| Connecticut Department of Pub | lic H | ealth D | rinkin | g W | ater S | Section | |
|--|---------|---------------|-------------|---------|------------|--------------|---------------|
| Water Quality Monitoring | g and | d Comp | liance | Sch | edule | | |
| PWS ID PWS Name | | Cla | ssification | Popu | lation O | wner Type P | rimary Source |
| CT0970011 AQUARION WATER CO OF CT-NEWTOWN SYSTEM | | | С | 4, | 198 | Р | GW |
| Local Address (where applicable) Service | е | Residential | Commerc | cial Ir | ndustrial | Combined | Agricultura |
| Connec | ections | | | | | 1,924 | |
| Towns Served: NEWTOWN | | | | | | | |
| Monitoring | Requ | irements | • | | | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060 | 00) | | | | | | |
| Chlorine Residual (1012) | | | | | 5 ı | routine (RT) | per month |
| Sampling Point (Sampling Point ID) | 1 | Monitoring I | Period | Collect | ion Perio | d Compli | ance Status |
| Select from Inventory of Active Sampling Points | 1 | 10/1/19 - 10/ | /31/19 | | | Со | mplete |
| | 1 | 1/1/19 - 11/ | /30/19 | | | Co | mplete |
| | 1 | 2/1/19 - 12/ | /30/19 | | | Co | mplete |
| Asbestos (1094) | | | | | 1 rout | ine (RT) pe | nine years |
| Sampling Point (Sampling Point ID) | I | Monitoring I | Period | Collect | ion Perio | d Compli | ance Status |
| Select from Inventory of Active Sampling Points | | 1/1/12 - 12/3 | 31/20 | | | | |
| | : | 1/1/21 - 12/3 | 31/29 | | | | |
| Total Coliform (3100) | | | | | 5 ı | routine (RT) | per month |
| Sampling Point (Sampling Point ID) | I | Monitoring I | Period | Collect | tion Perio | d Compli | ance Status |
| Select from Inventory of Active Sampling Points | 1 | 10/1/19 - 10/ | /31/19 | | | Со | mplete |
| | 1 | 1/1/19 - 11/ | ′30/19 | | | Со | mplete |
| | 1 | 12/1/19 - 12/ | ′31/19 | | | Со | mplete |
| | | 1/1/20 - 1/3 | 1/20 | | | Со | mplete |
| | | 2/1/20 - 2/2 | 9/20 | | | Со | mplete |
| | | 3/1/20 - 3/3 | 1/20 | | | | |
| | | 4/1/20 - 4/3 | 0/20 | | | | |
| | | 5/1/20 - 5/3 | 1/20 | | | | |
| | | 6/1/20 - 6/3 | 0/20 | | | | |
| | | 7/1/20 - 7/3 | 1/20 | | | | |
| | | 8/1/20 - 8/3 | 1/20 | | | | |
| | | 9/1/20 - 9/3 | 0/20 | | | | |
| Disinfectant Byproducts - TTHM & HAA5 (DBP) | | | | | | 2 routine (F | T) per year |
| Sampling Point (Sampling Point ID) | I | Monitoring I | Period | Collect | ion Perio | d Compli | ance Status |
| NEWTON STP (04709) | | 1/1/19 - 12/3 | 31/19 | 8/ | /3-8/9 | Со | mplete |
| | | 1/1/20 - 12/ | 31/20 | 8/ | /3-8/9 | | |
| | | 1/1/21 - 12/ | | | /3-8/9 | | |
| LIBERTY CLUB HOUSE (04713) | | 1/1/19 - 12/ | | | /3-8/9 | Со | mplete |
| | | 1/1/20 - 12/ | | 8/ | /3-8/9 | | |
| | | 1/1/21 - 12/ | 31/21 | 8/ | /3-8/9 | | |
| Lead And Copper (PBCU) | | | | | | | three years |
| Sampling Point (Sampling Point ID) | | Monitoring I | | | ion Perio | d Compli | ance Status |
| Select from Inventory of Active Sampling Points | | 1/1/19 - 12/3 | | | 1-9/30 | | |
| | | 1/1/22 - 12/ | 31/24 | 6/: | 1-9/30 | | |
| Physical Parameters (PPS) | | | | | | • • | per month |
| Sampling Point (Sampling Point ID) | | Monitoring I | | Collect | tion Perio | | ance Status |
| Select from Inventory of Active Sampling Points | | 10/1/19 - 10/ | | | | | mplete |
| | | 1/1/19 - 11/ | | | | | mplete |
| | 1 | 12/1/19 - 12/ | 31/19 | | | Со | mplete |

| Connecticut Department of Pub | lic Health Drinki | ng Water Se | ction | | | |
|--|--------------------------|-------------------------------------|--------------------------|--|--|--|
| Water Quality Monitorin | | - C | | | | |
| PWS ID PWS Name | | | ner Type Primary Source | | | |
| CT0970011 AQUARION WATER CO OF CT-NEWTOWN SYSTEM | С | 4,198 | P GW | | | |
| Local Address (where applicable) Servic | e Residential Comm | | Combined Agricultural | | | |
| | ections | | 1,924 | | | |
| Towns Served: NEWTOWN | | | , | | | |
| Monitoring | Requirements | | | | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006) | <u> </u> | | | | | |
| Physical Parameters (PPS) | 1 | 5 ro | utine (RT) per month | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | |
| cumpming round (cumpming round 12) | 1/1/20 - 1/31/20 | | Complete | | | |
| | 2/1/20 - 2/29/20 | | Complete | | | |
| | 3/1/20 - 3/31/20 | | complete | | | |
| | 4/1/20 - 4/30/20 | | | | | |
| | 5/1/20 - 5/31/20 | | | | | |
| | 6/1/20 - 6/30/20 | | | | | |
| | 7/1/20 - 7/31/20 | | | | | |
| | 8/1/20 - 8/31/20 | | | | | |
| | 9/1/20 - 9/30/20 | | | | | |
| Water System Facility: WELLS #1 AND #2 TP ENTRY POINT (V | | | | | | |
| Net Gross Alpha (4000) | , | 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 | | | |
| - 1-7 | 1/1/20 - 12/31/22 | | | | | |
| | 1/1/23 - 12/31/25 | | | | | |
| Uranium (4006) | | 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 | | | | | |
| Combined Radium-226/228 (4010) | | 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 | | | | | |
| Gross Beta Particle Activity (4100) | | 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 | | | | | |
| Man-Made Beta Particle & Photon Emitters (4101) | | 1 routine | (RT) per three years | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Monitoring Period Collection Period | | | | |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete | | | |
| | 1/1/20 - 12/31/22 | | | | | |
| | 1/1/23 - 12/31/25 | | | | | |
| Tritium (4102) | | 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 | | | |

Page 2

| | Connecticut Departi | ment of Public H | lealth | D | rinkin | g V | Water | Se | ection | |
|--------------------|---------------------------------------|------------------|-----------|-------|--|------|------------|------|--------------|--------------|
| | Water Quality | y Monitoring an | d Con | npl | liance | Sc | hedul | e | | |
| PWS ID | PWS Name | <u> </u> | | | | _ | | | ner Type Pr | imary Source |
| СТ0970011 | AQUARION WATER CO OF CT-NE | WTOWN SYSTEM | | | С | | 4,198 | | Р | GW |
| Local Address | (where applicable) | Service | Residen | itial | Commerc | cial | Industria | al | Combined | Agricultural |
| | | Connections | | | | | | | 1,924 | |
| Towns Served: | NEWTOWN | 1 | | | | | | | | |
| | | Monitoring Requ | uireme | nts | ; | | | | | |
| Water Syster | m Facility: WELLS #1 AND #2 TF | | | | | | | | | |
| Tritium (410 | , | • | • | | | | 1 rou | tine | e (RT) per t | three years |
| • | Point (Sampling Point ID) | | Monitori | ina F | Period (| Coll | ection Per | | | ance Status |
| | , , , , , , , , , , , , , , , , , , , | | 1/1/20 - | | | | | | | |
| | | | 1/1/23 - | | | | | | | |
| Strontium-9 | 0 (4174) | | · · | | <u>, </u> | | 1 rou | tine | e (RT) per t | three years |
| | Point (Sampling Point ID) | | Monitori | ing F | Period | Coll | ection Per | | | ance Status |
| ENTRY PC | | | 1/1/17 - | | | | | | | mplete |
| | , , | | 1/1/20 - | | | | | | | • |
| | | | 1/1/23 - | | | | | | | |
| Inorganic Ch | nemicals (IOCS) | | | | | | 1 rou | tine | e (RT) per t | three years |
| _ | Point (Sampling Point ID) | | Monitori | ing F | Period | Coll | ection Per | | | ance Status |
| ENTRY PC | DINT (3) | | 1/1/18 - | 12/3 | 31/20 | | | | | |
| | | | 1/1/21 - | 12/3 | 31/23 | | | | | |
| Nitrate And | Nitrite (NOX) | | | | | | | 1 | routine (R | T) per year |
| | Point (Sampling Point ID) | | Monitori | ing F | Period | Coll | ection Per | | | ance Status |
| ENTRY PC | DINT (3) | | 1/1/19 - | 12/3 | 31/19 | | | | Coi | mplete |
| | | | 1/1/20 - | 12/3 | 31/20 | | | | | |
| | | | 1/1/21 - | 12/3 | 31/21 | | | | | |
| Pesticides, H | lerbicides and PCBs - Phase II & | V (SOCS) | | | | | 2 rou | tine | e (RT) per t | three years |
| | Point (Sampling Point ID) | | Monitori | ing F | Period (| Coll | ection Per | | | ance Status |
| ENTRY PC | DINT (3) | | 1/1/17 - | 12/3 | 31/19 | | | | Coi | mplete |
| | | | 1/1/20 - | | | | | | | |
| | | | 1/1/23 - | 12/3 | 31/25 | | | | | |
| Organic Che | micals (VOCS) | | | | | | | 1 | routine (R | T) per year |
| Sampling | Point (Sampling Point ID) | | Monitori | ing F | Period | Coll | ection Per | | | ance Status |
| ENTRY PO | DINT (3) | | 1/1/19 - | 12/3 | 31/19 | | | | Соі | mplete |
| | | | 1/1/20 - | 12/3 | 31/20 | | | | | |
| | | | 1/1/21 - | 12/3 | 31/21 | | | | | |
| Water Syster | m Facility: WELL #1 (WSF ID: 12 | 229) | | | | | | | | |
| E. Coli (3014 | 4) | | | | | | 1 | roı | utine (RT) p | er quarter |
| - | Point (Sampling Point ID) | | Monitori | ing F | Period | Coll | ection Per | | | ance Status |
| WELL #1 | (2) | | 7/1/19 - | 9/3 | 0/19 | | | | Out c | of Service |
| | | | 10/1/19 - | - 12/ | 31/19 | | | | Out c | of Service |
| | | | 1/1/20 - | - 3/3 | 1/20 | | | | | |
| | | | 4/1/20 - | - 6/3 | 0/20 | | | | | |
| | | | 7/1/20 - | 9/3 | 0/20 | | | | | |
| Water Systen | n Facility: WELL #2 (WSF ID: 12 | 230) | | | | | | | | |
| E. Coli (3014 | 4) | | | | | | 1 | roı | utine (RT) r | er quarter |
| - | Point (Sampling Point ID) | | Monitori | ing F | Period | Coll | ection Per | | | ance Status |
| | | | | | _ | | | | | |

7/1/19 - 9/30/19

Complete

Page 3

Schedule Generation Date: 3/10/2020

WELL #2 (2)

| 970011 | AOUARION WATER CO OF CT-NEWTOWN SYSTEM | C | A 198 | P | GW/ | | |
|--------|--|----------------|------------|------------|----------------|--|--|
| SID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| | Water Quality Monitoring and Compliance Schedule | | | | | | |
| | Connecticut Department of Public Health | Drinking | g Water | Section | | | |

| CT0970011 AQUARION WATER CO OF CT-NEWTOWN SYSTEM | | | | | С | 4,198 | Р | | GW |
|--|-------------------|-------------|---------|-------|----------|------------|---------|-------|--------------|
| Local Address (v | vhere applicable) | Service | Residen | itial | Commerci | al Industr | ial Com | bined | Agricultural |
| | | Connections | | | | | 1 | 924 | |

Towns Served: NEWTOWN

PWS

Monitoring Requirements

Water System Facility: WELL #2 (WSF ID: 1230)

| E. Coli (3014) | | 1 rout | ine (RT) per quarter |
|------------------------------------|--------------------|--------------------------|----------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| | 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 | | |

Other Compliance Schedules

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

Water System Facility and Sampling Point Inventory

| Water | | • | , , , , , , , , , , , , , , , , , , , | | Total | Lead and | | | |
|-------------|-----------------------|----------------|---------------------------------------|--------|----------|-----------|----------|-----------|----|
| System | Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | Stag | e |
| Facility ID |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP 2 DBI | PR |
| 00600 | DISTRIBUTION SYSTEM | 04708 | EDMOND TH - NT | Α | Υ | | | | |
| | | 04709 | NEWTON STP | Α | Υ | | Υ | Υ | |
| | | 04710 | NEWTOWN PUBLIC WORKS | Α | Υ | | | | |
| | | 04711 | PJ'S LAUNDROMAT - NT | Α | Υ | | | | |
| | | 04712 | HOMESTEADS - NT | Α | Υ | | | | |
| | | 04713 | LIBERTY CLUB HOUSE | Α | Υ | | | Υ | |
| | | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | NT-1 | 24 COMMERCE DRIVE | Α | Υ | | | | |
| | | NT-10 | 1 A COMMERCE ROAD | Α | Υ | | | | |
| | | NT-11 | 3 JUNIPER ROAD | Α | | 1 | | | |
| | | NT-12 | 8 CASTLE HILL ROAD | Α | Υ | 3 | Υ | | |
| | | NT-13 | 26 SUGAR STREET | Α | | 3 | | | |
| | | NT-14 | 7 ABBLE BLOSSOM LANE | Α | | 3 | | | |
| | | NT-15 | 8 KING STREET | Α | | 3 | | | |
| | | NT-16 | 6 SCHOOL HOUSE ROAD | Α | | 1 | | | |
| | | NT-17 | 166 MT PLEASANT | Α | Υ | | | | |
| | | NT-18 | 37 JO-AL COURT | Α | | 1 | | | |
| | | NT-19 | 60 HO-AL COURT | Α | | 1 | | | |
| | | NT-2 | 10 DIAMOND DRIVE | Α | Υ | | Υ | | |
| | | NT-20 | 11 PEARL STREET | Α | | 1 | | | |
| | | NT-21 | 6 CHARLIES CIRCLE | Α | | 1 | | | |
| | | NT-22 | 145 LOUISE HILL | Α | | 1 | | | |
| | | NT-23 | 85 HALEY LANE | Α | | 1 | | | |

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

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

| PWS ID PWS Name C | | | Clas | ssification | Population | Owner Type | Primary Source | |
|--|--|-------------|---------|---------------|------------|-------------|----------------|-----------------|
| CT0970011 AQUARION WATER CO OF CT-NEWTOWN SYSTEM | | | | С | 4,198 | Р | GW | |
| Local Address (where applicable) | | Service | Residen | ntial Commerc | | al Industri | al Combine | ed Agricultural |
| | | Connections | | | | | 1,924 | |

| owns Served: NEWTOWN | | | | | | | |
|--|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|-------|
| Wat | ter System Facili | ity and Sampling Po | oint Ir | ventor | У | | |
| Water System Water System Facility Facility ID | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage |
| | NT-24 | 4 RED RIVER LANE | Α | | 1 | | |
| | NT-25 | 11 WHITEWOOD ROAD | Α | | 1 | | |
| | NT-26 | 2 BRASSIE ROAD | Α | | 3 | | |
| | NT-27 | 6 DIAMOND DRIVE | Α | Υ | 3 | Υ | |
| | NT-28 | 40 1/2 MT PLEASANT | Α | | 3 | | |
| | NT-29 | 3 LAUREL ROAD | Α | | 3 | | |
| | NT-3 | 4 TURKEY HILL ROAD | Α | Υ | | | |
| | NT-30 | 4 SUNSET HILL ROAD | Α | | 3 | | |
| | NT-31 | 12 CASTLE HILL ROAD | Α | Υ | 3 | Υ | |
| | NT-32 | 3 TAUNTON LAKE DRIVE | Α | | 3 | | |
| | NT-33 | 6 ACADEMY LANE | Α | | 3 | | |
| | NT-34 | 1 SEALAND DRIVE | Α | | 3 | | |
| | NT-35 | 1 SUZIE DRIVE | Α | Υ | 1 | | |
| | NT-36 | 25 BOULEVARD | Α | | 3 | | |
| | NT-37 | 7 BONNIE BRAE DRIVE | Α | | 3 | | |
| | NT-38 | 5 KNOLLWOOD DRIVE | Α | | 3 | | |
| | NT-39 | 5 TORY LANE | Α | | 3 | | |
| | NT-4 | 4 SCHOOL HOUSE ROAD | Α | Υ | | | |
| | NT-40 | 29 HANOVER ROAD | Α | | 3 | | |
| | NT-5 | 5 VALLEY VIEW ROAD | Α | Υ | | | |
| | NT-6 | 6 MAIN STREET | Α | Υ | | | |
| | NT-7 | 2 HALL LANE | Α | | 1 | | |
| | NT-8 | 11 DIAMOND DRIVE | Α | | 3 | | |
| | NT-9 | 103 SOUTH MAIN STREE | Α | | 1 | | |
| | PB7454 | THE BOULEVARD | Α | Υ | 3 | | |
| | PB7455 | 7 BALDWIN ROAD | Α | Υ | 3 | | |
| | PB7456 | 14 BALDWIN ROAD | Α | Υ | 3 | | |
| | PB7457 | 10 MEADOW ROAD | Α | Y | 3 | | |
| | PB7458 | 45 WEST STREET | Α | Υ | 3 | | |
| | PB7459 | 1 SOUTH MAIN STREET | Α | Y | 3 | | |
| | PB7460 | 44 APPLEBLOSSOM LANE | | Y | 3 | | |
| | PB7461 | 8 BIRCH RISE | Α | · | 3 | | |
| | PB7462 | 4 GRAND PLACE | Α | | 3 | | |
| | PB7463 | 6 GRAND PLACE | Α | | 3 | | |
| | PB7464 | 1 SEALAND DRIVE | A | | 3 | | |
| | PB7465 | 48 APPLEBLOSSOM LANE | | | 3 | | |
| | PB7466 | 9 TAUTON LAKE DRIVE | A | | 3 | | |
| | PB7467 | 10 GRAND PLACE | A | | 3 | | |
| | PB7468 | 5 CURRY ROAD | _ | | 3 | | |
| OTE: This information has been provided to he | | | Α | | | | |

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

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

| PWS ID PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source | |
|--|--|-------------|-------------|-------------|------------|-------------|-----------------------|-----------------|
| CT0970011 AQUARION WATER CO OF CT-NEWTOWN SYSTEM | | | | С | 4,198 | Р | GW | |
| Local Address (where applicable) | | Service | Residential | | Commercia | al Industri | al Combine | ed Agricultural |
| | | Connections | | | | | 1,924 | |

Towns Served: NEWTOWN

| | Water | System Facili | ty and Sampling P | oint In | vento | ry | | | |
|-------------|------------------------------------|---------------|----------------------|---------|----------|-----------|----------|-----|--------|
| Water | | | | | Total | Lead and | | | |
| System | | | Sampling Point | | Coliform | | | | Stage |
| Facility ID |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP | 2 DBPR |
| | | PB7469 | 24 QUEEN STREET | Α | | 3 | | | |
| | | PB7470 | 24 JUNIPER ROAD | Α | Υ | 3 | | | |
| | | PB7471 | 9 BALEWIN ROAD | Α | | 3 | | | |
| | | PB7472 | 29 QUEEN STREET | Α | | 3 | | | |
| | | PB7473 | 66 APPLEBLOSSOM LAN | Α | | 3 | | | |
| | | PB7474 | 10 JUNIPER ROAD | Α | | 3 | | | |
| | | PB7475 | 6 JUNIPER ROAD | Α | | 3 | | | |
| | | PB7476 | 9 JUNIPER ROAD | Α | Υ | 3 | | | |
| | | PB7477 | 15 JUNIPER ROAD | Α | | 3 | | | |
| | | PB7478 | 3 JUNIPER ROAD | Α | Υ | 1 | | | |
| | | PB8403 | 9-A APPLEBLOSSOM LN | Α | | 1 | | | |
| | | PB8404 | 1 HALL LN | Α | | 1 | | | |
| | | PB8406 | 8 HALL LN | Α | | 1 | | | |
| | | PB8407 | 9 NEWFIELD LN | Α | | 1 | | | |
| | | PB8409 | 15 DIAMOND DR | Α | | 1 | | | |
| | | PB8410 | 18 VALLEY VIEW RD | Α | | 1 | | | |
| | | PB8411 | 32 THE BOULEVARD | Α | | 1 | | | |
| | | PB8412 | 34 CURRITUCK RD | Α | | 1 | | | |
| | | PB8413 | 23 SCHOOLHOUSE HILL | Α | | 1 | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | WELLS #1 AND #2 TP ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 1229 | WELL #1 | 2 | WELL #1 | Α | | | | | |
| 1230 | WELL #2 | 2 | WELL #2 | Α | | | | | |
| 204 | WELLS #1 AND #2 TREATMENT PLANT | | | | | | | | |
| 49465 | RESERVOIR ROAD TANK | | | | | | | | |
| 60490 | CHURCH HILL ROAD PUMP STATION | | | | | | | | |
| 60795 | CEDAR HILL PRESSURE TANK | | | | | | | | |
| 61701 | CEDAR HILL PUMP STATION (2019) | | | | | | | | |

| Certified C | perator | Information |
|-------------|---------|-------------|
|-------------|---------|-------------|

| water system Facility: Dist | KIBUTION SYSTEM (WSF ID: 00000 | <i>'</i> 1 | |
|----------------------------------|--------------------------------|--|---------------|
| Facility Classification: CLASS 1 | DISTRIBUTION SYSTEM | | Certification |
| Operator Name | Operator Type | Certification(s) | Expiration |
| LOTT, LESTER | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 9/30/2021 |
| COYLE, BRIAN | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS III | 12/31/2022 |

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

| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | | |
|---|--------------------------------|----------------|------------|-------------|-----------|------------|---------|-------|------------|---------------|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | | |
| PWS ID | | | | | | | | | | | | |
| СТ0970011 | AQUARION WATER CO OF O | CT-NEWTOWN SYS | STEM | | | С | 4,198 | | Р | GW | | |
| Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural | | | | | | | | | | | | |
| Connections 1,924 | | | | | | | | | | | | |
| Towns Served: N | IEWTOWN | | | | | , | | | , | | | |
| | Certified Operator Information | | | | | | | | | | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | | | | | | | | | | |
| Facility Classific | ation: CLASS 1 DISTRIBUTION | N SYSTEM | | | | | | | | Certification | | |
| Operator Name | | Operator Type | Ce | ertificatio | on(s) | | | | | Expiration | | |
| | | | DI | STRIBUTI | ON S | SYSTEM OP | ERATOR | · CLA | SS III | 6/30/2021 | | |
| Water System | Facility: WELLS #1 AND # | #2 TREATMENT F | PLANT (WSF | ID: 204 | !) | | | | | | | |
| Facility Classific | ation: CLASS 1 TREATMENT | PLANT | | | | | | | | Certification | | |
| Operator Name | | Operator Type | Ce | ertificatio | on(s) | | | | | Expiration | | |
| TORRES, JR., MIC | GUEL | CHIEF OPERATOR | R DI | STRIBUTI | ON S | SYSTEM OP | ERATOR | · CLA | SS III | 12/31/2020 | | |
| | | | W | ATER TRE | EATN | /IENT PLAN | T OPERA | ΓOR - | - CLASS IV | 12/31/2022 | | |
| Contact Information | | | | | | | | | | | | |
| Name | | Org | ganization | | | | | | Job Title | 2 | | |

| | | | | Co | ontact Info | ormation | | | | |
|---------------------|---|-----------|---------------------------------------|--------|--------------|-----------------|----------------------------|-------|----------|-------|
| Name | | | | | Organization | | Job Title | | | |
| Mr. John P. Walsh | | | Aquarion Water Company Vice President | | | | | | | |
| Mailing Address Lin | ng Address Line One Mailing Address Lin | | | | ess Line Two | | City | State | Zip Code | |
| 835 Main Street | | | Mail St | op 700 | 0 | | Bridgepo | ort | СТ | 06604 |
| Business Phone | Extension | Fax | | Mo | bile Phone | Emergency Phone | Email Ad | dress | | |
| 203-337-5852 | | 203-337-5 | 5938 | | | 781-413-6175 | 5 jwalsh@aquarionwater.com | | | |

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 | | | Clas | ssification | Population | Owner Type | Primary Source | | | | |
| CT0970021 | FAIRFIELD HILLS | | | | С | 2,610 | L | GW | | | | |
| Local Address (where applicable) Service Residential Commercial Industrial | | | | | | | | ed Agricultural | | | | |

Connections

| | Connections | | 22 |
|--|--------------------|--------------------------|-----------------------|
| Towns Served: NEWTOWN | | | |
| Monitor | ring Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Chlorine Residual (1012) | | 3 rou | itine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/19 - 10/31/19 | | Complete |
| | 11/1/19 - 11/30/19 | | Complete |
| | 12/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 1/31/20 | | Complete |
| | 2/1/20 - 2/29/20 | | Complete |
| | 3/1/20 - 3/31/20 | | |
| | 4/1/20 - 4/30/20 | | |
| | 5/1/20 - 5/31/20 | | |
| | 6/1/20 - 6/30/20 | | |
| | 7/1/20 - 7/31/20 | | |
| | 8/1/20 - 8/31/20 | | |
| | 9/1/20 - 9/30/20 | | |
| Asbestos (1094) | | 1 routine | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/14 - 12/31/22 | | Complete |
| Total Haloacetic Acids (2456) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| REED SCHOOL KITCHEN (FFH13) | 1/1/19 - 12/31/19 | 7/1-7/31 | Complete |
| | 1/1/20 - 12/31/20 | 7/1-7/31 | |
| | 1/1/21 - 12/31/21 | 7/1-7/31 | |
| Total Trihalomethanes (2950) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| MLTRY DOG TRAIN CAFE (FFH 18) | 1/1/19 - 12/31/19 | 7/1-7/31 | Complete |
| | 1/1/20 - 12/31/20 | 7/1-7/31 | |
| | 1/1/21 - 12/31/21 | 7/1-7/31 | |
| Total Coliform (3100) | | 3 rou | itine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/19 - 10/31/19 | | Complete |
| | 11/1/19 - 11/30/19 | | Complete |
| | 12/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 1/31/20 | | Complete |
| | 2/1/20 - 2/29/20 | | Complete |
| | 3/1/20 - 3/31/20 | | |
| | 4/1/20 - 4/30/20 | | |
| | 5/1/20 - 5/31/20 | | |
| | 6/1/20 - 6/30/20 | | |
| | 7/1/20 - 7/31/20 | | |
| | 8/1/20 - 8/31/20 | | |

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 Departme | nt of Public I | Jealth | Dr | inkin | σV | Vater | Se | ection | |
|--|--|-------------------|----------|--------|---------|-------|-----------|------|------------|---------------------|
| | Water Quality M | | | | | _ | | | | |
| PWS ID | PWS Name | ionitoring an | u Con | _ | | _ | | | mar Tuna D | rimanı Cauraa |
| CT0970021 | | | | Clas | | | 2,610 | Uw | L L | rimary Source GW |
| | FAIRFIELD HILLS | Service | Resider | tial | Commerc | | Industria | al | Combined | _ |
| Local Address | (where applicable) | Connections | | ILIdI | Commerc | Clai | mustri | dI | 22 | Agricultural |
| Towns Served | · NIEVA/TOVA/NI | 00111100110110 | | | | | | | 22 | |
| TOWIIS Serveu | | 4. 'I. ' D. | • | | | | | | | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | Monitoring Requ | uireme | ents | | | | | | |
| | m Facility: DISTRIBUTION SYSTEM | (WSF ID: 00600) | | | | | | | | |
| Total Colifo | • • | | | | | | | | | per month |
| Sampling | Point (Sampling Point ID) | | Monitor | | | Colle | ction Per | riod | Compli | iance Status |
| | | | 9/1/20 | - 9/30 | 0/20 | | | | | |
| | opper (PBCU) | | | | | | | | | three years |
| | Point (Sampling Point ID) | | Monitor | | | | ction Per | riod | | iance Status |
| Select fro | om Inventory of Active Sampling Points | | 1/1/17 - | | | | /1-9/30 | | Со | mplete |
| | | | 1/1/20 - | | - | 6 | /1-9/30 | | | |
| | | | 1/1/23 - | 12/3 | 1/25 | 6 | /1-9/30 | | | |
| - | ameters (PPS) | | | | | | ; | 3 rc | | per month |
| | Point (Sampling Point ID) | | Monitor | | | Colle | ction Per | riod | Compli | iance Status |
| Select fro | om Inventory of Active Sampling Points | | 10/1/19 | | | | | | Co | mplete |
| | | | 11/1/19 | | | | | | Со | mplete |
| | | | 12/1/19 | - 12/3 | 31/19 | | | | Со | mplete |
| | | | 1/1/20 - | - 1/31 | 1/20 | | | | Со | mplete |
| | | | 2/1/20 - | - 2/29 | 9/20 | | | | Со | mplete |
| | | | 3/1/20 | - 3/31 | 1/20 | | | | | |
| | | | 4/1/20 - | - 4/30 | 0/20 | | | | | |
| | | | 5/1/20 - | - 5/31 | 1/20 | | | | | |
| | | | 6/1/20 - | - 6/30 | 0/20 | | | | | |
| | | | 7/1/20 - | - 7/31 | 1/20 | | | | | |
| | | | 8/1/20 - | - 8/31 | 1/20 | | | | | |
| | | | 9/1/20 - | - 9/30 | 0/20 | | | | | |
| Water Syster | m Facility: PUMP HOUSE ENTRY PO | INT (WSF ID: 0070 | 0) | | | | | | | |
| Net Gross A | lpha (4000) | | | | | | 1 rou | ıtin | e (RT) per | three years |
| Sampling | Point (Sampling Point ID) | | Monitor | ing P | eriod | Colle | ction Per | riod | Compli | iance Status |
| ENTRY PO | DINT (3) | | 1/1/17 - | 12/3 | 1/19 | | | | Со | mplete |
| | | | 1/1/20 - | 12/3 | 1/22 | | | | Со | mplete |
| | | | 1/1/23 - | 12/3 | 1/25 | | | | | |
| Uranium (4 | 006) | | | | | | 1 rou | ıtin | e (RT) per | three years |
| Sampling | Point (Sampling Point ID) | | Monitor | ing P | eriod | Colle | ction Per | riod | Compli | iance Status |
| ENTRY P | DINT (3) | | 1/1/17 - | 12/3 | 1/19 | | | | Co | mplete |
| | | | 1/1/20 - | 12/3 | 1/22 | | | | Со | mplete |
| | | | 1/1/23 - | 12/3 | 1/25 | | | | | |
| Combined R | adium-226/228 (4010) | | | | | | 1 rou | ıtin | e (RT) per | three years |
| | Point (Sampling Point ID) | | Monitor | ing P | eriod | Colle | ction Per | | | iance Status |
| ENTRY PO | DINT (3) | | 1/1/17 - | 12/3 | 1/19 | | | | Со | mplete |
| | | | 1/1/20 - | 12/3 | 1/22 | | | | Со | mplete |
| | | | 1/1/23 - | 12/3 | 1/25 | | | | | |
| Inorganic Ch | nemicals (IOCS) | | | | | | 1 rou | ıtin | e (RT) per | three years |
| | | | | | | | | | | - |

Monitoring Period

Collection Period

Compliance Status

Sampling Point (Sampling Point ID)

| Connecticut Department of F | | | | | _ | | | ction | |
|---|------------|-----------|------|-------------|------|-----------|-------|-------------|--------------|
| Water Quality Monito | ring an | d Con | ıpl | liance | Sc | chedul | e | | |
| PWS ID PWS Name | | | Clas | ssification | n Po | pulation | Owr | ner Type Pr | imary Source |
| CT0970021 FAIRFIELD HILLS | | | | С | | 2,610 | | L | GW |
| Local Address (where applicable) | ervice | Residen | tial | Commer | cial | Industri | al | Combined | Agricultural |
| C | onnections | | | | | | | 22 | |
| Towns Served: NEWTOWN | | | | | | | | | |
| Monitor | ing Requ | uireme | nts | | | | | | |
| Water System Facility: PUMP HOUSE ENTRY POINT (WS | | | | | | | | | |
| Inorganic Chemicals (IOCS) | | | | | | 1 rou | ıtine | (RT) per | three years |
| Sampling Point (Sampling Point ID) | | Monitori | ng P | Period | Coll | ection Pe | riod | Compli | ance Status |
| ENTRY POINT (3) | | 1/1/18 - | 12/3 | 31/20 | | | | Со | mplete |
| | | 1/1/21 - | 12/3 | 31/23 | | | | | |
| Nitrate And Nitrite (NOX) | | | | | | | 1 | routine (R | T) per year |
| Sampling Point (Sampling Point ID) | | Monitori | ng P | Period | Coll | ection Pe | riod | Compli | ance Status |
| ENTRY POINT (3) | | 1/1/19 - | 12/3 | 31/19 | | | | Со | mplete |
| | | 1/1/20 - | 12/3 | 31/20 | | | | Со | mplete |
| | | 1/1/21 - | 12/3 | 31/21 | | | | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | | | | | | 1 rou | ıtine | (RT) per | three years |
| Sampling Point (Sampling Point ID) | | Monitori | ng P | Period | Coll | ection Pe | riod | Compli | ance Status |
| ENTRY POINT (3) | | 1/1/17 - | 12/3 | 31/19 | | | | Со | mplete |
| | | 1/1/20 - | 12/3 | 31/22 | | | | | |
| | | 1/1/23 - | 12/3 | 31/25 | | | | | |
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | | | | | | 1 rou | ıtine | (RT) per | three years |
| Sampling Point (Sampling Point ID) | | Monitori | ng P | Period | Coll | ection Pe | riod | Compli | ance Status |
| ENTRY POINT (3) | | 1/1/17 - | 12/3 | 31/19 | | | | Со | mplete |
| | | 1/1/20 - | 12/3 | 31/22 | | | | | |
| | | 1/1/23 - | 12/3 | 31/25 | | | | | |
| Organic Chemicals (VOCS) | | | | | | | 1 | routine (R | T) per year |
| Sampling Point (Sampling Point ID) | | Monitori | ng P | Period | Coll | ection Pe | riod | Compli | ance Status |
| ENTRY POINT (3) | | 1/1/19 - | 12/3 | 31/19 | | | | Co | mplete |
| | | 1/1/20 - | 12/3 | 31/20 | | | | | |
| | | 1/1/21 - | 12/3 | 31/21 | | | | | |
| Water System Facility: WELL #7 (WSF ID: 1231) | | | | | | | | | |
| E. Coli (3014) | | | | | | | 1 ro | utine (RT) | per month |
| Sampling Point (Sampling Point ID) | | Monitori | ng P | Period | Coll | ection Pe | riod | Compli | ance Status |
| WELL #7 (2) | | 10/1/19 - | 10/ | 31/19 | | | | Co | mplete |
| | | 11/1/19 - | 11/ | 30/19 | | | | Co | mplete |
| | | 12/1/19 - | 12/ | 31/19 | | | | Со | mplete |
| | | 1/1/20 - | 1/3 | 1/20 | | | | Со | mplete |
| | | 2/1/20 - | 2/2 | 9/20 | | | | Со | mplete |
| | | 3/1/20 - | 3/3 | 1/20 | | | | Со | mplete |
| | | 4/1/20 - | 4/3 | 0/20 | | | | | |
| | | 5/1/20 - | 5/3 | 1/20 | | | | | |
| | | 6/1/20 - | 6/3 | 0/20 | | | | | |
| | | 7/1/20 - | 7/3 | 1/20 | | | | | |
| | | 8/1/20 - | 8/3 | 1/20 | | | | | |
| | | 9/1/20 - | 9/3 | 0/20 | | | | | |
| | | | | | | | | | |

Schedule Generation Date: 3/10/2020

Water System Facility: WELL #3 (WSF ID: 1233)

| Cor | nnecticut Department of Pu | ıblic Health Drinki | ing Water Sed | ction |
|----------------------|--|--|------------------------|-------------------------------|
| | Water Quality Monitori | ng and Compliance | e Schedule | |
| PWS ID PWS | Name | Classificati | | er Type Primary Source |
| | FIELD HILLS | C | 2,610 | L GW |
| Local Address (where | | | | Combined Agricultural |
| 2000171001035 (WHEIC | 1 | nections | icroidi maastriai c | 22 |
| Towns Served: NEWT | OWN | | | |
| | Monitorin | g Requirements | | |
| Matax Custom Facili | | ig Kequirements | | |
| • | ity: WELL #3 (WSF ID: 1233) | | | (27) |
| E. Coli (3014) | (Compaling Point ID) | Manitorina Dovied | | tine (RT) per month |
| | (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL #3 (2) | | 10/1/19 - 10/31/19 | | Out of Service |
| | | 11/1/19 - 11/30/19 | | Out of Service |
| | | 12/1/19 - 12/31/19 1/1/20 - 1/31/20 | | Out of Service |
| | | 1/1/20 - 1/31/20 2/1/20 - 2/29/20 | | Out of Service Out of Service |
| | | | | Out of Service |
| | | 3/1/20 - 3/31/20 4/1/20 - 4/30/20 | | |
| | | 5/1/20 - 5/31/20 | | |
| | | 6/1/20 - 6/30/20 | | |
| | | 7/1/20 - 7/31/20 | | |
| | | 8/1/20 - 8/31/20 | | |
| | | 9/1/20 - 9/30/20 | | |
| | Manthly Water Cretons Fasility | | | |
| | Monthly Water System Facility | <u> </u> | ng Kequiremen | its |
| - | ity: PUMP HOUSE ENTRY POINT (WSFIE | | | |
| Analyte | Monitoring Requirement (Summary T | | | amples Req/Month |
| Chlorine | Entry Point Chlorine Residual Monitori | = : : | MG/L | Daily |
| Start Date: 7/1/2 | 2003 | Compliance History: | Operating Limit | Monitoring |
| | | Monitoring Period | Compliance Status: | Compliance Status: |
| | | 10/1/2019 - 10/31/2019 | | |
| | | 11/1/2019 - 11/30/2019 | | |
| | | 12/1/2019 - 12/31/2019 | | |
| | | 1/1/2020 - 1/31/2020 | | |
| | - | 2/1/2020 - 2/29/2020 | | |
| Analyte | Monitoring Requirement (Summary T | | | amples Req/Month |
| Phosphate (as PO | | · | MG/L | 2 |
| Start Date: 7/1/2 | 2003 | Compliance History: | Operating Limit | Monitoring |
| | | Monitoring Period | Compliance Status: | Compliance Status: |
| | | 10/1/2019 - 10/31/2019 | | |
| | | 11/1/2019 - 11/30/2019 | | |
| | | 12/1/2019 - 12/31/2019 | | |
| | | 1/1/2020 - 1/31/2020 | | |
| | 2.1 | 2/1/2020 - 2/29/2020 | | |
| | | pliance Schedules | | |
| 1 | Activity | Due Date | Achieved D | ate |
| Compliance Schedule | | | | |
| CROSS CONNECTION | SURVEY REPORT | 3/1/2020 | | |
| | SURVEY REPORT DEPARTMENT | | | |

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

| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
|------------------|-------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| СТ0970021 | FAIRFIELD HILLS | | | | С | 2,610 | L | GW |
| Local Address (v | where applicable) | Service | Residen | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| | | Connections | | | | | 22 | |

| | Mata | System Easili | ity and Sampling De | nint L | wente: | 1 1/ | | |
|----------------------|------------------------------|----------------------|----------------------------|-------------|------------------|---------------------|----------|---------|
| | water | System Facili | ity and Sampling Po | oint ir | | | | |
| Water | Mateu Costone Facility | Committee Daint | Committee Daint | | Total | Lead and | | |
| System acility IE | Water System Facility | Sampling Point ID | Sampling Point Description | | Coliform Rule | Copper Pule Tier | Asbestos | Sto |
| | | | • | Status ^ | | Nuie Hei | ASDESIUS | WQF 2 D |
| 00600 | DISTRIBUTION SYSTEM | 4 | GENERIC DISTRIBUTION | A | Y | | | |
| | | | WITHIN 5 SERVICE CON | A | V | 4 | | |
| | | FFH 1 | GARNER CORR MENS RM | 1 | Y | 1 | | |
| | | FFH 10 | SECURITY BLDG | Α | Y | 2 | | |
| | | FFH 15 | 8 MILE HILL SOUTH | Α | Y | N | | |
| | | FFH 16 | HORSE GUARD | Α | Υ | 2 | | |
| | | FFH 17 | ANIMAL CONTROL SHELT | Α | Υ | N | | |
| | | FFH 18 | MLTRY DOG TRAIN CAFE | Α | Υ | N | | , |
| | | FFH 19 | 2 MILE HILL SOUTH | Α | Υ | N | | |
| | | FFH 2 | NUNNEWAUK KIT 1 | Α | Υ | 2 | | |
| | | FFH 20 | 6 MILE HILL SOUTH | Α | Υ | N | | |
| | | FFH 21 | 10 MILE HILL OSUTH | Α | Υ | N | | |
| | | FFH 22 | 12 MILE HILL SOUTH | Α | Υ | N | | |
| | | FFH 23 | 14 MILE HILL SOUTH | Α | Υ | N | | |
| | | FFH 24 | AMBULANCE CENTER | Α | Υ | N | | |
| | | FFH 25 | EOC | Α | Υ | N | | |
| | | FFH 26 | 63 WASHINGTON SQ | Α | Υ | N | | |
| | | FFH 27 | COMMUNITY CENTER | Α | Υ | N | | |
| | | FFH 28 | NEWSYLUM | Α | Υ | N | | |
| | | FFH 3 | NUNNEWAUK KIT 2 | Α | Υ | 2 | | |
| | | FFH 4 | NUNNEWAUK HD SINK | Α | Υ | 2 | | |
| | | FFH 5 | NUNNEWAUK LAUNDRY | Α | Υ | 2 | | |
| | | FFH 6 | GARNER CORR LUNCH RO | | Y | 2 | | |
| | | FFH 7 | TOWN HALL-LUNCH ROOM | Α | Υ | 2 | | |
| | | FFH 8 | NEWTOWN MAINT | Α | Υ | 2 | Υ | |
| | | FFH 9 | CT MAINTENANCE | Α | Y | 2 | • | |
| | | FFH11 | NEWTOWN YOUTH ACADEM | Α | Y | N | | |
| | | FFH12 | REED SCHOOL NURSE | Α | Υ | N | | |
| | | FFH13 | REED SCHOOL KITCHEN | A | Y | N | Υ | , |
| | | FFH14 | GREENWICH HOUSE | ı | Y | 1 | ' | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | • | - | | |
| 00700 | PUMP HOUSE ENTRY POINT | 3 | ENTRY POINT | | | | | |
| | | | | Α | | | | |
| 1231 | WELL #7 | 2 | WELL #7 | Α . | | | | |
| 1233 | WELL #3 | 2 | WELL #3 | Α | | | | |
| 206 | TREATMENT PLANT | | | | | | | |
| 52178 | ATMOSPHERIC CONCRETE WETWELL | | | | | | | |

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.

| | Co | | • | rtment of | | | | | _ | | ection | |
|--------------|---|----------------------|--------------|-----------------|---------------|---------------|--------|---------------|--------|---------------|-----------|----------------|
| | Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source | | | | | | | | | | | |
| PWS ID | PW | 'S Name | | | | | Clas | sificatio | n Po | pulation Ov | vner Type | Primary Source |
| CT097002 | 1 FAI | RFIELD HILLS | | | | | | С | | 2,610 | L | GW |
| Local Addr | ess (wher | e applicable) | | | Service | Resider | ntial | Comme | rcial | Industrial | Combine | d Agricultural |
| | | | | | Connection | ns | | | | | 22 | |
| Towns Ser | ved: NEW | TOWN | | | | | | | | | | |
| | | | Water Sy | stem Facili | ity and S | ampling | g Poi | int Inv | /ent | ory | | |
| Water | | | | | | | | | Tota | l Lead and | d | |
| System | - | stem Facility | | Sampling Point | | | | C | olifo | | | Stage |
| Facility ID | | | | ID | Description | 1 | 5 | <u>Status</u> | Rule | Rule Tie | r Asbesto | s WQP 2 DBPR |
| 52180 | | O HILLS SOUT | | | | | | | | | | |
| 52182 | FAIRFIELI | O HILLS NORT | H TANK | | | | | | | | | |
| 52184 | NUNNAV | VAUK PS HYD | RO TANK | | | | | | | | | |
| 52186 | NUNNAV HOUSING | VAUK ELDERL BPS | Υ | | | | | | | | | |
| 59833 | TRANSFE | R PUMP STAT | ION | | | | | | | | | |
| | | | | Certified | Operato | r Inforn | natio | on | | | | |
| Water Sy: | stem Fac | ility: DISTR | IBUTION SY | STEM (WSF II | D: 00600) | | | | | | | |
| Facility Cla | assificatio | n: CLASS 1 D | ISTRIBUTION | SYSTEM | | | | | | | | Certification |
| Operator I | Name | | | Operator Type | e | Certification | on(s) | | | | | Expiration |
| SEGARRA, | JULIO A. | | | CHIEF OPERATO |)R | WATER TR | EATM | IENT PLA | ANT C | PERATOR - 0 | CLASS I | 3/31/2022 |
| | | | | | | DISTRIBUT | ION S' | YSTEM (| OPER. | ATOR - CLASS | 51 | 3/31/2022 |
| Water Sys | stem Fac | ility: TREAT | TMENT PLA | NT (WSF ID: 2 | 06) | | | | | | | |
| Facility Cla | assificatio | n: CLASS 1 TF | REATMENT P | LANT | | | | | | | | Certification |
| Operator I | Name | | | Operator Type | e | Certificati | on(s) | | | | | Expiration |
| SEGARRA, | JULIO A. | | | CHIEF OPERATO |)R | WATER TR | EATM | IENT PLA | ANT C | PERATOR - 0 | CLASS I | 3/31/2022 |
| | | | | | | DISTRIBUT | ION S | YSTEM (| OPER. | ATOR - CLASS | 51 | 3/31/2022 |
| | | | | Con | tact Info | rmation | า | | | | | |
| Name | | | | Oı | rganization | | | | | | Job Title | |
| Mr. Frede | rick W. Hı | ırley Jr. | | Fa | irfield Hills | | | | ı | Dir Public Wo | orks | |
| Mailing Ad | ldress Line | e One | | Mailing Address | s Line Two | | | | | City | State | Zip Code |
| 4 Turkey H | | | | | | | | New | town | l | СТ | 06470 |
| Business | | Extension | Fax | Mobi | le Phone | Emergenc | y Phoi | ne Ema | il Add | dress | | |
| 203-270 | | | 203-426-9 | | | 203-270 | -4222 | fred. | .hurle | ey@newton- | ct.gov | |
| Contact Ro | ole(s): Ac | Iministrative | Contact, Leg | al Contact, Owr | ner | | | | | | | |

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 H | ealth | Drii | nking | g V | Vater | Se | ecti | on | |
|---------------------|--|------------------------|-----------|----------|---------|-------|----------|-------|--------|-------------|--------------|
| | Water Quality Mor | nitoring and | d Con | nplia | nce S | Sc | hedul | le | | | |
| PWS ID | PWS Name | | | Classif | ication | Ро | pulation | Ow | ner T | ype Pı | rimary Sourc |
| СТ0970041 | AQUARION WATER CO OF CT-OWSC | | | (| 0 | | 453 | | Р | | GW |
| Local Address | (where applicable) | Service Connections | Residen | ntial Co | mmerci | ial | Industri | al | | bined 64 | Agricultura |
| Towns Served | : NEWTOWN | | | , | | · | | | | | |
| | Mon | itoring Requ | ireme | ents | | | | | | | |
| Water Syster | m Facility: DISTRIBUTION SYSTEM (WS | F ID: 00600) | | | | | | | | | |
| Asbestos (1 | .094) | | | | | | 2 rc | utir | ne (R | T) per | nine years |
| Sampling | g Point (Sampling Point ID) | 1 | Monitori | ing Peri | od C | Colle | ction Pe | riod | C | Compli | ance Status |
| Select fro | om Inventory of Active Sampling Points | | 1/1/13 - | 12/31/ | 21 | | | | | | |
| Total Colifo | rm (3100) | | | | | | | 2 ro | utin | e (RT) | per month |
| Sampling | g Point (Sampling Point ID) | 1 | Monitori | ing Peri | od C | Colle | ction Pe | riod | C | Compli | ance Status |
| Select fro | om Inventory of Active Sampling Points | 1 | .0/1/19 - | - 10/31/ | 19 | | | | | Co | mplete |
| | | 1 | .1/1/19 - | - 11/30/ | 19 | | | | | Со | mplete |
| | | 1 | 2/1/19 - | - 12/31/ | 19 | | | | | Со | mplete |
| | | | 1/1/20 - | - 1/31/2 | .0 | | | | | Со | mplete |
| | | | 2/1/20 - | - 2/29/2 | .0 | | | | | Со | mplete |
| | | | 3/1/20 - | - 3/31/2 | .0 | | | | | | |
| | | | 4/1/20 - | - 4/30/2 | .0 | | | | | | |
| | | | 5/1/20 - | - 5/31/2 | .0 | | | | | | |
| | | | 6/1/20 - | - 6/30/2 | .0 | | | | | | |
| | | | 7/1/20 - | - 7/31/2 | .0 | | | | | | |
| | | | 8/1/20 - | - 8/31/2 | .0 | | | | | | |
| | | | 9/1/20 - | - 9/30/2 | .0 | | | | | | |
| Lead And Co | opper (PBCU) | | | | | | 5 rou | ıtine | e (RT |) per | three years |
| Sampling | g Point (Sampling Point ID) | 1 | Monitori | ing Peri | od C | Colle | ction Pe | riod | C | Compli | ance Status |
| Select fro | om Inventory of Active Sampling Points | | 1/1/17 - | 12/31/ | 19 | 6 | 5/1-9/30 | | | Co | mplete |
| | | | 1/1/20 - | 12/31/ | 22 | 6 | 5/1-9/30 | | | | |
| | | | 1/1/23 - | 12/31/ | 25 | 6 | 5/1-9/30 | | | | |
| Physical Par | rameters (PPS) | | | | | | | 2 ro | utin | e (RT) | per month |
| Sampling | g Point (Sampling Point ID) | ı | Monitori | ing Peri | od C | Colle | ction Pe | riod | C | Compli | ance Status |
| Select fro | om Inventory of Active Sampling Points | 1 | .0/1/19 - | - 10/31/ | 19 | | | | | Co | mplete |
| | | 1 | .1/1/19 - | - 11/30/ | 19 | | | | | Co | mplete |
| | | 1 | .2/1/19 - | - 12/31/ | 19 | | | | | Co | mplete |
| | | | 1/1/20 - | - 1/31/2 | .0 | | | | | Co | mplete |
| | | | 2/1/20 - | - 2/29/2 | .0 | | | | | Co | mplete |
| | | | 3/1/20 - | - 3/31/2 | .0 | | | | | | |
| | | | 4/1/20 - | - 4/30/2 | .0 | | | | | | |
| | | | 5/1/20 - | - 5/31/2 | .0 | | | | | | |
| | | | 6/1/20 - | - 6/30/2 | .0 | | | | | | |
| | | | 7/1/20 - | | | | | | | | |
| | | | 8/1/20 - | - 8/31/2 | .0 | | | | | | |
| | | | 9/1/20 - | - 9/30/2 | .0 | | | | | | |
| Water System | m Facility: ENTRY POINT 1 - WELL 1 (W | /SF ID: 00700) | | | | | | | | | |
| Net Gross A | lpha (4000) | | | | | | 1 | rout | tine (| RT) p | er six years |
| | | | | | _ | | | | | | |

Monitoring Period

1/1/14 - 12/31/19

Collection Period

Compliance Status

Complete

Sampling Point (Sampling Point ID)

EP-WELLS 1 (3)

| | Connecticut Department | of Public Health Drin | king Water Se | ction |
|---------------------|---|-------------------------|---------------------|---|
| | Water Quality Mon | itoring and Complian | nce Schedule | |
| PWS ID | PWS Name | Classific | | ner Type Primary Source |
| CT0970041 | AQUARION WATER CO OF CT-OWSC | C | - | P GW |
| Local Address (v | where applicable) | Service Residential Cor | nmercial Industrial | Combined Agricultural |
| , | | Connections | | 164 |
| Towns Served: | | | | |
| Mater System | Facility: ENTRY POINT 1 - WELL 1 (W | itoring Requirements | | |
| • | , | SF 1D. 00700) | 1 | ina (DT) nanaiwwana |
| Net Gross Alp | ona (4000) Point (Sampling Point ID) | Monitoring Poris | | ine (RT) per six years Compliance Status |
| Sampling | Point (Sampling Point ID) | Monitoring Perio | | Compliance Status |
| Uranium (40 | 06) | 1/1/20 - 12/31/2 | | ine (RT) per six years |
| _ | Point (Sampling Point ID) | Monitoring Perio | | Compliance Status |
| EP-WELLS | | 1/1/14 - 12/31/1 | | Complete |
| LI -VVLLES | 1 (3) | 1/1/20 - 12/31/2 | | complete |
| Combined Ra | dium-226/228 (4010) | 1/1/20 12/31/2 | | ine (RT) per six years |
| | Point (Sampling Point ID) | Monitoring Perio | | Compliance Status |
| EP-WELLS | | 1/1/14 - 12/31/1 | | Complete |
| 2. 772223 | 1 (0) | 1/1/20 - 12/31/2 | | complete |
| Inorganic Che | emicals (IOCS) | 1, 1, 10 11, 01, 1 | | (RT) per three years |
| | Point (Sampling Point ID) | Monitoring Perio | | Compliance Status |
| EP-WELLS | | 1/1/17 - 12/31/1 | | Complete |
| | 1-7 | 1/1/20 - 12/31/2 | | P |
| | | 1/1/23 - 12/31/2 | | |
| Nitrate And N | litrite (NOX) | | 1 | routine (RT) per year |
| | Point (Sampling Point ID) | Monitoring Perio | | Compliance Status |
| EP-WELLS | 1 (3) | 1/1/19 - 12/31/1 | 9 | Complete |
| | | 1/1/20 - 12/31/2 | 0 | |
| | | 1/1/21 - 12/31/2 | 1 | |
| Pesticides, He | erbicides and PCBs - Phase II & V (SOC | 5) | 1 routine | (RT) per three years |
| Sampling | Point (Sampling Point ID) | Monitoring Perio | d Collection Period | Compliance Status |
| EP-WELLS | 1 (3) | 1/1/17 - 12/31/1 | 9 | Complete |
| | | 1/1/20 - 12/31/2 | 2 | |
| | | 1/1/23 - 12/31/2 | 5 | |
| Organic Chen | nicals (VOCS) | | 1 routine | (RT) per three years |
| Sampling | Point (Sampling Point ID) | Monitoring Perio | d Collection Period | Compliance Status |
| EP-WELLS | 1 (3) | 1/1/17 - 12/31/1 | 9 | Complete |
| | | 1/1/20 - 12/31/2 | | |
| | | 1/1/23 - 12/31/2 | 5 | |
| - | Facility: ENTRY POINT - WELLS 12A, 1 | 3, & 14 (WSF ID: 00706) | | |
| Nitrate (1040 | • | | | tine (RT) per quarter |
| | Point (Sampling Point ID) | Monitoring Perio | | Compliance Status |
| EP-WELLS | 12A, 13, & 14 (3) | 7/1/19 - 9/30/19 | | Complete |
| | | 10/1/19 - 12/31/2 | 19 | |

1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20

| | Connecticut Departme | ent of Public Heal | th Drinki | ng Water Se | ction |
|---------------|-----------------------------------|--------------------------|---------------|--------------------------|------------------------|
| | ↑ | Monitoring and Co | | - U | ction |
| PWS ID | PWS Name | | | | er Type Primary Source |
| CT0970041 | AQUARION WATER CO OF CT-OWSC | | С | 453 | P GW |
| | where applicable) | | dential Comm | | Combined Agricultural |
| | | Connections | | | 164 |
| Towns Served: | NFWTOWN | | | | |
| | | Monitoring Requirer | nents | | |
| Water System | Facility: ENTRY POINT - WELLS 1 | 2A, 13, & 14 (WSF ID: 00 | 706) | | |
| Nitrite (1041 |) | | | 1 : | outine (RT) per year |
| Sampling I | Point (Sampling Point ID) | Moni | toring Period | Collection Period | Compliance Status |
| EP-WELLS | 12A, 13, & 14 (3) | 1/1/2 | 20 - 12/31/20 | | |
| | | 1/1/2 | 21 - 12/31/21 | | |
| Net Gross Alp | oha (4000) | | | 1 routine | (RT) per three years |
| - | Point (Sampling Point ID) | Moni | toring Period | Collection Period | Compliance Status |
| | 12A, 13, & 14 (3) | | .7 - 12/31/19 | | Complete |
| | | 1/1/2 | 20 - 12/31/22 | | |
| | | 1/1/2 | 23 - 12/31/25 | | |
| Uranium (40 | 06) | | | 1 routine | (RT) per three years |
| • | Point (Sampling Point ID) | Moni | toring Period | Collection Period | Compliance Status |
| EP-WELLS | 12A, 13, & 14 (3) | 1/1/1 | .7 - 12/31/19 | | Complete |
| | | | 20 - 12/31/22 | | • |
| | | | 23 - 12/31/25 | | |
| Combined Ra | dium-226/228 (4010) | , , | · · | 1 routine | (RT) per three years |
| | Point (Sampling Point ID) | Moni | toring Period | Collection Period | Compliance Status |
| | 12A, 13, & 14 (3) | | .7 - 12/31/19 | | Complete |
| | | | 20 - 12/31/22 | | • |
| | | | 23 - 12/31/25 | | |
| Inorganic Che | emicals (IOCS) | | | 1 routine | (RT) per three years |
| _ | Point (Sampling Point ID) | Moni | toring Period | | Compliance Status |
| | 12A, 13, & 14 (3) | | .7 - 12/31/19 | | Complete |
| | , , , , , | | 20 - 12/31/22 | | ' |
| | | | 23 - 12/31/25 | | |
| Nitrate And N | litrite (NOX) | | <u> </u> | 1 1 | outine (RT) per year |
| | Point (Sampling Point ID) | Moni | toring Period | Collection Period | Compliance Status |
| | 12A, 13, & 14 (3) | | 19 - 3/31/19 | 1/1-3/31 | Complete |
| | erbicides and PCBs - Phase II & V | | <u> </u> | | (RT) per three years |
| _ | Point (Sampling Point ID) | • | toring Period | Collection Period | Compliance Status |
| | 12A, 13, & 14 (3) | | .7 - 12/31/19 | | Complete |
| | , , , , , | | 20 - 12/31/22 | | ' |
| | | | 23 - 12/31/25 | | |
| Organic Chen | nicals (VOCS) | _/ _ / - | , - , | 1 1 | outine (RT) per year |
| ~ | Point (Sampling Point ID) | Moni | toring Period | Collection Period | Compliance Status |
| | 12A, 13, & 14 (3) | | .9 - 12/31/19 | | Complete |
| | | | 20 - 12/31/20 | | , |
| | | | 21 - 12/31/21 | | |
| | Monthly Water System | | | ng Requiremen | ntc |
| | wionting water system | i racility (WSF) Leve | i wonitori | ng kequiremer | 11.5 |

Page 16

| | Conne | ecticut Dep | oartment of | Public H | lealth | Dri | inkii | ng V | Vater | · Se | ection | | |
|---------------|----------------|-----------------|------------------|-------------------|------------|--------|---------|-------|-----------|-------|------------|--------|-----------|
| | | Water Ou | ality Monit | oring and | d Com | ilgr | ance | e Scl | nedu | le | | | |
| PWS ID | PWS Nam | | <u> </u> | - 0 - | | | | | | _ | ner Type P | rimary | / Source |
| CT0970041 | AQUARIO | N WATER CO OF | CT-OWSC | | | | С | | 453 | | P | G' | |
| Local Address | (where appli | icable) | | Service | Resident | tial C | Comme | rcial | Industr | ial | Combined | Agri | icultural |
| | | | | Connections | | | | | | | 164 | | |
| Towns Served | : NEWTOWN | | | | | | | | | · | | | |
| Water Syste | m Facility: I | ENTRY POINT - | WELLS 12A, 13, | & 14 (WSFID | : 00706) | | | | | | | | |
| Analyte | | Monitoring Red | quirement (Summa | ary Type) | Opei | rating | g Limit | | | | Samples R | eq/M | onth |
| рН | | Entry Point pH | Monitoring (PHRD |) | Mini | mum | : 6.4 P | Н | | | 4 | 1 | |
| Start Date | e: 1/1/2014 | | | Complia | nce Histo | ory: | | Opera | ting Lim | it | Monito | ring | |
| | | | | | ing Perio | | | Comp | liance St | tatus | : Complia | ance S | tatus: |
| | | | | | 19 - 10/31 | | | | | | | | |
| | | | | | 19 - 11/30 | | | | | | | | |
| | | | | | 19 - 12/31 | - | .9 | | | | | | |
| | | | | | 0 - 1/31/2 | | | | | | | | |
| | | | | | 0 - 2/29/2 | | | | | | | | |
| | | | Other Co | ompliance | Sched | ules | S | | | | | | |
| Compliance S | Schedule Activ | vity | | | L | Due D | ate | | Achie | eved | Date | | |
| SUBMIT LEAD | CONSUMER | NOTICE CERTIFIC | CATE | | 12 | 2/29/2 | 2010 | | | | | | |
| SUBMIT LEAD | CONSUMER | NOTICE CERTIFIC | CATE | | 12 | 2/29/2 | 2011 | | | | | | |
| SUBMIT CCR | TO THE DEPAI | RTMENT | | | 6 | /30/2 | 2020 | | | | | | |
| SUBMIT CCR (| CERTIFICATIO | N FORM | | | | 3/9/20 | | | | | | | |
| CROSS CONN | ECTION EXEM | 1PTION | | | 3 | 3/1/20 | 023 | | | | | | |
| | | Water | System Facili | ity and Sar | npling | Poi | nt In | vent | ory | | | | |
| Water | | | | | | | | Total | | | | | |
| , | ater System F | acility | Sampling Point | | nt | | (| - | т Сор | • | | | Stage |
| Facility ID | | | ID | Description | | | tatus | Rule | Rule | Tier | Asbestos | WQP | 2 DBPF |
| 00600 DIS | STRIBUTION S | SYSTEM | 00004 | SANDY HOOK | | N | A | Y | | | | | |
| | | | 01873 | 9 IRONWOOD | | | A | Y | | | Y | | |
| | | | 01874 | 62 UNDERHIL | | | A | Y | | | Υ | | |
| | | | 4 | DOMNSTREAM | | | A | Y | | | | | |
| | | | 4D | DOWNSTREAL HOO | VI SANDY | | Α | Y | | | | | |
| | | | DOWNSTREAM | | VICE CON | J | Α | | | | | | |
| | | | OLMSTEAD001 | | | | P | Υ | | 1 | | | |
| | | | OLMSTEAD002 | | | | Р | Υ | | 3 | | | |
| | | | OLMSTEAD003 | #9 IRONWOO | D DR. | | Р | | | 1 | | | |
| | | | OLMSTEAD004 | POPLAR DR. | | | Р | | 3 | 3 | | | |
| | | | OLMSTEAD005 | | | | Р | | | 3 | | | |
| | | | PB7033 | 84 ALPINE | | | Α | | 3 | 3 | | | |
| | | | PB7034 | 103 ALPINE D | RIVE S H | | Α | Υ | | 3 | | | |
| | | | PB7035 | 107 ALPINE | | | Α | | 3 | 3 | | | |
| | | | PB7036 | 30 CAPITOL | | | Α | | 3 | 3 | | | |
| li . | | | | | | | | | | | | | |

13 FOREST

86 ALPINE

118 ALPINE

18 BANCROFT

35 POPLAR DRIVE

3

3

3

3

3

Α

Α

Α

Α

PB7037

PB7038

PB7070

PB7071

PB7072

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

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|---------------|------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0970041 | AQUARION WATER CO OF CT-OWSC | | | | С | 453 | Р | GW |
| Local Address | (where applicable) | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| | | Connections | | | | | 164 | |

Towns Served: NEWTOWN

| | water | system Facili | ity and Sampling P | oint Ir | iventoi | Ŷ | | | |
|--------------------------------|---------------------------------------|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|-----|----------------|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | WQP | Stage 2 DBP |
| | | PB7073 | 22 BANKSIDE | Α | | 3 | | | |
| | | PB7074 | 44 FOREST DRIVE S HO | Α | Υ | 3 | | | |
| | | PB7075 | 11 LONGVIEW S HOOK | Α | Υ | 3 | | | |
| | | PB7076 | 26 LONGVIEW | Α | | 3 | | | |
| | | PB7077 | 11 ROUND HILL S HOOK | Α | Υ | 3 | | | |
| | | PB7078 | 3 UNDERHILL S HOOK | Α | Υ | 3 | | | |
| | | PB7079 | 1 IRONWOOD S HOOK | Α | Υ | 3 | | | |
| | | PB7080 | 7 IRONWOOD S HOOK | Α | Υ | 3 | | | |
| | | PB7084 | 119 ALPINE | Α | | 3 | | | |
| | | PB7085 | 131 ALPINE DRIVE S H | Α | Υ | 3 | | | |
| | | PB7086 | 4 FOREST DR | Α | | 3 | | | |
| | | PB7087 | 32 BANCROFT | Α | | 3 | | | |
| | | PB7088 | 5 IRONWOOD S HOOK | Α | Υ | 3 | | | |
| | | PB7089 | 34 UNDERHILL S HOOK | Α | Υ | 3 | | | |
| | | PB7094 | 47 ALPINE | Α | | 3 | | | |
| | | PB7880 | 48 ALPINE CIRCLE | Α | Υ | 1 | | | |
| | | PB7881 | 72 ENGLESIDE TERRACE | Α | Υ | 1 | | | |
| | | PB7882 | 4 LONGVIEW TERRACE | Α | Υ | 1 | | | |
| | | PB7883 | 72 FOREST DRIVE | Α | Υ | 1 | | | |
| | | PB7884 | 27 LOCUST TRAIL | Α | Υ | 1 | | | |
| | | PB7885 | 24 POPULAR DRIVE | Α | Υ | 3 | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT 1 - WELL 1 | 3 | EP-WELLS 1 | Α | | | | | |
| 00706 | ENTRY POINT - WELLS 12A, 13, & 14 | 3 | EP-WELLS 12A, 13, & | Α | | | | | |
| 49201 | ATMOSPHERIC TANK 1 | | | | | | | | |
| 49203 | ATMOSPHERIC TANK 2 | | | | | | | | |
| 49208 | HIGH SERVICE PUMP STATION | | | | | | | | |
| 55927 | WELL 12A | 2 | WELL 12A | Α | | | | | |
| 57490 | WELL 13 | 2 | WELL 13 | Α | | | | | |
| 57492 | WELL 14 | 2 | WELL 14 | Α | | | | | |
| 58564 | TREATMENT PLANT - WELLS 12A, 13, & 14 | | | | | | | | |
| 680 | WELL 1 | 2 | WELL 1 | Α | | | | | |

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 Quality Monitoring and Compliance Schedule | | | | | | | | |
|------------------|--|-------------|---------|-------|-------------|-------------|------------|-----------------|--|
| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source | |
| СТ0970041 | AQUARION WATER CO OF CT-OWSC | | | | С | 453 | Р | GW | |
| Local Address (w | here applicable) | Service | Residen | ntial | Commerci | al Industri | al Combine | ed Agricultural | |
| | | Connections | | | | | 164 | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: NEWTOWN

| Certified | I C | perator | In | formation |
|-----------|-----|---------|----|-----------|
|-----------|-----|---------|----|-----------|

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

| Facility Classification: SMALL WA | TER SYSTEM | | Certification |
|-----------------------------------|-------------------|---|---------------|
| Operator Name | Operator Type | Certification(s) | Expiration |
| BLACK, RON W. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2020 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 6/30/2020 |
| GIORDANO, DAVID S. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 6/30/2020 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS I | 6/30/2020 |

| | Contact Information | | | | | | | | | |
|--------------------------------|---------------------|-----------|--------------|-----------------|--------------------|-----------|----------------|-------|----------|--|
| Name | | | Organization | | | Job Title | | | | |
| Mr. John P. Walsh | | | | Aquarion Wa | iter Company | | Vice President | | | |
| Mailing Address Lin | e One | | Mailing Add | dress Line Two | ress Line Two City | | | State | Zip Code | |
| 835 Main Street | | | Mail Stop 7 | 00 | | Bridgepo | ort | СТ | 06604 | |
| Business Phone Extension Fax M | | | 1obile Phone | Emergency Phone | Email Ad | dress | | | | |
| 203-337-5852 | | 203-337-5 | 5938 | | 781-413-6175 | jwalsh@ | aquarionwater. | com | | |

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.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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 o | f Public H | lealth | D | rinking | g Wa | iter S | Section | | |
|----------------------|---|-------------|-----------|-------|-------------|-----------|----------|--|----------------|--|
| | Water Quality Moni | toring an | d Con | npl | liance S | Sche | dule | <u>, </u> | | |
| PWS ID | PWS Name | | | Cla | ssification | Popul | ation C | wner Type I | Primary Source | |
| СТ0970071 | MEADOWBROOK TERRACE MOBILE HOME PARK C 158 P GW | | | | | | | | | |
| Local Address (| where applicable) | Service | Residen | tial | Commerci | ial Ind | dustrial | Combine | d Agricultural | |
| | | Connections | 63 | | | | | | | |
| Towns Served: | NEWTOWN | | | | | | | | | |
| | Monit | toring Requ | ıireme | nts | 5 | | | | | |
| Water System | Facility: DISTRIBUTION SYSTEM (WSF | ID: 00600) | | | | | | | | |
| Chlorine Resi | idual (1012) | | | | | | 1 | routine (RT |) per month | |
| Sampling | Point (Sampling Point ID) | | Monitori | ing F | Period C | ollection | on Perio | od Comp | liance Status | |
| Select fror | m Inventory of Active Sampling Points | | 10/1/19 - | 10/ | /31/19 | | | C | omplete | |
| | | | 11/1/19 - | 11/ | /30/19 | | | С | omplete | |
| | | | 12/1/19 - | 12/ | /31/19 | | | С | omplete | |
| | | | 1/1/20 - | 1/3 | 31/20 | | | С | omplete | |
| | | | 2/1/20 - | 2/2 | 29/20 | | | | | |
| | | | 3/1/20 - | 3/3 | 31/20 | | | | | |
| | | | 4/1/20 - | 4/3 | 30/20 | | | | | |
| | | | 5/1/20 - | 5/3 | 31/20 | | | | | |
| | | | 6/1/20 - | 6/3 | 30/20 | | | | | |
| 1 | | | 7/1/20 | 7/2 | 1 /20 | | | | | |

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|---|--------------------|--------------------------|-----------------------|
| Select from Inventory of Active Sampling Points | 10/1/19 - 10/31/19 | concentration remod | Complete |
| colocal normalization of the colocal plants and colocal plants. | 11/1/19 - 11/30/19 | <u> </u> | Complete |
| | 12/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 1/31/20 | | Complete |
| | 2/1/20 - 2/29/20 | | |
| | 3/1/20 - 3/31/20 | | |
| | 4/1/20 - 4/30/20 | | |
| | 5/1/20 - 5/31/20 | | |
| | 6/1/20 - 6/30/20 | | |
| | 7/1/20 - 7/31/20 | | |
| | 8/1/20 - 8/31/20 | | |
| | 9/1/20 - 9/30/20 | | |
| Asbestos (1094) | 3, 2, 2 3, 33, 2 | 1 routine | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/14 - 12/31/22 | | • |
| Total Haloacetic Acids (2456) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/19 - 12/31/19 | 7/1-9/30 | · |
| UNIT #62 (MT016) | 1/1/20 - 12/31/20 | 8/1-8/31 | |
| · · · · · | 1/1/21 - 12/31/21 | 8/1-8/31 | |
| Total Trihalomethanes (2950) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/19 - 12/31/19 | 7/1-9/30 | |
| UNIT #1 (MT009) | 1/1/20 - 12/31/20 | 8/1-8/31 | |
| | 1/1/21 - 12/31/21 | 8/1-8/31 | |
| Total Coliform (3100) | | 1 rou | itine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/19 - 10/31/19 | | Complete |
| | 11/1/19 - 11/30/19 | | Complete |
| | 12/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 1/31/20 | | Complete |
| | 2/1/20 - 2/29/20 | | |
| | 3/1/20 - 3/31/20 | | |
| | 4/1/20 - 4/30/20 | | |
| | 5/1/20 - 5/31/20 | | |
| | 6/1/20 - 6/30/20 | | |
| | 7/1/20 - 7/31/20 | | |
| | 8/1/20 - 8/31/20 | | |

| Connecticut Department of Pu | ıblic H | lealth | Dr | inkin | g W | /ater | Se | ection | |
|--|----------|-----------|--------|---------|--------|----------|-------|--------------|--------------|
| Water Quality Monitori | ng and | d Con | npli | ance | Sch | edul | e | | |
| PWS ID PWS Name | | | _ | | | | | ner Type Pr | imary Source |
| CT0970071 MEADOWBROOK TERRACE MOBILE HOME PARK | | | | С | | 158 | | P | GW |
| Local Address (where applicable) Serv | vice | Residen | tial (| Commerc | ial | Industri | al | Combined | Agricultural |
| Con | nections | 63 | | | | | | | |
| Towns Served: NEWTOWN | | | | | | | | | |
| Monitorin | g Reau | ireme | nts | | | | | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00 | • | | | | | | | | |
| Total Coliform (3100) | | | | | | | 1 ro | utine (RT) | per month |
| Sampling Point (Sampling Point ID) | | Monitori | ng Pe | riod (| Collec | tion Pe | riod | Compli | ance Status |
| | | 9/1/20 - | 9/30, | /20 | | | | | |
| Lead And Copper (PBCU) | | | | | | 5 rou | ıtin | e (RT) per 1 | three years |
| Sampling Point (Sampling Point ID) | | Monitori | | | Collec | tion Pe | riod | Compli | ance Status |
| 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 ro | utine (RT) | per month |
| Sampling Point (Sampling Point ID) | | Monitori | ng Pe | riod (| Collec | tion Pe | riod | Compli | ance Status |
| Select from Inventory of Active Sampling Points | - | 10/1/19 - | 10/3 | 1/19 | | | | Со | mplete |
| | - | 11/1/19 - | 11/3 | 0/19 | | | | Со | mplete |
| | - | 12/1/19 - | | - | | | | Со | mplete |
| | | 1/1/20 - | 1/31, | /20 | | | | Со | mplete |
| | | 2/1/20 - | | | | | | | |
| | | 3/1/20 - | | | | | | | |
| | | 4/1/20 - | 4/30, | /20 | | | | | |
| | | 5/1/20 - | | | | | | | |
| | | 6/1/20 - | | | | | | | |
| | | 7/1/20 - | | | | | | | |
| | | 8/1/20 - | | | | | | | |
| | | 9/1/20 - | 9/30, | /20 | | | | | |
| Water System Facility: TREATMENT PLANT (WSF ID: 00702 | 2) | | | | | | | | |
| Net Gross Alpha (4000) | | | | | | 1 | . roı | utine (RT) լ | er quarter |
| Sampling Point (Sampling Point ID) | | Monitori | ng Pe | riod (| Collec | tion Pe | riod | Compli | ance Status |
| ENTRY POINT (3) | | 7/1/19 - | 9/30, | /19 | | | | Co | mplete |
| | | 10/1/19 - | 12/3 | 1/19 | | | | Co | mplete |
| | | 1/1/20 - | | | | | | Со | mplete |
| | | 4/1/20 - | 6/30, | /20 | | | | | _ |
| | | 7/1/20 - | 9/30, | /20 | | | | | |
| Uranium (4006) | | | | | | | | | oer quarter |
| Sampling Point (Sampling Point ID) | | Monitori | | | Collec | tion Pe | riod | | ance Status |
| ENTRY POINT (3) | | 7/1/19 - | | | | | | | mplete |
| | = | 10/1/19 - | | | | | | | mplete |
| | | 1/1/20 - | | | | | | Со | mplete |
| | | 4/1/20 - | | | | | | | |
| | | 7/1/20 - | 9/30, | /20 | | | | | |
| Combined Radium-226/228 (4010) | | | | | | | | | oer quarter |
| Sampling Point (Sampling Point ID) | | Monitori | | | Collec | tion Pe | riod | | ance Status |
| ENTRY POINT (3) | | 7/1/19 - | | | | | | | mplete |
| | | 10/1/19 - | 12/3 | 1/19 | | | | Со | mplete |

| Conne | ecticut Department of | Public F | lealth | Dr | rinkir | ισ Ι | Water | Sec | rtion | |
|------------------------------|---|-------------|------------|------|--------------|-------|-------------------|-------|----------|--------------------------|
| Comic | * | | | | | _ | | | CUOII | |
| | Water Quality Monito | oring an | a Con | | | | | | | |
| PWS ID PWS Nam | | | | Clas | | n Po | - | Own | | rimary Source |
| | BROOK TERRACE MOBILE HOME PA | | | | С | | 158 | | Р | GW |
| Local Address (where appli | | Service | Residen | tial | Comme | rcial | Industri | al (| Combined | Agricultural |
| | | Connections | 63 | | | | | | | |
| Towns Served: NEWTOWN | | | | | | | | | | |
| | Monito | ring Requ | ıireme | nts | | | | | | |
| Water System Facility: | TREATMENT PLANT (WSF ID: 00 | 0702) | | | | | | | | |
| Combined Radium-226 | /228 (4010) | | | | | | 1 | rout | ine (RT) | per quarter |
| Sampling Point (Sam | pling Point ID) | | Monitori | ng P | eriod | Coll | ection Pe | riod | Compl | iance Status |
| | | | 1/1/20 - | 3/32 | 1/20 | | | | Co | omplete |
| | | | 4/1/20 - | 6/30 | 0/20 | | | | | |
| | | | 7/1/20 - | 9/30 | 0/20 | | | | | |
| Inorganic Chemicals (IC | OCS) | | | | | | 1 rou | ıtine | (RT) per | three years |
| Sampling Point (Sam | pling Point ID) | | Monitori | | | Coll | ection Pe | riod | | iance Status |
| ENTRY POINT (3) | | | 1/1/17 - | | | | | | Co | omplete |
| | | | 1/1/20 - | | | | | | | |
| | | | 1/1/23 - | 12/3 | 31/25 | | | | | _ |
| Nitrate And Nitrite (NO | • | | | _ | | - " | | | = | RT) per year |
| Sampling Point (Samp | pling Point ID) | | Monitori | | | Coll | ection Pe | riod | | iance Status |
| ENTRY POINT (3) | | | 1/1/19 - | | | | | | Co | omplete |
| | | | 1/1/20 - | - | | | | | | |
| Destinidas Hambinidas s | and DCDs Dhass II 8 V (COCC) | | 1/1/21 - | 12/3 | 1/21 | | 1 | .4: | (DT) | |
| Sampling Point (Samp | and PCBs - Phase II & V (SOCS) | | Monitori | na D | ariad | Call | rou ection Pel | | | three years iance Status |
| ENTRY POINT (3) | ping Foint ibj | | 1/1/17 - | | | COII | ection Per | iiou | | omplete |
| LIVINI FORVI (3) | | | 1/1/20 - | - | | | | | CC | Jilipiete |
| | | | 1/1/23 - | | | | | | | |
| Organic Chemicals (VO | ICS) | | 1, 1, 23 | 12,3 | ,1,23 | | 1 roi | ıtine | (RT) ner | three years |
| Sampling Point (Sam) | • | | Monitori | na P | eriod | Coll | ection Pe | | | iance Status |
| ENTRY POINT (3) | , | | 1/1/17 - | | | | | | | omplete |
| | | | 1/1/20 - | | | | | | | |
| | | | 1/1/23 - | | | | | | | |
| Mor | nthly Water System Facili | tv (WSF) | evel N | /lor | nitorin | ø R | equire | men | nts | |
| | | • • | | | | 0 | | | | |
| | TREATMENT PLANT (WSFID: 007 | <u>-</u> | 0 | va4! | on I lone !! | | | | omples 5 | log /North |
| Analyte Chlorine | Monitoring Requirement (Summa Entry Point RDC (EPRD) | ry Type) | | | ng Limit | IC /I | | 3 | - | eq/Month |
| | Entry Point RDC (EPRD) | Complia | nce Histo | | n: 0.3 M | - | | _ | | aily • |
| Start Date : 8/1/2010 | | | ing Perio | - | | - | ating Limi | | Monito | ring ance Status: |
| | | | 19 - 10/3: | | | Comp | oliance St Y | atus: | Compile | ance Status. |
| | | | 19 - 11/30 | | | | Y | | | |
| | | | 19 - 12/3: | | | | Y | | | |
| | | | 0 - 1/31/2 | | | | Y | | | |
| | | | 0 - 2/29/2 | | | | <u> </u> | | | |
| | Other Co | mpliance | | | | | | | | |
| Compliance Schedule Activ | | • | | | Date | | Achie | ved D | ate | |
| SUBMIT LEAD CONSUMER | | | | | /2018 | | | | | |
| | | | | | | | | | | |

| | Connecticut De | epartment of | Public H | lealth I | Orinki | ing W | ater Se | ction | |
|-------------|----------------------------|----------------------|---------------------------|------------|---------|-----------|-----------|-----------------|---------------|
| | | uality Monit | | | | _ | | | |
| PWS ID | PWS Name | , | 0 | | | | | ner Type P | rimary Source |
| СТ097007 | | ACE MOBILE HOME P | PARK | | С | - | 58 | P | GW |
| Local Add | ress (where applicable) | | Service | Residentia | I Comm | ercial Ir | ndustrial | Combined | Agricultural |
| | | | Connections | 63 | | | | | |
| Towns Sei | rved: NEWTOWN | | | | | · | · | | |
| | | Other C | ompliance | Schedu | les | | | | |
| Complian | ce Schedule Activity | | | Du | e Date | | Achieved | Date | |
| DISTRIBU | TION SYSTEM MATERIALS EVAL | JATION | | 8/3 | 1/2019 | | | | |
| SUBMIT C | CR TO THE DEPARTMENT | | | 6/3 | 0/2020 | | | | |
| SUBMIT C | CR CERTIFICATION FORM | | | 8/9 | 9/2020 | | | | |
| CROSS CO | NNECTION SURVEY REPORT | | | 3/2 | 1/2021 | | | | |
| | Wate | er System Facili | ity and Sar | npling P | oint Ir | rvento | ry | | |
| Water | | | | | | Total | Lead and | | |
| System | Water System Facility | Sampling Point ID | Sampling Poil Description | nt | | Coliform | | A = b = = t = = | Stage |
| Facility IE | | | • | L CVCTER A | Status | Rule | Kule Her | Aspestos | WQP 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | | A | Υ | | | |
| | | DOWNSTREAM MT001 | UNIT #46 | VICE COIN | Α | Υ | 1 | | |
| | | MT001 | UNIT #56 | | A A | Υ | 1 1 | | |
| | | MT003 | UNIT #9 | | A | Y | 1 | | |
| | | MT004 | UNIT #44 | | A | Y | 1 | | |
| | | MT005 | UNIT #45 | | A | Y | 1 | | |
| | | MT006 | UNIT #42 | | A | Y | 1 | | |
| | | MT007 | UNIT #43 | | Α | Y | 1 | | |
| | | MT008 | UNIT #50 | | Α | Υ | 1 | | |
| | | MT009 | UNIT #1 | | Α | Υ | 1 | | |
| | | MT010 | UNIT #54 | | Α | Υ | 1 | | |
| | | MT011 | UNIT #48 | | Α | Υ | 1 | | |
| | | MT012 | UNIT #39A | | Α | Υ | 1 | | |
| | | MT013 | UNIT #15 | | Α | Υ | 1 | | |
| | | MT014 | UNIT #14 | | Α | Υ | 1 | | |
| | | MT015 | UNIT #35 | | Α | Υ | 1 | | |
| | | MT016 | UNIT #62 | | Α | Υ | 1 | | Υ |
| | | UPSTREAM | WITHIN 5 SER | VICE CON | Α | | | | |
| 00702 | TREATMENT PLANT | 3 | ENTRY POINT | | Α | | | | |
| 48316 | WELL #1A | 2 | WELL 1A | | Α | | | | |
| 55858 | ATMOSPHERIC STORAGE | | | | | | | | |
| 55860 | BLADDER TANK | | | | | | | | |
| 55862 | PUMP STATION | | | | | | | | |
| 678 | WELL #2 | 2 | WELL 2 | | Α | | | | |

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 00702)

Facility Classification:CLASS 1 TREATMENT PLANTCertificationOperator NameOperator TypeCertification(s)ExpirationFOLEY, JAMESCHIEF OPERATORWATER TREATMENT PLANT OPERATOR - CLASS II3/31/2023

| C | onnectic | ut Depa | rtment | of Public | Health | n Drii | nking | , Water | Section | |
|-----------------------|-----------------|-------------|-------------|----------------|--------------|----------|---------|-------------|-----------|-----------------|
| | Wa | ter Qual | lity Mo | nitoring a | ind Cor | nplia | nce S | Schedul | le | |
| PWS ID P | WS Name | | | | | _ | | | | Primary Source |
| CT0970071 N | 1EADOWBROO | K TERRACE N | OBILE HON | ИE PARK | | (| 2 | 158 | Р | GW |
| Local Address (wh | ere applicable) | | | Service | Reside | ntial Co | mmerci | al Industri | al Combin | ed Agricultural |
| | | | | Connectio | ns 63 | | | | | |
| Towns Served: NE | WTOWN | | | , | | ' | | | ' | , |
| | | | C | Contact Info | ormatio | n | | | | |
| Name | | | | Organization | | | | | Job Titl | e |
| Ms. Myriam Clark | son | | | Renaissance (| Collaborativ | ⁄e | | Managing | g Agent | |
| Mailing Address Li | ne One | | Mailing Add | dress Line Two | | | | City | State | Zip Code |
| 300 Whalley Ave, | 3Rd Floor | | | | | | New H | aven | СТ | 06511 |
| Business Phone | Extension | Fax | N | 1obile Phone | Emergeno | y Phone | Email A | Address | · | |
| 203-777-1875 | | 203-777-9 | 9891 | | 203-624 | -7911 | rcimgn | nt@aol.com | | |
| Contact Role(s): | Administrative | Contact | | | | | | | | |
| Name | | | | Organization | | | | | Job Titl | e |
| Mr. William E Hen | kel | | | Meadowbrod | k Terrace | | | Owner | | |
| Mailing Address Li | ne One | | Mailing Add | dress Line Two | | | | City | State | Zip Code |
| 55 Sugar St | | | | | | | Newto | wn | СТ | 06470 |
| Business Phone | Extension | Fax | N | 1obile Phone | Emergeno | y Phone | Email A | Address | | |

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 I | Juhlia Haalth Drinki | ng Matan C | action |
|--|--------------------------|--------------------|-------------------------|
| Connecticut Department of F Water Quality Monitor | | Ŭ | ection |
| PWS ID PWS Name | | | ner Type Primary Source |
| CT0970512 CEDARHURST ASSOCIATION | C | 72 | P GW |
| | ervice Residential Comme | | Combined Agricultural |
| \ 11 / | onnections 11 | irelai iriaastriai | Combined Agricultural |
| Towns Served: NEWTOWN | 11 | | |
| Monitor | ing Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | |
| Asbestos (1094) | | 1 routi | ne (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | |
| Select from Inventory of Active Sampling Points | 1/1/13 - 12/31/21 | | Complete |
| Total Coliform (3100) | | | utine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19 | | Complete |
| | 10/1/19 - 12/31/19 | | Complete |
| | 4/1/20 - 6/30/20 | | |
| | 7/1/20 - 9/30/20 | | |
| Lead And Copper (PBCU) | | 5 routir | ne (RT) per six months |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | I |
| Select from Inventory of Active Sampling Points | 7/1/19 - 12/31/19 | 7/1-10/31 | Complete |
| | 7/1/20 - 12/31/20 | 7/1-10/31 | |
| Physical Parameters (PPS) | | 1 ro | utine (RT) per quarter |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19 | | Complete |
| | 10/1/19 - 12/31/19 | | Complete |
| | 4/1/20 - 6/30/20 | | |
| | 7/1/20 - 9/30/20 | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | |
| Net Gross Alpha (4000) | | 1 routin | e (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 | | |
| Uranium (4006) | | 1 routin | e (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 | | |
| Combined Radium-226/228 (4010) | | 1 routin | e (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 | | |
| Inorganic Chemicals (IOCS) | | 1 routin | e (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 12/21/22 | | |

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

| | Connecticut De | epartment of | Public H | lealth | Dr | inkii | ng W | ater | Se | ection | |
|---------------|---------------------------|-----------------|--------------|-----------|---------|-------|----------|-----------|-------|--------------|--------------|
| | Water Q | uality Monit | oring an | d Con | npli | ance | Sch | edul | e | | |
| PWS ID | PWS Name | | | | - | | | | | ner Type P | rimary Sourc |
| CT0970512 | CEDARHURST ASSOCIAT | ION | | | | С | | 72 | | Р | GW |
| Local Address | (where applicable) | | Service | Residen | ntial (| Comme | rcial I | Industri | al | Combined | Agricultura |
| | | | Connections | 11 | | | | | | | |
| Towns Served: | : NEWTOWN | | | I | | | | | | | |
| | | Monito | oring Requ | ıireme | nts | | | | | | |
| Water Syster | m Facility: ENTRY POIN | | | | | | | | | | |
| Nitrate And | Nitrite (NOX) | | | | | | | | 1 | routine (F | T) per year |
| | Point (Sampling Point ID) | | | Monitori | ing Pe | riod | Collec | tion Pe | | - | ance Status |
| ENTRY PO | | | | 1/1/19 - | | | | | | | mplete |
| | () | | | 1/1/20 - | | | | | | | <u>'</u> |
| | | | | 1/1/21 - | | • | | | | | |
| Pesticides. F | Herbicides and PCBs-Pha | se II (SOC2) | | , , | , | • | | 1 rou | ıtine | e (RT) per | three years |
| - | Point (Sampling Point ID) | (0002) | | Monitori | ina Pe | riod | Collec | tion Pe | | | ance Status |
| ENTRY PO | | | | 1/1/17 - | | | | | | | mplete |
| | - (-) | | | 1/1/20 - | | - | | | | | <u> </u> |
| | | | | 1/1/23 - | | • | | | | | |
| Posticidos H | Herbicides and PCBs-Pha | se V (SOCS) | | _, _, _ | , | -, =0 | | 1 roi | ıtinc | (RT) ner | three years |
| - | Point (Sampling Point ID) | 36 (3063) | | Monitori | ina Pe | riod | Collec | tion Pe | | · · | ance Status |
| ENTRY PO | | | | 1/1/17 - | | | Conce | tion i ci | 104 | | mplete |
| ZIVIIVI I C | 51111 (3) | | | 1/1/20 - | | - | | | | | IIIpiete |
| | | | | 1/1/23 - | | | | | | | |
| Organic Cho | micals (VOCS) | | | 1/1/23 | 12/31 | 1,23 | | 1 ro. | ıtinc | (PT) por | three years |
| _ | Point (Sampling Point ID) | | | Monitori | ina De | riod | Collec | tion Pe | | | ance Status |
| ENTRY PO | | | | 1/1/19 - | | | Conec | tion rei | iou | Compi | unce Status |
| ENTRIPO | ואות (5) | | | 1/1/19 - | | | | | | | |
| | | Oth on C | l: | | | | | | | | |
| | | Otner C | ompliance | | | | | | _ | | |
| - | chedule Activity | | | | Due D | | | Achie | ved | Date | |
| | ECTION EXEMPTION | | | | 3/1/2 | | | | | | |
| | SYSTEM MATERIALS EVALU | JATION | | | 3/31/2 | | | | | | |
| | ART UP COMPLETION | | | | 4/1/2 | | | | | | |
| | O THE DEPARTMENT | | | | 5/30/2 | | | | | | |
| SUBMIT CCR C | CERTIFICATION FORM | | | | 8/9/2 | | | | | | |
| | Wate | r System Facili | ity and Sar | npling | Poi | nt In | vento | ory | | | |
| Water | | | | | | | Total | Lead | | | |
| | iter System Facility | Sampling Point | | nt | | (| Coliforn | | | | Stage |
| Facility ID | | ID | Description | | | tatus | Rule | Kule | Her | Aspestos | WQP 2 DBP |
| 00600 DIS | TRIBUTION SYSTEM | 4 | GENERIC DIST | | N | A | Y | | | | |
| | | CEDAR001 | #8 MOHAWK | | | A | Υ | N | | | |
| | | CEDAR002 | #71 ALGONQ | | | 1 | | 3 | | | |
| | | CEDAR003 | #3 MOHAWK | | | 1 | | 3 | | | |
| | | CEDAR004 | #79 ALGONQ | | L | | | 3 | | | |
| | | CEDAR005 | #5 MOHAWK | | | ı | | 3 | | | |
| | | CEDAR011 | #11 MOHAW | | | A | Y | N | | Y | |
| | | CEDAR028 | #28 ALGONQ | UIN TRAII | L | Α | Υ | 3 | | Υ | |

#34 ALGONQUIN TRAIL

#61 ALGONQUIN TRAIL

Υ

Υ

Α

1

Ν

Υ

Υ

CEDAR034

CEDAR061

| | Connectic | • | | | | | | | | ction | |
|------------------|--------------------|------------|----------------|--------------|--------------|----------|-----------|-----------|-------|------------|---------------|
| | Wa | ter Qua | lity Monit | toring a | nd Con | nplia | nce Sc | hedul | e | | |
| PWS ID | PWS Name | | | | | Classifi | cation Po | pulation | Own | ner Type P | rimary Sourc |
| CT0970512 | CEDARHURST AS | SSOCIATION | | | | C | ; | 72 | | Р | GW |
| Local Address (v | vhere applicable) | | | Service | Residen | tial Co | mmercial | Industria | al (| Combined | Agricultura |
| | | | | Connection | ns 11 | | | | | | |
| Towns Served: N | NEWTOWN | | | | , | | | | | | |
| | | Water Sy | ystem Facil | ity and S | ampling | Point | Inven | tory | | | |
| Water | | | | | | | Tota | ıl Lead | and | | |
| System Wate | er System Facility | | Sampling Point | Sampling P | Point | | Colifo | rm Copp | oer | | Stage |
| Facility ID | | | ID | Description | 1 | Sta | tus Rul | e Rule | Tier | Asbestos | WQP 2 DBP |
| | | | CEDAR063 | #63 ALGON | IQUIN TRAII | | Υ | N | | Υ | |
| | | | CEDAR075 | #75 ALGON | IQUIN TRAII | | Υ Υ | N | | Υ | |
| | | | CEDAR079 | #79 ALGON | IQUIN TRAII | | Υ Υ | N | | Υ | |
| | | | DOWNSTREAM | WITHIN 5 S | ERVICE CON | N A | ١ | | | | |
| | | | UPSTREAM | WITHIN 5 S | ERVICE CON | N A | ١ | | | | |
| 00700 ENTR | RY POINT | | 3 | ENTRY POII | NT | Δ | ١ | | | | |
| 32356 PRES | SURE TANK #1 | | | | | | | | | | |
| 686 LAKE | ZOAR WELL #1 | | 2 | LAKE ZOAR | WELL#1 | Δ | 1 | | | | |
| | | | Certified | Operato | r Inform | ation | | | | | |
| Water System | Facility: DISTR | IBUTION SY | | | | | | | | | |
| • | ation: SMALL WA | | • | • | | | | | | | Certification |
| Operator Name | | | Operator Typ | ne e | Certificatio | n(s) | | | | | Expiration |
| FOLEY, JAMES | | | CHIEF OPERATO | | WATER TRE | ATMEN | T PLANT (| PERATOR | - CL | ASS II | 3/31/2023 |
| , | | | | ntact Info | | | | | | | |
| Name | | | | rganization | | | | | | Job Title | |
| Ms. Mary Ann J | acob | | | edarhurst As | sociation | | | Water Cor | nmit | | |
| Mailing Address | | | Mailing Addres | s Line Two | | | | City | | State | Zip Code |
| 65 Mohawk Trai | | | J | | | | Newtowr | | | СТ | 06470 |
| Business Phon | ne Extension | Fax | Mob | ile Phone | Emergency | Phone | Email Add | dress | | | |
| 203-509-4189 | | | | | | | | 104@char | ter.n | et | |
| Contact Role(s): | | | l . | | | | | | | | |
| Name | | | О | rganization | | | | | | Job Title | |
| Mr. Jim Brant | | | | edarhurst As | sociation | | | Volunteer | | | |
| Mailing Address | Line One | | Mailing Addres | | | | | City | | State | Zip Code |
| 30 Nutmeg Lane | | | 3 | | | | Shelton | • | | СТ | 06484 |
| Business Phon | | Fax | Mob | ile Phone | Emergency | Phone | | dress | | | |
| 202 020 760 | | | | | 01 | | 14.0 | | | | |

Connecticut Department of Public Health Drinking Water Section

Please note the following:

Contact Role(s): Administrative Contact

203-929-7686

- 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

brant1@snet.net

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

| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
|------------------|------------------------------------|---------|---------|-------|-------------|-------------|------------|-----------------|
| CT0971011 | NEWTOWN REHAB AND HEALTH CARE CENT | ER | | | С | 504 | Р | GW |
| Local Address (w | here applicable) | Service | Residen | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 139 TODDY HILL | Connections | | | | | 2 | | |

| 139 TODDY HILL RD, NEWTOWN | Connections | | 2 |
|---|-----------------------|--------------------------|--------------------------|
| Towns Served: NEWTOWN | | | |
| Mor | nitoring Requirements | | |
| Water System Facility: DISTRIBUTION SYSTEM (W | SF ID: 00600) | | |
| Chlorine Residual (1012) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/19 - 10/31/19 | | |
| | 11/1/19 - 11/30/19 | | Complete |
| | 12/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 1/31/20 | | Complete |
| | 2/1/20 - 2/29/20 | | Complete |
| | 3/1/20 - 3/31/20 | | |
| | 4/1/20 - 4/30/20 | | |
| | 5/1/20 - 5/31/20 | | |
| | 6/1/20 - 6/30/20 | | |
| | 7/1/20 - 7/31/20 | | |
| | 8/1/20 - 8/31/20 | | |
| | 9/1/20 - 9/30/20 | | |
| Asbestos (1094) | | 1 routine | e (RT) per nine years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/13 - 12/31/21 | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/19 - 10/31/19 | | |
| | 11/1/19 - 11/30/19 | | Complete |
| | 12/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 1/31/20 | | Complete |
| | 2/1/20 - 2/29/20 | | Complete |
| | 3/1/20 - 3/31/20 | | |
| | 4/1/20 - 4/30/20 | | |
| | 5/1/20 - 5/31/20 | | |
| | 6/1/20 - 6/30/20 | | |
| | 7/1/20 - 7/31/20 | | |
| | 8/1/20 - 8/31/20 | | |
| | 9/1/20 - 9/30/20 | | |
| Disinfectant Byproducts - TTHM & HAA5 (DBP) | | 1 r | outine (RT) per year |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| NRS STAT BATH 3F LW (NRSB3FLW) | 1/1/19 - 12/31/19 | 7/1-7/31 | |
| | 1/1/20 - 12/31/20 | 7/1-7/31 | |
| | 1/1/21 - 12/31/21 | 7/1-7/31 | |
| Lead And Copper (PBCU) | | 5 routine | (RT) per three years |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/17 - 12/31/19 | 6/1-9/30 | |
| | 1/1/20 - 12/31/22 | 6/1-9/30 | |

| Connecticut Department | of Public H | lealth Di | rinkin | g Water | Section |
|---|---------------|----------------------------------|--------|-----------------|--|
| Water Quality Mor | | | | • | |
| PWS ID PWS Name | into ing un | | | | Owner Type Primary Source |
| CT0971011 NEWTOWN REHAB AND HEALTH CARE CI | ENTER | | С | 504 | P GW |
| Local Address (where applicable) | Service | Residential | Commer | cial Industria | al Combined Agricultural |
| 139 TODDY HILL RD, NEWTOWN | Connections | | | | 2 |
| Towns Served: NEWTOWN | | | | | |
| Mor | nitoring Requ | iirements | ; | | |
| Water System Facility: DISTRIBUTION SYSTEM (WS | SF ID: 00600) | | | | |
| Lead And Copper (PBCU) | | | | 5 rout | tine (RT) per three years |
| Sampling Point (Sampling Point ID) | | Monitoring P | | Collection Peri | riod Compliance Status |
| | | 1/1/23 - 12/3 | 31/25 | 6/1-9/30 | |
| Physical Parameters (PPS) | | | | | 1 routine (RT) per month |
| Sampling Point (Sampling Point ID) | | Monitoring P | | Collection Peri | riod Compliance Status |
| Select from Inventory of Active Sampling Points | | 10/1/19 - 10/3 | | | Complete |
| | | 11/1/19 - 11/: 12/1/19 - 12/: | | | Complete Complete |
| | | 1/1/20 - 1/3 | | | Complete |
| | | 2/1/20 - 2/2 | | | Complete |
| | | 3/1/20 - 3/3 | | | |
| | | 4/1/20 - 4/3 | | | |
| | | 5/1/20 - 5/3 | - | | |
| | | 6/1/20 - 6/3 | 0/20 | | |
| | | 7/1/20 - 7/3 | 1/20 | | |
| | | 8/1/20 - 8/3 | 1/20 | | |
| | | 9/1/20 - 9/3 | 0/20 | | |
| Water System Facility: ENTRY POINT (WSF ID: 0070 | 00) | | | | |
| Net Gross Alpha (4000) | | | | | tine (RT) per three years |
| Sampling Point (Sampling Point ID) | | | | Collection Peri | riod Compliance Status |
| ENTRY POINT (3) | | 1/1/17 - 12/3 | - | | Complete |
| | | 1/1/20 - 12/3 | | | |
| Haratina (400C) | | 1/1/23 - 12/3 | 31/25 | 4 | tine (DT) was there was |
| Uranium (4006) Sampling Point (Sampling Point ID) | | Monitoring P | Pariod | Collection Peri | tine (RT) per three years iod Compliance Status |
| ENTRY POINT (3) | | 1/1/17 - 12/3 | | Collection Pen | Complete |
| ENTRY (3) | | 1/1/20 - 12/3 | | | Complete |
| | | 1/1/23 - 12/3 | | | |
| Combined Radium-226/228 (4010) | | | | 1 rout | tine (RT) per three years |
| Sampling Point (Sampling Point ID) | | Monitoring P | Period | Collection Peri | • • • |
| ENTRY POINT (3) | | 1/1/17 - 12/3 | 31/19 | | Complete |
| | | 1/1/20 - 12/3 | 31/22 | | |
| | | 1/1/23 - 12/3 | 31/25 | | |
| Inorganic Chemicals (IOCS) | | | | | tine (RT) per three years |
| Sampling Point (Sampling Point ID) | | Monitoring P | | Collection Peri | • |
| ENTRY POINT (3) | | 1/1/17 - 12/3 | 31/19 | | Complete |

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

Monitoring Period

Schedule Generation Date: 3/10/2020

Nitrate And Nitrite (NOX)

Sampling Point (Sampling Point ID)

1 routine (RT) per year

Collection Period

Compliance Status

| | Conne | ecticut Department of P | ublic H | lealth | Drink | ing V | Water S | Section | |
|---------------|----------------|---------------------------------|------------|------------|----------------------|---------|--------------------------|-------------|----------------|
| | | Water Quality Monitor | ring an | d Con | nplian | ce Sc | hedule | | |
| PWS ID | PWS Nam | e | | | Classificat | tion Po | opulation O | wner Type F | Primary Source |
| СТ0971011 | NEWTOW | N REHAB AND HEALTH CARE CENTER | | | С | | 504 | Р | GW |
| Local Address | (where appli | cable) Se | ervice | Residen | tial Comr | mercial | Industrial | Combined | d Agricultura |
| 139 TODDY HII | LL RD, NEWT | OWN | onnections | | | | | 2 | |
| Towns Served: | NEWTOWN | | | | | | | | |
| | | Monitori | ng Requ | ireme | nts | | | | |
| • | • | ENTRY POINT (WSF ID: 00700) | | | | | | | |
| Nitrate And | - | • | | | | | | - | RT) per year |
| | | oling Point ID) | | | ng Period | Coll | ection Perio | | liance Status |
| ENTRY PC | DINT (3) | | | | 12/31/19 | | | C | omplete |
| 1 | | | | | 12/31/20 | | | | |
| | | | | 1/1/21 - | 12/31/21 | | | 4 | |
| | | and PCBs-Phase II (SOC2) | | | | - " | | | three years |
| | | oling Point ID) | | | ng Period | Coll | ection Perio | | liance Status |
| ENTRY PC | JINT (3) | | | | 12/31/19 | | | Ci | omplete |
| | | | | | 12/31/22 | | | | |
| 5 | 11. • . • .1 | | | 1/1/23 - | 12/31/25 | | 4 1 | (0.7) | |
| - | | and PCBs-Phase V (SOC5) | | Manitari | na Dovind | Call | | | three years |
| | | oling Point ID) | | | ng Period | Coll | ection Perio | | liance Status |
| ENTRY PC |) INT (3) | | | | 12/31/19 | | | U | omplete |
| | | | | | 12/31/22 12/31/25 | | | | |
| Organic Che | micals (VO | (CE) | | 1/1/23- | 12/31/23 | | 1 routi | no (PT) nor | three years |
| _ | · - | oling Point ID) | | Monitori | ng Period | Coll | ection Perio | | liance Status |
| ENTRY PC | | omig rome ibj | | | 12/31/20 | COII | ection rend | | omplete |
| LIVINITO |)IIII (3) | | | | 12/31/23 | | | | ompiete |
| | Mor | nthly Water System Facility | | | | ing R | eguirem | ents | |
| Water Systen | | ENTRY POINT (WSFID: 00700) | (1101) | | | 6 | | | |
| Analyte | | Monitoring Requirement (Summary | Type) | One | rating Lim | it | | Samples F | Req/Month |
| Chlorine | | Entry Point RDC (EPRD) | . , p = / | = | mum: 0.2 | | | - | inuous |
| | 2/1/2014 | | Complia | ance Histo | | • | atina limit | Monito | |
| | -, -, | | · - | ring Perio | - | | ating Limit pliance Stat | | ance Status: |
| | | | | 19 - 10/3 | | | Υ | | |
| | | | | 19 - 11/3 | | | Υ | | |
| | | | 12/1/20 | 19 - 12/3 | 1/2019 | | Υ | | |
| | | | 1/1/202 | 0 - 1/31/2 | 2020 | | Υ | | |
| | | | | 0 - 2/29/2 | | | | | |
| | | Other Con | npliance | Sched | lules | | | | |
| Compliance Sc | chedule Activ | vity | | | Due Date | | Achieve | ed Date | |
| | | NOTICE CERTIFICATE | | 1: | 2/29/2010 |) | | | |
| RESPOND TO S | SANITARY SU | RVEY | | 1: | 2/27/2019 | | 12/24, | /2019 | |
| CROSS CONNE | CTION SURV | EY REPORT | | | 3/1/2020 | | | | |
| CORRECTIVE A | CTION/CORF | RECTIVE ACTION PLAN | | 3 | /27/2020 | | | | |
| SUBMIT CCR TO | O THE DEPAI | RTMENT | | 6 | /30/2020 | | | | |

8/9/2020

SUBMIT CCR CERTIFICATION FORM

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

| PWS ID | VS ID PWS Name | | | | ssification | Population | Owner Type | Primary Source | |
|---------------|-----------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|--|
| CT0971011 | NEWTOWN REHAB AND HEALTH CARE CEI | NTER | | | С | 504 | Р | GW | |
| Local Address | (where applicable) | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural | |
| 139 TODDY HI | LL RD. NEWTOWN | Connections | | | | | 2 | | |

Towns Served: NEWTOWN

| | Water | System Facili | ity and Sampling P | oint In | iventoi | ry | | |
|-------------------------------|------------------------------------|----------------------|----------------------------|---------|---------------------------|---------------------------------|----------|------------------|
| Water System acility IE | | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stag WQP 2 DB |
| 00500 | RAW SAMPLE POINT - WELLS 2,3,4 & 5 | 2 | RAW SAMPLE POINT | Α | | | | |
| 00501 | RAW ENTRY POINT | 2 | RAW ENTRY POINT | Α | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | |
| | | CAFS1FLW | CAFE SINK 1F LW | Α | Υ | N | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | DS2FLW | DINING SINK 2F LW | Α | Υ | Ν | | |
| | | DS3FLW | DINING SINK 3F LW | Α | Υ | N | | |
| | | MAINT1F | MAINT SHOP SINK | Α | Υ | Ν | | |
| | | MB1FBW | MENS BATH 1F BWING | Α | Υ | N | Υ | |
| | | MB1FCW | MENS BATH 1F C WING | Α | Υ | Ν | | |
| | | MB2FCW | MENS BATH 2F CWING | Α | Υ | N | | |
| | | MB3FCW | MENS BATH 3F CWING | Α | Υ | N | | |
| | | NRSB2FLW | NRS STAT BATH 2F LW | Α | Υ | N | | |
| | | NRSB3FLW | NRS STAT BATH 3F LW | Α | Υ | N | | Υ |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | |
| | | WB1FBW | DISTRIBUTION SYSTEM | Α | Υ | N | Υ | |
| | | WB1FCW | WOMENS BATH 1F CWING | Α | Υ | N | | |
| | | WB2FCW | WOMENS BATH 2F CWING | Α | Υ | N | | |
| | | WB3FCW | WOMENS BATH 3F CWING | Α | Υ | N | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | |
| 50432 | ATMOSPHERIC TANK | | | | | | | |
| 50434 | PRESSURE TANK | | | | | | | |
| 666 | WELL 1 | 2 | WELL 1 | Α | | | | |
| 667 | WELL 2 | 2 | WELL 2 | Α | | | | |
| 668 | WELL 3 | 2 | WELL 3 | Α | | | | |
| 669 | WELL 4 | 2 | WELL 4 | A | | | | |
| 670 | WELL 5 | 2 | WELL 5 | Α | | | | |
| 671 | WELL 6 | 2 | WELL 6 | A | | | | |
| 672 | WELL 7 | 2 | WELL 7 | A | | | | |
| | | | | | | | | |
| 673 | WELL 8 | 2 | WELL 8 | Α | | | | |
| 757 | TREATMENT PLANT | | | | | | | |

Certified Operator Information

| | Connectic | ut Depa | rtmen | t of Public | : Health | ı Drir | ıking | Water | Sec | ction | | |
|--------------------------------------|-------------------------------------|--------------|---------------------------------|---|----------------------|--------------------------------------|---------------------------------|---------------|------|---------|------------------------|--|
| | Wa | ter Qual | lity Mo | nitoring a | and Con | nplia | nce S | chedul | le | | | |
| PWS ID P | PWS Name | | | | | | Classification Population Owner | | | er Type | er Type Primary Source | |
| CT0971011 | IEWTOWN REHAB AND HEALTH CARE C | | | | | (| 2 | 504 | | Р | GW | |
| Local Address (where applicable) | | | | Service | Residential | | mmercia | l Industri | al C | Combine | d Agricultural | |
| 139 TODDY HILL R | DDDY HILL RD, NEWTOWN Connections 2 | | | | | 2 | | | | | | |
| Towns Served: NE | WTOWN | | | · | | , | | | · | | · | |
| | | | Certif | ied Operato | or Inforn | nation | 1 | | | | | |
| Water System Fa | acility: TREA | TMENT PLA | NT (WSF | ID: 757) | | | | | | | | |
| Facility Classificat | ion: CLASS 1 TI | REATMENT P | LANT | | | | | | | | Certification | |
| Operator Name | | | Operator Type Certification(s) | | | on(s) | Expiration | | | | | |
| GRANT, SHANE | | | CHIEF OPERATOR WATER TREATMENT | | | NT PLANT OPERATOR - CLASS II 9/30/20 | | | | | | |
| | | | | DISTRIBUTION SYSTEM OPERATOR - CLASS II 9/3 | | | | | | | | |
| | | | | Contact Info | ormation | 1 | | | | | | |
| Name | Organization | Organization | | | | Job Title | | | | | | |
| Masonicare Healt | h Center | | | | | | | | | | | |
| Mailing Address L | ne One | | Mailing Ad | ailing Address Line Two | | | City | | | State | Zip Code | |
| McR&P Service Co | rporation | | City Place 1, 185 Asylum Street | | | | Hartford CT 06103-3 | | | | | |
| Business Phone | Extension | Fax | 1 | Mobile Phone | Emergence | y Phone | Email Address | | | | | |
| 860-561-2197 | | | | | | | | | | | | |
| Contact Role(s): | Owner | | | | | | | | | | | |
| Name | | | | Organization | Organization | | | Job Title | | | | |
| Ms. Elyse O. Dent | | | | Masonicare A | Masonicare At Newton | | | Administrator | | | | |
| Mailing Address Line One Mailing Add | | | | dress Line Two | ess Line Two | | | City | | | Zip Code | |
| 139 Toddy Hill Rd PO Box 550 | | | 05 | | | | | | | 06470 | | |
| Business Phone | Extension | Fax | ſ | Mobile Phone | Emergence | y Phone | Email Address | | | | | |
| 203-364-3110 | 203-364-3110 203-364-3156 | | | | 203-305 | -5013 | edent@masonicare.org | | | | | |

Please note the following:

Contact Role(s): Administrative Contact, Legal Contact

- 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