| | Commontion | - t D | and a C Darlalia | II lel. T |):1-: | TA7 | - t C - | ahi a sa | |
|-----------------------|-------------------------|----------------------|----------------------|--------------|-------------|-----------|------------|-----------|----------------|
| | | | ent of Public | | | | | ction | |
| | Wat | er Quality N | Monitoring a | and Comp | olianc | e Sch | edule | | |
| PWS ID | PWS Name | | | Cl | lassificati | on Popu | lation Owr | er Type F | Primary Source |
| CT0800044 | THE MERIDEN YN | ICA OUTDOOR CEN | NTER | | NC | 1 | 00 | Р | GW |
| Local Address (| where applicable) | | Service | Residentia | I Comm | ercial Ir | dustrial | Combined | I Agricultural |
| HIGH HILL ROA | D | | Connection | ons | 1 | | | | |
| Towns Served: | MERIDEN | | | | | | | | |
| | | r | Monitoring Re | quirement | ts | | | | |
| Water System | Facility: DISTRI | BUTION SYSTEM | (WSF ID: 00600) | | | | | | |
| Total Coliforn | m (3100) | | | | | | 1 rou | tine (RT) | per quarter |
| Sampling | Point (Sampling Po | oint ID) | | Monitoring | Period | Collect | ion Period | Compl | iance Status |
| Select fror | n Inventory of Activ | ve Sampling Points | | 7/1/19 - 9/ | /30/19 | | | Co | omplete |
| | | | | 4/1/20 - 6/ | /30/20 | _ | | | |
| | | | | 7/1/20 - 9/ | /30/20 | | | | |
| Physical Para | meters (PPS) | | | | | | 1 rou | tine (RT) | per quarter |
| Sampling | Point (Sampling Po | oint ID) | | Monitoring | Period | Collect | ion Period | Compl | iance Status |
| Select fror | m Inventory of Activ | ve Sampling Points | | 7/1/19 - 9/ | /30/19 | | | Co | omplete |
| | | | | 4/1/20 - 6/ | /30/20 | | | | |
| | | | | 7/1/20 - 9/ | /30/20 | | | | |
| Water System | Facility: ENTRY | POINT (WSF ID: | 00700) | | | | | | |
| Nitrate And N | Nitrite (NOX) | | | | | | 1 | routine (| RT) per year |
| Sampling | Point (Sampling Po | oint ID) | | Monitoring | Period | Collect | ion Period | Compl | iance Status |
| ENTRY PO | INT (3) | | | 1/1/19 - 12 | /31/19 | 4/1 | -9/30 | Co | omplete |
| | | | | 1/1/20 - 12 | /31/20 | 4/1 | -9/30 | | |
| | | | | 1/1/21 - 12 | /31/21 | 4/1 | -9/30 | | |
| | | Ot | ther Complian | ce Schedu | les | | | | |
| Compliance Sch | hedule Activity | | | Du | e Date | | Achieved I | Date | |
| RESPOND TO SA | ANITARY SURVEY | | | 8/2 | 2/2010 | | | | |
| SEASONAL STA | RT UP COMPLETION | N | | 4/1 | 1/2020 | | | | |
| | , | Water System | Facility and | Sampling P | oint Ir | vento | ry | | |
| Water | | | | | | Total | Lead and | | |
| • | er System Facility | Samplii | ng Point Sampling | | | Coliform | Copper | | Stage |
| Facility ID | | | D Descriptio | | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPR |
| 00600 DIST | RIBUTION SYSTEM | | 4 DISTRIBUT | TON SYSTEM | Α | Υ | | | |
| | | DOWN: | STREAM WITHIN 5 | SERVICE CON | Α | | | | |
| | | UPST | REAM WITHIN 5 | SERVICE CON | Α | | | | |
| 00700 ENT | RY POINT | | 3 ENTRY PO | INT | Α | | | | |
| 21415 WEL | L 1 | | 2 WELL | | Α | | | | |
| 48722 WEL | L 2 | | 2 WELL 2 | | Α | | | | |
| | | | Contact Info | ormation | | | | | |
| Name | | | Organization | | | | | Job Title | |
| Mr. John Benig | ni | | The Meriden | YMCA Outdoo | r Cente | Ced |) | | |
| Mailing Address | s Line One | Mailing | g Address Line Two | | | Ci | ty | State | Zip Code |
| 110 West Mair | Street | | | | Me | eriden | | СТ | 06450 |
| Business Pho | ne Extension | Fax | Mobile Phone | Emergency Pl | hone Em | ail Addre | SS | | |
| 203-235-638 | 13 | 203-634-6517 | | 203-213-08 | jbe | nigni@m | eridenymca | .org | |
| Contact Role(s) | : Legal Contact, O | wner | | | | | | | |
| | | | | | | | | | |

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

Schedule Generation Date: 3/10/2020 Page 1

| | Connectic | ut Depa | ii tiiiEiit | or r ubin | c ricari | וועוו | שווואווו | , water | Section | Ĺ | | |
|--------------------|--------------------|--------------|-----------------------|--------------|--------------------|-------------|------------------|-----------------------|------------|--------------|--|--|
| | Wa | ter Qua | lity Mon | itoring | and Co | mpli | ance S | Schedu | le | | | |
| PWS ID | PWS Name | Class | ification | Population | Owner Type | Primary Sou | | | | | | |
| СТ0800044 | THE MERIDEN Y | | | NC | 100 | Р | GW | | | | | |
| Local Address (w | here applicable) | | | Service | Resid | ential C | ommerci | al Industri | ial Combin | ed Agricultu | | |
| HIGH HILL ROAD | | | | Connecti | ons | | 1 | | | | | |
| Towns Served: N | IERIDEN | | | | , | , | | | | <u> </u> | | |
| Name | | | | Organization | | | | Job Title | | | | |
| Mr. Joel Jeko | | | Meriden YMCA Property | | | | | y Manager | | | | |
| Mailing Address | Line One | ess Line Two | | | City | | Zip Code | | | | | |
| 110 West Main | | | | | Meriden | | СТ | 06450 | | | | |
| Business Phone | Extension | Fax | Mo | obile Phone | Emergency Phone Er | | e Email <i>A</i> | Email Address | | | | |
| 203-235-6386 | 203-235-6386 | | | | | 6-6350 | jjeko@ | jjeko@meridenymca.org | | | | |
| Courte et Dele/e). | A dualiniaturation | Cambaab | | | | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

Schedule Generation Date: 3/10/2020 Page 2

| Select from Water System F Nitrate And Ni Sampling Po ENTRY POIN Compliance Sche RESPOND TO SAN SEASONAL START Water System Water Facility ID 00600 DISTR 00700 ENTRY 48769 WELL Name Mr. Robert Neid Mailing Address | Facility: ENTRY Itrite (NOX) Point (Sampling P | Other N Water System Fac Sampling Poi ID 4 DOWNSTREA UPSTREAM 3 2 Co Mailing Addr 2790 Main St | Complian Cility and S Int Sampling I Description DISTRIBUT M WITHIN 5 S ENTRY POI WELL 3 Ontact Info Organization Meriden YMC ress Line Two | 7/1/19 - 9 4/1/20 - 6 7/1/20 - 9 Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 8/2 4/ campling F Coint INT DON SYSTEM SERVICE CON NT | 30/19 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/20 30/2 | od Congo of | llection P 4/1-9/30 4/1-9/30 4/1-9/30 Achi Atory al Lead orm Copile Rule YMCA Be City cury | 1 eriod 0 0 0 o d and oper e Tier | Comple Co | per quarter fance Status omplete Stage WQP 2 DBP |
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| Sampling Po Select from Water System F Nitrate And Ni Sampling Po ENTRY POIN Compliance Sche RESPOND TO SAM SEASONAL START Water System Water Facility ID 00600 DISTR 00700 ENTRY 48769 WELL Name Mr. Robert Neid Mailing Address | Inventory of Activity: ENTRY itrite (NOX) pint (Sampling Pour (Sam | POINT (WSF ID: 0070 Nother Nother Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Co | Complian Cility and S Int Sampling I Description DISTRIBUT M WITHIN 5 S ENTRY POI WELL 3 Ontact Info Organization Meriden YMC ress Line Two | 7/1/19 - 9 4/1/20 - 6 7/1/20 - 9 Monitoring 1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 8/2 4/ campling F Coint INT DON SYSTEM SERVICE CON NT | /30/19 /30/20 /30/20 /30/20 /30/20 /2/31/1 /2/31/2 /2/31/2 /2/31/2 /2/31/2 /2/201 /1/202 /2/201 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/202 /4/2 /4/ | od Con 9 0 1 e 0 : Inver | llection P 4/1-9/30 4/1-9/30 4/1-9/30 Achi Atory al Leacorm Copule Rule YMCA Be City | 1 eriod 0 0 0 o d and oper e Tier | Comple Co | Stage WQP 2 DBP |
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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.

Schedule Generation Date: 3/10/2020 Page 3

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| Local Address (who | ere applicable) | | | | Service | Resider | ntial | Commerci | al Industri | al Co | mbine | d Agricultural |
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| Towns Served: ME | RIDEN | | | | | | | | , | · | | |
| Name | | | | Org | ganization | | | | | Jo | Job Title | |
| Mr. Jason H. Valer | ntine | | | Me | riden YMCA Camp Director | | | | | ector | | |
| Mailing Address Li | ddress | Line Two | | | | City | City | | Zip Code | | | |
| 110 West Main Street | | | | | | Meriden | | | | | CT | 06451 |
| Business Phone | Extension | Fax | Mobile Phone Emergence | | | | | cy Phone Email Address | | | | |
| 203-237-7864 | 4 203-634-6517 | | | | | 203-235-6386 jvalentine@meridenymca.org | | | | | | |
| Contact Pole(s): | \dministrative | Contact | | | , | | | * | | | | |

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative 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

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