

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720011</b>	<b>SCWA, BARRETT DIVISION (BAR)</b>	C	300	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			75				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Chlorine Residual (1012)</b>		<b>1 routine (RT) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		Complete
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		
<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21		
<b>Total Haloacetic Acids (2456)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
21 MARLA AVENUE (BAR05)	1/1/19 - 12/31/19	7/1-7/31	Complete
	1/1/20 - 12/31/20	7/1-7/31	
	1/1/21 - 12/31/21	7/1-7/31	
<b>Total Trihalomethanes (2950)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
1876 CENTER GROTON (BAR02)	1/1/19 - 12/31/19	7/1-7/31	Complete
	1/1/20 - 12/31/20	7/1-7/31	
	1/1/21 - 12/31/21	7/1-7/31	
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		Complete
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0720011	SCWA, BARRETT DIVISION (BAR)	C	300	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			75				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
	9/1/20 - 9/30/20			
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30		
	1/1/21 - 12/31/23	6/1-9/30		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete	
	11/1/19 - 11/30/19		Complete	
	12/1/19 - 12/31/19		Complete	
	1/1/20 - 1/31/20		Complete	
	2/1/20 - 2/29/20		Complete	
	3/1/20 - 3/31/20		Complete	
	4/1/20 - 4/30/20			
	5/1/20 - 5/31/20			
	6/1/20 - 6/30/20			
	7/1/20 - 7/31/20			
	8/1/20 - 8/31/20			
	9/1/20 - 9/30/20			

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Nitrate (1040)</b>		<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete	
	10/1/19 - 12/31/19		Complete	
	1/1/20 - 3/31/20		Complete	
	4/1/20 - 6/30/20			
	7/1/20 - 9/30/20			
<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete	
	1/1/20 - 12/31/22			
	1/1/23 - 12/31/25			
<b>Uranium (4006)</b>		<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete	
	1/1/20 - 12/31/22			
	1/1/23 - 12/31/25			

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720011</b>	<b>SCWA, BARRETT DIVISION (BAR)</b>	C	300	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			75				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Combined Radium-226/228 (4010)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		

Water System Facility: **WELL 4A (WSF ID: 1729)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 4A (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **WELL 4 (WSF ID: 790)**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720011</b>	<b>SCWA, BARRETT DIVISION (BAR)</b>	C	300	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			75				

Towns Served: LEDYARD

## Monitoring Requirements

Water System Facility: **WELL 4 (WSF ID: 790)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 4 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 7/1/2003		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	
<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	Daily
<b>Start Date:</b> 7/1/2003		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	

## Other Compliance Schedules

<b>Compliance Schedule Activity</b>	<b>Due Date</b>	<b>Achieved Date</b>
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720011</b>	<b>SCWA, BARRETT DIVISION (BAR)</b>	C	300	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			75				

Towns Served: LEDYARD

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT CCR CERTIFICATION FORM	8/9/2020	
CROSS CONNECTION EXEMPTION	3/1/2024	

## Water System Facility and Sampling Point Inventory

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	4	DISTRIBUTION SYSTEM	A	Y			
		BAR01	19 MARLA AVENUE	A	Y	3		
		BAR02	1876 CENTER GROTON	A		3		Y
		BAR03	41 LAKE STREET	A		3		
		BAR04	11 MARLA AVENUE	A		3		
		BAR05	21 MARLA AVENUE	A		3		Y
		BAR06	3 MARLA AVENUE	A		3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
1729	WELL 4A	2	WELL 4A	A				
51595	ATMOSPHERIC TANK							
51597	HYDROPNEUMATIC TANK							
687	BARRETT DIVISION TREATMENT PLANT							
790	WELL 4	2	WELL 4	A				

## Certified Operator Information

**Water System Facility: BARRETT DIVISION TREATMENT PLANT (WSF ID: 687)**

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
SIPULESKI, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
BELAIR, BRANDON W.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021

## Contact Information

Name		Organization			Job Title	
<b>Mr. Joseph Cansler</b>		SCWA			General Manager	
Mailing Address Line One		Mailing Address Line Two			City	State
P.O. Box 415		1649 Route 12			Gales Ferry	CT
Zip Code	Business Phone		Extension	Fax	Mobile Phone	Emergency Phone
06335-0415	860-464-0232			860-464-2876	860-941-3406	
Email Address						
j.cansler@waterauthority.org						
Contact Role(s): <b>Administrative Contact</b>						

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
<b>CT0720011</b>	<b>SCWA, BARRETT DIVISION (BAR)</b>	<b>C</b>	<b>300</b>	<b>L</b>	<b>GW</b>			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
			75					
Towns Served: LEDYARD								
Name			Organization			Job Title		
<b>Dr. Edward C. Monahan</b>			Southeastern CT Wtr. Authority			Chairman		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1649 Route 12			PO Box 415			Gales Ferry	CT	06335-0415
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-464-0232		860-464-2876	860-941-9246		ed.monahan@comcast.net			
Contact Role(s): <b>Legal Contact</b>								

**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 of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	C	2,567	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Chlorine Residual (1012)</b>		<b>3 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete	
	11/1/19 - 11/30/19		Complete	
	12/1/19 - 12/31/19		Complete	
	1/1/20 - 1/31/20		Complete	
	2/1/20 - 2/29/20		Complete	
	3/1/20 - 3/31/20		Complete	
	4/1/20 - 4/30/20		Complete	
	5/1/20 - 5/31/20		Complete	
	6/1/20 - 6/30/20		Complete	
	7/1/20 - 7/31/20		Complete	
	8/1/20 - 8/31/20		Complete	
	9/1/20 - 9/30/20		Complete	
<b>Asbestos (1094)</b>		<b>2 routine (RT) per nine years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete	
	1/1/20 - 12/31/28			
<b>Total Haloacetic Acids (2456)</b>		<b>2 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
11 FERRYVIEW DR (TWR-FVH04)	1/1/19 - 12/31/19	7/1-7/31	Complete	
	1/1/20 - 12/31/20	7/1-7/31		
	1/1/21 - 12/31/21	7/1-7/31		
30 LINCOLN DR. (TWR-FVH25)	1/1/19 - 12/31/19	7/1-7/31	Complete	
	1/1/20 - 12/31/20	7/1-7/31		
	1/1/21 - 12/31/21	7/1-7/31		
<b>Total Trihalomethanes (2950)</b>		<b>2 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
2 WHIPOORWILL DRIVE (TWR-FVH17)	1/1/19 - 12/31/19	7/1-7/31	Complete	
	1/1/20 - 12/31/20	7/1-7/31		
	1/1/21 - 12/31/21	7/1-7/31		
8 PALMER DRIVE (TWR-FVH19)	1/1/19 - 12/31/19	7/1-7/31	Complete	
	1/1/20 - 12/31/20	7/1-7/31		
	1/1/21 - 12/31/21	7/1-7/31		
<b>Total Coliform (3100)</b>		<b>3 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete	
	11/1/19 - 11/30/19		Complete	
	12/1/19 - 12/31/19		Complete	
	1/1/20 - 1/31/20		Complete	

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# Connecticut Department of Public Health Drinking Water Section

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<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	C	2,567	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Monitoring Requirements

**Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Total Coliform (3100)</b>		<b>3 routine (RT) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		Complete
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

<b>Lead And Copper (PBCU)</b>		<b>10 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	

<b>Physical Parameters (PPS)</b>		<b>3 routine (RT) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		Complete
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

**Water System Facility: ENTRY POINT - TOWER LARGE (WSF ID: 00700)**

<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TL (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

<b>Uranium (4006)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TL (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	C	2,567	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **ENTRY POINT - TOWER LARGE (WSF ID: 00700)**

<b>Combined Radium-226/228 (4010)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TL (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TL (3)	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TL (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TL (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TL (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT - TOWER SMALL (WSF ID: 00701)**

<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TS (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TS (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	C	2,567	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Monitoring Requirements

**Water System Facility: ENTRY POINT - TOWER SMALL (WSF ID: 00701)**

<b>Radionuclides - Gross Alpha, Combined Radium &amp; Uranium (RADA)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TS (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
<b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TS (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TS (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - TS (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

**Water System Facility: ENTRY POINT - FERRY VIEW HEIGHT (WSF ID: 00702)**

<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - FVH (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Uranium (4006)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - FVH (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Combined Radium-226/228 (4010)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - FVH (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - FVH (3)	1/1/17 - 12/31/19		Complete

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0720041	SCWA, TOWER-FERRY VIEW DIVISION	C	2,567	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: ENTRY POINT - FERRY VIEW HEIGHT (WSF ID: 00702)

<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - FVH (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		
<b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - FVH (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - FVH (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT - FVH (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: WELL 3 (WSF ID: 1395)

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 3 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	C	2,567	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **WELL 3 (WSF ID: 1395)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	9/1/20 - 9/30/20		

Water System Facility: **WELL 2 (WSF ID: 1396)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **WELL 1 (WSF ID: 1397)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **WELL 3A (WSF ID: 1730)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 3A (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	<b>C</b>	2,567	<b>L</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **WELL 3A (WSF ID: 1730)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **WELL 2B - FVH (WSF ID: 823)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2B - FVH (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **WELL 2A - FVH (WSF ID: 824)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2A - FVH (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	<b>C</b>	2,567	<b>L</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **WELL 3 - FVH (WSF ID: 825)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 3 - FVH (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **WELL 1 - FVH (WSF ID: 826)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 - FVH (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **WELL 4 - FVH (WSF ID: 837)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 4 - FVH (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	C	2,567	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **WELL 4 - FVH (WSF ID: 837)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per month</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period      Collection Period      Compliance Status</i>
	6/1/20 - 6/30/20
	7/1/20 - 7/31/20
	8/1/20 - 8/31/20
	9/1/20 - 9/30/20

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT - TOWER LARGE (WSFID: 00700)**

<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 1/1/2004	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	Daily
<b>Start Date:</b> 7/1/2003	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

Water System Facility: **ENTRY POINT - TOWER SMALL (WSFID: 00701)**

<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 1/1/2004	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	C	2,567	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

## Water System Facility: ENTRY POINT - TOWER SMALL (WSFID: 00701)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	Daily
<b>Start Date:</b> 1/1/2004		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Monitoring Compliance Status:</b>
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	

## Water System Facility: ENTRY POINT - FERRY VIEW HEIGHT (WSFID: 00702)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 1/1/2004		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Monitoring Compliance Status:</b>
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	
CROSS CONNECTION EXEMPTION	3/1/2024	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Trihalomethanes M&R Violation	8/1/14 - 7/31/15	3	2/16/2018		2/26/2018	
Total Haloacetic Acids M&R Violation	8/1/14 - 7/31/15	3	2/16/2018		2/26/2018	

## Water System Facility and Sampling Point Inventory

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	4	GENERIC DISTRIBUTION	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		TWR-FVH01	5 FRIAR TUCK DRIVE	A	Y			
		TWR-FVH02	4 WHIPOORWILL DR	A	Y			
		TWR-FVH03	2 PALMER DR	A	Y		Y	
		TWR-FVH04	11 FERRYVIEW DR	A		3		Y
		TWR-FVH05	12 NUGGET HILL DR	A		3		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	C	2,567	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Water System Facility and Sampling Point Inventory

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
		TWR-FVH06	32 NORMAN DRIVE	A		3		
		TWR-FVH07	4 HERMITAGE DR	A		1		
		TWR-FVH08	27 EAGLE RIDGE RD	A		3		
		TWR-FVH09	17 OSPREY DR	A		3		
		TWR-FVH10	60 KINGS HIGHWAY	A		2		
		TWR-FVH11	30 WASHINGTON DR	A		3		
		TWR-FVH12	1 PHEASANT RUN DR	A		3		
		TWR-FVH13	12 OSPREY DR	A		3		
		TWR-FVH14	46 ROBIN HOOD DR	A		3		
		TWR-FVH15	1 FRIAR TUCK DRIVE	A	Y			
		TWR-FVH16	7 FRIAR TUCK DRIVE	A	Y			
		TWR-FVH17	2 WHIPOORWILL DRIVE	A	Y			Y
		TWR-FVH18	6 WHIPOORWILL DRIVE	A	Y			
		TWR-FVH19	8 PALMER DRIVE	A	Y			Y
		TWR-FVH20	18 NORMAN DRIVE	A	Y			
		TWR-FVH21	5 FRIAR TUCK DRIVE	A	Y			
		TWR-FVH22	18 OAKWOOD	A			Y	
		TWR-FVH23	1 NORMAN DRIVE	A				
		TWR-FVH24	34 OSPREY DRIVE	A				
		TWR-FVH25	30 LINCOLN DR.	A	Y			Y
		TWR-FVH27	7 LINCOLN DR.	A	Y			
		TWR-FVH28	3 BLUEBIRD DR.	A	Y			
		TWR-FVH30	4 WHIPPOORWILL DR.	A	Y			
		TWR-FVH31	14 HERMITAGE DR.	A	Y			
		TWR-FVH32	6 HERMITAGE DR.	A	Y			
		TWR-FVH33	19 HERMITAGE DR.	A	Y			
		TWR-FVH41	792 LONG COVE RD	A	Y			
		TWR-FVH42	13 LAUREL LEAF DR	A	Y			
		TWR-FVH43	8 WHIPPOORWILL DR	A	Y			
		TWR-FVH44	10 PARKWOOD DR	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT - TOWER LARGE	3	ENTRY POINT - TL	A				
00701	ENTRY POINT - TOWER SMALL	3	ENTRY POINT - TS	A				
00702	ENTRY POINT - FERRY VIEW HEIGHT	3	ENTRY POINT - FVH	A				
128	TOWER LARGE TREATMENT PLANT	3	EP - TOWER LARGE TP	A				
1395	WELL 3	2	WELL 3	A				
1396	WELL 2	2	WELL 2	A				

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	C	2,567	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			885				

Towns Served: LEDYARD

### Water System Facility and Sampling Point Inventory

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
1397	WELL 1	2	WELL 1	A				
1730	WELL 3A	2	WELL 3A	A				
468	TOWER SMALL TREATMENT PLANT	3	EP - TOWER SMALL TP	A				
49564	FERRY VIEW TREATMENT PLANT	3	EP - FERRY VIEW	A				
49566	TOWER LARGE TANK							
49568	TOWER SMALL ATM TANK							
49570	TOWER SMALL PRESSURE TANK							
49572	TOWER SMALL PUMP STATION							
49574	FERRY VIEW PUMP STATION							
49576	FERRY VIEW ATM TANK							
49578	FERRY VIEW PRESSURE TANK							
53112	EAGLE RIDGE RD PUMP STATION							
53114	EAGLE RIDGE RD TANK							
823	WELL 2B - FVH	2	WELL 2B - FVH	A				
824	WELL 2A - FVH	2	WELL 2A - FVH	A				
825	WELL 3 - FVH	2	WELL 3 - FVH	A				
826	WELL 1 - FVH	2	WELL 1 - FVH	A				
837	WELL 4 - FVH	2	WELL 4 - FVH	A				

### Certified Operator Information

**Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)**

**Facility Classification:** CLASS 1 DISTRIBUTION SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
SIPULESKI, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
BELAIR, BRANDON W.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021

**Water System Facility: TOWER LARGE TREATMENT PLANT (WSF ID: 128)**

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
SIPULESKI, PAUL	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020
BELAIR, BRANDON W.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720041</b>	<b>SCWA, TOWER-FERRY VIEW DIVISION</b>	<b>C</b>	2,567	<b>L</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		885					

Towns Served: LEDYARD

## Certified Operator Information

**Water System Facility: TOWER SMALL TREATMENT PLANT (WSF ID: 468)**

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
SIPULESKI, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
BELAIR, BRANDON W.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021

**Water System Facility: FERRY VIEW TREATMENT PLANT (WSF ID: 49564)**

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
SIPULESKI, PAUL	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020
BELAIR, BRANDON W.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021

## Contact Information

Name	Organization	Job Title
<b>Mr. Joseph Cansler</b>	SCWA	General Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P.O. Box 415	1649 Route 12	Gales Ferry	CT	06335-0415

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-0232		860-464-2876	860-941-3406		j.cansler@waterauthority.org

**Contact Role(s): Administrative Contact**

Name	Organization	Job Title
<b>Dr. Edward C. Monahan</b>	Southeastern CT Wtr. Authority	Chairman

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1649 Route 12	PO Box 415	Gales Ferry	CT	06335-0415

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-0232		860-464-2876	860-941-9246		ed.monahan@comcast.net

**Contact Role(s): 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**

**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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720081</b>	<b>SCWA, GRAY FARMS DIVISION (GRF)</b>	C	460	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BET. 53 & 55 RT 214			115				
Towns Served: LEDYARD							

### Monitoring Requirements

**Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Chlorine Residual (1012)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21				
<b>Total Haloacetic Acids (2456)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
108 SPICER HILL RD (GRF 13)	1/1/19 - 12/31/19	7/15-7/21	Complete		
	1/1/20 - 12/31/20	7/15-7/21			
	1/1/21 - 12/31/21	7/15-7/21			
<b>Total Trihalomethanes (2950)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
57 SEABURY AVE (GRFDBP)	1/1/19 - 12/31/19	7/15-7/21	Complete		
	1/1/20 - 12/31/20	7/15-7/21			
	1/1/21 - 12/31/21	7/15-7/21			
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/21	6/1-9/30			
	1/1/22 - 12/31/24	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

**Water System Facility: ENTRY POINT (WSF ID: 00700)**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0720081	SCWA, GRAY FARMS DIVISION (GRF)	C	460	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BET. 53 & 55 RT 214			115				
Towns Served: LEDYARD							

### Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)							
<b>2,3,7,8 TCDD (Dioxin) (2063)</b>			<b>1 routine (RT) per three years</b>				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/18 - 12/31/20						
	1/1/21 - 12/31/23						
<b>Net Gross Alpha (4000)</b>			<b>1 routine (RT) per three years</b>				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete				
	1/1/20 - 12/31/22						
	1/1/23 - 12/31/25						
<b>Uranium (4006)</b>			<b>1 routine (RT) per three years</b>				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete				
	1/1/20 - 12/31/22						
	1/1/23 - 12/31/25						
<b>Combined Radium-226/228 (4010)</b>			<b>1 routine (RT) per three years</b>				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete				
	1/1/20 - 12/31/22						
	1/1/23 - 12/31/25						
<b>Inorganic Chemicals (IOCS)</b>			<b>1 routine (RT) per three years</b>				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/19 - 12/31/21						
	1/1/22 - 12/31/24						
<b>Nitrate And Nitrite (NOX)</b>			<b>1 routine (RT) per year</b>				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete				
	1/1/20 - 12/31/20		Complete				
	1/1/21 - 12/31/21						
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>			<b>1 routine (RT) per three years</b>				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete				
	1/1/20 - 12/31/22						
	1/1/23 - 12/31/25						
<b>Organic Chemicals (VOCS)</b>			<b>1 routine (RT) per quarter</b>				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	7/1/19 - 9/30/19						
	10/1/19 - 12/31/19		Complete				
	1/1/20 - 3/31/20		Complete				
	4/1/20 - 6/30/20						
	7/1/20 - 9/30/20						

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720081</b>	<b>SCWA, GRAY FARMS DIVISION (GRF)</b>	C	460	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BET. 53 & 55 RT 214			115				
Towns Served: LEDYARD							

### Monitoring Requirements

Water System Facility: **WELL POINT B (WSF ID: 1757)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL POINT B (2)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **WELL 4 (WSF ID: 815)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 4 (2)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **WELL 2 (WSF ID: 817)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **WELL 3 (WSF ID: 818)**

<b>E. Coli (3014)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 3 (2)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 7/1/2003	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720081</b>	<b>SCWA, GRAY FARMS DIVISION (GRF)</b>	C	460	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BET. 53 & 55 RT 214			115				

Towns Served: LEDYARD

## Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 7/1/2003		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Monitoring Compliance Status:</b>
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	Daily
<b>Start Date:</b> 7/1/2003		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Monitoring Compliance Status:</b>
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	
CROSS CONNECTION EXEMPTION	3/1/2024	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	1/1/19 - 3/31/19	3	5/30/2020		6/9/2020	
Total Coliform M&R Violation	1/1/19 - 3/31/19	3	5/30/2020		6/9/2020	
Chlorine M&R Violation	1/1/19 - 3/31/19	3	5/30/2020		6/9/2020	

## Water System Facility and Sampling Point Inventory

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	4	GENERIC DISTRIBUTION	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GRF 01	9 REUVEN DR.	A	Y			
		GRF 02	113 SPICER HILL	A	Y			
		GRF 03	6 SEABURY AVE	A	Y			
		GRF 04	24 SEABURY AVE	A	Y			
		GRF 05	55 IRON STREET	A		3		
		GRF 06	59 IRON STREET	A		3		
		GRF 07	77 IRON STREET	A		3		

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720081</b>	<b>SCWA, GRAY FARMS DIVISION (GRF)</b>	C	460	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BET. 53 & 55 RT 214			115				

Towns Served: LEDYARD

### Water System Facility and Sampling Point Inventory

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
		GRF 08	1 HIGHVIEW TER	A		3		
		GRF 09	2 HIGHVIEW TER	A		3		
		GRF 10	3 HIGHVIEW TER	A		3		
		GRF 11	8 HIGHVIEW TER	A		3		
		GRF 13	108 SPICER HILL RD	A		3		Y
		GRF 15	9 REUVEN DR	A		3		
		GRF 16	19 SEABURY AVE	A		3		
		GRF 17	28 SEABURY AVE	A		3		
		GRF 18	47 SEABURY AVE	A		1		
		GRF 19	49 SEABURY AVE	A		1		
		GRF 20	52 SEABURY AVE	A		3		
		GRF 21	3 LYNN DRIVE	A		3		
		GRF 22	8 LYNN DRIVE	A		3		
		GRF 23	25 LYNN DRIVE	A		1		
		GRF ASB	124 SPICER HILL RD	A			Y	
		GRF01	81 SPICER HILL ROAD	A	Y			
		GRF12	81 SPICER HILL RD	A		3		
		GRF14	119 SPICER HILL RD	A		N		
		GRFDBP	57 SEABURY AVE	A				Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
1757	WELL POINT B	2	WELL POINT B	A				
50897	SPICER HILL BOOSTER STATION							
50899	CONCRETE ATMOSPHERIC TANK							
50901	PRESSURE TANK							
50903	ATMOSPHERIC TANK - BOOSTER STATION							
50905	PRESSURE TANK - BOOSTER STATION							
538	GRF TREATMENT PLANT							
815	WELL 4	2	WELL 4	A				
817	WELL 2	2	WELL 2	A				
818	WELL 3	2	WELL 3	A				

### Certified Operator Information

Water System Facility: **GRF TREATMENT PLANT (WSF ID: 538)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
SIPULESKI, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720081</b>	<b>SCWA, GRAY FARMS DIVISION (GRF)</b>	<b>C</b>	<b>460</b>	<b>L</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BET. 53 & 55 RT 214			115				

Towns Served: LEDYARD

## Certified Operator Information

Water System Facility: **GRF TREATMENT PLANT (WSF ID: 538)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
BELAIR, BRANDON W.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021

## Contact Information

Name		Organization			Job Title	
<b>Mr. Joseph Cansler</b>		SCWA			General Manager	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
P.O. Box 415		1649 Route 12		Gales Ferry	CT	06335-0415
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-464-0232		860-464-2876	860-941-3406		j.cansler@waterauthority.org	

Contact Role(s): **Administrative Contact**

Name		Organization			Job Title	
<b>Dr. Edward C. Monahan</b>		Southeastern CT Wtr. Authority			Chairman	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
1649 Route 12		PO Box 415		Gales Ferry	CT	06335-0415
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-464-0232		860-464-2876	860-941-9246		ed.monahan@comcast.net	

Contact Role(s): **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**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720101</b>	<b>ASH WATER COMPANY, LLC</b>	C	108	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
39 ASH DRIVE			6				

Towns Served: LEDYARD

## Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20		Complete		
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	Complete		
	1/1/20 - 12/31/22	6/1-9/30			
	1/1/23 - 12/31/25	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20		Complete		
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
<b>Water System Facility: ENTRY POINT - WELLS 2 &amp; 3 (WSF ID: 00701)</b>					
<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP - WELLS 2 & 3 (3)	1/1/17 - 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.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720101</b>	<b>ASH WATER COMPANY, LLC</b>	C	108	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
39 ASH DRIVE			6				

Towns Served: LEDYARD

## Monitoring Requirements

Water System Facility: **ENTRY POINT - WELLS 2 & 3 (WSF ID: 00701)**

<b>Net Gross Alpha (4000)</b>			<b>1 routine (RT) per three years</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Uranium (4006)</b>			<b>1 routine (RT) per three years</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2 & 3 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Combined Radium-226/228 (4010)</b>			<b>1 routine (RT) per three years</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2 & 3 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>			<b>1 routine (RT) per three years</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2 & 3 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Nitrate And Nitrite (NOX)</b>			<b>1 routine (RT) per year</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2 & 3 (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>			<b>1 routine (RT) per three years</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2 & 3 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>			<b>1 routine (RT) per year</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - WELLS 2 & 3 (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2019	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720101</b>	<b>ASH WATER COMPANY, LLC</b>	<b>C</b>	<b>108</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
39 ASH DRIVE		6					
Towns Served: LEDYARD							

### Water System Facility and Sampling Point Inventory

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	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW020	BLDG 4 LAUNDRY ROOM	A	Y	3		
		MW020-1	APT 1	A	Y	3		
		MW020-10	APT 10	A	Y	3		
		MW020-13	APT 13	A	Y	3		
		MW020-14A	APT 14A	A	Y	3		
		MW020-18	APT 18	A	Y	3		
		MW020-2	APT 2	A	Y	3		
		MW020-20	APT 20	A	Y	3		
		MW020-24	APT 24	A	Y	3	Y	
		MW020-25	UNIT 25	A	Y	3		
		MW020-30	APT 30	A	Y	3		
		MW020-33	APT 33	A	Y	3		
		MW020-4	APT 4	A	Y	3		
		MW020-8	APT 8	A	Y	3		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELLS 2 & 3	3	EP - WELLS 2 & 3	A				
54063	WELL 2	2	WELL 2	A				
54065	WELL 3	2	WELL 3	A				
54067	MASS ATMOSPHERIC TANK							
54069	MASS PRESSURE TANK							
54071	PUMP STATION							

### Certified Operator Information

Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
Facility Classification: SMALL WATER SYSTEM			
<b>Operator Name</b>	<b>Operator Type</b>	<b>Certification(s)</b>	<b>Certification Expiration</b>
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021
LAFRAMBOISE, JEFFREY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020

### Contact Information

Name		Organization			Job Title	
<b>Mr. Nathan B. Weiss</b>		Ash Water & Sunny Waters LLC			Member	
Mailing Address Line One		Mailing Address Line Two			City	State
PO Box 577					Gales Ferry	CT
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-6789			860-464-6329		860-464-5678	NathanWeiss@Comcast.net

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source			
<b>CT0720101</b>	<b>ASH WATER COMPANY, LLC</b>	<b>C</b>	<b>108</b>	<b>P</b>	<b>GW</b>			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
39 ASH DRIVE		6						
Towns Served: LEDYARD								
Contact Role(s): <b>Legal Contact, Owner</b>								
Name			Organization			Job Title		
<b>Mr. Mark Coen</b>			Ash Water Company, LLC			Member		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O. Box 577						Gales Ferry	CT	06335-0577
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-446-8088				860-446-8088				
Contact Role(s): <b>Legal Contact, Owner</b>								
Name			Organization			Job Title		
<b>Mr. Matt J. Riley</b>			Afreehold Management			Member		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
PO Box 827						Norwich	CT	06360
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-222-3997	12	860-222-3998		860-367-2220	matt@freeholdre.com			
Contact Role(s): <b>Administrative Contact</b>								

**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 of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720313</b>	<b>SCWA, LEDYARD CENTER DIVISION</b>	C	196	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			22	5			

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/15 - 12/31/23				
<b>Total Haloacetic Acids (2456)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
1 COLBY DRIVE (LYD02)	1/1/19 - 12/31/19	7/1-7/31	Complete		
	1/1/20 - 12/31/20	7/1-7/31			
	1/1/21 - 12/31/21	7/1-7/31			
<b>Total Trihalomethanes (2950)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
41A IRON STREET (LYD07)	1/1/19 - 12/31/19	7/1-7/31	Complete		
	1/1/20 - 12/31/20	7/1-7/31			
	1/1/21 - 12/31/21	7/1-7/31			
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20		Complete		
	4/1/20 - 4/30/20				
	5/1/20 - 5/31/20				
	6/1/20 - 6/30/20				
	7/1/20 - 7/31/20				
	8/1/20 - 8/31/20				
	9/1/20 - 9/30/20				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30			
	1/1/21 - 12/31/23	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
	11/1/19 - 11/30/19		Complete		
	12/1/19 - 12/31/19		Complete		
	1/1/20 - 1/31/20		Complete		
	2/1/20 - 2/29/20		Complete		
	3/1/20 - 3/31/20		Complete		
	4/1/20 - 4/30/20				

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720313</b>	<b>SCWA, LEDYARD CENTER DIVISION</b>	C	196	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			22	5			

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Net Gross Alpha (4000)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

<b>Uranium (4006)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

<b>Combined Radium-226/228 (4010)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

<b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

<b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 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.*



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720313</b>	<b>SCWA, LEDYARD CENTER DIVISION</b>	<b>C</b>	<b>196</b>	<b>L</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			22	5			

Towns Served: LEDYARD

### Monitoring Requirements

**Water System Facility: ENTRY POINT (WSF ID: 00700)**

**Pesticides, Herbicides and PCBs-Phase V (SOC5) 1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

**Organic Chemicals (VOCS) 1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

**Water System Facility: WELL #1 (WSF ID: 10340)**

**E. Coli (3014) 1 routine (RT) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

**Water System Facility: WELL #2 (WSF ID: 50168)**

**E. Coli (3014) 1 routine (RT) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL #2 (2)	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720313</b>	<b>SCWA, LEDYARD CENTER DIVISION</b>	C	196	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			22	5			

Towns Served: LEDYARD

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 12/1/2012	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Haloacetic Acids M&R Violation	1/1/15 - 12/31/15	3	2/16/2018		2/26/2018	

## Water System Facility and Sampling Point Inventory

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	4	GENERIC DISTRIBUTION	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		LYD01	10 FAIRWAY DRIVE	A	Y	N	Y	
		LYD02	1 COLBY DRIVE	A		N		Y
		LYD03	1B COLBY DRIVE	A		N		
		LYD04	14 FAIRWAY DRIVE	A		N		
		LYD05	14B FAIRWAY DRIVE	A		N		
		LYD07	41A IRON STREET	A	Y			Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10340	WELL #1	2	WELL	A				
50168	WELL #2	2	WELL #2	A				
50170	ATMOSPHERIC TANK							
50172	PRESSURE TANK							
58406	TREATMENT PLANT							

**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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0720313</b>	<b>SCWA, LEDYARD CENTER DIVISION</b>	<b>C</b>	<b>196</b>	<b>L</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			22	5			

Towns Served: LEDYARD

## Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 58406)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
SIPULESKI, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
BELAIR, BRANDON W.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021

## Contact Information

Name		Organization			Job Title	
<b>Mr. Joseph Cansler</b>		SCWA			General Manager	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
P.O. Box 415		1649 Route 12		Gales Ferry	CT	06335-0415
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-464-0232		860-464-2876	860-941-3406		j.cansler@waterauthority.org	

Contact Role(s): **Administrative Contact**

Name		Organization			Job Title	
<b>Dr. Edward C. Monahan</b>		Southeastern CT Wtr. Authority			Chairman	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
1649 Route 12		PO Box 415		Gales Ferry	CT	06335-0415
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-464-0232		860-464-2876	860-941-9246		ed.monahan@comcast.net	

Contact Role(s): **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**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0727031	SCWA, CHRISWOOD DIVISION (CWD)	C	164	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			43				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/13 - 12/31/21				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30			
	1/1/21 - 12/31/23	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>					
<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete		
	1/1/20 - 12/31/22				
	1/1/23 - 12/31/25				
<b>Uranium (4006)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete		
	1/1/20 - 12/31/22				
	1/1/23 - 12/31/25				
<b>Combined Radium-226/228 (4010)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete		
	1/1/20 - 12/31/22				
	1/1/23 - 12/31/25				
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/21				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727031</b>	<b>SCWA, CHRISWOOD DIVISION (CWD)</b>	C	164	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
		43					

Towns Served: LEDYARD

## Monitoring Requirements

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Inorganic Chemicals (IOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
Organic Chemicals (VOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	Daily
<b>Start Date:</b> 7/1/2003		<b>Compliance History:</b>	<b>Monitoring Compliance Status:</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	
CROSS CONNECTION EXEMPTION	3/1/2024	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP 2 DRDP	Stage
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**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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727031</b>	<b>SCWA, CHRISWOOD DIVISION (CWD)</b>	<b>C</b>	<b>164</b>	<b>L</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			43				

Towns Served: LEDYARD

Facility ID	Description	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	Z-Dbrn
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		CWD01	35 BARTON LN	A	Y				
		CWD02	38 BARTON LN	A		1			
		CWD03	37 CHRISWOOD TRACE	A		N			
		CWD04	19 CHRISWOOD TRACE	A		N			
		CWD05	46 CHRISWOOD TRACE	A		N			
		CWD06	43 CHRISWOOD TRACE	A		N			
		CWD07	39 CHRISWOOD TRACE	A		N			
	DOWNSTREAM		WITHIN 5 SERVICE CON	A					
	UPSTREAM		WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
469	CWD PUMPHOUSE								
51599	ATMOSPHERIC TANK								
51601	HYDROPNEUMATIC TANK								
834	WELL 2	2	WELL 2	A					
835	WELL 3	2	WELL 3	A					
836	WELL 4	2	WELL 4	A					

## Certified Operator Information

Water System Facility: **CWD PUMPHOUSE (WSF ID: 469)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
SIPULESKI, PAUL	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2020
BELAIR, BRANDON W.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021

## Contact Information

Name		Organization			Job Title		
<b>Mr. Joseph Cansler</b>		SCWA			General Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
P.O. Box 415		1649 Route 12			Gales Ferry	CT	06335-0415
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-464-0232		860-464-2876	860-941-3406		j.cansler@waterauthority.org		
Contact Role(s): <b>Administrative Contact</b>							
Name		Organization			Job Title		
<b>Dr. Edward C. Monahan</b>		Southeastern CT Wtr. Authority			Chairman		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
1649 Route 12		PO Box 415			Gales Ferry	CT	06335-0415
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-464-0232		860-464-2876	860-941-9246		ed.monahan@comcast.net		
Contact Role(s): <b>Legal Contact</b>							

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
<b>CT0727031</b>	<b>SCWA, CHRISWOOD DIVISION (CWD)</b>	<b>C</b>	<b>164</b>	<b>L</b>	<b>GW</b>	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
	43					

Towns Served: LEDYARD

**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 of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727051</b>	<b>LEDYARD WPCA, GALES FERRY SYSTEM</b>	C	2,369	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			589	51			

Towns Served: GROTON, LEDYARD

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Chlorine Residual (1012)</b>		<b>4 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete	
	11/1/19 - 11/30/19		Complete	
	12/1/19 - 12/31/19		Complete	
	1/1/20 - 1/31/20		Complete	
	2/1/20 - 2/29/20			
	3/1/20 - 3/31/20			
	4/1/20 - 4/30/20			
	5/1/20 - 5/31/20			
	6/1/20 - 6/30/20			
	7/1/20 - 7/31/20			
	8/1/20 - 8/31/20			
	9/1/20 - 9/30/20			
<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete	
	1/1/20 - 12/31/28			
<b>Total Haloacetic Acids (2456)</b>		<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
HENNY PENNY RT. 12 (AR34706)	7/1/19 - 9/30/19	8/1-8/31	Complete	
	10/1/19 - 12/31/19	11/1-11/30	Complete	
	1/1/20 - 3/31/20	2/1-2/28	Complete	
	4/1/20 - 6/30/20	5/1-5/31		
	7/1/20 - 9/30/20	8/1-8/31		
<b>Total Trihalomethanes (2950)</b>		<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
HOLMBERG ORCHARD (AR34708)	7/1/19 - 9/30/19	8/1-8/31	Complete	
	10/1/19 - 12/31/19	11/1-11/30	Complete	
	1/1/20 - 3/31/20	2/1-2/28	Complete	
	4/1/20 - 6/30/20	5/1-5/31		
	7/1/20 - 9/30/20	8/1-8/31		
<b>Total Coliform (3100)</b>		<b>4 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete	
	11/1/19 - 11/30/19		Complete	
	12/1/19 - 12/31/19		Complete	
	1/1/20 - 1/31/20		Complete	
	2/1/20 - 2/29/20			
	3/1/20 - 3/31/20			

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727051</b>	<b>LEDYARD WPCA, GALES FERRY SYSTEM</b>	C	2,369	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			589	51			

Towns Served: GROTON, LEDYARD

## Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Total Coliform (3100)</b>		<b>4 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
	4/1/20 - 4/30/20			
	5/1/20 - 5/31/20			
	6/1/20 - 6/30/20			
	7/1/20 - 7/31/20			
	8/1/20 - 8/31/20			
	9/1/20 - 9/30/20			

<b>Lead And Copper (PBCU)</b>		<b>20 routine (RT) per six months</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19			Complete
	1/1/20 - 6/30/20			
	7/1/20 - 12/31/20			

<b>Physical Parameters (PPS)</b>		<b>4 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19			Complete
	11/1/19 - 11/30/19			Complete
	12/1/19 - 12/31/19			Complete
	1/1/20 - 1/31/20			Complete
	2/1/20 - 2/29/20			
	3/1/20 - 3/31/20			
	4/1/20 - 4/30/20			
	5/1/20 - 5/31/20			
	6/1/20 - 6/30/20			
	7/1/20 - 7/31/20			
	8/1/20 - 8/31/20			
	9/1/20 - 9/30/20			

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>	
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily	
<b>Start Date:</b> 2/1/2003	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring Compliance Status:</b>	<b>Monitoring Compliance Status:</b>
	10/1/2019 - 10/31/2019			
	11/1/2019 - 11/30/2019			
	12/1/2019 - 12/31/2019			
	1/1/2020 - 1/31/2020			
	2/1/2020 - 2/29/2020			

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727051</b>	<b>LEDYARD WPCA, GALES FERRY SYSTEM</b>	C	2,369	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			589	51			

Towns Served: GROTON, LEDYARD

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2020	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	

### Water System Facility and Sampling Point Inventory

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	4	DISTRIBUTION SYSTEM	A	Y			
		AR34706	HENNY PENNY RT. 12	A				Y
		AR34708	HOLMBERG ORCHARD	A				Y
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GF002	1026 LONG COVE ROAD	A	Y			
		GF003	RT 12 NEAR INCH	A	Y			
		GF004	DUNKIN DONUTS GF	A	Y			
		GF005	MCDONALDS GF	A	Y			
		GF007	BLUFF ROAD METER	A	Y			
		GF008	GF LIBRARY	A	Y			
		GF009	FD FIRE DEPT	A	Y			
		GF010	DOW CHEMICAL	A	Y			
		GF011	CHEM BLDG RT 12	A	Y			
		GF012	JW LONG MID SCH	A	Y			
		GF013	23 CARDINAL LANE	A		1		
		GF014	GF PUMPHOUSE HYD	A			Y	
		GF015	17 INCHCLIFFE DR	A		1		
		GF016	34R TANAGER LANE	A		1		
		GF017	16 HARVARD TERR	A		1		
		GF018	10 SLEEP HOLLOW PNT	A		1		
		GF019	4 SMITH POND WAY	A		1		
		GF020	8 WOODBRIDGE CIRC	A		1		
		GF021	76 STONYBROOK RD	A		1		
		GF022	10 RIDGE ROAD	A		1		
		GF023	1085 LONG COVE RD	A		1		
		GF024	UNITED WAY BLDG	A	Y			
		GF025	12 WOODRIDGE CIRC	A		1		
		GF026	1 SLEEP HOLLOW PNT	A		1		
		GF027	1010 LONG COVE RD	A		1		
		GF028	25 INCHCLIFFE DR	A		1		
		GF029	44 INCECLIFFE RD	A		1		
		GF030	72 INCHCLIFFE DR	A		1		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727051</b>	<b>LEDYARD WPCA, GALES FERRY SYSTEM</b>	C	2,369	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			589	51			

Towns Served: GROTON, LEDYARD

### Water System Facility and Sampling Point Inventory

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
		GF031	58 HURLBUTT DR	A		1		
		GF032	8 NAOMI DRIVE	A				
		GF033	4 ALJEAN HEIGHTS LA	A	Y			
		GF034	59 INCHCLIFFE DR.	A		3		
		GF035	240 AVERY HILL RD.	A		1		
		GF036	5 WINDWARD LANE	A		1		
		GF037	14 WOODRIDGE CIRCLE	A		1		
		GF038	27 INCHCLIFFE DR.	A		3		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21644	INTERCONNECTION - CT0590011 - GROTON							
53565	HOLMBERG ORCHARD TANK							
58943	HOLMBERG PUMP STATION							
58945	AVERY HILL HYDRO TANK							
607	GALES FERRY TREATMENT BUILDING							

### Certified Operator Information

**Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)**

**Facility Classification:** CLASS 1 DISTRIBUTION SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
STEVENS, RICHARD M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2022
HYATT, PAUL J.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS IV	12/31/2021

**Water System Facility: GALES FERRY TREATMENT BUILDING (WSF ID: 607)**

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
STEVENS, RICHARD M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2022
HYATT, PAUL J.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS IV	12/31/2021

### Contact Information

Name		Organization			Job Title	
<b>Mr. Fred Allyn, III</b>		Town of Ledyard			Mayor	
Mailing Address Line One		Mailing Address Line Two			City	State
741 Colonel Ledyard Highway					Ledyard	CT
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address

**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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727051</b>	<b>LEDYARD WPCA, GALES FERRY SYSTEM</b>	<b>C</b>	2,369	<b>L</b>	<b>SWP</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			589	51			
Towns Served: GROTON, LEDYARD							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-464-3221		860-464-8455			mayor@ledyardct.org		
Contact Role(s):		<b>Administrative Contact, Legal Contact</b>					

**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 of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0723011</b>	<b>MASHANTUCKET PEQUOT TRIBAL NATION</b>	C	41,000	N	GU		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			300				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

	40 routine (RT) per month		
<b>Chlorine Residual (1012)</b>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
<i>Sampling Point (Sampling Point ID)</i>			
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		
<b>Asbestos (1094)</b>	1 routine (RT) per nine years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/24		
<b>Total Haloacetic Acids (2456)</b>	4 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		
	10/1/19 - 12/31/19		
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
<b>Total Trihalomethanes (2950)</b>	4 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		
	10/1/19 - 12/31/19		
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
<b>Total Coliform (3100)</b>	40 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0723011</b>	<b>MASHANTUCKET PEQUOT TRIBAL NATION</b>	C	41,000	N	GU		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			300				

Towns Served: LEDYARD

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Total Coliform (3100)</b>		<b>40 routine (RT) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

<b>Lead And Copper (PBCU)</b>		<b>30 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	Complete
	1/1/20 - 12/31/22	6/1-9/30	
	1/1/23 - 12/31/25	6/1-9/30	

<b>Physical Parameters (PPS)</b>		<b>40 routine (RT) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT #1 - WTP (WSF ID: 00700)**

<b>Net Gross Alpha (4000)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

<b>Uranium (4006)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

<b>Combined Radium-226/228 (4010)</b>		<b>1 routine (RT) per three years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0723011</b>	<b>MASHANTUCKET PEQUOT TRIBAL NATION</b>	C	41,000	N	GU		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			300				

Towns Served: LEDYARD

## Monitoring Requirements

Water System Facility: **ENTRY POINT #1 - WTP (WSF ID: 00700)**

<b>Combined Radium-226/228 (4010)</b>			<b>1 routine (RT) per three years</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Inorganic Chemicals (IOCS)</b>			<b>1 routine (RT) per three years</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Nitrate And Nitrite (NOX)</b>			<b>1 routine (RT) per year</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>			<b>2 routine (RT) per three years</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
<b>Organic Chemicals (VOCS)</b>			<b>1 routine (RT) per three years</b>
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT #1 - WTP (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 2/1/2009	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0723011</b>	<b>MASHANTUCKET PEQUOT TRIBAL NATION</b>	C	41,000	N	GU		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			300				

Towns Served: LEDYARD

## Water System Facility: ENTRY POINT #1 - WTP (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	Daily
<b>Start Date:</b> 2/1/2009		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Phosphate (as PO4)	Entry Point Phosphate Monitoring (PHOS)	Minimum: 0.1 MG/L	2
<b>Start Date:</b> 2/1/2009		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	

## Water System Facility: MASHANTUCKET PEQUOT WTP (WSFID: 311)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 2/1/2009		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		10/1/2019 - 10/31/2019	Y
		11/1/2019 - 11/30/2019	Y
		12/1/2019 - 12/31/2019	Y
	Offline	1/1/2020 - 1/31/2020	n/a
		2/1/2020 - 2/29/2020	Y

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Turbidity	CFE Maximum Turbidity (MAXT)	Maximum: 1 NTU	186
<b>Start Date:</b> 2/1/2009		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		10/1/2019 - 10/31/2019	Y
		11/1/2019 - 11/30/2019	Y
	Offline	12/1/2019 - 12/31/2019	n/a
		1/1/2020 - 1/31/2020	Y
		2/1/2020 - 2/29/2020	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0723011</b>	<b>MASHANTUCKET PEQUOT TRIBAL NATION</b>	C	41,000	N	GU		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			300				

Towns Served: LEDYARD

## Water System Facility: MASHANTUCKET PEQUOT WTP (WSFID: 311)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Turbidity	CFE 95% Turbidity (95PT)	95% Turbidity Limit: 0.3 NTU	186
<b>Start Date:</b> 2/1/2009		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		10/1/2019 - 10/31/2019	Y
		11/1/2019 - 11/30/2019	Y
	Offline	12/1/2019 - 12/31/2019	n/a
		1/1/2020 - 1/31/2020	Y
		2/1/2020 - 2/29/2020	

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	

## Water System Facility and Sampling Point Inventory

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	4	GENERIC DISTRIBUTION	A	Y			
		D-1	2 MG TANK	A	Y			
		D-10	CASINO KITCHEN	A	Y			
		D-11	WATER TREATMENT PLT.	A	Y			
		D-12	4 PEQUOT CIRCLE	A	Y	N		
		D-13	CENTRAL PLANT	A	Y			
		D-14	PHASE 4 CASINO	A	Y			
		D-15	BISTRO KITCHEN	A	Y	N		
		D16	D-16 NORWICH SPA	A	Y			
		D-16	PEQUOT TOWER SALON	A	Y			
		D-17	COMMUNITY CENTER	A	Y	N		
		D-18	CASINO WELL HOUSE	A	Y			
		D-19	9 ANNE WAMPEY	A	Y	N		
		D-2	TWO TREES	A	Y			
		D-20	4 PEQUOT VILLAGE	A	Y	N		
		D-21	TRIBAL OFFICES	A	Y	1		
		D-22	MUSEUM	A	Y			
		D-23	11 AMOS GEORGE DRIVE	A		1		
		D-24	12 AMOS GEORGE DRIVE	A		1		
		D-25	13 AMOS GEORGE DRIVE	A		1		
		D-26	14 AMOS GEORGE DRIVE	A		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.*

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0723011</b>	<b>MASHANTUCKET PEQUOT TRIBAL NATION</b>	C	41,000	N	GU		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			300				

Towns Served: LEDYARD

### Water System Facility and Sampling Point Inventory

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
		D-27	15 AMOS GEORGE DRIVE	A		1		
		D-28	1 ELIZABETH GEO.DR.	A		3		
		D-29	2 ELIZABETH GEO.DR.	A		3		
		D-3	SERVICE BAR	A	Y	N		
		D-30	3 ELIZABETH GEO.DR.	A		3		
		D-31	4 ELIZABETH GEO.DR.	A		3		
		D-32	5 ELIZABETH GEO.DR.	A		3		
		D-33	6 ELIZABETH GEO.DR.	A		3		
		D-34	7 ELIZABETH GEO.DR.	A		3		
		D-35	8 ELIZABETH GEO.DR.	A		3		
		D-36	9 ELIZABETH GEO.DR.	A		3		
		D-37	10 ELIZABETH GEO.DR.	A		3		
		D-38	11 ELIZABETH GEO.DR.	A		3		
		D-39	12 ELIZABETH GEO.DR.	A		3		
		D-4	WASTE W.T.P.	A	Y			
		D-40	13 ELIZABETH GEO.DR.	A		3		
		D-41	14 ELIZABETH GEO.DR.	A		3		
		D-42	15 ELIZABETH GEO.DR.	A		3		
		D-5	DAY CARE CENTER	A	Y	N		
		D-6	PUBLIC SAFETY	A	Y			
		D-7	HEALTH & HUMAN SERV.	A	Y	N		
		D-8	BOOSTER STATION	A	Y			
		D-9	INDIAN HEALTH SERV.	A	Y	N		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		IDSE-5	5D-12 4 PEQUOT	A	Y			
		IDSE-8	D-6 PUBLIC SA	A	Y			
		LOI 1	LOI 1 2MG TANK	A	Y			
		LOI 2	LOI 2 PEQUOT ACADEMY	A	Y			
		LOI-1	LOI-1 2 MG TANK	A	Y			
		LOI-2	LOI-2 PEQUOT ACADEMY	A	Y			
		MGM-1	MGM-1 CENTER BAR	A	Y			
		MGM-2	MGM-2 G SPA SALON	A	Y			
		MGM-3	MGM-3 CENTRAL PLANT	A	Y			
		TP-1	TP-1 COMBINED POE	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT #1 - WTP	3	ENTRY POINT	A				
310	COMBINED RAW WELL INTO FP	1	COMBINED RAW WELLS	A				
311	MASHANTUCKET PEQUOT WTP	5	EP TREATMENT PLANT	A				
47831	WELL 6	2	WELL 6	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0723011</b>	<b>MASHANTUCKET PEQUOT TRIBAL NATION</b>	C	41,000	N	GU		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			300				

Towns Served: LEDYARD

## Water System Facility and Sampling Point Inventory

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
51098	WELL 3B	2	WELL 3B	A				
51100	PEQUOT TRAIL HIGH SERVICE TANK							
51102	CONCRETE ATMOSPHERIC TANK							
51104	CLEARWELL							
51106	PEQUOT TRAIL HS BOOSTER STATION							
51108	LAKE OF ISLE PUMP STATION							
51880	CLEARWELL PUMP STATION							
51882	WESTERN PUMP STATION							
52434	LAKE OF ISLES STORAGE TANK							
842	WELL 2	2	WELL 2	A				
843	WELL 3A	2	WELL 3	A				
845	WELL 5	2	WELL 5	A				

## Certified Operator Information

**Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)**

**Facility Classification:** CLASS 2 DISTRIBUTION SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
JOHNSON, MICHAEL W.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	12/31/2020

**Water System Facility: MASHANTUCKET PEQUOT WTP (WSF ID: 311)**

**Facility Classification:** CLASS 4 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
JOHNSON, MICHAEL W.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	12/31/2020
COLLI, SR., STEVEN M.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	3/31/2021
		WATER TREATMENT PLANT OPERATOR - CLASS IV	9/30/2021

## Contact Information

Name		Organization			Job Title	
<b>Mr. Bryan Charity</b>		Mashantucket Pequot Tribal			Assistant Director	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
2 Matts Path		PO Box 3060		Mashantucket	CT	06338-3060
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-396-7552				860-396-6100	bcharity@mptn-nsn.gov	
Contact Role(s): <b>Administrative Contact, Legal Contact</b>						

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source			
<b>CT0723011</b>	<b>MASHANTUCKET PEQUOT TRIBAL NATION</b>	<b>C</b>	<b>41,000</b>	<b>N</b>	<b>GU</b>			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
			300					
Towns Served: LEDYARD								
Name			Organization			Job Title		
<b>Mr. Keith Gove</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
103 Pequot Trail			P.O. Box 3201			Mashantucket	CT	06338
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-312-2502					kgove@mptn-nsn.gov			
Contact Role(s): <b>Legal Contact</b>								

**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 of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0727091	LEDYARD WPCA - LEDYARD CENTER	C	3,294	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			708	24			

Towns Served: LEDYARD

## Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>		<b>7 routine (RT) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 12/31/19		Complete
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		
<b>Disinfectant Byproducts - TTHM &amp; HAA5 (DBP)</b>		<b>2 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
VILLAGE MARKET (LC001)	7/1/19 - 9/30/19	7/1-7/31	Complete
	10/1/19 - 12/31/19	10/1-10/31	Complete
	1/1/20 - 3/31/20	1/1-1/31	Complete
	4/1/20 - 6/30/20	4/1-4/30	
	7/1/20 - 9/30/20	7/1-7/31	
11 VILLAGE DRIVE (LC117)	7/1/19 - 9/30/19	7/1-7/31	Complete
	10/1/19 - 12/31/19	10/1-10/31	Complete
	1/1/20 - 3/31/20	1/1-1/31	Complete
	4/1/20 - 6/30/20	4/1-4/30	
	7/1/20 - 9/30/20	7/1-7/31	
<b>Lead And Copper (PBCU)</b>		<b>20 routine (RT) per six months</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete
	1/1/20 - 6/30/20		
	7/1/20 - 12/31/20		
<b>Physical Parameters (PPS)</b>		<b>7 routine (RT) per month</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete
	11/1/19 - 11/30/19		Complete
	12/1/19 - 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.*

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727091</b>	<b>LEDYARD WPCA - LEDYARD CENTER</b>	C	3,294	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			708	24			

Towns Served: LEDYARD

## Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Physical Parameters (PPS)	7 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SUBMIT CCR TO THE DEPARTMENT	6/30/2020	
SUBMIT CCR CERTIFICATION FORM	8/9/2020	

## Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		LC001	VILLAGE MARKET	A	Y			Y
		LC002	AJS RESTAURANT	A	Y			
		LC003	GALLUP HILL SCHOOL	A	Y			
		LC004	PUMPKIN HILL MARKET	A	Y		Y	
		LC005	130 GALLUP HILL RD	A	Y			
		LC006	LAKESIDE CONDOS	A	Y			
		LC007	82 TOWN FARM ROAD	I	Y			
		LC008	HOLDRIDGE NURSERY	A	Y			
		LC009	LEDYARD TOWN HALL	A	Y			
		LC010	LEDYARD HIGH SCHOOL	A	Y			
		LC011	LEDYARD CENTRAL SCHO	A	Y			
		LC012	5 SABLE DRIVE	A	Y			
		LC013	BILL LIBRARY	A	Y			
		LC100	8 POWDER HORN DRIVE	A	Y	3		
		LC101	1 ROBIN LANE	A	Y	3		
		LC102	14 ROBIN LANE	A	Y	3		
		LC103	1 SACHEM LANE	A	Y	3		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727091</b>	<b>LEDYARD WPCA - LEDYARD CENTER</b>	C	3,294	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			708	24			

Towns Served: LEDYARD

### Water System Facility and Sampling Point Inventory

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
		LC104	1 WHITEWOOD LANE	A	Y	3		
		LC105	12 WHITEWOOD LANE	A	Y	3		
		LC106	4 ASPEN LANE	A	Y	3		
		LC107	3 CHESTNUT LANE	A	Y	3		
		LC108	5 CARRIAGE TRAIL	A	Y	3		
		LC109	11 CARRIAGE TRAIL	A	Y	3		
		LC110	13 CARTRIDGE TERRACE	A	Y	3		
		LC111	21 CARTRIDGE TERRACE	A	Y	3		
		LC112	2 FIFERS LANE	A	Y	3		
		LC113	3 MODEL PARK ROAD	A	Y	3		
		LC114	11 HICKORY DRIVE	A	Y	3		
		LC115	19 HICKORY DRIVE	A	Y	3		
		LC116	25 HICKORY DRIVE	A	Y	3		
		LC117	11 VILLAGE DRIVE	A	Y	3		Y
		LC118	20 VILLAGE DRIVE	A	Y	3		
		LC119	5 COUNTRY CLUB	A	Y	3		
		LC120	18 COUNTRY CLUB	A	Y	3		
		LC121	34 COUNTRY CLUB	A	Y	3		
		LC122	11 BLACKSMITH DRIVE	A	Y	3		
		LC123	14 BLACKSMITH DRIVE	A	Y	3		
		LC124	22 BLACKSMITH DRIVE	A	Y	3		
		LC125	32 BLACKSMITH DRIVE	A	Y	3		
		LC126	46 BLACKSMITH DRIVE	A	Y	3		
		LC127	6 BLACKWATCH LANE	A	Y	3		
		LC128	12 BLACKWATCH LANE	A	Y	3		
		LC129	10 OLD FORT LANE	A	Y	3		
		LC130	3 PENNYWISE LANE	A	Y	3		
		LC131	9 PENNYWISE LANE	A	Y	3		
		LC132	13 PENNYWISE LANE	A	Y	3		
		LC133	1 MUSTER LANE	A	Y	3		
		LC134	12 MUSTER LANE	A	Y	3		
		LC135	1 THOMPSON STREET	A	Y	3		
		LC136	7 THOMPSON STREET	A	Y	3		
		LC137	5 TOWN FARM ROAD	A	Y	3		
		LC138	15 TOWN FARM ROAD	A	Y	3		
		LC139	23 TOWN FARM ROAD	A	Y	3		
		LC140	105 GALLUP HILL ROAD	A	Y	3		
		LC141	139 GALLUP HILL ROAD	A	Y	3		
		LC142	149 GALLUP HILL ROAD	A	Y	3		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727091</b>	<b>LEDYARD WPCA - LEDYARD CENTER</b>	C	3,294	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			708	24			

Towns Served: LEDYARD

### Water System Facility and Sampling Point Inventory

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
		LC143	163 GALLUP HILL ROAD	A	Y	3		
		LC144	8 HIGHLAND DRIVE	A	Y	3		
		LC145	16 HIGHLAND DRIVE	A	Y	3		
		LC146	25 HIGHLAND DRIVE	A	Y	3		
		LC147	42 HIGHLAND DRIVE	A	Y	3		
		LC148	53 HIGHLAND DRIVE	A	Y	3		
		LC149	58 HIGHLAND DRIVE	A	Y	3		
		LC150	11 MEETINGHOUSE	A	Y	3		
		LC151	27 MEETINGHOUSE	A	Y	3		
		LC152	53 MEETINGHOUSE	A	Y	3		
		LC153	57 MEETINGHOUSE	A	Y	3		
		LC154	69 MEETINGHOUSE	A	Y	3		
		LC155	82 MEETINGHOUSE	A	Y	3		
		LC156	101 MEETINGHOUSE	A	Y	3		
		LC157	122 MEETINGHOUSE	A	Y	3		
		LC158	139 MEETINGHOUSE	A	Y	3		
		LC159	140 MEETINGHOUSE	A	Y	3		
		UPSTREAM	WITHIN 5 SERVICE CON	A				

56934 ATMOSPHERIC TANK

56938 INTERCONNECTION -  
CT0590011 - GROTON

### Certified Operator Information

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Facility Classification: CLASS 1 DISTRIBUTION SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
STEVENS, RICHARD M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2022
HYATT, PAUL J.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS IV	12/31/2021

### Contact Information

Name		Organization			Job Title		
<b>Mr. Fred Allyn, III</b>		Town of Ledyard			Mayor		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
741 Colonel Ledyard Highway					Ledyard	CT	06339-1511
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-464-3221		860-464-8455			mayor@ledyardct.org		
Contact Role(s): <b>Administrative Contact, Legal Contact</b>							

*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 ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0727091</b>	<b>LEDYARD WPCA - LEDYARD CENTER</b>	C	3,294	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			708	24			

Towns Served: LEDYARD

**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**