

# 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>CT0780122</b>	<b>MOUNT HOPE MONTESSORI SCHOOL</b>	NTNC	88	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
48 BASSETTS BRIDGE ROAD			1				
Towns Served: MANSFIELD							

### Monitoring Requirements

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

**Asbestos (1094)** **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	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		

**Total Coliform (3100)** **1 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		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		

**Lead And Copper (PBCU)** **5 routine (RT) per three 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	1/1/17 - 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	

**Physical Parameters (PPS)** **1 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		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)**

**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>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

**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		Complete
	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		

*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>CT0780122</b>	<b>MOUNT HOPE MONTESSORI SCHOOL</b>	NTNC	88	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
48 BASSETTS BRIDGE ROAD			1				
Towns Served: MANSFIELD							

## Monitoring Requirements

Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>			
<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		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2018	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	

## 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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW003	KITCHEN SINK	A	Y			
		MW003-S	KITCHEN SINK	A	Y	1	Y	
		MW004-DB	DOWNSTAIRS BATHROOM	A	Y	1		
		MW005-FCB	FRONT CHILD'S BATHRO	A	Y	1		
		MW006-S	REAR CLASSROOM SINK	A	Y	1		
		MW027-AB	ADULT BATHROOM	A	Y	1		
		MW027-DCH	DOWNSTAIRS CHILD	A	Y	1		
		MW027-DCL	DOWNSTAIRS CLASS	A	Y	1	Y	
		MW027-R	RESOURCE ROOM	A	Y	1		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		00700	ENTRY POINT	3	ENTRY POINT	A		
10371	WELL	2	WELL	A				

## Certified Operator Information

Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
Facility Classification: SMALL WATER SYSTEM			
<i>Operator Name</i>	<i>Operator Type</i>	<i>Certification(s)</i>	<i>Certification Expiration</i>
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>Ms. Erin Clark</b>	Mount Hope Montessori School	Office Administrator		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code

*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>CT0780122</b>	<b>MOUNT HOPE MONTESSORI SCHOOL</b>	NTNC	88	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
48 BASSETTS BRIDGE ROAD			1				
Towns Served: MANSFIELD							
P.O. Box 267			Mansfield Center		CT	06250	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-423-1070					mthopemontessori@snet.net		

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

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

*If you have any questions, please contact the Drinking Water Section at (860) 509-7333.*

<http://www.ct.gov/dph/publicdrinkingwater>

**End of schedule**

# 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>CT0780752</b>	<b>MANSFIELD PROFESSIONAL PARK</b>	NTNC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11, 22, 28, & 34 EAST PARK ROAD			4				
Towns Served: MANSFIELD							

### 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>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	1/1/17 - 12/31/19	6/1-9/30	Complete		
	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				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>					
<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		Complete		
	1/1/20 - 12/31/20				
	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				

*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>CT0780752</b>	<b>MANSFIELD PROFESSIONAL PARK</b>	NTNC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11, 22, 28, & 34 EAST PARK ROAD			4				
Towns Served: MANSFIELD							

### Monitoring Requirements

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

<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
	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		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

### 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 EXEMPTION	3/1/2021	

### 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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MPP001	B1 DS LADIES ROOM	A	Y	1	Y	Y
		MPP002	B1 DS MENS ROOM	A	Y	1		Y
		MPP003	B1 US LADIES ROOM	A	Y	1		Y
		MPP004	B1 US MENS ROOM	A	Y	1		Y
		MPP005	MED BLDG STAFF BATH	A	Y	1	Y	Y
		MPP006	MED BLDG WAIT RM	A	Y	1	Y	Y
		MPP007	B3 DS LADIES ROOM	A	Y	1	Y	Y
		MPP008	B3 DS MENS ROOM	A		1		Y
		MPP009	B3 US LADIES ROOM	A	Y	1		Y
		MPP010	B3 US LADIES ROOM	A	Y	1		Y
		MPP011	B3 DS UNISEX BR	A	Y	1	Y	Y
		MPP012	B3 US UNISEX BR	A	Y	N	Y	Y
		MPP015 A	B3 HANDICAP BR	I	Y			
		MPP016	B3 OUTSIDE FAUCET	I	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10372	WELL	2	WELL	A				

### Certified Operator Information

*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>CT0780752</b>	<b>MANSFIELD PROFESSIONAL PARK</b>	NTNC	100	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
11, 22, 28, & 34 EAST PARK ROAD			4				
Towns Served: MANSFIELD							

## 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>
FALLON, IRVING W.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2022
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2022

## Contact Information

Name		Organization			Job Title			
<b>Mr. E. Barry Smith</b>		M P Park LLC						
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O. Box 476						Storrs	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-429-8891		860-429-6857		860-420-9053	tmcorp@tmcorp.info			

Contact Role(s): <b>Administrative Contact</b>								
Name		Organization			Job Title			
<b>Mr. Michael M. Taylor</b>		M P Park LLC			Owner			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
12 Stonemill Road						Storrs	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-429-8891								

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

- 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>CT0781192</b>	<b>PERKINS CORNER</b>	NTNC	45	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 HIGGINS HWY (JCT RT 31 & RT 32)			1				

Towns Served: MANSFIELD

## 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				
	1/1/20 - 12/31/28				
<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 year</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 - 12/31/19	6/1-9/30	Complete		
	1/1/20 - 12/31/20	6/1-9/30			
	1/1/21 - 12/31/21	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>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				
	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		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				

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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>CT0781192</b>	<b>PERKINS CORNER</b>	NTNC	45	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 HIGGINS HWY (JCT RT 31 & RT 32)			1				

Towns Served: MANSFIELD

## Monitoring Requirements

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

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

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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**

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

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2013	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2014	
CROSS CONNECTION EXEMPTION	3/1/2015	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2015	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2016	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2019	

## 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				
		PBR001	SUITE 8 LAV	A	Y	1		
		PBR002	SUITE 8 BATHROOM	A	Y	1		
		PBR003	SUITE 8 KITCHENETTE	A	Y	1		
		PBR004	SUITE 9 KITCHENETTE	A	Y	1		
		PBR005	SUITE 9 LAV	A	Y	1		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10373	WELL	2	WELL	A				
54641	BLADDER TANK							

## Contact Information

Name	Organization	Job Title		
<b>Mr. Peter W. Rich</b>	Perkins Corner			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
43 Fern Road		Storrs	CT	06268

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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>CT0781192</b>	<b>PERKINS CORNER</b>	NTNC	45	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
10 HIGGINS HWY (JCT RT 31 & RT 32)			1				
Towns Served: MANSFIELD							
42 Fern Road		Storrs		CT	06268		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-423-6735					prich6735@charter.net		

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

**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>CT0781202</b>	<b>MANSFIELD SHOPPING CENTER</b>	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
591 MIDDLE TURNPIKE			9				
Towns Served: MANSFIELD							

### 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>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 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>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>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>					
<b>Di(2-Ethylhexyl) - Phthalate (2039)</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>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		Complete		
	1/1/20 - 12/31/20				

*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>CT0781202</b>	<b>MANSFIELD SHOPPING CENTER</b>	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
591 MIDDLE TURNPIKE			9				

Towns Served: MANSFIELD

## Monitoring Requirements

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

<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>
	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
	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		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

## 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 LEAD CONSUMER NOTICE CERTIFICATE	3/30/2020	

## 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	Y			
		CM001	GROCERY STORE	A	Y			
		CM002	OPTOMETRIST SINK	A	Y			
		CM003	RESTAURANT SINK	A	Y			
		CM004	PACKAGE STORE SINK	A	Y			
		CM005	DENTIST	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		LN003	RESTAURANT HAND SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10374	WELL	2	WELL	A				
54818	BLADDER TANK							

*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>CT0781202</b>	<b>MANSFIELD SHOPPING CENTER</b>	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
591 MIDDLE TURNPIKE			9				
Towns Served: MANSFIELD							

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2022
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020

## Contact Information

Name		Organization			Job Title	
<b>Mr. Chen H Jia</b>		Ruihe Development, LLC			Member	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
12 Hillyndale Road				Storrs	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-771-3848		860-771-3848		800-931-4442	jiahe8033@gmail.com	

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

Name		Organization			Job Title	
<b>Mr. Ying J Zhuo</b>		Ruihe Development, LLC			Administrative	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
82 Village St				Vernon	CT	06066
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-771-3848		860-786-4013		860-876-2608	yingjiao2016@gmail.com	

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>CT0781212</b>	<b>GOODWIN ELEMENTARY SCHOOL</b>	NTNC	340	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
321 HUNTING LODGE ROAD			1				
Towns Served: MANSFIELD							

### 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>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				
	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				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
<b>Water System Facility: ENTRY POINT - WELLS #1 &amp; #4 (WSF ID: 00701)</b>					
<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 1 & 4 (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 1 & 4 (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>1 (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 1 & 4 (3)	1/1/17 - 12/31/19	1/1-12/31	Waiver		
<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 1 & 4 (3)	1/1/20 - 12/31/22				
	1/1/23 - 12/31/25				

*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>CT0781212</b>	<b>GOODWIN ELEMENTARY SCHOOL</b>	NTNC	340	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
321 HUNTING LODGE ROAD			1				
Towns Served: MANSFIELD							

## Monitoring Requirements

Water System Facility: **ENTRY POINT - WELLS #1 & #4 (WSF ID: 00701)**

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>
EP - WELLS 1 & 4 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2010	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2021	

## Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Water Quality Parameters - Basic M&R Violation	1/1/03 - 12/31/03	3	4/19/2005		4/29/2005	

## 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	Y			
		4-1	KIT SINK UNDER PAPER	A	Y	2		
		4-2	ROOM 21 SINK (00600)	A	Y	2		
		4-3	ROOM 13-2ND SINK (00	A	Y	2		
		4-4	ROOM 10 SINK (00600)	A	Y	2		
		4-5	OFFICE WORK ROOM SIN	A	Y	2	Y	Y
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELLS #1 & #4	3	EP - WELLS 1 & 4	A				
10375	WELL #1	2	WELL #1	A				
53663	WELL #4	2	WELL #4	A				
53665	ATMOSPHERIC TANK							
53667	PUMP STATION							
53669	BLADDER TANKS							

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

<i>Operator Name</i>	<i>Operator Type</i>	<i>Certification(s)</i>	<i>Certification Expiration</i>
KEARNEY, THOMAS	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020

*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>CT0781212</b>	<b>GOODWIN ELEMENTARY SCHOOL</b>	NTNC	340	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
321 HUNTING LODGE ROAD			1				

Towns Served: MANSFIELD

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
		WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2023
PALAZZI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2022
CORSON, ALLEN	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2021

## Contact Information

Name		Organization			Job Title		
<b>Mr. Frederick A. Baruzzi</b>		Mansfield Public Schools			Superintendent		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
4 South Eagleville Road					Storrs Mansfield	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-429-3350		860-429-3379		860-429-3350	baruzzifa@mansfieldct.org		

Contact Role(s): **Owner**

Name		Organization			Job Title		
<b>Mrs. Kelly M. Lyman</b>		Mansfield Public Schools			Superintendent		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
4 South Eagleville Road					Mansfield	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-429-3350		860-429-3379			MBOESupt@mansfieldct.org		

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

Name		Organization			Job Title		
<b>Mr. Derrick M. Kennedy</b>		Town of Mansfield			Town Manager		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
4 S. Eagleville Rd					Storrs	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-429-3336					kennedydm@mansfieldct.org		

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>CT0781233</b>	<b>SOUTHEAST SCHOOL</b>	NTNC	311	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
134 WARRENVILLE ROAD			1				
Towns Served: MANSFIELD							

### Monitoring Requirements

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

#### Asbestos (1094) 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	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		

#### Total Coliform (3100) 1 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		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		

#### Lead And Copper (PBCU) 10 routine (RT) per six months

<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		

#### Physical Parameters (PPS) 1 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		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 - WELLS 2 & 3 (WSF ID: 00701)**

#### 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>
EP - WELLS 2 & 3 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

#### 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>
EP - WELLS 2 & 3 (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 (RT) per three years

<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	1/1-12/31	Waiver

#### 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>
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>CT0781233</b>	<b>SOUTHEAST SCHOOL</b>	NTNC	311	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
134 WARRENVILLE ROAD			1				
Towns Served: MANSFIELD							

### Monitoring Requirements

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

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

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

**Organic Chemicals (VOCS) 1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 2 & 3 (3)	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		

**Organic Chemicals (VOCS) 1 routine (RT) per year**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 2 & 3 (3)	1/1/19 - 9/30/19	1/1-9/30	Complete

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2010	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

### 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	WQP 2	DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
		4-1	BOYS ROOM	A	Y	2				
		4-10	ROOM 9	A	Y	N				
		4-14	ROOM 16	A	Y	2				
		4-15	ROOM 17	A	Y	2				
		4-16	ROOM 19	A	Y	N				
		4-17	ROOM 20	A	Y	N				
		4-18	ROOM 21	A	Y	N				
		4-19	DRINKING FOUNTAIN	A	Y	2				
		4-2	GIRLS ROOM	A	Y	2				
		4-3	ROOM #18	A	Y	N				
		4-4	TEACHER S LOUNGE	A	Y	2				
		4-5	KITCHEN HAND SINK	A		2				
		4-6	NURSE'S OFFICE	A	Y	2	Y			Y
		4-7	ROOM 6	A	Y	2				
		4-8	ROOM 7	A	Y	2				
		4-9	ROOM 8	A	Y	N				

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# 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>CT0781233</b>	<b>SOUTHEAST SCHOOL</b>	NTNC	311	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
134 WARRENVILLE ROAD			1				
Towns Served: MANSFIELD							

### 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
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELLS 2 & 3	3	EP - WELLS 2 & 3	A				
53310	WELL 2	2	WELL 2	A				
53312	WELL 3	2	WELL 3	A				
53314	ATMOSPHERIC TANK							
53316	PUMP STATION							
61561	TREATMENT PLANT							

### Certified Operator Information

<b>Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
<b>Facility Classification: SMALL WATER SYSTEM</b>			
Operator Name	Operator Type	Certification(s)	Certification Expiration
KEARNEY, THOMAS	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2023
PALAZZI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2022
CORSON, ALLEN	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2021

### Contact Information

Name		Organization			Job Title		
<b>Mr. Frederick A. Baruzzi</b>		Mansfield Public Schools			Superintendent		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
4 South Eagleville Road					Storrs Mansfield	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-429-3350		860-429-3379		860-429-3350	baruzzifa@mansfieldct.org		
<b>Contact Role(s): Owner</b>							
Name		Organization			Job Title		
<b>Mrs. Kelly M. Lyman</b>		Mansfield Public Schools			Superintendent		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
4 South Eagleville Road					Mansfield	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-429-3350		860-429-3379			MBOESupt@mansfieldct.org		
<b>Contact Role(s): 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>CT0781233</b>	<b>SOUTHEAST SCHOOL</b>	NTNC	311	L	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
134 WARRENVILLE ROAD			1					
Towns Served: MANSFIELD								
Name			Organization			Job Title		
<b>Mr. Derrik M. Kennedy</b>			Town of Mansfield			Town Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
4 S. Eagleville Rd						Storrs	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-429-3336					kennedydm@mansfieldct.org			
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>CT0781243</b>	<b>MANSFIELD MIDDLE SCHOOL</b>	NTNC	715	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
205 SPRING HILL ROAD			1				

Towns Served: MANSFIELD

### Monitoring Requirements

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

**Asbestos (1094)** **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	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		

**Total Coliform (3100)** **1 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		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		

**Lead And Copper (PBCU)** **10 routine (RT) per three 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	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	

**Physical Parameters (PPS)** **1 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		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: **ENTRY POINT (WSF ID: 00701)**

**Nitrate (1040)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - 1, 3, 4 (3)	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		

**Nitrite (1041)** **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
EP - 1, 3, 4 (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

**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>
EP - 1, 3, 4 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

*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>CT0781243</b>	<b>MANSFIELD MIDDLE SCHOOL</b>	NTNC	715	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
205 SPRING HILL ROAD			1				
Towns Served: MANSFIELD							

## Monitoring Requirements

<b>Water System Facility: ENTRY POINT (WSF ID: 00701)</b>							
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>						<b>1 (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 - 1, 3, 4 (3)		1/1/17 - 12/31/19		1/1-12/31		Waiver	
<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 - 1, 3, 4 (3)		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>	
EP - 1, 3, 4 (3)		1/1/17 - 12/31/19				Complete	
		1/1/20 - 12/31/22					
		1/1/23 - 12/31/25					

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

## 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			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MMS03	LADIES ROOM SINK 2F	A	Y	2		
		MMS04	MEN'S ROOM SINK 2F	A	Y	2		
		MMS120	LIBRARY WORKROOM	A	Y	2		
			OFC					
		MMS121	MENS ROOM SINK OFC	A	Y	2	Y	Y
		MMS122	WOMENS ROOM SINK	A	Y	2	Y	Y
			OFC					
		MMS14	CLASSROOM SINK 208	A	Y	2		
		MMS34	LAB SINK 1F	A	Y	2		
		MMS35	MENS BEFORE LIBRARY	A	Y	2		
		MMS36	NURSES OFFICE	A	Y	2	Y	Y
		MMS57	PREP SINK	A	Y	2		
		MMS62	KITCHEN HAND WASH SI	A	Y	2		
		MMS64	POT WASH SINK	A	Y	2		
		MMS96	MENS SINK 3F	A	Y	2		
MMS97	LADIES SINK 3F	A	Y	2				
	UPSTREAM		WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT	3	EP - 1, 3, 4	A				

*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>CT0781243</b>	<b>MANSFIELD MIDDLE SCHOOL</b>	NTNC	715	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
205 SPRING HILL ROAD			1				
Towns Served: MANSFIELD							

## 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
10377	WELL	2	WELL	A				
53984	WELL 3	2	WELL 3	A				
53986	WELL 4	2	WELL 4	A				
53989	ATMOSPHERIC TANK							
53991	PRESSURE TANK							
53993	PUMP STATION							

## Certified Operator Information

Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
Facility Classification: SMALL WATER SYSTEM			
Operator Name	Operator Type	Certification(s)	Certification Expiration
KEARNEY, THOMAS	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2020 3/31/2023
PALAZZI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2022
CORSON, ALLEN	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2021

## Contact Information

Name			Organization			Job Title			
<b>Mr. Frederick A. Baruzzi</b>			Mansfield Public Schools			Superintendent			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
4 South Eagleville Road						Storrs Mansfield		CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-429-3350		860-429-3379		860-429-3350	baruzzifa@mansfieldct.org				

Contact Role(s): <b>Owner</b>									
Name			Organization			Job Title			
<b>Mrs. Kelly M. Lyman</b>			Mansfield Public Schools			Superintendent			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
4 South Eagleville Road						Mansfield		CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-429-3350		860-429-3379			MBOESupt@mansfieldct.org				

Contact Role(s): <b>Administrative Contact, Legal Contact</b>									
Name			Organization			Job Title			
<b>Mr. Derrick M. Kennedy</b>			Town of Mansfield			Town Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
4 S. Eagleville Rd						Storrs		CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-429-3336					kennedydm@mansfieldct.org				
Contact Role(s): <b>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>CT0781243</b>	<b>MANSFIELD MIDDLE SCHOOL</b>	NTNC	715	L	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
205 SPRING HILL ROAD		1				
Towns Served: MANSFIELD						

**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>CT0781253</b>	<b>ANNIE E. VINTON SCHOOL</b>	NTNC	313	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
306 STAFFORD ROAD			1				
Towns Served: MANSFIELD							

### 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>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 - 7/31/19		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				
<b>Lead And Copper (PBCU)</b>		<b>10 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>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				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
<b>Water System Facility: ENTRY POINT - WELLS 2 &amp; 4 (WSF ID: 00701)</b>					
<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 & 4 (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 & 4 (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	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 & 4 (3)	1/1/17 - 12/31/19		Complete		
	1/1/20 - 12/31/22				
	1/1/23 - 12/31/25				

*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>CT0781253</b>	<b>ANNIE E. VINTON SCHOOL</b>	NTNC	313	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
306 STAFFORD ROAD			1				
Towns Served: MANSFIELD							

## Monitoring Requirements

**Water System Facility: ENTRY POINT - WELLS 2 & 4 (WSF ID: 00701)**

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>
EP - WELLS 2 & 4 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2025	

## Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
E. Coli M&R Violation	9/4/19 -	3	11/11/2020		11/21/2020	

## 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	Y			
		4-1	ROOM 11 SINK	A		N		
		4-10	ROOM 10 SINK	A	Y	N		
		4-11	ROOM 12 SINK	A	Y	N		
		4-12	ROOM 14 SINK	A		N		
		4-13	FOUNTAIN BY RM 6	A		2		
		4-14	FOUNTAIN BY MUSIC RM	A		2		
		4-15	FOUNTAIN BY OFFICE	A		2		
		4-16	ROOM 3 SINK	A	Y	2		
		4-17	ROOM 1 SINK	A	Y	2		
		4-18	ROOM 20	A		2		
		4-19	ROOM 13	A	Y	2		
		4-2	ROOM 17 SINK	A		2		
		4-20	OFFICE BTHRM SINK	A	Y	2		
		4-3	BREAK ROOM SINK	A	Y	2		
		4-4	ROOM 2 SINK	A	Y	2		
		4-5	GIRL S RESTROOM	A	Y	2		
		4-6	NURSE'S OFFICE	A	Y	2	Y	Y
		4-7	KIT SINK BY BACKDOOR	A	Y	2		
		4-8	ROOM 7 SINK	A	Y	N		
		4-9	ROOM 9 SINK	A	Y	N		

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

# 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>CT0781253</b>	<b>ANNIE E. VINTON SCHOOL</b>	NTNC	313	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
306 STAFFORD ROAD			1				
Towns Served: MANSFIELD							

## 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
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELLS 2 & 4	3	EP - WELLS 2 & 4	A				
48152	WELL #2	2	WELL #2	A				
53655	WELL #4	2	WELL #4	A				
53657	ATMOSPHERIC STORAGE TANK							
53659	BLADDER TANKS							
53671	PUMP STATION							

## Certified Operator Information

<b>Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
<b>Facility Classification: SMALL WATER SYSTEM</b>			
Operator Name	Operator Type	Certification(s)	Certification Expiration
KEARNEY, THOMAS	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2023
PALAZZI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2022
CORSON, ALLEN	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2021

## Contact Information

Name		Organization			Job Title		
<b>Town of Mansfield School System</b>							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
4 So Eagleville Rd					Mansfield	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
Contact Role(s): <b>Owner</b>							
Name		Organization			Job Title		
<b>Mrs. Kelly M. Lyman</b>		Mansfield Public Schools			Superintendent		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
4 South Eagleville Road					Mansfield	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-429-3350		860-429-3379			MBOESupt@mansfieldct.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>CT0781253</b>	<b>ANNIE E. VINTON SCHOOL</b>	NTNC	313	L	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
306 STAFFORD ROAD		1				
Towns Served: MANSFIELD						

**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>CT0781263</b>	<b>OAK GROVE MONTESSORI SCHOOL</b>	NTNC	77	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
132 PLEASANT VALLEY			1				
Towns Served: MANSFIELD							

## 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>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				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per year</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 - 12/31/19	6/1-9/30	Complete		
	1/1/20 - 12/31/20	6/1-9/30			
	1/1/21 - 12/31/21	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				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
<b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>					
<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		Complete		
	1/1/20 - 12/31/20				
	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				

*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>CT0781263</b>	<b>OAK GROVE MONTESSORI SCHOOL</b>	NTNC	77	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
132 PLEASANT VALLEY			1				
Towns Served: MANSFIELD							

## Monitoring Requirements

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

<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
	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		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

## 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 EXEMPTION	3/1/2024	

## 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	1	NURSES SINK	P	Y	2		
		2	DRINKING FOUNTAIN	P	Y	2		
		3	KITCHEN	P	Y	2		
		4	SINK 3-6	A	Y	2	Y	
		5	STAFF BATHROOM	P	Y	2		
		6	BOYS BATHROOM	P	Y	2		
		7	GIRLS BATHROOM	P	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10379	WELL	2	WELL	A				

## Certified Operator Information

<b>Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
<b>Facility Classification: SMALL WATER SYSTEM</b>			
<i>Operator Name</i>	<i>Operator Type</i>	<i>Certification(s)</i>	<i>Certification Expiration</i>
STAVENS, JOEL	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2020

## Contact Information

Name	Organization	Job Title		
<b>Ms. Cindy Henry</b>	Oak Grove Montessori School	Administrative Assis		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
132 Pleasant Valley Road		Mansfield	CT	06250

*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>CT0781263</b>	<b>OAK GROVE MONTESSORI SCHOOL</b>	NTNC	77	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
132 PLEASANT VALLEY			1					
Towns Served: MANSFIELD								
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-456-1031		860-456-2907						
Contact Role(s): <b>Legal Contact</b>								
Name			Organization			Job Title		
<b>Ms. Sherrie Clune</b>			Oak Grove Montessori School			Head of School		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1320 Pleasant Valley Road						Mansfield Center	CT	06250
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-456-1031		860-456-2907		860-235-7096	sherrie@ogms.org			
Contact Role(s): <b>Administrative Contact, Legal Contact</b>								
<b>Please note the following:</b>								
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>CT0787023</b>	<b>COMMUNITY CHILDRENS CENTER INC.</b>	NTNC	52	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
797 MANSFIELD CITY ROAD				1			
Towns Served: MANSFIELD							

### Monitoring Requirements

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

**Asbestos (1094)** **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>
DISTRIBUTION SYSTEM (4)	1/1/14 - 12/31/22		

**Total Coliform (3100)** **1 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		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		

**Lead And Copper (PBCU)** **5 routine (RT) per three 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	1/1/17 - 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	

**Physical Parameters (PPS)** **1 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		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: **ENTRY POINT (WSF ID: 00700)**

**Di(2-Ethylhexyl) - Phthalate (2039)** **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		

**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>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

**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>

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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>CT0787023</b>	<b>COMMUNITY CHILDRENS CENTER INC.</b>	NTNC	52	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
797 MANSFIELD CITY ROAD				1			
Towns Served: MANSFIELD							

## Monitoring Requirements

<b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>			
<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)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	4/20/2005	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION EXEMPTION	3/1/2020	

## 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	Y			
		CCC001	TODDLER ROOM FRONT	A	Y	N		
		CCC002	KITCHEN SINK	A	Y	N		
		CCC003	STAFF BATH	A	Y	N		
		CCC004	PRESCHOOL SINK	A	Y	N		
		CCC005	BACK TODDLER LEFT	A	Y	N		
		CCC006	BACK TODDLER RIGHT	A	Y	N		
		CCC007	PRESCHOOL BATH	A	Y	N		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48709	WELL #1	2	WELL #1	A				
48711	BLADDER TANK							

## Certified Operator Information

<b>Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
<b>Facility Classification: SMALL WATER SYSTEM</b>			
<i>Operator Name</i>	<i>Operator Type</i>	<i>Certification(s)</i>	<i>Certification Expiration</i>
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2022
		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>CT0787023</b>	<b>COMMUNITY CHILDRENS CENTER INC.</b>	NTNC	52	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
797 MANSFIELD CITY ROAD				1			
Towns Served: MANSFIELD							

## Contact Information

Name		Organization			Job Title			
<b>Ms. Lisa Dahn</b>		Community Children Center			Director			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
797 Mansfield City Rd						Storrs	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-456-7171				860-933-8900	director@communitychildrenscenter.org			

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

Name		Organization			Job Title			
<b>Community Childrens Center Inc</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
797 Mansfield City Rd P. O. Box 108						Mansfield	CT	06268
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-456-7171					comm.childrens.ctrsnet.net			

Contact Role(s): **Owner**

**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**