Connecticut Department of Pub Water Quality Monitoring			0									
PWS ID PWS Name				Owner Type Primary Source								
CT0560011 SALMON BROOK DISTRICT WATER DEPT		С	2,151	L GW								
Local Address (where applicable) Service	Residen	tial Commerc		Combined Agricultural								
Connec	ctions 375	81										
Towns Served: GRANBY	1											
Monitoring	Requireme	nts										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060												
Asbestos (1094) 1 routine (RT) p												
Sampling Point (Sampling Point ID)	Monitori	ng Period	Collection Perio	on Period Compliance Status								
Select from Inventory of Active Sampling Points	1/1/14 -	12/31/22										
Total Coliform (3100) 2 routine (RT) per month												
Sampling Point (Sampling Point ID)	Monitori	ng Period	Collection Perio	od Compliance Status								
Select from Inventory of Active Sampling Points	10/1/19 -	10/31/19		Complete								
		11/30/19		Complete								
		12/31/19		Complete								
		1/31/20		Complete								
		2/29/20		Complete								
		3/31/20										
		4/30/20										
		5/1/20 - 5/31/20										
		6/1/20 - 6/30/20										
		7/31/20										
	8/1/20 -											
	9/1/20 -	9/30/20		()								
Lead And Copper (PBCU)				ine (RT) per three years								
Sampling Point (Sampling Point ID)			Collection Perio	•								
Select from Inventory of Active Sampling Points	* *	12/31/19	6/1-9/30	Complete								
		12/31/22	6/1-9/30									
Dhariad Damanatana (DDC)	1/1/23 -	12/31/25	6/1-9/30									
Physical Parameters (PPS)	Monitori	ing Doulod	ا ک Collection Perio	routine (RT) per month od Compliance Status								
Sampling Point (Sampling Point ID)		ing Period (10/31/19	Collection Perio	Complete								
Select from Inventory of Active Sampling Points		11/30/19		Complete								
		12/31/19		Complete								
		1/31/20		Complete								
		2/29/20		Complete								
		3/31/20		Complete								
		4/30/20										
		5/31/20										
		6/30/20										
		7/31/20										
		8/1/20 - 8/31/20										
		9/1/20 - 9/30/20										
Water System Facility: ENTRY POINT-WELL#1 (WSF ID: 00700												
Net Gross Alpha (4000)	•		1 routi	ine (RT) per three years								
Sampling Point (Sampling Point ID)	Monitori	ng Period	Collection Perio									
ENTRY POINT-WELL1 (3)		12/31/19		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.

Schedule Generation Date: 3/10/2020 Page 1

	Connecticut Departme	nt of Dublic L	Joalth	י ח	rinkin	σ \//	ator	C	action		
	Connecticut Departme Water Quality M					_			ection		
PWS ID	PWS Name	ionitornig an	u Con	-		1		_	ner Tyne P	rimary Source	
CT0560011	SALMON BROOK DISTRICT WATER DE	FPT		Cia	C		151	OVV	L	GW	
	(where applicable)	Service	Resider	ntial	Commerc		ndustri	al	Combined		
Local / taal ess	(where applicable)	Connections			81	Telai illuustilai		ui	Combined	7 Gricaltaiai	
Towns Served:	GRANBY		0.0								
		Ionitoring Requ	ıireme	nts							
Water Syster	m Facility: ENTRY POINT-WELL#1 (										
Net Gross A	lpha (4000)						1 rou	ıtin	e (RT) per	three years	
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period (	Collect	tion Pe			iance Status	
			1/1/20 - 12/31/22								
			1/1/23 -	12/3	31/25						
Uranium (4	006)						1 rou	ıtin	e (RT) per	three years	
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period (	Collect	tion Pe	riod	Compl	iance Status	
ENTRY PO	DINT-WELL1 (3)		1/1/17 -	12/3	31/19				Co	mplete	
			1/1/20 -	12/3	31/22						
			1/1/23 -	12/3	31/25						
<b>Combined R</b>	adium-226/228 (4010)						1 rou	ıtin	e (RT) per	three years	
Sampling	Point (Sampling Point ID)		Monitoring Period			Collection Period			Compl	Compliance Status	
ENTRY PO		1/1/17 - 12/31/19						Co	Complete		
		1/1/20 -	12/3	31/22							
			1/1/23 -	12/3	31/25						
Inorganic Ch	nemicals (IOCS)						1 rou	ıtin	e (RT) per	three years	
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period (	Collect	tion Pe	riod	Compl	iance Status	
ENTRY PO	DINT-WELL1 (3)		1/1/18 - 12/31/20								
			1/1/21 -	12/3	31/23						
Nitrate And	Nitrite (NOX)							1	routine (F	RT) per year	
	Point (Sampling Point ID)		Monitor			Collect	tion Pe	riod	Compl	iance Status	
ENTRY PO	DINT-WELL1 (3)		1/1/19 -	12/3	31/19				Co	mplete	
			1/1/20 -								
			1/1/21 -	12/3	31/21						
' <del>-</del>	lerbicides and PCBs - Phase II & V(	•								three years	
	Point (Sampling Point ID)		Monitor			Collect	tion Pe	riod		iance Status	
ENTRY PO	DINT-WELL1 (3)		1/1/17 -		-				Cc	mplete	
			1/1/20 -								
			1/1/23 -	12/3	31/25						
_	micals (VOCS)								= '=	per quarter	
	Point (Sampling Point ID)		Monitoring Period			Collect	tion Pe	riod		iance Status	
ENTRY PO	DINT-WELL1 (3)		7/1/19 - 9/30/19							mplete	
			10/1/19							mplete	
			1/1/20						Co	mplete	
			4/1/20		-						
			7/1/20	- 9/3	0/20						

**Monitoring Period** 

1/1/17 - 6/30/19

Schedule Generation Date: 3/10/2020

**Organic Chemicals (VOCS)** 

**ENTRY POINT-WELL1 (3)** 

Sampling Point (Sampling Point ID)

1 routine (RT) per three years

**Compliance Status** 

Complete

**Collection Period** 

1/1-6/30

	Connecticut De	epartment of	f Public H	lealth	Dr	rinkii	ng V	Vate	r Se	ction	
	Water Q	uality Monit	oring an	d Com	ıpl	iance	e Scl	hedu	le		
PWS ID	PWS Name		<u> </u>						_	ner Type P	rimary Source
CT056001	1 SALMON BROOK DISTRI	CT WATER DEPT				С		2,151		L	GW
Local Addr	ress (where applicable)		Service	Resident	tial	Comme	rcial	Industr	ial	Combined	Agricultural
			Connections	375		81					
Towns Ser	ved: GRANBY						_		_		
		Other C	ompliance	Sched	ule	es					
Compliand	ce Schedule Activity			E	Due I	Date		Achi	eved i	Date	
RESPOND	TO SANITARY SURVEY			7,	/18/	/2008					
SUBMIT LE	EAD CONSUMER NOTICE CERTIF	ICATE		12	2/29	/2013					
SUBMIT CO	CR CERTIFICATION FORM					2019					
DISTRIBUT	TION SYSTEM MATERIALS EVALU	JATION		8,	/31/	/2019					
SUBMIT LE	EAD CONSUMER NOTICE CERTIF	ICATE		12	2/29	/2019					
	NNECTION SURVEY REPORT					2020					
	CR TO THE DEPARTMENT					2020					
SUBMIT CO	CR CERTIFICATION FORM					2020					
	Wate	r System Facili	ity and Sai	mpling	Po	int In		•			
Water System	Water System Facility	Sampling Point	Sampling Poi	int			Total Colifori		l and per		Stage
Facility ID		ID	Description	,,,,			Rule	-	-	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DIS	TRIBUTION		<u>Status</u> A	Υ				
		DOWNSTREAM				Α	-				
		SBD003	70 HARTFORI			Α			2		
		SBD004	41 EAST GRA		)	Α			2		
		SBD005	9 HARTFORD	AVE		Α	Υ		1		
		SBD006	345 SALMON		Т	Α			1		
		SBD007	15 NORTH GF			Α			1		
		SBD008	180 SALMON		Т	Α			1		
		SBD009	17 WINDMILI	L DRIVE		Α			1		
		SBD010	9 E BANK STR			Α			1		
		SBD011	15 N GRANBY		,	Α	Υ		1		
		SBD012	9A BANK STR	EET		Α			1		
		UPSTREAM	WITHIN 5 SEF	RVICE CON	J	Α					
00700	ENTRY POINT-WELL#1	3	ENTRY POINT			Α					
1262	SALMON BROOK WELL 1	2	SALMON BRO	OK WELL	1	Α					
1460	SALMON BROOK WELL 2	2	SALMON BRO	OK WELL	2	Α					
46063	PENDLETON RD STANDPIPE										
		Certified	Operator	Inform	ati	on					
Water Sv	stem Facility: <b>DISTRIBUTIO</b>										
	assification: CLASS 1 DISTRIBUT										Certification
Operator I	•	Operator Typ	e C	ertificatio	n(s)						Expiration
SPENCE, JE		CHIEF OPERATO		ISTRIBUTIO		SYSTEM	OPERA	ATOR - C	LASS	l	6/30/2020
			tact Infor					-			. ,

**Contact Information** Name Organization Job Title Salmon Brook District Mr. Jeffrey Spence President Mailing Address Line One Mailing Address Line Two City State Zip Code CT 06060 32 Heather Lane North Granby

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 3/10/2020 Page 3

Connecticut Department of Public Health Drinking Water Section													
Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name							ication	Population	Owne	r Type	Primary Source	
CT0560011	SALMON BROOK DISTRICT WATER DEPT							С	2,151	I	L	GW	
Local Address (where applicable)						Reside	ntial Co	mmercia	al Industri	al Co	ombine	d Agricultural	
					Connectio	ns 375	5	81					
Towns Served: GRANBY													
Business Phone Extension Fax IVIO				IVIOD	Mobile Phone   Emerg		y Phone	Email A	aaress				
860-653-3327	'			860-	944-1147								
Contact Role(s):	Leg	al Contact											
Name O					Organization				Job Title				
Mr. Joseph P Ha	rmo	n							Administr	ator			
Mailing Address	Line	One		Mailing Addres	ss Line Two			City			State	Zip Code	
Box 559								Granby			CT	06035	
Business Phone	е	Extension	Fax	Mob	ile Phone	Emergenc	cy Phone Email Address						
860-653-3327	'					860-944	-1147	sbd559@att.net					
Contact Role(s):	Adı	ministrative	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 Page 4