	15)		1/1/19 - 12 <sub>/</sub>		Conce	.ioii i ciiou	-	nplete
ENTITY ONLY (5)			1/1/20 - 12/					приссе
			1/1/21 - 12/					
N/Loveth Iv. VA/	atar Cratara Facili				es Dos			
Water System Facility: ENTRY PO	ater System Facili	ty (WSF) L	evei ivio	mitori	ing Kec	quireme	nts	
		ru Tunol	Operat	tina Limit			Camples Bo	a /N/onth
	ng Requirement (Summa		•	ting Limi			Samples Re	q/ Wionth
·	nt pH Monitoring (PHRD)		nce History	um: 7.0			4	
Start Date: 1/1/2004			ing Period	<b>/·</b>	-	ng Limit	Monitori	ng nce Status:
			111 <b>g Periou</b> 19 - 10/31/2	2010	Compila	ance Status	Compilar	ice Status.
			19 - 10/31/2 19 - 11/30/2					
			L9 - 12/31/2 ) - 1/31/202					
			· · ·					
	Other Co	mpliance	) - 2/29/202 Schodul					
Compliance Schedule Activity	Other Co	ilipliance		e Date		Achieved	Date	
DISTRIBUTION SYSTEM MATERIALS EV	/ALLIATION			1/2019		Acmeved	Dute	
		h a .a d Ca.a						
	ater System Facilit	ty and San	npling P	oint ir				
Water System Easility	Campling Doint	Camplina Dai:	•		Total	Lead and		Chana
System Water System Facility Facility ID	Sampling Point . ID	Sampling Poli Description	16		Collform Rule	Copper Rule Tier	Ashestos I	Stage NQP 2 DBPR
		<u> </u>	CVCTENA	Status ^		naie Hel	Maneatoa I	THE PUPIL
00600 DISTRIBUTION SYSTEM		DISTRIBUTION		A	Y	า	V	
		HAND SINK KI		A	Y	2	Υ	
	BARK001 - H	GENERATED B	I DATCH	Α	Y			

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	<b>Primary Source</b>
CT0055043	BARKHAMSTED ELEMENTARY SCHOOL				NTNC	360	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
67 RIPLEY HILL	ROAD (ROUTE 318)	Connections	1					

Towns Served: BARKHAMSTED

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		tage DBPR	
		BARK002	RM #7	Α	Υ	2	Υ			
		BARK002 - R	GENERATED BY BATCH	Α	Υ					
		BARK003	TEACH RM WMNS BATH	Α	Υ	2	Υ			
		BARK003 - T	GENERATED BY BATCH	Α	Υ					
		BARK004	RM #12	Α	Υ	2	Υ			
		BARK004 - R	GENERATED BY BATCH	Α	Υ					
		BARK005	MENS BTH OFF FURNAC	Α	Υ	2	Υ			
		BARK005 - M	GENERATED BY BATCH	Α	Υ					
		BARK006	HEALTH	Α	Υ	2	Υ			
		BARK007	RM #28	Α	Υ	2	Υ			
		BARK008	RM #25	Α	Υ	2	Υ			
		BARK009	KINDERGARTEN	Α	Υ	2	Υ			
		BARK010	PRESCHOOL	Α	Υ	2	Υ			
		BARK011	RM #17	Α	Υ	2	Υ			
		BARK012	RM #16	Α	Υ	2	Υ			
		BARK013	RM #22	Α	Υ	2	Υ			
		BARK014	RM #18	Α	Υ	2	Υ			
		BARK015	RM #8	Α	Υ	2	Υ			
		BARK016	RM #13	Α	Υ	2	Υ			
		BARK017	RM #14	Α	Υ	2	Υ			
		BARK018	RM #15	Α	Υ	2	Υ			
		BARK019	RM #20	Α	Υ	2	Υ			
		BARK020	RM #21	Α	Υ	2	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
10023	WELL #2	2	WELL #2	Α						
1071	TREATMENT PLANT									
55099	ATMOSPHERIC TANK									
55101	BLADDER TANKS									
55103	WELL #3	2	WELL #3	Α						

## **Certified Operator Information**

Water System Facility: TREATMENT PLANT (WSF ID: 1071)

Facility Classification: CLASS 1 TREATMENT PLANT						
Operator Name	Operator Type	Certification(s)	Expiration			
LEMAY, REALE D.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2020			
		WATER TREATMENT PLANT OPERATOR - CLASS III	12/31/2022			
KILBOURN, ERIC M.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2022			

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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Schedule Generation Date: 3/10/2020

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0055043 BARKHAMSTED ELEMENTARY SCHOOL					NTNC	360	L	GW		
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural		
67 RIPLEY HILL ROAD (ROUTE 318)		Connections	1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: BARKHAMSTED

## **Certified Operator Information**

Water System Facility: TREATMENT PLANT (WSF ID: 1071)

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name

Operator Type

Certification(s)

Expiration

WATER TREATMENT PLANT OPERATOR - CLASS II 12/31/2022

					***************************************		0: =:::::::::::::::::::::::::::::::::::	02, 100	,,
			(	Contact Inf	formation				
Name				Organization	า			Job Title	
Mr. James Agostine	2			Barkhamste	d Elementary School		Superinten	ident	
Mailing Address Line One Mailing Addr				dress Line Two	ress Line Two			State	Zip Code
65 Ripley Hill Rd						Barkhan	nsted	СТ	06063
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Address			
860-738-4016	314	860-738-3	3642			jagostine@barkhamstedschool.org			
Contact Dolo/s).	-	Cantast Iss	ol Contact						

## Contact Role(s): Administrative Contact, 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

Schedule Generation Date: 3/10/2020